



# Weekly Roundup

*...Reporting the state and national long term care news*

Please disseminate relevant information to the appropriate department.

- Administration     Nursing     Dietary     Activities     Social Services  
 Rehabilitation     Housekeeping     Maintenance     Laundry

*Friday, October 4, 2013*

## ANHA NEWS

### **ANHA Office Schedule**

The ANHA office will be open for regular business hours October 7-11. However, we will have limited staff due to the American Health Care Association Annual Convention. Also, the *Weekly Roundup* will not be published next week.

### **Sign Up for My InnerView Satisfaction Survey: It's Free!**

ANHA is funding a statewide initiative to measure nursing home satisfaction in partnership with My InnerView by National Research Corporation. The initiative focuses on family, resident and employee satisfaction levels. This is an excellent opportunity to discover how your most important customers view your facility and what they are sharing with the rest of the community.

My InnerView will be contacting you to provide instructions for signing up to take full advantage of this opportunity. ANHA encourages every facility to take part in this continued effort to drive nursing home satisfaction.

*Please see the attached My InnerView Timeline and Sign Up Form for more details.*

If you have any questions, contact My InnerView representatives Allison Thomas, [athomas@nationalresearch.com](mailto:athomas@nationalresearch.com), or Teresa Costello, [tcostello@nationalresearch.com](mailto:tcostello@nationalresearch.com), or call 800-601-3884. You may also contact John Matson at the ANHA Office at (334) 271-6214 or [jmatson@anha.org](mailto:jmatson@anha.org).

### **November 20 Seminar: The Nursing Home Survey Process 2013 Update**

Please mark your calendars for November 20, 2013, as ANHA will present a seminar entitled "The Nursing Home Survey Process – 2013 Update." The following items will be covered: MDS 3.0 Update; Proper Discharge Procedures; Handling Complaints and Grievances; Nursing Centers and Hospice Requirements; Voluntary Termination of the Medicare Provider Agreement; Revisit Surveys; Special Focus Facilities; IDRs; Alabama Deficiency Analysis & Common Deficiencies; CMPs; Revised Surveyor Guidance – F155, F322, F309, F172; Life Safety Code Survey Update & OSHA Activities; Revised Guidance F329 and Antipsychotic Medications. This seminar will be held at The Hyatt Regency - The Wynfrey Hotel in Birmingham. The seminar will begin at 8:30 a.m. and conclude at 4:30 p.m. This seminar has been approved for 6 hours of continuing education for nursing home administrators. It has also

been approved for 7.2 contact hours for nurses. *More information will be coming in the following weeks!*

### **ANHA 2013 Activity/Social Services Annual Convention**

Join ANHA as we present the 2013 Activity/Social Services Annual Convention October 16-18 at The Wynfrey Hotel in Birmingham. This year's convention is packed with great educational offerings for **ALL** nursing home staff. Continuing education will be offered for activity professionals (12 hours), social workers (12 hours), risk managers (12 hours), nursing home administrators (12 hours) and nurses (14.4 hours).

During the convention, we will hold the Annual Activity/Social Services Auxiliary General Business Session and officers will be elected for 2014. The Activity/Social Services Auxiliary Nominating Committee is charged with the task of collecting the names of individuals interested in serving the Auxiliary Association in a leadership role.

The Committee is accepting nominations for the following positions: Vice President, Secretary, Treasurer

If you are interested in one of the above positions, or if you have additional questions, please contact *Ina Brown* ([ina@tlcnursingcenter.com](mailto:ina@tlcnursingcenter.com)) or *Gail Gunn* ([mona.gunn@eamc.org](mailto:mona.gunn@eamc.org)). Elections will be held during the General Business Session of the Activity/Social Services Auxiliary Annual Convention on Thursday, October 17 at 1:30 p.m. at The Hyatt Regency Wynfrey Hotel in Birmingham.

