

## Long-Term Care Pharmacy Partners

Enhancing Care: The Role of Long-Term  
Care Pharmacies in Supporting SNFs, ICFs,  
ALFs, and RCFs

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## Learning Objectives

- Overview of Long-Term Care Pharmacy
- Overview of Long-Term Care Facilities
  - Key Characteristics and Components: SNF, ICF, ALF, RCF
- Key Missouri Regulations for Medication Management
  - State-specific requirements and standards
- SNFs:
  - CMS Regulations
  - CMS Quality Measures
- The LTC-Pharmacy Role To Support Compliance and Outcomes
- Missouri Bureau of Narcotics and Dangerous Drugs (BNDD) Compliance
- Key Takeaways and Q&A

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## Long-Term Care Pharmacy

- Essential partners in navigating Missouri Long-Term Care regulations. Ensuring residents receive safe and effective medication therapies.
  - Skilled Nursing and Intermediate Care Facilities
  - Assisted Living Facilities
  - Residential Care Level I and Level II (\*) Facilities

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## Long-Term Care Pharmacy Team

The pharmacy team consists of:

- Consultant pharmacist
- Nurse/Account Manager
- In-house pharmacist (operations)
- Order entry team
- Fulfillment Team
- Billing specialist team

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## Long-Term Care Facilities

Consists of:

- **Skilled nursing facilities (SNFs):** 24-hour skilled nursing care for complex medical needs.
- **Intermediate Care Facilities (ICFs):** 24-hour care for residents with chronic conditions or disabilities requiring ongoing support but not acute or complex medical intervention.
- **Assisted Living Facilities (ALFs):** Support for activities of daily living (ADLs) in a home-like setting; some offer limited skilled nursing.
- **Residential Living Facilities (RCFs):** Minimal assistance for residents able to self-evacuate in emergencies.

➤ **Why it matters:** Each facility type has distinct medication management needs, but all required to comply with state regulations.

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## Key Missouri Regulations for Medication Management – SNF/ICF

➤ 19 CSR 30(Division of Regulation and Licensure)

▪ **SNFs/ICFs** (19 CSR 30-85.042):

- Medications must be administered by licensed personnel (RN, LPN, or certified med techs)
- Injectables other than insulin can be administered only by a nurse or physician
- Written emergency policies must address urgent resident needs including access to medications in crises (e.g., allergic reactions, overdose)
- Infection control and medication safety policies
- Controlled substances require detailed record-keeping, reconciliation and proper waste documentation.
- Self-administration allowed only with physician approval, documented ability and follow facility's policy and procedure

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## How LTC Pharmacies Support Compliance with Missouri Regulations – SNF/ICF

- **SNF/ICFs:** MO DHSS Regulations 19 CSR 30-85.042
  - Supply unit-dose packaging or automated dispensing systems to simplify administration and reduce errors
  - Conduct monthly drug regimen reviews
  - Assist facility leadership oversee accuracy of medication orders
  - Assist leadership oversee processes of labeling, storage, administration and disposition of medication
  - Emergency Kits – supply pre-stocked, facility-specific emergency medication kits, ensuring rapid access to critical drugs
    - ◆ Once medications are placed in EDK, the facility takes possession of medication.
  - 24/7 Support – Offer round-the-clock pharmacist availability ensuring proper medication use

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## Federal Overlay (For SNFs)

- CMS Requirements: SNFs certified for Medicare/Medicaid must meet **42 CFR Part 483**.
  - Pharmacy services must include a consultant pharmacist for monthly drug regimen reviews
  - Adverse Effects
    - Labs and vital signs
    - Renal dosing
  - Pain Management and Opioid Stewardship
  - Psychotropic Utilization and GDR
  - Antibiotic Stewardship
  - Quality Measures
    - Fall Risk
    - Weight Loss

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## Role of LTC Pharmacies in CMS Compliance

- SNFs: 42 CFR 483.45(c)
  - Monthly Drug Regimen Review
    - Comprehensive review of all meds, including dosage, duration, indication, and potential interactions with irregularities reported to resident's provider, DON, and the Medical Director
    - Policy and procedure for MRR
      - Outline expected timeframes to complete all the steps in the process
      - Report all irregularities to DON, Administrator, Physician, and Medical Director, highlighting any urgent issues requiring immediate actions.
    - MRR findings for each resident are part of medical record.
  - Support for Compliance: Prevents deficiencies under **F756** (drug regimen review) by ensuring timely identification and correction of medication errors.

