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

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
- > 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

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

- Consists of
- Skilled nursing facilities (SNFs): 24-hour skilled nursing care for complex medical needs.

Long-Term Care Facilities

- 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 selfevacuate 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).
 - 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

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

Weight Loss

- 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 focility takes possession of medication.
- 24/7 Support Offer round-the-clock pharmacist availability ensuring proper



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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 therap 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.

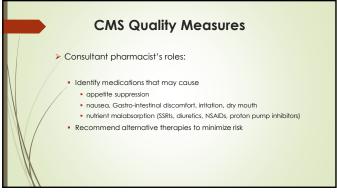
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Role of LTC Pharmacies in CMS Compliance

- > 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-psycholic 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



Weight Loss Quality Measures Tracks the percentage of long-stay SNF residents (residents staying > 100 days) who experience significant unintentional weight loss, defined as: Strong 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.



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)

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
- Benzodiazepine
- Recommend deprescribing, or safer alternatives
- Recommend appropriate supplements to improve bone strength (e.g., vitamin D, per CMS guidelines)

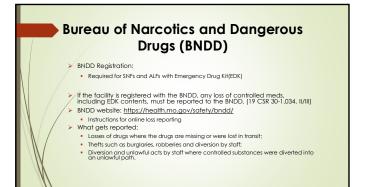
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Key Missouri Regulations for Medication Management – ALF/RCFs

- > 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 it 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







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)





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 assist 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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