### **Latest Edition of the Long Term Care Survey Available**

The new May 2013 edition of the Long Term Care Survey manual is now available for purchase from ANHA. *Please see the attached order form for details.*



### **Annual Convention Attendees: Please Complete Online Evaluation Form**

Your feedback is important to ANHA, and helps us plan future events. If you attended the Annual Convention and Trade Show, please take a few minutes to complete our online survey. <https://www.surveymonkey.com/s/2013AnnualConvention>

## **NATIONAL NEWS**

### **CMS Issues Guidance as a Result of Government Shutdown**

The Centers for Medicare and Medicaid Services has issued a memorandum in which it identifies functions that (a) are not affected by a shutdown, (b) essential functions that are to be continued in the event of a shutdown, and (c) other functions that are directly affected and therefore should not be operational during a shutdown. *Please see the attached memo for details.*

## **OSHA**

Due to suspension of federal government services, the OSHA website is not being regularly monitored. If you need to report a workplace fatality, hospitalizations, or an imminent danger situation please call OSHA's toll free number immediately: 1-800-321-OSHA (6742); TTY 1-877-889-5627.

## **E-Verify Services Unavailable**

As of October 1, 2013, many federal government services, including E-Verify, are unavailable to employers as Congress failed to pass a continuing resolution or other budget to fund the federal government for the 2013-2014 fiscal year. Because E-Verify is unavailable, employers are unable to access their E-Verify accounts. The federal government will provide further guidance to employers regarding E-Verify upon reopening.

As of now, ANHA legal counsel recommends that:

1. Employers must still complete the Form I-9 no later than the third business day after an employee starts work for pay.
2. The "three-day rule" for E-Verify cases is suspended.
3. The days the federal government is closed will not count towards the eight federal government workdays an employee has to go to SSA or DHS to resolve Tentative Nonconfirmations.
4. Employers may not take adverse action against an employee because of an E-Verify interim case status.

## **EEOC**

The Equal Employment Opportunity Commission (EEOC) is currently closed because of the government shutdown. The EEOC recommends employees fill out online assessments and mail or fax them to the relevant office, as time limits on filing a charge with the EEOC (180 days in Alabama) may not be extended because of the shutdown. The EEOC is unavailable to respond to questions about a pending charge; EEOC charge investigation is halted; and all mediations and hearings scheduled to occur during the shutdown are cancelled. Generally, deadlines may be extended by the number of days the government is closed, but the EEOC recommends that parties contact the investigators, administrative judges, and mediators to reschedule when the government reopens.

## **RAI Updates**

The Centers for Medicare and Medicaid Services (CMS) has now posted the fall updates to the *RAI User's Manual*, which took effect on October 1 (<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html>).

Among the important changes providers need to be familiar with are new items in Section K (swallowing/nutritional status) and Section O (special treatments, procedures and programs). Additional clarification is also provided in Section G (activities of daily living) and on setting the assessment reference date (ARD) for Discharge assessments. These changes will impact classification of residents into RUGs for payment purposes and should be reviewed carefully by center staff involved in care documentation and MDS assessments and coding.

In Section K, a new item is added to capture information about caloric and fluid intake via parenteral feeding, tube feeding or intravenously.

In Section O, two new pieces of information are being captured. First, centers will be required to report co-treatment minutes by entering the total number of minutes each discipline of therapy was administered to the resident in co-treatment sessions in the last 7 days. Second, centers will now be required to report the number of distinct calendar days on which at least 15 minutes of therapy services were provided in the past 7 days.

In Section G, item G0110, Activities of Daily Living (ADL), the manual updates relate to the “rule of three” and the use of the ADL Self-Performance Algorithm. Over the past several months, CMS has commented in a number of different venues regarding the intended application of the rule of three described in the RAI manual. In these new updates, CMS clarifies the instruction that as the first step to determining the appropriate coding for this section, “When an activity occurs **three or more times at any one level**, code that level.” If this step applies to the situation, providers are instructed not to go on to apply the algorithm. New examples are included in this section to illustrate correct coding.

Finally, with regard to discharge assessments, CMS clarifies that the ARD for a discharge assessment is always the date of discharge.

CMS also released a separate memorandum (<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/Downloads/FY2014-SNFPPS-Transition-Memo-v5-final.pdf>) describing the transition process for implementation of these new items, effective October 1. The transition policies will apply to determination of RUGs for individuals with assessment reference dates between October 1 and October 13.

## **Employers Should Have Informed Employees about Affordable Health Care Act by October 1**

October 1 was the final deadline for employers to inform employees about affordable health care coverage under the Affordable Care Act. AHCA’s webpage on the Affordable Care Act contains a checklist of requirements for employers ([http://www.ahcancal.org/facility\\_operations/affordablecareact/Pages/ACA-Implementation-Checklist.aspx](http://www.ahcancal.org/facility_operations/affordablecareact/Pages/ACA-Implementation-Checklist.aspx)). The U.S. Department of Labor has provided model notices for employers offering insurance coverage to employees, as well as for those not offering coverage.

