

When Congress passed the Nursing Home Reform Act in 1987, it issued a clear set of standards that nursing homes had to meet in order to receive federal funding under Medicare and Medicaid. Regulations were written based on the requirements of the law and a State Operations Manual was developed issuing the protocols for overseeing implementation of the regulations and to provide guidance to surveyors of long-term care facilities on interpreting the requirements. This guidance, found in *Appendix PP – Guidance to Surveyors of Long-Term Care Facilities*<sup>1</sup>, often called the Interpretive Guidelines, can be an important tool for advocates promoting quality in long-term care facilities.

## WHAT'S IN THE INTERPRETIVE GUIDELINES?

The Interpretive Guidelines are arranged in order of the nursing home regulation to which they pertain. The information contained in the Guidelines for each section of the regulation may include some or all of the following elements:

- The FTag number<sup>2</sup>
- The regulatory language
- The intent of the requirement
- Interpretive guidelines
- Procedures
- Probes – which could be questions to ask or things to look for during a survey
- Definitions
- An overview of the issue covered in the regulation
- Examples
- Investigative protocol
- Determinations and criteria for compliance
- Potential tags for additional investigation
- Deficiency categorization
- Endnotes and resources

The following is an excerpt from the guidelines explaining the “intent” of the regulations regarding unnecessary drugs (F329):

*INTENT: §483.25(l) Unnecessary drugs*

*The intent of this requirement is that each resident’s entire drug/medication regimen be managed and monitored to achieve the following goals:*

- *The medication regimen helps promote or maintain the resident’s highest practicable mental, physical, and psychosocial well-being, as identified by the resident and/or representative(s) in collaboration with the attending physician and facility staff;*
- *Each resident receives only those medications, in doses and for the duration clinically indicated to treat the resident’s assessed condition(s);*
- *Non-pharmacological interventions (such as behavioral interventions) are considered and used when indicated, instead of, or in addition to, medication;*
- *Clinically significant adverse consequences are minimized; and*
- *The potential contribution of the medication regimen to an unanticipated decline or newly emerging or worsening symptom is recognized and evaluated, and the regimen is modified when appropriate.*

<sup>1</sup> Centers for Medicare & Medicaid Services, *State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities*. Rev. 01-07-11.

<sup>2</sup>FTags are data tags used to identify specific regulations in the On-line Survey, Certification and Reporting (OSCAR) data system

## WHAT CAN I LEARN FROM THE INTERPRETIVE GUIDELINES?

By becoming familiar with the information contained in the Interpretive Guidelines, consumers and advocates become armed with the knowledge of what the regulation means and how it is interpreted by the government agencies responsible for enforcing it. It also provides insight on what surveyors look for when determining whether a facility is in compliance with a particular regulation.

Oftentimes the guidance will include examples or notes about what surveyors should be looking for or questions they should be asking of facilities and staff during their investigations.

Nursing homes and their staff should also be familiar with the information contained in the Guidelines so as to understand what the expectations are in meeting the elements of regulatory compliance.

## WHAT CAN I DO WITH THE INFORMATION?

The information contained in the Interpretive Guidelines, particularly those sections that have been most recently updated by the Centers for Medicare and Medicaid Services (CMS), inform not only surveyors, but also consumers, advocates, providers, and staff about what it means to be in compliance.

As a consumer or advocate, if you have questions about a particular area of care, the Interpretive Guidelines can help you know what questions to ask and what information to seek. In many cases, it can also provide resources that can be shared with facilities regarding how to enhance and improve care and services for residents. In other cases, you could use the Guidelines to open a conversation with surveyors if you notice a trend of unsubstantiated complaints or have concerns about a recent survey.



*This info sheet is available in English, Simplified Chinese and Spanish.*

For more information, contact the National Consumer Voice for Quality Long-Term Care at [info@theconsumervoice.org](mailto:info@theconsumervoice.org) or visit [www.theconsumervoice.org](http://www.theconsumervoice.org).

This info sheet was completed by The National Consumer Voice for Quality Long-Term Care for the National Center on Elder Abuse (Grant Number 90-AB0002) and is supported in part by a grant from the Administration on Aging, U.S. Department of Health and Human Services (DHHS). Grantees carrying out projects under government sponsorship are encouraged to express freely their findings and conclusions. Therefore, points of view or opinions do not necessarily represent official Administration on Aging or DHHS policy. NCEA: <https://ncea.acl.gov>.