



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

Wednesday, November 21, 2012

ANHA NEWS

ANHA Office Schedule for the Thanksgiving Holiday

The ANHA office will be closed for the Thanksgiving holiday beginning at 12:00 p.m. on Wednesday, November 21. The office will reopen at 8:00 a.m. on Monday, November 26. Happy Thanksgiving!

Reminder: OBRA Office to Launch New Level I Screening Form on December 1, 2012

Editor's note: The following article was provided by Angela Howard from the OBRA Screening Office at the Alabama Dept. of Mental Health.

Please be advised, OBRA's Data Management Team will begin implementing the new system on Friday, November 30, 2012, at 4:00 p.m. Therefore, if you need a Level I determination prior to 5:00 p.m. on this date, ensure that the OBRA Office receives your Level I by 3:00 p.m. The new Level I computer-based system will be fully operational on Saturday, December 1, 2012. It will allow you to utilize your same user ID and password. However, the web address will change; it is www.mh.alabama.gov/pasrr.

Please click on the following below to view the recent OBRA PASRR. The webinar discussed the new changes that will go into effect on December 1st. A link to the webinar can also be found in the "Weekly Roundup" section of www.anha.org.

http://wm.yourcall.com/ANHA/ANHA_Magdon_111412_1030.wmv

ANHA Donates to Super Storm Sand Relief Efforts

At its November meeting, the ANHA Executive Board voted to send \$5,000.00 donations to the New York State Health Facilities Association and the Health Care Association of New Jersey to help with relief efforts for Super Storm Sandy. The donations were sent on behalf of the ANHA membership.

If you would like to make a donation, please visit the following websites:

New York State Health Facilities Association: <http://www.thefqc.org/hurricane-relief-fund/>

Health Care Association of New Jersey: <http://www.hcanj.org/relief-fund/>.

“The Patient Protection and Affordable Care Act: Financial and Legal Implications for Nursing Homes” Educational Seminar: November 28

Please mark your calendars for November 28, 2012, as ANHA will present a seminar entitled “The Patient Protection and Affordable Care Act: Financial and Legal Implications for Nursing Homes.” This seminar will be held at The Wynfrey Hotel in Birmingham. The seminar will begin at 8:30 am and conclude at 4:00 pm. 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. *Please see the attached flyer for more information.*

My InnerView Survey: Next Steps

Monday, November 26, the facility should: Distribute the Employee Surveys

Recommendations for distribution to employees include staff meetings, with paychecks or other methods that work successfully in your facility. A best practice tip is to distribute the surveys in an all-staff or department meeting and collect the survey in the sealed return envelope as the employee completes the survey. MIV recommends you provide time during the work day and have a non-management facilitator in the room conducting the survey.

You can choose to:

- Collect employee surveys at the facility (If you collect the surveys, *do not open surveys at the facility*. You will mail (in bulk) sealed envelopes directly to My InnerView.) OR
- Instruct employees to mail individual surveys in the provided postage paid envelopes directly to My InnerView.

Monday, December 3, the facility should: Mail Sealed Surveys to My InnerView

You can choose to collect the **employee and/or resident** surveys at the facility or instruct the **employees and/or residents** to mail their individual surveys directly to My InnerView. If you collect the surveys, **do not open** surveys at the facility. You will mail (in bulk) sealed envelopes directly to My InnerView.

If you have questions or need assistance, My InnerView can be reached at 800-601-3884 or surveys@myinnerview.com. Tell the operator that you are a member of ANHA. You may also contact John Matson at the Association Office at (334) 271-6214 or jmatson@anha.org.

NATIONAL NEWS

RAI Manual Updates

The RAI Manual for MDS 3.0 has been updated to incorporate the revisions found in the previously posted Erata documents. The updated manual also includes element clarifications based on issues and concerns raised by providers. The new RAI Manual can be found at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html>. Please note that the MDS QM Technical Manual is posted as well.

CMS Updates Medicare Rates

Last week, the Centers for Medicare and Medicaid Services (CMS) announced updates to Medicare beneficiary premium, deductible and coinsurance costs for 2013. Some of those changes are as follows:

Hospital Inpatient Stay:

- Days 1-60: \$1,184 deductible for each benefit period in 2013. (Up from \$1,156).
- Days 61-90: \$296 coinsurance per day of each benefit period in 2013. (Up from \$289).
- Days 91 and beyond: \$592 coinsurance per each “lifetime reserve day” after day 90 for each benefit period (up to 60 days over your lifetime) in 2013. (Up from \$578).
- Beyond lifetime reserve days: all costs.

