



# 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, March 22, 2013

## ANHA NEWS

### Registration Open for Mid-Year Convention

Registration is now open for the 2013 ANHA Mid-Year Convention which will be held April 29-May 2. This event features national and state speakers leading seminars on timely topics of importance to all nursing home staff. *See the attached brochure and registration forms for more information about the education offerings and CEUs.*

### Reserve Your Hotel Room for ANHA Mid-Year Convention

You may now reserve your room at The Perdido Beach Resort for the 2013 ANHA Mid-Year Convention. Reservations can be made online at [www.perdidobeachresort.com](http://www.perdidobeachresort.com) or by calling 1-800-634-8001. Remember to use ANHA group code number 6871. To ensure availability of rooms, all participants are encouraged to make overnight reservations by April 2, 2013.

The following rates have been negotiated for Mid-Year Convention Attendees:

- \$169.00 per Standard/Double Room
- \$229.00 per Gulf Front Single/Double Room

### 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](mailto:pwilliams@anha.org) if you have any questions or want to set up a payment plan.

### Disaster Training for Nursing Homes: Only Two Events Remain

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:

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.*

## **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 April 19.

# **NATIONAL NEWS**

## **Final Rule: Notice of Facility Closure Released March 19**

The Centers for Medicare and Medicaid Services (CMS) published in the Federal Register the Final Rule, Medicare & Medicaid Programs; Requirements for Long-Term Care Facilities; Notice of Facility Closure, with an effective date of April 18, 2013. This rule adopts technical changes to the interim final rule, published February 18, 2011, that implemented ACA Section 6113, requiring that individuals serving as Administrators of a SNF or NF provide written notification of impending closure and plan for relocation of residents at least 60 days prior to the closure or, if the Secretary terminates the facility's participation in Medicare or Medicaid, not later than the date the Secretary determines appropriate. The full text of the rule can be found at <http://www.gpo.gov/fdsys/pkg/FR-2013-03-19/pdf/2013-06276.pdf>.

CMS received 15 comments in response to the interim rule, which they summarize and address. The final rule has not changed substantively from the interim rule, but does include several clarifications and technical corrections.

Clarifications provided include:

- If there is a more stringent requirement (ie, an earlier advance notification deadline) in place at the state level, then compliance with that requirement would be sufficient to meet this Federal requirement. No pre-emption issue arises in this case because the facility complies with both state and federal law by complying with the longer notification period.
- While there is no requirement for notice to physicians or other practitioners providing services in the facilities, CMS notes that a resident's physician is required to be involved in the discharge plan and indicates that they will incorporate language in the SOM to specify that a resident's practitioner must be involved as soon as the notice of closure has been sent to residents to assure that the resident is transferred to the most appropriate facility or other setting.
- The State Survey Agency acts on behalf of the Secretary. As such, the facility or administrator is required to provide written notification to the State Survey Agency, in addition to residents, their legal representatives or other responsible parties, and the state LTC Ombudsman.
- CMS did not intend to make a LTC Administrator personally liable to family members or visitors for harm resulting from a failure to notify and notes that the terminology used in the interim rule, referring to "unjustified harm" does not create either a Federal or state standard of care. CMS adds that they do not believe that any level of harm, whether based on intent or negligence, is acceptable.

Corrections include:

- The language is revised to require that written notification be submitted to the State Survey Agency in place of the reference contained in the interim rule to notification to “the Secretary”
- CMS notes that they inadvertently omitted language regarding the statutory requirement for state approval of the plan and corrects the text by adding the phrase, “that has been approved by the state” as a descriptor to the required plan for relocation of residents.
- A technical correction to clarify that the appeal rights for administrators apply to both SNF and NF administrators.
- Correction of several typographical errors.

### **OIG Release Report Critical of Care Plans and Discharge Planning**

The Department of Health and Human Services’ Office of Inspector General (OIG) released a report late last month critical of the profession — claiming that skilled nursing facilities routinely flout rules on care plan and service requirements. Based on a random sample of 245 nursing home stays during calendar year 2009, OIG claims that:

- In 37 percent of stays, homes “did not meet care plan or service requirements;”
- In 26 percent of stays, homes “did not develop care plans that met requirements,” including “measurable objectives and detailed timeframes [sic];”
- In 19 percent of stays, homes “developed care plans that did not address one or more problem areas identified in the beneficiaries’ assessments;”
- In 15 percent of stays, homes “did not provide services in accordance with care plans;”
- In 31 percent of stays, homes “did not meet discharge planning requirements;”
- In 16 percent of stays, homes “did not have summaries of the beneficiaries’ stays or statuses at discharge;” and
- In 23 percent of stays, homes “did not have post-discharge plans of care.”

