

## In The News

# CMS Request on Requirements of Participation Opens Door for SNFs

06.09.17

*Provider Magazine*

Stakeholders have until June 26 to provide the Centers for Medicare & Medicaid Services (CMS) with input on the implementation of the updated Requirements of Participation for skilled nursing facilities (SNFs) in the Medicare and Medicaid programs, an opening one long term care observer says providers should take advantage of.

Last year, CMS updated the Requirements of Participation (ROP) in a 185-page final rule with implementation of Phase 1 starting in November 2016. The remainder of the requirements are to be phased in over the next two years.

The updated requirements include numerous new regulations that the long term care profession believes will create a significant financial burden on providers. CMS projects the cost per building to implement the updates would be \$241,000 over the first five years, a number provider advocates call very conservative.

At issue now is the action CMS, under the direction of the new Trump administration, took on April 27 when it released a draft rule (CMS- 1679-P) for Fiscal Year (FY) 2018 Medicare payment rates and quality programs for SNFs.

Inside that proposal the agency asked for comments on the financial and regulatory burdens of the updated requirements. This is something Daniel Sternthal hopes will lead to much stakeholder input to help CMS rethink portions of the requirements rule.

"I think the concerns are that while the requirements [ROP] have not changed for a really long time, CMS says population has changed in these [LTC] communities, and now is the time to reevaluate these requirements," he says.

On the concerns of SNFs, Sternthal assumes that many providers see many of the newly drafted ROPs to be overly prescriptive and too detailed, making it a challenge for facilities to achieve the goals of the rules.

For example, he says, the grievance process has strict timelines that may be difficult for providers to meet, and staffing requirements are considered to be unrealistic, especially for those operating in rural areas of the country. "In the rural areas it is hard to find the right staff. And, an example in the new ROPs is that CMS says Phase 3 infection prevention must be higher, but I don't know how many infection preventionists there are in rural areas," Sternthal says.

CMS, of course, sees things differently than do providers, but Sternthal says he is hopeful the agency listens to stakeholders' comments and takes them under consideration.

Compliance, Sternthal notes, is also made more difficult for smaller SNFs that lack the resources of the larger corporations active in the long term care space. Even the larger operators will have issues with meeting the new ROPs as written, he says, but at least they have more access to financial resources "to make it more palatable."

To read the full article, [click here](#).

## Primary Contacts



**Daniel Sternthal**

Houston

713.222.4034

[dsternthal@munsch.com](mailto:dsternthal@munsch.com)

## Related Industries

Health Care