Skilled Nursing Facility Stay:

- \$0 for the first 20 days each benefit period.
- \$148 per day for days 21-100 each benefit period in 2013. (Up from \$144.50).
- All costs for each day after day 100 in a benefit period.

For a full description of all other Medicare rate changes, please visit

<http://www.medicare.gov/your-medicare-costs/costs-at-a-glance/costs-at-a-glance.html>.

Medicare Part B Therapy Cap and Exceptions Process

The Middle Class Tax Relief and Job Creation Act of 2012 (H.R. 3630) was signed into law this year. It extends the Medicare Part B Outpatient Therapy Cap Exceptions process through December 31, 2012.

The statutory Medicare Part B outpatient therapy cap for Occupational Therapy (OT) is \$1,880 for 2012, and the combined cap for Physical Therapy (PT) and Speech-Language Pathology Services (SLP) is also \$1,880 for 2012. This is an annual per beneficiary therapy cap amount determined for each calendar year. Medicare allowable charges, which include both Medicare payments to providers and beneficiary coinsurance, are counted toward the therapy cap. In outpatient settings, Medicare will pay for 80 percent of allowable charges and the beneficiary is responsible for the remaining 20 percent of the amount.

The therapy cap applies to all Part B outpatient therapy settings and providers including: private practices, skilled nursing facilities, home health agencies, outpatient rehabilitation facilities, and comprehensive outpatient rehabilitation facilities. Beginning this year, the therapy cap will also apply to therapy services furnished in hospital outpatient departments (HOPDs) until December 31, 2012.

The law requires an exceptions process to the therapy cap, which allows for providers to receive payment from Medicare for services above the therapy cap amount. Therapy furnished by providers must always be reasonable and medically necessary, require the specialized skills of a medical professional, and be justified by supporting documentation in the patient’s medical record. When these conditions are met for care exceeding the therapy cap in a calendar year, a provider may submit claims for a beneficiary with a KX modifier included on the claim form. The KX modifier on the claim indicates that the requirements for an exception to the therapy cap have been met. Claims that exceed the cap and do not include the KX modifier will be denied.

Beginning on October 01, 2012, certain providers will be required to submit a request for an exception for therapy services above the threshold of \$3,700. Similar to the therapy cap, there is a threshold of \$3,700 for PT and SLP services combined and another threshold of \$3,700 for OT services. Such requests for exceptions will be manually reviewed.

To ensure a timely and orderly implementation, providers within specified Medicare Administrative Contractor (MAC) jurisdictions will be divided into three phases. Each specific provider will be notified of their status in the phase-in process. Providers will be required to submit requests for exceptions to the threshold in advance of furnishing therapy services above the threshold. The phase-in periods are as follows:

Phase I Oct 1, 2012 to December 31, 2012

Phase II Nov 1, 2012 to December 31, 2012

Phase III Dec 1, 2012 to December 31, 2012

There will be no automatic exceptions granted for the requests for exceptions above the threshold solely on the basis of a specific diagnosis. The contractors will use the coverage and payment policy requirements in Section 220 of the Medicare Benefit Policy manual and any applicable local coverage decision policies when making determinations for approving therapy services above the threshold.

Claims received for therapy services above the threshold which have not been approved for a provider assigned within a specific phase, shall be subject to prepayment review upon receipt for payment. Requests for exceptions can be made in increments of 20 treatment days.

Contractors will have 10 business days to review the request for exception to the threshold using the manual medical review process. The 10-day timeframe starts when the contractor has obtained all necessary documentation from the provider. If a contractor fails to make a decision within 10 business days of receiving a request containing all the required documentation the request will be automatically approved.

Each MAC will have detailed instructions posted to their websites regarding the process to submit a request for an exception to the threshold. Providers can visit CMS' CMS' Provider Out Patient Therapy Cap Phase Information webpage to determine their phase-in date. Questions about the therapy cap and new threshold can be forwarded to a designated email box, at therapycapreview@cms.hhs.gov.

OSHA Recordkeeping Guide

Nursing centers and residential care facilities (e.g., assisted living, ICFs/IiD) are included in an OSHA National Emphasis Program for programmed inspections which is in effect until April 2015. One essential document for every nursing center and assisted living center, as well as ICFs/IiD is the OSHA 300 Log. This Log is required by OSHA and will be reviewed at the start of any inspection. Sometimes completion of this log can be confusing. *Attached is a guide that uses a 3-step approach and is entitled OSHA Recordkeeping Made Easy, prepared for AHCA/NCAL members by our OSHA consultant Jackson Lewis.*

CMS Issues S&C Letter on Medication Errors and Pharmacy Services

CMS has issued Survey & Certification Letter 13-02 providing clarification of guidance related to medication errors and pharmacy services. The memo is dated November 2, 2012 and is effective immediately.