Below are the links to the model notices that employers can use to comply:

- Model notice for employers that offer coverage to some or all of their employees
- Model notice for employers who do not offer a health plan

Both notices are available in a Microsoft Word format and can be found on the Department of Labor website at (<http://www.dol.gov/ebsa/healthreform/index.html>)

On October 1, the Health Insurance Marketplace (<https://www.healthcare.gov/what-is-the-health-insurance-marketplace/>) launched enabling qualified individuals to shop and enrollment in an insurance plan. The Open Enrollment period is Oct. 1, 2013 to March 31, 2014. Insurance can begin on Jan. 1, 2014.

In addition, it is important to note that open enrollment for the new Small Business Health Options Program (SHOP) Marketplace (<https://www.healthcare.gov/marketplace/shop/>), which is a new program for small businesses that simplifies the process of buying health coverage for

your employees, begins on October 1. Starting in 2014, small businesses with generally up to 50 employees will have access to the new health care insurance marketplaces through the SHOP. In 2016, employers with up to 100 employees will be able to participate in SHOP. Employers that are eligible for SHOP can call the new Health Insurance Marketplace Small Employer Call Center at 1-800-706-7893 to get general SHOP and small business questions answered by a customer service representative. Current call center hours are Monday through Friday from 9 a.m. to 5 p.m. Eastern.

### **CMS Issues New Guidance on Survey Timing for Medicare Certified Facilities that Change Ownership**

Surveyors should prevent providers from being able to game the Medicare system through well-timed facility sales and purchases, the Centers for Medicare & Medicaid Services instructed in a recent memorandum (<http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-13-60.pdf>).

When a new owner acquires an existing facility that has been certified for Medicare participation, CMS can automatically assign Medicare certification to the new owner. However, the new owner could also reject automatic assignment. In this case, the new owner generally would not be liable for reimbursing Medicare for overpayments that occurred prior to the sale. A full initial survey would be needed to reestablish the facility's Medicare certification.

If surveyors disregard CMS policy and prioritize doing initial surveys rather than complaint investigations and other “core work,” they open the door for outgoing owners to take advantage of the system, according to the memo. Providers who owe CMS for overpayments or civil monetary penalties could more easily sell their facilities to escape liability if purchasers can count on quick acceptance into the Medicare program, even if they reject automatic assignment.

The memo lays out a number of “long-standing” policies regarding initial certification surveys, including that all surveys must be unannounced. An initial survey that takes place shortly after a facility changes ownership “suggests discussion” has occurred between the surveyor and the owner, according to CMS.

Any survey that takes place within two weeks of an acquisition with rejection of automatic assignment “warrants closer review” by a CMS regional office, the memo states.

### **CDC Report on Antibiotic Resistance Categorizes Threats and Offers Recommendations**

In an effort to raise awareness, the Centers for Disease Control and Prevention (CDC) released “Antibiotic Resistance Threats in the United States, 2013”

(<http://www.cdc.gov/drugresistance/threat-report-2013/>) the first report on antibiotic resistance and potential consequences of inaction.

The threats are categorized as: urgent, serious, and concerning. The report was written to be accessible to clinicians, consumers, and policymakers. It also includes technical information, references, and web links.

The third section of the report provides summaries of each of the bacteria. These summaries can aid in discussions about each bacteria, how to manage infections, and implications for public health. They also highlight the similarities and differences among the many different types of infections.

Antibiotic resistance also undermines the ability to treat people with infectious complications in patients with other diseases. Among the individuals at highest risk are those undergoing cancer treatment and joint replacements.

For more information on drug resistance, visit CDC's page Antibiotic/Antimicrobial at <http://www.cdc.gov/drugresistance/index.html>.

## STATE NEWS

### **TB Antigen Shortage – A Note from ADPH**

The Centers for Disease Control and Prevention (CDC) has notified state TB programs that the nationwide shortage of tuberculin (both APLISOL® and TUBERSOL®) is expected to continue for several more months. Earlier reports were that the shortage would lessen in June of 2013, when TUBERSOL® production was expected to resume. According to CDC “The current projection for restoration of normal production of Tubersol is sometime in the fall, perhaps October.”

