



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, February 15, 2013

ANHA NEWS

April 1 is the Deadline for 2013 ANHA Dues

Monday, April 1 is the deadline for payment of the 2013 ANHA membership dues. Facilities that have not paid their dues in full or have not established a payment plan may be dropped from the membership. Please contact Pat Williams at the Association Office at (334) 271-6214 or pwilliams@anha.org if you have any questions or want to set up a payment plan.

ANHA Partners with the National Center for Disaster Medical Response, University of South Alabama Center for Strategic Health Innovation

The Alabama Nursing Home Association has been working with the National Center for Disaster Medical Response, University of South Alabama Center for Strategic Health Innovation in the development of a training program specific for nursing homes. In addition, we have jointly prepared a Disaster Planning Guidance Manual regarding Sheltering in Place and Evacuations. To roll out the manual, we will be jointly presenting seminars across the state.

This specific ARRTC Road Show is a three (3) hour course designed for key administrators and staff at all healthcare facilities in the state. Four (4) Road Shows will be offered at sites throughout the state. The goal of this training is twofold: to bring ARRTC training on site to healthcare facilities across the state, thereby allowing participation by more staff; and to invite regional neighbors/response partners to the training for purposes of establishing and enhancing a common knowledge of the basics of disaster response for healthcare facilities.

Key topics include: Intro to Hospital Incident Command System (HICS), National Incident Management System (NIMS) and National Response Framework (NRF); NIMS Compliance Requirements; Alabama Incident Management System (AIMS); Hazard Threat and Vulnerability Assessment and Disaster Response Plans; Altered Standards of Care; Chemical and Radiological Awareness; Biological Awareness; Decontamination and Personal Protective Equipment; Surge Capacity and Resource Management; Emergency Operations Center Activities; Medical Needs Shelters, Medical Reserve Corps; Strategic National Stockpile and Points of Dispensing; Evacuation; Fundamentals of Efficient and Effective Patient Handling during Evacuation; and current topics and unique events requested by ADPH.

The ARRTC Road Show is designed for individuals charged with disaster response leadership for their organization. The registration is FREE, but is required! The training will be held at the following dates and times:

February 28	Montgomery	8:00 a.m. and repeated at 12:00 p.m.
March 13	Birmingham	8:00 a.m. and repeated at 12:00 p.m.
April 11	Huntsville	8:00 a.m.
April 30	Orange Beach	1:00 p.m.

Please see the attached flyers for registration information.

“OSHA Recordkeeping and Workplace Safety for Long Term Care Facilities” Educational Seminar - April 3

Please mark your calendars for April 3, 2013, as ANHA will present a seminar entitled “OSHA Recordkeeping and Workplace Safety for Long Term Care Facilities.” This seminar will be held at The Wynfrey Hotel in Birmingham. The seminar will begin at 9:00 a.m. and conclude at 3:00 p.m. This program has been approved for 5 hours of continuing education credits by the Alabama Board of Examiners for Nursing Home. It has also been approved for 6 contact hours of continuing education for nurses. The Alabama Nursing Home Association is an approved provider by the Alabama Board of Nursing (ABNP0151- expires 3/12/2017). *Please see the attached flyer for more information.*

AIT/Preceptor Certification & Recertification Training Seminar – April 2

The “AIT/Preceptor Certification and Recertification Training” Seminar will be presented on April 2, 2013, at The Wynfrey Hotel in Birmingham. All individuals interested in becoming a licensed nursing home administrator must complete a board approved Administrator-In-Training (AIT) Program. The Board has rules and regulations regarding entry-level requirements for nursing home administrators, the length of the AIT program for applicants and the qualifications for becoming a certified preceptor. This session is designed to certify licensed nursing home administrators who are interested in conducting an AIT program in their facility as preceptors.

In order to qualify to become a certified preceptor, individuals must have been a licensed and practicing administrator in Alabama for at least three years, or have been a licensed nursing home administrator for at least two years in another state and have been licensed and practicing in Alabama for at least one year, with no disciplinary action having been taken against them in the last three years. Preceptor certification and re-certification, once approved, lasts for three years. This seminar has been approved for 3 hours of CEUs for nursing home administrators. *Please see the attached flyer for more details.*

The Long Term Care Survey Better Than Ever!