The memo specifically addresses:

1. Medication errors
 - a. Administration of medications via a feeding tube
 - b. Metered dose inhalers
 - c. Proton pump inhibitors
2. Concerns regarding medication administration practices
 - a. “Borrowing medications”
 - b. Fentanyl patches
3. Medication regimen reviews for stays under 30 days and changes in condition

Each item includes a section titled “Survey implications” and directs surveyors to review nursing center practices at various F-tags. *Please see the attached S&C Letter for more details.*

REMINDER: Survey Process Changes in Effect December 1!

As previously mentioned in the *Weekly Roundup*, the Centers for Medicare & Medicaid Services (CMS) has issued a series of survey and certification memorandums that will become effective December 1, 2012. All facilities are encouraged to download and review these new changes. ANHA has prepared a brief summary of the Survey Process changes to Appendix P. *Attached is a summary as well as a copy of the new CMS-802 and CMS-672 that will be used beginning December 1.* A link to obtain a copy of the CMS memorandums regarding the F tag changes as well as the survey changes are listed below. The links include not only the changes, but surveyor training tools as well.

CMS Issues Survey and Certification Memorandum on F tag 309 – Quality of Care (Advanced Copy) - The Centers for Medicare and Medicaid Services made changes to surveyor guidance for End of Life in Appendix PP of the SOM to provide clarification to nursing home surveyors when determining compliance with the regulatory requirements for End of Life. The regulatory language remains unchanged. The revisions should be implemented no later than November 30, 2012. Please visit the following website for an advance copy of the revised guidance with all the new language presented in red and italics. At the end of the guidance is a copy of the surveyor training materials. <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-12-48.pdf>

CMS Issues Survey & Certification Memorandum on F tag 155 – Advance Directives (Advanced Copy) - The Center for Medicare and Medicaid Services made changes to surveyor guidance for Advance Directives in Appendix PP of the SOM to provide clarification to nursing home surveyors when determining compliance with the regulatory requirements for Advance Directives. The regulatory language remains unchanged. The revisions to the Surveyor Guidance at F tag 155 in Appendix PP of the SOM include resident’s rights to: Establish Advance Directives; and Accept or decline treatments. . The revisions should be implemented no later than November 30, 2012. Please visit the following website for an advance copy of the revised guidance with all the new language presented in red and italics. At the end of the guidance is a copy of the surveyor training materials. <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-12-47.pdf>

CMS Issues Survey & Certification Memorandum on F tag 322 – Feeding Tubes (Advance Copy) - The Center for Medicare and Medicaid Services made revisions to interpretive guidelines for Feeding Tubes in Appendix PP of the SOM to provide clarification to nursing

home surveyors when determining compliance with the regulatory requirements for feeding tubes. The regulatory language will remain unchanged. CMS deleted F tag 321 which contained language about not using feeding tubes unless unavoidable, and incorporated the guidance into F tag 322. . The revisions should be implemented no later than November 30, 2012. Please visit the following website for an advance copy of the revised guidance with all the new language presented in red and italics. At the end of the guidance is a copy of the surveyor training materials. <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-12-46.pdf>

CMS Issues Survey & Certification Memorandum on Advanced Copy – Revisions to State Operations Manual (SOM), Appendix P – Traditional Survey Protocol for Long Term Care (LTC) Facilities and Chapter 9/Exhibits including Survey Forms 672, 802, 802S and 802P - The Center for Medicare and Medicaid Services has updated Appendix P of the State Operations Manual as well as Exhibits as part of Chapter 9. Survey Protocols for LTC Facilities have been revised for the Traditional Survey process Tasks 1-5C to reflect changes for the Minimum Data Set (MDS) 3.0; New Quality Measures (QM) Reports; Revised CMS forms 672 and 802, 802S and 802P; and Sampling and reviewing residents receiving psychopharmacological medications, specifically antipsychotic medications. Revisions to Chapter 9 of the SOM include various Exhibits including survey forms that have been revised to accommodate changes for MDS 3.0 and the new QM Reports; and New QM Reports available for use in the Traditional Survey Process. . The revisions should be implemented December 1, 2012. Please visit the following website for an advance copy of the revised guidance with all the new language presented in red and italics. At the end of the guidance is a copy of the surveyor training materials. <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-12-45.pdf>