#### ***The following is the summary of the report findings and recommendations:***

**Why they did this study:** Skilled nursing facilities (SNF) are required to develop a care plan for each beneficiary and provide services in accordance with the care plan, as well as to plan for each beneficiary's discharge. These requirements are essential to ensuring that beneficiaries receive appropriate care and safely transition from one care setting to another. Several OIG studies and investigations found that SNFs had deficiencies in quality of care, did not develop appropriate care plans, and failed to provide adequate care to beneficiaries. In fiscal year 2012, Medicare paid \$32.2 billion for SNF services. This study is part of a larger body of work about SNF payments and quality of care.

**What they found:** For 37 percent of stays, SNFs did not develop care plans that met requirements or did not provide services in accordance with care plans. For 31 percent of stays, SNFs did not meet discharge planning requirements. Medicare paid approximately \$5.1 billion for stays in which SNFs did not meet these quality-of-care requirements. Additionally, reviewers found examples of poor quality care related to wound care, medication management, and therapy. These findings raise concerns about what Medicare is paying for. They also demonstrate that SNF oversight needs to be strengthened to ensure that SNFs perform appropriate care planning and discharge planning.

**What they recommend:** They recommend that the Centers for Medicare and Medicaid Services: (1) strengthen the regulations on care planning and discharge planning, (2) provide guidance to SNFs to improve care planning and discharge planning, (3) increase surveyor efforts to identify SNFs that do not meet care planning and discharge planning requirements and to hold these SNFs accountable, (4) link payments to meeting quality-of-care requirements, and (5) follow up on the SNFs that failed to meet care planning and discharge planning requirements or that provided poor quality care. CMS concurred with all five of these recommendations.

Find the complete report at <https://oig.hhs.gov/oei/reports/oei-02-09-00201.asp>.

We encourage facilities to take a look at their care planning and discharge procedures since we anticipate this to be a “hot” issue during the survey process.

### **CMS Releases ICD-10 Checklists and Timelines**

To help you prepare for ICD-10, CMS has released new checklists and timelines (<http://www.cms.gov/Medicare/Coding/ICD10/ICD-10ImplementationTimelines.html>) for small and medium provider practices, large provider practices, small hospitals, and payers. These resources are designed to give you a high-level understanding of what the ICD-10 transition requires and how your ICD-10 preparations compare with recommended timeframes.

- **Checklists:** The checklists offer easy-to-understand lists of tasks that CMS recommends completing before the October 1, 2014, ICD-10 deadline. Each task also includes an estimated timeframe, allowing you to plan based on your current progress. Depending on your organization, you may be able to perform some of the tasks on a compressed timeline or at the same time as other tasks.
- **Timelines:** The timelines are an at-a-glance resource for getting a sense of how your transition is moving forward. The timelines provide a visual guide to key transition activities by phase.

You can use the checklists and timelines to identify where you need to focus your efforts. Then you can consult the more in-depth ICD-10 resources available on the CMS website.

#### *Keep Up to Date on ICD-10*

Visit the CMS ICD-10 website at

<http://www.cms.gov/Medicare/Coding/ICD10/index.html?redirect=/ICD10> for the latest news and resources to help you prepare for the *October 1, 2014*, deadline.

### **Plan to Mitigate Risk for a Smooth ICD-10 Transition**

To make your transition to ICD-10 smooth, consider following these steps:

- **Establish a transition plan.** Outline the steps your practice intends to follow to comply with ICD-10 requirements. Establish milestones to keep your practice on track. Share your transition plan with your EHR and practice management system vendors and billing services. Talk to them about how you can set up testing before the deadline.
- **Communicate with your vendors regularly;** encourage them to take action now to avoid reimbursement delays. Talk to your vendors about making sure your practice management systems will be able to handle ICD-10 transactions. Ask them about their schedule for

training your practice's staff on the system changes. Make sure you and your vendors allow ample time for testing ICD-10 systems.