The Alabama Department of Public Health recommends that each facility adhere to the CDC publication: "Guidelines for preventing the transmission of *Mycobacterium tuberculosis* in health-care settings" found in the MMWR of 2005. A link to the CDC information is included at: <http://www.cdc.gov/tb/publications/slidesets/InfectionGuidelines/default.htm>

### ***Recommendations for TB screening During the Nationwide Shortage***

During the shortage, the Alabama Department of Public Health recommends that individual providers, local health departments, correctional facilities, and health care settings follow the recommendations below:

1. Do **NOT** administer TSTs (TB Skin Tests) to persons who have no risk factors for TB as documented on the TB Screening Form; this should be deferred until Tuberculin is available. Do not do any screening test for persons with a documented previous history of a positive TST or TB disease.
2. Substitute interferon gamma release assays (IGRAs) for TSTs in priority situations as outlined in #3 below. IGRAs can be used in most situations in which the TST is indicated and are preferred for people who have received BCG vaccine (2, 3). QuantiFERON®-TB Gold In-Tube and T-SPOT®.TB have FDA approval for TB testing. Each facility should contact your local hospital laboratory or laboratory vendor to arrange this testing. These tests are covered by Medicare and Medicaid.
3. The highest priorities for tuberculosis screening are:
  - a. Evaluating persons with suspected active TB disease,
  - b. TB contact investigations,
  - c. Evaluating residents and employees who are newly arrived in the USA from Asia, Africa, and Latin America, and

- d. Persons at high risk of progressing to active TB, if infected (for example, persons who are HIV+, age <5, immunosuppressed).
4. Continue to ensure that persons with symptoms of active TB disease receive immediate medical evaluation. For suspected pulmonary TB, screening with a chest x-ray and obtaining sputum for AFB smear and culture are still considered imperative. Remember that chest x-ray screening does not diagnose TB infection or provide information about extra-pulmonary TB disease.
5. Tuberculin should be made available again in the next several months. This may become available from some suppliers or in some areas sooner than others. Facilities should continue to periodically check with their suppliers so that they can obtain tuberculin and resume, as soon as possible, routine testing of residents and staff which was postponed during this period of shortage.
6. The Bureau of Health Provider Standards is aware of the problems with obtaining PPD and will not cite any facility for deficient practice for not complying with the TB screening as currently set out in the Rules of the Alabama Board of Health.
7. The requirement that each facility take appropriate measures to individually assess each resident, evaluate symptoms, initiate appropriate testing and treatment, and protect residents from avoidable harm including TB exposure remains constant.

*A sample TB Screening Form to determine TB risk to help direct screening is included.*

If there are specific questions regarding these recommendations please contact Dr. Tom Geary, Bureau of Health Provider Standards at 334-206-5366 or Ms. Pam Fortner, Director of the Division of TB Control for ADPH at 334-206-6228

### **Alabama Board of Nursing Complaint Form**

The Alabama Board of Nursing (ABN) now has an online complaint form for employers to complete when reporting a licensed nurse. The online complaint form is on the Board's website, under the Citizenship section in the middle of the first page. Here is a direct link:

[https://abn.alabama.gov/abnonline/addcomplaint\\_employer.aspx](https://abn.alabama.gov/abnonline/addcomplaint_employer.aspx). ABN has pared down the complaint form to the necessary elements needed when submitting a complaint. The who, what, when, and where text box has sufficient space for a detail of the complaint. ABN also wants to know if the nurse works for you or another entity (such as a staffing agency). ABN also asks who is to receive the subpoena in your organization. ANHA has been asked to encourage you to use the online process, but ABN will maintain the downloadable paper complaint form online for a few months. Once you use the online complaint process, let ABN know if there are changes you want to make.

ABN also has a consumer complaint form in the center of the first page of the website ([www.abn.alabama.gov](http://www.abn.alabama.gov)) and if you are ever asked how to file a complaint with the Board from a patient, patient's family, consumer, etc. please refer them to their website as well.