Infection Control Update

The Society for Healthcare Epidemiology of America (SHEA) and Centers for Disease Control and Prevention (CDC) have each released new tools and information to help track deadly healthcare-associated infections (HAIs) in nursing homes and other long term care settings. Published online recently in *Infection Control and Hospital Epidemiology*, the journal of SHEA, an expert panel published updated infection definitions and guidance that provides uniform criteria for nursing homes and other long term care facilities to track and monitor HAIs. The updated surveillance definitions, coordinated by SHEA's Long Term Care Special Interest Group, incorporate evidence published over the past two decades, with definitions for norovirus gastroenteritis and *Clostridium difficile* infections added and more specific definitions for urinary tract infections included.

In parallel, CDC's National Healthcare Safety Network (NHSN) released a new tracking component, allowing nursing homes and other long term care facilities to monitor HAIs. The newly published guidance serves as the foundation of the new NHSN component. When facilities track infections, they can identify problems, implement prevention measures, and monitor progress toward stopping infections. State and local health officials can also use the system to monitor the impact of regional prevention efforts. On the national level, data entered into NHSN will gauge progress toward national infection prevention goals.

The new NHSN component allows nursing homes and other long term care facilities to track *Clostridium difficile* (a deadly diarrheal infection), drug-resistant infections such as methicillin-

resistant Staphylococcus aureus (MRSA), urinary tract infections, and healthcare worker adherence to basic infection control procedures including hand hygiene and glove use.

CDC is one of multiple federal agencies vigorously working to protect patients. The Department of Health and Human Services has released a National Action Plan to Prevent Healthcare-Associated Infections with several goals to address infections among nursing home residents including reducing catheter-associated urinary tract infections and infections from Clostridium difficile.

The new surveillance guidance has been endorsed by the American Medical Directors Association, the Association of Medical Microbiology and Infectious Disease-Canada, the Association for Professionals in Infection Control and Epidemiology, the Community and Hospital Infection Control Association-Canada, and the National Association of Directors of Nursing Administration in Long Term Care.

To access or enroll your facility in NHSN's long term care component, see CDC's website: <http://www.cdc.gov/nhsn/LTC/index.html>. To review the new surveillance guidance, visit: <http://www.jstor.org/stable/10.1086/667743>.

OIG Releases 2013 Work Plan

The Department of Health and Human Services (HHS), Office of Inspector General (OIG), has released its annual Work Plan for 2013. The Work Plan focuses on seven different areas including: Medicare Part A and Part B; Medicare Part C and Part D; Medicaid Reviews; Legal and Investigative Activities Related to Medicare and Medicaid; Public Health Review; Human Services Reviews; and Other HHS-Related Reviews. In each area, the Work Plan identifies compliance risk areas that subject Medicare and Medicaid providers to audit and enforcement initiatives. Under Medicare Part A and Part B, SNFs are specifically targeted and OIG plans follow-up reports in the following areas: Adverse Events in Post-Acute Care; Quality of Care Requirements; State Agency Verification of Corrections; Oversight of Poorly Performing Facilities; Use of Antipsychotic Drugs; Questionable Billing Patterns for Part B Services; and Oversight of the Minimum Data Set. Overall, OIG will continue its focus on reviewing potential areas to discover fraud, quality issues and costs. To obtain a copy of the complete OIG Work Plan for 2013 go to <https://oig.hhs.gov/reports-and-publications/archives/workplan/2013/Work-Plan-2013.pdf>. OIG also has just released a video on its Work Plan for 2013 at <https://oig.hhs.gov/newsroom/outlook/index.asp>.

STATE NEWS

Nurse Aide Abuse Registry

Please note that the following individuals have been placed on the Alabama Nurse Aide Abuse and/or Sanction Registry. These individuals are prohibited from working in any long-term care facility. To check nurse aides, you can use the nurse aide web site at www.adph.org (Click on Contents A-Z - located in the dark blue at the top of the screen - then Click on Nurse Aide Registry - then Click in the white box and type in the Social Security Number of the person you are trying to find. Be sure and include the dashes in the SSN.)

<u>Name</u>	<u>Effective Date</u>
Emmeline Horrace	11/15/12
William Dixon	11/15/12
Janice Robinson	11/15/12
Ametrius Ansley	11/15/12
Ronald Butler	11/15/12

Christmas Tree Guidance from the Alabama Department of Public Health

As a reminder, the Alabama Department of Public Health passed along the following guidance concerning Christmas trees.