The new November 2012 edition includes all CMS’ updates:

- Revisions were made to Appendix P of SOM: use of new QM report.
- Revisions to Chapter 9 of SOM: Changes and Deletions to Exhibits.
- Changes to Appendix PP:
 - F-tag 309 (Quality of Care at or near End of Life)
 - F-tag 322 (Feeding Tube)
 - F-tag 155 (Residents Rights to Establish Directives and Accept or Decline Treatments)



The new edition also includes a searchable CD. ANHA has survey guides available for purchase for only \$52.00 each. *Please see the attached order form for more details.*

Call for Nominations: Alabama's Best Practices

Will you share your Best Practice? You are invited to share your knowledge, positive ideas, creativity and communicate with other professionals as we continue to strive to meet the needs of our long term care residents. *Attached is the 2013 Alabama's Best Practices "Call for Nominations."* We encourage each of you to look over the nomination form and submit your Best Practice. This year's Best Practices Program is scheduled for Thursday, August 29. Nominations are due by April 19.

NATIONAL NEWS

CMS Delays State Basic Health Plan Option Launch in Affordable Care Act

On February 6, 2013, the Centers for Medicare and Medicaid Services (CMS) announced that the ACA Basic Health Plan (BHP) coverage option availability would be delayed until January 2015. The BHP coverage option was to have been available to states by 2014. BHP is intended as coverage to be offered by state government, like Medicaid, outside the Health Insurance Exchanges. Additionally, BHP coverage is intended for those individuals who don't qualify for Medicaid but for whom Exchange coverage - even when subsidized - is too expensive. Depending upon whether the state offers BHP coverage and whether or not an employer offers insurance that meets ACA benefits and affordability requirements, the BHP delay could have implications for employer exposure to penalties.

The ACA offers two approaches for states to provide health care coverage to people with incomes below 200 percent of the federal poverty limit (FPL). First, states may offer Medicaid coverage under the now optional ACA Medicaid expansion offers coverage for childless, non-elderly adults with incomes up to 138 percent FPL. Second, states may choose to implement a BHP for individuals with incomes between 139 percent and 200 percent of the federal poverty limit (FPL) who otherwise would have qualified for premium tax credits for Qualified Health Plan coverage in the Health Insurance Exchange.

The intent is to offer a coverage option for those individuals who do not qualify for Medicaid but for whom Health Insurance Exchange coverage - even when subsidized - it too expensive. Under the ACA, BHP coverage must be at least as affordable and comprehensive as the coverage that individuals would otherwise have received through the Exchanges. Additionally, costs are considerably less for BHP participants than for people who would have enrolled in a subsidized plan in the Health Insurance Exchange.

BHP also would allow all members of a family to receive coverage under the same plan even if they qualify for different subsidized coverage programs, and mitigate the impact of transitioning between Medicaid and subsidized exchange coverage because of changes in income and other circumstances. However, by reducing the number of people in the Health Insurance Exchange, the presence of a BHP could destabilize the Exchange marketplace and drive up costs for other individuals in Health Insurance Exchange plans.

Implications for Employers: Below are key impacts on employers

- **Employer Penalties:** As long as an employer is offering minimum essential coverage to all fulltime employees and their children up to age 26, the employer only can be vulnerable to a

penalty if a fulltime employee obtains subsidized Health Insurance Exchange coverage. That only can happen if the employer's coverage fails the minimum value test or would cost the employee more than 9.5% of compensation for single coverage. An employee who turns down the employer's coverage and, instead of obtaining *subsidized* Exchange coverage, obtains coverage outside the Exchanges cannot trigger the penalty, such as through the BHP. Therefore, based on *current* (emphasis added) federal guidance, employers would not be subject to penalties if employer coverage failed to meet the minimum value or affordability requirements and employees used BHP coverage.

While it is possible that the Internal Revenue Service and CMS might attempt to interpret the employer penalty provisions such that penalties are triggered by an individual who *qualifies* for subsidized Health Insurance Exchange coverage but who becomes covered under the BHP instead of the Exchange (because he or she can't even afford subsidized Exchange coverage), the agencies have not suggested that they will take this position.

- State Budgets: Depending upon the state's current array of coverage options, implementation of BHP could present the opportunity for states to convert existing state programs (e.g., state-only funded or Medicaid expansion groups targeted to people with incomes up to 200%) to the federally funded BHP. In such a scenario, additional funds might be freed up for Medicaid match and, possibly, provider rates. However, states are required to provide BHP cost projects to the federal government. BHP that go state projected costs would represent new costs to states and increase budgetary pressure.