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## Role of LTC Pharmacies in CMS Compliance

- SNFs: 42 CFR 483.45(d)
  - Unnecessary Drugs Oversight
    - The facility must ensure residents' drug regimens are free of unnecessary drugs, with the consultant pharmacist playing a key role in this process.
      - Identify unnecessary drugs, excessive doses and duration of therapy, without adequate indication for use
      - Lack of monitoring(e.g., INR to monitor warfarin)
  - Support for Compliance: Addresses **F757** (unnecessary medications) tags, avoiding citations for inappropriate prescribing.

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## Role of LTC Pharmacies in CMS Compliance

- SNFs: 42 CFR 483.45(d), continued...
  - Unnecessary Drugs Oversight
    - The facility must ensure residents' drug regimens are free of unnecessary **prescribing of antibiotics**
  - Antibiotic Stewardship Program (ASP) – e.g., antibiotic use protocols that utilize an infection assessment tool, monitoring of antibiotic use, or feedback to prescribing providers.
  - Opioid Stewardship - (e.g., oxycodone, morphine) are flagged here if prescribed without clear justification, overused, or not tapered/discontinued when no longer needed
  - Lack of monitoring for side effects such as sedation, respiratory depression can trigger F-757
  - Support for Compliance: Addresses **F757** (unnecessary medications) tags, avoiding citations for inappropriate prescribing. **F881** for failure to comply with facility's ASP.

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## Role of LTC Pharmacies in CMS Compliance

- SNFs: 42 CFR 483.45(e) Psychotropic Drugs
  - Based on a comprehensive assessment of resident, the facility must ensure:
    - Psychotropic drugs are prescribed to treat a specific condition as diagnosed and documented in the clinical record
    - Residents who use psychotropic drugs receive gradual dose reductions(GDRs), and behavioral interventions, unless clinically contraindicated.
    - PRN psychotropic drugs prescribed is necessary to treat a diagnosed specific condition that is documented in the clinical record
    - PRN order for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing provider evaluates the resident for appropriateness of medication.
    - Document rationale for the PRN order to be extended beyond 14 days in medical record and specify duration of therapy for the PRN order
  - Support for Compliance: Prevents **F605** deficiency(unnecessary psychotropic medication reclassified under F605 -Respect & dignity). Previously F758

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## CMS Regulations: Summary of Pharmacy's Role

- Consultant pharmacist role:
  - Monthly Drug Regimen Reviews for unnecessary medication, appropriate dosing and monitoring side effects
  - Involvement in Quality Assurance and Performance Improvement committee
  - Psychotropic review, ensuring documentation justifies use and Gradual dose reductions are considered
  - **Opioid Stewardship** – monitor for excessive opioid use, falls, confusion
  - Recommends gradual dose reductions (GDRs) for psychotropic meds when appropriate, unless contraindicated, and verifies documentation of such attempts
  - **Antibiotic Stewardship** – review for right drug for the bug, appropriate dose and duration of therapy
- Support for Compliance: Prevents deficiencies under **F756, F757, F605, and F881**

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## CMS Quality Measures

- Weight Loss Quality Measures
  - Tracks the percentage of long-stay SNF residents (residents staying >100 days) who experience significant unintentional weight loss, defined as:
    - 5% or more in the past 30 days
    - 7.5% or more in the past 90 days, or
    - 10% or more in the past 180 days
  - Purpose: unintentional weight loss is a key indicator of nutritional care quality and overall health decline, often linked to inadequate nutrition, chronic illness, or **medication side effects**.

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## CMS Quality Measures

- Consultant pharmacist's roles:
  - Identify medications that may cause
    - appetite suppression
    - nausea, Gastro-intestinal discomfort, irritation, dry mouth
    - nutrient malabsorption (SSRIs, diuretics, NSAIDs, proton pump inhibitors)
  - Recommend alternative therapies to minimize risk

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## CMS Quality Measures

### ➤ Fall Risk Quality Measures

- This measure calculates the percentage of long-stay residents who experience one or more falls resulting in major injury (e.g., fractures, dislocations, or head trauma requiring hospitalization) within a full calendar year.
- Purpose: Falls with major injury reflect resident safety and mobility management, critical for SNF quality ratings. Priorities fall prevention due to high preventable harm rates (e.g., 5.3% yearly rate for injurious falls per CMS data)

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## CMS Quality Measures

### ➤ Consultant pharmacist's roles:

- Review drug regimen for polypharmacy
- Psychotropic drug use increase fall risk due to sedation of balance impairment
  - Antidepressant
  - Antipsychotics
  - Benzodiazepines
- Recommend deprescribing, or safer alternatives
- Recommend appropriate supplements to improve bone strength (e.g., vitamin D, per CMS guidelines)