2000 NFPA 1 (Fire Prevention Code), Section 3-9 COMBUSTIBLE VEGETATION, contains the following requirements:

1. Natural cut Christmas trees shall be permitted only in areas protected by an automatic sprinkler system.
2. Artificial Christmas trees shall be labeled or otherwise identified or certified by the manufacturer as being “flame retardant” or “flame resistive.”
3. No Christmas trees shall be allowed to obstruct corridors, exit ways, or other means of egress.
4. Only listed electrical lights and wiring shall be used on Christmas trees and similar decorations.
5. Electric lights are prohibited on metal artificial trees.
6. Open flames, such as from candles, shall not be located on or near Christmas trees or other similar combustible materials.
7. Natural cut Christmas trees shall not be located near fireplaces, heating vents or other heating devices that could cause the tree to dry out prematurely or to be ignited.
8. Where natural trees are permitted, the bottom end of the trunk shall have a straight fresh cut at least 1/2 inch above the original cut end, made immediately prior to the tree's being placed in a suitable stand with adequate water. The water level shall be checked and maintained above the fresh cut on a daily basis. The tree shall be removed from the building immediately upon evidence of dryness.

FACILITY NEWS

Orchard HealthCare Center Hosts Thanksgiving Dinner



Orchard HealthCare Center in Hayneville recently held its annual Resident/Family Thanksgiving Dinner. The facility’s medical director, Dr. Malcolm Brown, served as the guest speaker and discussed the use of antipsychotic drugs.

Greenbriar at the Altamont Earns Deficiency Free Survey!

Greenbriar at the Altamont recently earned a deficiency free health survey! Jennifer Shunnara is the Administrator and Carmelita Cunningham is the Director of Nursing. The facility is located in Birmingham and is owned by Noland Health Services. Congratulations to the staff of Greenbriar at the Altamont on this outstanding accomplishment!

OTHER NEWS

HeartSine Samaritan Public Access Defibrillator 300/300P: Class I Recall - Device May Intermittently Turn On and Off

HeartSine notified customers that certain Samaritan 300/300P PAD devices have been found to intermittently turn on and off, which may eventually deplete the battery. In addition and separately, certain Samaritan 300/300P PAD devices containing early versions of the battery management software may misinterpret a temporary drop in battery voltage as signaling a low battery, resulting in the device turning itself off. A device experiencing either condition could be unable to deliver therapy during a cardiac event.

Samaritan 300/300P PAD devices with the following serial numbers are affected by this recall:

- 0400000501 to 0700032917
- 08A00035000 to 10A0070753
- 10C00200000 to 10C00210106

Affected devices were manufactured and distributed from 08/01/2004 to 01/31/2011.

Read the MedWatch safety alert, including a link to the Recall Notice, at:

<http://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm328614.htm>

Registration Now Open for 2013 AHCA Quality Symposium

Registration is now open for the AHCA Quality Symposium. Celebrating its 5th year, the symposium will take place February 11-13, in San Antonio, Texas. The Quality Symposium will provide attendees with practical, real-world ideas and solutions to take back to their work environments. Administrators, corporate staff, directors of nursing, quality managers, and anyone with an interest in examining and improving their processes to achieve excellence across the operational and care spectrums will find value in this unique educational and networking event.

Don't miss this three-day event and the potential to earn 14.25 CEUs! For more information please visit <http://www.ahcancal.org/events/qualitysymposium/Pages/default.aspx>.

SAVE THE DATE: EDUCATIONAL SEMINAR

“Legal Compliance in Nursing Homes” Educational Seminar: January 9

Please mark your calendars for January 9, 2013, as ANHA will present a seminar entitled “Legal Compliance in Nursing Homes.” This seminar will be held at The Wynfrey Hotel in Birmingham. *More information regarding this seminar will be forthcoming.*

CALENDAR OF EVENTS

<u><i>Date</i></u>	<u><i>Event</i></u>	<u><i>Location</i></u>	<u><i>Time</i></u>
November 28	Seminar: Affordable Care Act	The Wnyfrey Hotel Birmingham	8:30 a.m.
November 28	ANHA Region VIII Act/SS Auxiliary Meeting RSVP: Shelia Dunn (334) 347-9541 Speaker Topic: New Regulations on AntiPsychotics	Enterprise Health & Rehab Enterprise	2:00 p.m.
December 5	ANHA Region VI Act/SS Auxiliary Meeting RSVP: Megan Butz (334) 749-1471 Speaker Topic: Caregiver Stress Lunch will be provided	Oak Park Auburn	11:00 a.m.

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

WEB SITES:

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>