To learn more about BHP and state decision making about whether or not to make BHP available, AHCA/NCAL suggests the following documents:

- [State Considerations on Adopting Health Reform's "Basic Health" Option](#) - Center on Budget and Policy Priorities
- [Healthcare Reform and the Basic Health Program Option - Modeling Financial Feasibility](#) – Milliman
- [The Role of the Basic Health Program in the Coverage Continuum: Opportunities, Risks and Considerations for States](#) - Kaiser Family Foundation

Providers Do Not Violate HIPAA When Disclosing PHI to Law Enforcement

The Department of Health and Human Services, Office for Civil Rights (OCR), in light of the recent mass shootings across the US, has released a reminder to health care providers that the Health Insurance Portability and Accountability Act (HIPAA) privacy rule does not prevent providers from disclosing necessary information about a patient/resident to law enforcement, family members or others persons, when providers believe the resident/patient presents a serious danger to himself or other people. Further, most states have laws or court decisions which address, and in many instances require, disclosure of patient/resident information to prevent or lessen the risk of harm. You can obtain a copy of the OCR document at <http://www.hhs.gov/ocr/office/lettertonationhcp.pdf>.

STATE NEWS

Medicaid Alert: Program Changes for Eye Exams and Eyeglasses

Due to budget constraints, the Alabama Medicaid Agency will implement changes to the Eye Care Program benefit limits which will be effective **March 1, 2013**:

- Limit adults age 21 years and older to one routine eye exam every three years (now once every two years)
- Limit adults age 21 years and older to one pair of eyeglasses every three years (now one pair every two years)

The changes will only be for services provided to adults. There will be no changes for children. This information is also available on the Agency's website at www.medicaid.alabama.gov under Programs/Medical Services/Ancillary Services/Eye Care Services.

Questions about these changes should be directed to Jacquelyn King at (334) 353-5407 or Jacquelyn.king@medicaid.alabama.gov.

OBRA Screening Office Closed Monday

The OBRA PASRR Office will be closed on Monday February 18, 2013, for George Washington/Thomas Jefferson's Birthday. The office will reopen on Tuesday, February 19, 2013. The internet application will remain available for an immediate Level I Determination. The Level I Screenings must be into the OBRA Office before 3:30 p.m. on Friday, February 15, 2013, to ensure a Level I Determination this business day.

Important Information from the Alabama Department of Public Health - Clostridium Difficile

The Alabama Department of Public Health (ADPH) has recently been notified by some hospitals that some nursing homes are refusing to admit or readmit residents to the nursing home without at least one negative test for *Clostridium difficile*. The Centers for Disease Control (CDC) does not recommend that testing be done after treatment if the resident's symptoms have resolved, as residents may remain colonized. ADPH strongly recommends facilities follow the CDC recommendations and standards of practice. Evidence based practice, at this time, does not require a negative test prior to admission or readmission. Below are links to the CDC recommendations and standards of practice related to *Clostridium difficile*.

http://www.cdc.gov/HAI/organisms/cdiff/Cdiff_faqs_HCP.html

<http://www.cdc.gov/HAI/pdfs/cdiff/Cohen-IDSA-SHEA-CDI-guidelines-2010.pdf>

Alabama State Board of Nursing (ABN) – VDAP or Probation Update

The Board of Nursing is changing the way they monitor licensed nurses in VDAP or on Probation. Their plan is to move all the reports to an online system. Rather than the licensed nurse handing a form to the employment monitor when a quarterly employer report is required, ABN will send out an email to the monitor/supervisor to remind them to complete the form online. Because one monitor/supervisor may have more than one nurse they are monitoring, ABN asks for the list of names and license numbers. ABN is asking for this information by **March 1, 2013**. ABN will be sending instructions once they are ready to go live with the new process.

Important Information from the Alabama Medicaid Agency: Medicare Savings Programs in Alabama February 2013

Alabama has three different programs for low income individuals or couples who qualify for Medicare. They are the Qualified Medicare Beneficiary (QMB), the Specified Low Income Medicare Beneficiary (SLMB) and Qualifying Income 1 (QI-1) programs. Medicaid pays the Medicare Part B premiums for each of these programs, currently \$104.90 per month. The QMB program also covers Medicare coinsurance/deductibles and (under certain conditions) may pay the Medicare Part A premium.

1. The Qualified Medicare Beneficiary (QMB) Program.

- Pays the Medicare Part B premium, which is \$104.90 per month,
- Covers the Medicare deductible, which is \$1,184 for the hospital and \$147 for doctor and medical visits, when you use a provider who accepts Medicaid,
- May pay the Medicare Part A premium when certain conditions are met.

NOTE: QMB coverage starts the month after award by Medicaid.