### **Medicaid Check Write Schedule for FY 2014**

The release of funds is normally the second Monday after the check write (remittance advice) date. Please verify direct deposit status with your bank. *As always, the release of direct deposit and checks depends on the availability of funds.*

October 4, 2013

October 18, 2013

November 1, 2013

November 15, 2013

December 6, 2013  
January 3, 2014  
February 7, 2014  
March 7, 2014  
April 4, 2014  
May 2, 2014  
June 6, 2014  
July 11, 2014  
August 8, 2014  
September 5, 2014

December 13, 2013  
January 17, 2014  
February 21, 2014  
March 21, 2014  
April 18, 2014  
May 16, 2014  
June 20, 2014  
July 25, 2014  
August 22, 2014  
September 12, 2014

### **Submit Medicaid Cost Reports to ANHA**

The Alabama Nursing Home Association is collecting cost reports for analysis by our independent reimbursement consultant, Dave Bishop. As in the past, our reimbursement consultant will provide you a detailed analysis of your costs compared to the costs of other facilities of a similar size. ANHA cannot stress enough the importance of sending in your cost report. In order to negotiate with Medicaid on various issues, we need to have accurate information concerning the profession. This information has proved very beneficial in the past.

Please send a copy of your 2013 Medicaid Cost Report to [kmagdon@anha.org](mailto:kmagdon@anha.org) or by mail to:  
Alabama Nursing Home Association  
4156 Carmichael Road  
Montgomery, Alabama, 36106  
ATTN: Katrina Magdon

### **New CE Video Available for Nurses**

A new online continuing education (CE) course has been added to the Alabama Board of Nurse's course listing available at [www.abn.alabama.gov](http://www.abn.alabama.gov). The 60-minute video, worth 1.2 contact hours, is about monitored practice. Two of the legal nurse consultants, Cathy Boden, MSN, RN, and LaDonna Patton, MSN, RN, CEN, present case studies in substandard nursing practice and drug diversion. They walk the viewer through the time of the complaint received by the Board through the discipline imposed by the Board. Mary Ed Davis, MSN, RN, the Director of VDAP, addresses monitored practice for both VDAP and probation. Specific stipulations in the agreement/order are covered including narcotic restrictions. Finally, Patrick Samuelson, Assistant General Counsel for the Board, addresses administrative hearings and when the Chief Nursing Officer, nurse manager, charge nurse, or general witness might be called upon to testify at an administrative hearing.

Nurses in VDAP or on probation present challenges to employers and the Board wanted to cover items for employers to hopefully improve both the communication and the monitoring of nurses.

## **FACILITY NEWS**

### **ANHA Expresses Sympathy: Dr. A. Jerry Swindall**

ANHA expresses deepest sympathy to the family of Dr. A. Jerry Swindall. Dr. Swindall passed away on September 30. He was 82 years old. He was a former nursing home owner, physician in

Dadeville and is considered a pioneer in the nursing home field. During his life, he developed, owned and operated nursing facilities in Tallapoosa, Chambers, Lee, Russell, Coosa and Baldwin Counties. Dr. Swindall practiced medicine for more than 50 years, and continued to do so until just before his death.

Over the years, Dr. Swindall served as medical director and attending physician for numerous nursing homes, and was active in shaping and supporting policies to increase quality. His former wife, the late Emma Swindall, M.D., who was also a physician, served on the Alabama Nursing Home Association Executive Board in the 1970s, and was president in 1973.

Dr. Swindall's nursing home legacy continues with his nephews Bobby and Archie Chapman, of Alexander City, and William Lester of Gadsden, who continue as nursing home operators.

He is survived by his wife of 24 years, Barbara Swindall of Dadeville; daughters, Margaret S. Swindall of Buford, GA, Bonnie McClendon (Stanley) of Auburn, and Karen Ingram (Dugg) of Birmingham; sons, Alan J. Swindall, Jr. (Carla) of Dadeville, James M. Swindall of Dadeville, Jimmy Griffies (Kim) of Hendersonville, TN, and Michael Griffies (Lisa) of Tallassee; grandchildren, Jake, Lauren, Allison, and Mitchell McClendon; Alison and Emma Swindall; Lexi and William Griffies; Reagan Hawkins; Ben, Ellie, and Emma Grace Ingram; and numerous nieces and nephews.

Memorials in Dr. A. Jerry Swindall's honor may be made to the New Covenant Church, 2350 E. South Street, Dadeville, AL 36853; or to The Louis E. Cottrell, Jr. Foundation for Excellence in Long Term Care, c/o Alabama Nursing Home Association, 4156 Carmichael Road, Montgomery, AL 36106.

