**Long Term Care CMRs**

**Covered Services**
OutcomesMTM-eligible patients who reside in long term care (LTC) facilities or other types of institutional living settings may be eligible for a limited menu of covered services. Confirm who is responsible for administering the patient's medications to determine which services can be provided for the patient.

<table>
<thead>
<tr>
<th>Medication dosing/administration responsibility is that of the…</th>
<th>Comprehensive Medication Review</th>
<th>Prescriber Consultations</th>
<th>Patient Adherence Consultations</th>
<th>Patient Education &amp; Monitoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient/ Family Member/ Friend</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Facility Staff Member/ Healthcare Professional</td>
<td>X</td>
<td>X</td>
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</tbody>
</table>

**Defining the Comprehensive Medication Review (CMR) in Long Term Care (LTC)**
OutcomesMTM and CMS expect CMRs in the LTC setting to meet the following professional service definition: interactive, person-to-person and real-time between the patient and/or other authorized individual and the pharmacist.

**Performing CMRs in LTC**

1. **Who can provide the CMR?**
   a. Pharmacist at the pharmacy that is dispensing the patient’s medications
   b. Consultant pharmacist affiliated with the dispensing pharmacy that conducts medication regimen reviews for the facility

2. **Who can receive the CMR?**
   a. If the patient is cognitively intact and able to discuss his/her medications, conduct the CMR with the patient.
   b. If the patient is cognitively impaired or is unable to discuss his/her medications, conduct the CMR with an authorized representative. Authorized representatives include:
      i. Facility healthcare staff
      ii. Patient’s family member
      iii. Healthcare proxy, legal guardian, power of attorney
      iv. Prescriber

3. **How do I determine if the patient is cognitively impaired?**
   a. Ask nursing staff if the patient is cognitively impaired.
   b. Document if cognitive impairment was determined by testing at the facility (BIMS, MMSE), documentation in patient chart or confirmation with healthcare staff or family member.

4. **Who should I contact?**
   a. The patient, if possible
   b. Ask to speak to the nurse that takes care of the patient. Other appropriate facility nursing staff for CMR offer and/or delivery include:
      i. Floor Nurse
      ii. Unit Manager/Charge Nurse
      iii. ADON (Assistant Director of Nursing)
      iv. MDS (Minimum Data Set) Coordinator/Nurse
      v. DON (Director of Nursing)
Monthly Medication Regimen Review (MRR) vs. Comprehensive Medication Review (CMR)

Sometimes the CMR can be confused with the Medication Regimen Review (MRR) in LTC. But, these are two separate services that may be completed by the same or different providers.

<table>
<thead>
<tr>
<th>CMR</th>
<th>MRR</th>
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<tbody>
<tr>
<td>Interactive</td>
<td>Chart Review</td>
</tr>
<tr>
<td>Patient eligible based on medications and conditions</td>
<td>Required for all skilled nursing facility (SNF) residents</td>
</tr>
<tr>
<td>Assess whole regimen (cost, side effects, drug therapy problems)</td>
<td>Focus on clinical problems and compliance</td>
</tr>
<tr>
<td>Yearly review</td>
<td>Monthly review</td>
</tr>
</tbody>
</table>

Best Practices

- Offer to schedule a time to complete the CMR with facility nursing staff, especially if there are multiple CMR-eligible patients at the facility.
- Prior to calling the facility or patient, verify the CMR can be delivered by phone by checking the OutcomesMTM platform.
- Check with facility nursing staff to see if prescriber recommendations can be faxed to the facility for the prescriber to review. Fax the recommendation with attention to the patient’s nurse or the nurse who was the CMR recipient, if applicable.