QMB Income limits:

\$951.00 per month (gross) for **individuals** who are single, widowed, divorced, or separated, **\$1,281.00** per month (gross) for a **couple**.

2. Specified Low Income Medicare Beneficiary (SLMB) Program.

Under the Specified Low Income Medicare Beneficiary (SLMB) program, Medicaid pays:

* The Medicare Part B premium only, which is \$104.90 per month.

Coverage may begin up to 3 months prior to the application month, if requirements are met.

SLMB Income limits:

\$1,137.00 per month (gross) for **individuals** who are single, widowed, divorced, or separated, **\$1,533.00** per month (gross) for a **couple**.

3. Qualified Individual-1 (QI-1) Program.

Under the Qualifying Individual-1 (QI-1) program, Medicaid pays:

* The Medicare Part B premium only, which is \$104.90 per month.

QI-1 Income limits:

\$1,277.00 per month (gross) for **individuals** who are single, widowed, divorced, or separated, **\$1,723.00** per month (gross) for a **couple**.

Coverage may begin up to 3 months prior to the application month, if requirements are met.

NOTE: To ensure time for initial processing and earliest coverage, please submit applications well in advance of the end of the month.

Important Information from the Alabama State Board of Nursing

The 2013 Annual Report of Standardized Procedures Report reflecting care provided in 2012 is now available online. As with previous reports, the 2013 report requires the CNO to update the report submitted for 2012 with edits, deletions or additions, thus decreasing the time factor for completion.

NOTE: If your facility/agency/company is part of a larger corporation, please contact your Corporate Nurse before proceeding. The Corporate Nurse may be completing one report for all facilities/agencies or companies within your corporation.

As in 2012, facilities classified as Rural Health Clinics, FQHCs, Assisted Living and Specialty Care Assisted Living facilities are **NOT** required to report.

To access the 2013 report, go to the ABN website (www.abn.alabama.gov); From the title bar or top menu, select **Nursing Practice**; select **Standardized Procedures**. Then click on the **2013 Standardized Procedures** link from the menu on the LEFT side of the page.

The **deadline** for the 2013 Annual Report of Standardized Procedures for Hospitals, Nursing Homes, Ambulatory Surgery Centers, Home Health, Hospice, ESRDs, Medical Transport Companies, Abortion Centers, Infusion Companies and the State Correctional facilities is **April 15, 2013**.

Please contact Carolyn Morgan for any questions at carolyn.morgan@abn.state.al.us or (334) 293-5200.

FACILITY NEWS

Congresswoman Sewell Visits Orchard Rehab & HealthCare Center



Congresswoman Terri Sewell (D-AL 7th District) recently visited Orchard Rehabilitation & HealthCare Center in Hayneville. Congresswoman Sewell spoke with many of the residents about her experiences growing up in Selma and provided an update on activities in Congress. She is pictured with resident Emma Shaw.

First Team in Place for Initiative to Reduce Avoidable Hospitalizations



The first nursing facility team in the Initiative to Reduce Avoidable Hospitalizations is now in place at Cordova Health & Rehab. The initiative is a partnership between AQAF, CMS and 23 nursing homes. Pictured from left to right are: CNA Marie Allen, Administrator Matt Cornelius, AQAF Care Pathways Coach Tracey Emerson, CNA Brenda Lewis and Director of Nursing Sherri Sartain.

Capitol Hill Residents Tour Replica Rosa Parks Bus



Residents of Capitol Hill Healthcare & Rehab First in Montgomery touched a piece of history when they toured a replica of the bus Rosa Parks was arrested on. The residents toured and sat on the bus and viewed historic civil rights photos displayed in the bus. Alabama State University faculty conducted the tour and shared the story of Rosa Parks.

OTHER NEWS

AHCA Posts Tools for ACA Compliance

The American Health Care Association (AHCA) is proud to offer members access to its Affordable Care Act webpage, which features all of the latest health reform analysis and tools for long term and post-acute care facilities. In addition to important resources and ACA updates, the site also features a critical timeline regarding upcoming deadlines and compliance programs.

The most recent updates include:

- Access to the Employer Responsibility Under the ACA webinar at <http://webinars.ahcancal.org/session.php?id=10245>
- AHCA Analysis of employer requirements at http://www.ahcancal.org/facility_operations/affordablecareact/Pages/Health-Care-Coverage.aspx
- Resources for the ACA-required compliance and ethics programs at http://www.ahcancal.org/facility_operations/affordablecareact/Pages/Program-Integrity.aspx

Upcoming AHCA Webinar: Trend Tracker

Date: February 22, 2013, from 1:30 p.m. to 2:30 p.m. CT

Title: Trend Tracker

Speakers: Peggy Connorton

Registration Link: <https://cc.readytalk.com/cc/s/registrations/new?cid=42efq1486tg4>



Learn about LTC Trend Tracker, a FREE software tool that enables you to access countless reports so you can track, organize, identify, benchmark, examine, and compare all your business needs online. This one hour webinar will show you how to implement LTCTT in your organization, and the brand new re-hospitalization measure will also be covered.