## **Music and Art Focus of Dementia Care Workshops**



Can music and art awaken the spirit of someone with dementia? Several hundred long-term care professionals learned it can at two workshops sponsored by AQAF and the Middle Alabama Area Agency on Aging.

Cognitive Connections: Awakening the Human Spirit through Innovations in Dementia Caregiving was held in Birmingham and Montgomery.

The featured speakers were Dr. Daniel Potts of Cognitive Dynamics, and Dan Cohen, executive director of Music & Memory. Music & Memory trains elder care professionals how to set up personalized music playlists, delivered on iPods and other digital devices, for those in their care. These musical favorites tap deep memories not lost to dementia and can bring residents and clients back to life, enabling them to feel like themselves again, to converse, socialize and stay present. To learn more visit [www.musicandmemory.org](http://www.musicandmemory.org).

## Golden LivingCenter Trussville



Residents of Golden Living Center Trussville recently participated in the Walk with Aegis program which promotes daily activities to engage all departments and residents together in therapeutic activities. Pictured are some of the residents that took part in the program.

## OTHER NEWS

### Take Advantage of AHCA's Free Webinar on LTC Trend Tracker

The American Health Care Association (AHCA) is offering a free webinar to help you make the most of this unique and time-saving tool, the Long Term Care Trend Tracker. The webinar is scheduled for Thursday, October 24, 2013, at 1:00 p.m. CST.

Register today at <https://cc.readytalk.com/cc/s/registrations/new?cid=vi0cbv367sux>

You will gain a better understanding of how to use Trend Tracker

- Learn how and where AHCA obtains the information in LTCTT
- Determine which reports to use for discussions with hospitals and other referral sources
- Understand how LTCTT works with QAPI and goal setting

### Estimate Your FY2014 SNF PPS Rates: New Rate Calculator

The American Health Care Association (AHCA) updated their Medicare Part A SNF PPS rate calculator ([http://www.ahcancal.org/research\\_data/funding/Pages/MedicareRateCalculator.aspx](http://www.ahcancal.org/research_data/funding/Pages/MedicareRateCalculator.aspx)) to assist members in examining and estimating the impact of payment changes to SNF PPS rates. Using information on your distribution of Part A days by RUG category, the calculator will allow you to simulate and understand the impact of SNF PPS payment policy changes for FY 2014 on a facility.

The rate calculator has been updated to reflect Medicare payment policy changes found in the SNF PPS notice for fiscal year 2014 that was issued on August 6, 2013. The final rule and the rate calculator illustrate the net impact of a 2.3% increase in rates for the market basket update, a 0.5% reduction in rates due to a forecast error adjustment, and a 0.4% reduction in rates due to the Accountable Care Act (ACA) mandated productivity adjustment, for a net 1.3% increase in SNF PPS rates for FY 2014. (Please note that the individual adjustments may not add to the total adjustment due to rounding.)

To prepare the rate estimates, please take the following steps on the "Inputs and Results" tab of this Excel spreadsheet:

1. Enter your facility name.

2. Select your facility location in the drop-down menu on the line “Facility Location (CBSA)”.
3. Enter the time period that covers the Medicare patient days by RUG category for your facility.
4. Enter the Medicare patient days by RUG category under the RUG-IV payment system.

The difference between the average Medicare rate for fiscal year 2014, effective October 1, 2013, and the average Medicare rate for fiscal year 2013, effective October 1, 2012, will be expressed in dollar and percentage amounts. You will be able to estimate the impact of the per diem payment changes effective October 1, 2013. For your information, the average Medicare rate for fiscal year 2012, effective October 1, 2011 is also provided.

The information contained in the “Inputs and Results” and “Rate Calculation” tabs may be printed.

Please note that the rates provided in this calculator are the same as those published in the Federal Register. It has been determined that discrepancies may exist between the rates in this calculator and the SNF PPS PC Pricer due to rounding.