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## Key Missouri Regulations for Medication Management – ALF/RCFs

### ➤ 19 CSR 30(Division of Regulation and Licensure)

- ALFs (19 CSR 30-86.047)
- RCFs (19 CSR 30-86.042)
  - Medications managed per an individualized service plan (ISP); staff must be trained and certified (does not have to be a nurse)
  - Injectables other than insulin can be administered only by a nurse or physician
  - Residents may self-administer if assessed as capable with physician approval and follow facility specific policy and procedure
  - Residents may choose their pharmacy for medications, provided the drugs and packaging meet the facility's quality standards (19 CSR 30-88.010(40))
  - Regulations are more specific than those for SNFs for controlled medication record keeping

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## Key Missouri Regulations for Medication Management – Controlled Substance

- 19 CSR 30(Division of Regulation and Licensure)
  - ALFs (19 CSR 30-86.047)(51)(B)
    - Controlled substance medication reconciliation every shift for C-II and at least weekly for C-III to C-V.
  - RCFs (19 CSR 30-86.042) (55)(A)
    - Reconciliation every shift for C-II and at least weekly for C-III to V.
  - RCF level II – does not specify frequency, only refers to 19 CSR 30-1 and chapter 195 for medication handling

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## Bureau of Narcotics and Dangerous Drugs (BNDD)

- BNDD Registration:
  - Required for SNFs and ALFs with Emergency Drug Kit(EDK)
- If the facility is registered with the BNDD, any loss of controlled meds, including EDK contents, must be reported to the BNDD. (19 CSR 30-1.034, II/III)
- BNDD website: <https://health.mo.gov/safety/bnnd/>
  - Instructions for online loss reporting
- What gets reported:
  - Losses of drugs where the drugs are missing or were lost in transit;
  - Thefts such as burglaries, robberies and diversion by staff;
  - Diversion and unlawful acts by staff where controlled substances were diverted into an unlawful path.

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## Bureau of Narcotics and Dangerous Drugs (BNDD)

- Lawful activities:
  - Losses of **insignificant** amounts during **lawful activities** (receiving, record keeping, auditing, administration, destruction, returning to pharmacy) require thorough documentation but does not require reporting to BNDD.
- Record keeping:
  - Document these types of incidents and file with the facility's- controlled substance records.

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## MO DHSS: Pharmacy-Related Regulations for ALF

- 19 CSR 30-86.047 applies to Assisted Living Facilities/RCF\* (RCF-II)
  - Medication Regimen Review: Every 2 months
- 19 CSR 30-1 and Chapter 195, RSMo. II/III
  - All controlled substances shall be handled according to state laws and regulations
  - Controlled Medication Reconciliation and Record keeping: Review every 2 months (completed during MRRs)

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## MO DHSS: Pharmacy-Related Regulations for RCF

- 19 CSR 30-86.042 applies to Residential Care Facilities I (RCF I)
  - Medication Regimen Review:
    - Every 3 months for RCF
- 19 CSR 30-1 and Chapter 195, RSMo. II/III
  - All controlled substances shall be handled according to state laws and regulations
  - Controlled Medication Reconciliation and Record keeping:
    - Completed during MRR (Every 3 months)

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## Long-Term Care Pharmacy Supports RCF and ALF Communities

- Initial medication review and clinical intervention upon dispensing by in-house pharmacist
- Consultant pharmacist with relevant clinical background performs MRR as per regulatory requirement and report findings to physician and administrator.
- Diagnosis, Dose, Drug-drug and drug/food interaction, contraindications, adverse drug reactions, medication system review
- Physician response to recommendations maintained in the resident's chart.
- Consultant pharmacist completes controlled substance med reconciliation on the required schedule based on the facility licensure.

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## Long-Term Care Pharmacy Supports RCF and ALF Communities

- Pharmacy staff (nurse account managers/**or someone designated in your facility**) perform medication storage audits to ensure proper labeling, integrity and compliance
  - Daily refrigerator temperature logs
  - Expired meds, Destruction records
- Pharmacy team assists facility leadership in oversight of medication orders, storage, handling and disposition
- Billing specialists – working rejected 3rd party claims to ensure timely resolution of insurance-related issues
- Pharmacy and medication-related resources
- Education

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## Key Take-Aways

- Long-Term Care pharmacies enhance care, compliance, and outcomes across SNFs, ICFs, ALFs, and RCFs.
  - Specialized medication management to improve safety and adherence
  - Streamline operation with tailored pharmacy support
  - Ensure compliance with pharmacy-related regulations
  - Reduce costs, optimize medication use and minimize waste

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## Q & A

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