Upcoming AHCA Webinar: OSHA and LTC Providers

Date: February 19, 2013, from 1:00 p.m. to 2:00 p.m. CT

Title: OSHA and Long Term Care Providers: What to Expect and Prepare for in President Obama's Second Term

Speakers: Bradford Hammock, Attorney at Law, JacksonLewis, LLP
Registration Link: <http://webinars.ahcancal.org/session.php?id=10181>

Over the last four years, the Occupational Safety and Health Administration has been very active particularly in the enforcement arena. By virtually every metric, OSHA enforcement is at historic levels. Long term care providers have been a major focus of the agency's enforcement efforts, with OSHA's Nursing Home National Emphasis Program leading OSHA compliance officers into facilities across the country. As we enter the second four years of OSHA under President Obama, what should the long term care industry expect? Will OSHA continue to target the industry in its enforcement efforts? What new regulatory and other policy initiatives should long term care employers prepare for? This webinar will review the last four years and look ahead to the next four, with a specific focus on the long term care industry and how facilities can prepare for what's next at OSHA.

Learning Objectives:

- Understand what OSHA activities impacting long term care providers have occurred during the past four years.
- Learn what OSHA activities impacting long term care providers can be expected during the next four years.
- Understand how the OSHA Nursing Home National Emphasis Program has impacted and will continue to impact nursing centers.

Registration Open for AHCA Independent Owner Leadership Conference

Don't miss this unique opportunity to meet and discuss all the issues that concern you with the people who understand exactly what you deal with on a day-to-day basis. The American Health Care Association's Independent Owner Leadership Conference will be held March 13-15, 2013, at the Westin Beach Resort & Spa in Fort Lauderdale, FL.

This year, the focus of the Independent Owner (IO) Leadership Conference is on Electronic Health Records (EHR). You'll hear from IOs who have already implemented EHRs. Learn how they did it, what challenges they faced, how much it costs, and why it was useful. You'll have opportunities to ask questions and find out everything you need to know to get started on the process at your facilities. We'll also tie in the use of EHRs with the AHCA Quality Initiative and show you how technology can help you meet the challenges you face and raise the quality of care you provide.

The IO Leadership Conference is for not for profit operators and for profit owners of ten or fewer facilities providing skilled nursing, assisted living, and developmental disability services. Attendees can earn up to 13 CEUs. Registration and attendance for companies and individuals who sell or market products and/or services to provider organizations is limited to sponsors only. AHCA reserves the right to grant final approval for all registrants to attend this conference. Register early and save \$75.00! The advanced registration deadline is February 15, 2013. For more information or to register online, visit www.io.ahcancal.org

CALENDAR OF EVENTS

<u><i>Date</i></u>	<u><i>Event</i></u>	<u><i>Location</i></u>	<u><i>Time</i></u>
February 20	ANHA Region IX Act/SS Auxiliary Meeting Guest Speaker: includes CEUs and lunch RSVP by February 15 to Debra Dixon: (205) 932-5966	Hospice of West Alabama Tuscaloosa	12:00 p.m.
February 21	ANHA Executive Board Meeting	ANHA Office Montgomery	10:00 a.m.
February 28	ANHA Region III Meeting RSVP: Kevin Ball (205) 788-6330 kball@ballhealth.com Guest Speaker: Robinson-Adams Insurance	Eastview Rehab & Healthcare Center	12:00 p.m.
February 28	ARRTC Road Show Disaster Training	Turenne PharMedCo Offices Montgomery	8:00 am & 12:00 pm
March 1	ANHA Region II Meeting RSVP: Jim Walker (256) 927-7408, jimwalker@earthlink.net	Catfish Cabin Albertville	12:00 p.m.
March 13	ARRTC Road Show Disaster Training	Wynfrey Hotel Birmingham	8:00 am & 12:00 pm
April 11	ARRTC Road Show Disaster Training	Westin Hotel Huntsville	8:00 am
April 30	ARRTC Road Show Disaster Training	Perdido Road Show Orange Beach	1:00 pm

Alabama Nursing Home Association
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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>