### **AHCA Releases Customer Fact Sheet Regarding Antipsychotics**

As part of the American Health Care Association’s (AHCA) Quality Initiative, AHCA is proud to release our new, antipsychotic consumer fact sheet. The fact sheet provides family members and others involved in a resident's care background on the off-label use of antipsychotics, as well as frequently asked questions regarding loved ones living with dementia. It also gives family members suggestions on how they can partner with providers to get the best possible care for their loved one. Centers and communities are encouraged to use this fact sheet whenever they deem it to be suitable in interactions with residents and families. Download in English or Spanish (the first of its kind!) and find them on the antipsychotics page of the Quality Initiative website at [http://www.ahcancal.org/quality\\_improvement/qualityinitiative/Pages/Antipsychotics.aspx](http://www.ahcancal.org/quality_improvement/qualityinitiative/Pages/Antipsychotics.aspx).

### **AHCA Complimentary Webinars Now Available**

***F309 & Antipsychotics?! Compliance?! QAPI?!: Your Integrated Pathway to Dementia Care. Part Six: “Quality is Our Business Model”***

Registration Link: <http://webinars.ahcancal.org/session.php?id=11700>

Session Description: The new guidance at F-309 recognizes the importance of a nursing center's QA&A process and encourages surveyors to examine the systemic approaches used to deliver care and services for a resident with dementia. This session will validate your current QA&A efforts and support your transition to QAPI with practical tips and useful pointers.

Learning Objectives:

- Relate current QA&A practices to QAPI principles
- Consider ways to organize your current QA&A work and committees to transition to a QAPI approach

Speaker: Stacey Rose Hord, LNHA, MCD, CCC-SL

***Implementing the Affordable Care Act: Understanding Employer Requirements and Compliance Issues***

Date & Time: Thursday, November 14, 2013 – 1:00pm – 2:00pm(CST)  
 Speaker: Nicole Fallon, Healthcare Consultant, CliftonLarsonAllen  
 Registration Link: <http://webinars.ahcancal.org/session.php?id=11729>

Session Description: The Affordable Care Act (ACA) implementation is in high gear with Health Insurance Exchanges opening October 1, and the individual mandate to obtain coverage looming. In this webinar, learn what steps providers as employers should be taking in the coming months to prepare to comply, and new ways of evaluating benefit offerings. Please join AHCA/NCAL and Nicole Fallon of CliftonLarsonAllen for an update on several areas that are critical to the new health insurance marketplaces and what this will mean for providers as employers and from a business perspective. We encourage you to attend this webinar on Thursday, November 14, at 1 p.m. Central Time which will cover critical health reform deadlines and implications for providers.

Learning Objectives:

- Understanding the affordability and look-back measurement safe harbors and what they mean to you as an employer.
- Understanding various reporting and notification requirements under the ACA.
- Considering the tax implications for the business and employees of benefit decisions going forward.

Understanding what plans will meet minimum essential coverage and minimum value under ACA.

**AHCA Quality Improvement Toolkits/Webinars**

*The 4 Key Strategies to Retain New Hires and Reduce Employee Turnover* (toolkit and webinar) and the *Clinical Considerations of Antipsychotic Management* (Toolkit and webinar) are available (free) to all AHCA members at: <http://qualityinitiative.ahcancal.org>. This resource uses a process framework, based on the Nursing Process, to identify care objectives and expectations. It identifies tools and resources to help providers successfully manage antipsychotic medication use at the resident and facility level. The guide focuses on 7 critical steps needed to ensure quality outcomes that are successful and continuous.

Members will need to log-in to access the toolkits, as it is a member-only benefit. If log-in information is needed, please contact your facility Administrator or State Association and they can give you the information you need.

**CALENDAR OF EVENTS**

<u>Date</u>	<u>Event</u>	<u>Location</u>	<u>Time</u>
October 16 - 18	ANHA Act/SS Annual Convention	Hyatt Regency Wynfrey Birmingham, AL	
October 31	ANHA Region III Meeting RSVP: Kevin Ball (205) 788-6330 or <a href="mailto:kball@ballhealth.com">kball@ballhealth.com</a> Guest Speaker: Bill O'Connor, ANHA Executive Director	Hanover Health & Rehab Birmingham	12:00 p.m.

Alabama Nursing Home Association

4156 Carmichael Road ♦ Montgomery, AL 36106 ♦ PH: (334) 271-6214 ♦ FAX: (334) 244-6509

Links:

Alabama Nursing Home Association <http://www.anha.org>

AL Board of Examiners of Nursing Home Administrators <http://www.alboenha.state.al.us>

AL Dept. of Public Health <http://www.adph.org>

CMS <http://cms.gov>