- Identify everywhere that your practice uses ICD-9. Any function where you currently use ICD-9 will be affected by the transition to ICD-10. By taking a look at where you use ICD-9, you will see where you need to be prepared to use ICD-10 codes.
- Plan for staff training. Decide who needs training, what type of training they need, and when they need it. Anyone who will test ICD-10 systems before the transition will need training in advance so they can perform meaningful testing. Others who use ICD codes can be trained 6 to 9 months before the October 1, 2014, transition.
- Network with peers. Talking with your peers in other practices can help you to identify best practices and opportunities for sharing resources.
- Set up an emergency fund to cover potential cash-flow disruptions from claims processing. If you think you might have a serious disruption in getting claims processed after the transition, having a cash reserve on hand could be helpful.
- Process ICD-9 transactions before the deadline. Get claims with ICD-9 transactions processed before the deadline to avoid facing a major backlog after the October 1, 2014, ICD-10 transition.

### **CMS Releases More Memoranda – F155, F322, Physician Delegation of Tasks**

The Centers for Medicare and Medicaid Services (CMS) released to the states three memoranda, each revising previous versions:

- Advance Directives (F155)
- Naso-Gastric Tubes (F322)
- Physician Delegation of Tasks in SNFs and NFs

*In addition to the memoranda and guidance, the revisions to Advance Directives and Naso-Gastric Tubes are reflected in revised surveyor training materials. See attached documents for complete details.*

### **S&C Memo: Luer Misconnections**

The Centers for Medicare and Medicaid Services (CMS) issued the *attached Survey & Certification Letter, S&C: 13-14-ALL*, highlighting the continuing risk of Luer misconnections in health care settings, suggesting actions providers can take to reduce the likelihood of these events; and actions surveyors should take when investigating these events.

## **STATE NEWS**

### **New Edits to be Activated Soon: DEA Validation for Controlled Substances**

Effective May 13, 2013, Alabama Medicaid will DENY any claim for a controlled drug written by a prescriber who does not have their Drug Enforcement Administration (DEA) number registered with the Department of Justice (DOJ) **and** on file at Medicaid. *We encourage you to make sure that your attending physicians and pharmacy meets these new guidelines.*

These edits are designed to prevent controlled substances from being filled when the prescription is written by an unauthorized prescriber. The following edits have been in place since November 2012 and are currently displaying as informational on the provider's remittance advice:

## Edit Description

1038 DEA NOT ON FILE FOR PRESCRIBER

1039 PRESCRIBER DEA NOT EFFECTIVE FOR DATE PRESCRIBED

1040 PRESCRIBER DEA DOES NOT PERMIT DRUG SCHEDULE

### **What action needs to be taken to prevent claims from denying on May 13, 2013?**

**Physicians:** Make sure your DEA number is registered with DOJ and is on your enrollment file at Medicaid. **Medicaid deadline for submission: May 1, 2013.**

To confirm if your DEA number is appropriately registered with the DOJ, and to ensure your correct address/contact information is registered with the DOJ, **you may call the Department of Justice Registration Number Toll Free: (888) 514-7302 or (888) 514-8051.** Prescribers of controlled substances are mandated to re-register their DEA license every three years.

To ensure your DEA is on file at Medicaid, fax a copy of the provider's DEA Registration Certificate to Provider Enrollment (fax 334-215-4298) and include the provider's Name, NPI number, and license number on the certificate. Medicaid will apply the DEA to all service locations based on the provider's NPI and license number. **The DEA information should be received by Provider Enrollment prior to May 1, 2013.** This deadline will allow Provider Enrollment time to enter the information in the provider's file before the May 13, 2013, implementation date.

**Pharmacies:** If you are receiving the informational edits, contact the provider who ordered the prescription and advise them to fax a copy of the provider's DEA Registration Certificate to Provider Enrollment (fax 334-215-4298) and include the provider's Name, NPI number, and license number on the certificate.

### **Why is Medicaid implementing these changes?**

In September 2009, the Government Accountability Office (GAO) issued the report "Medicaid Fraud and Abuse Related to Controlled Substances Identified in Selected States" which highlighted fraudulent, improper, or abusive actions in prescribing and dispensing of controlled substances. One of the report's primary recommendations was that states should use the Drug Enforcement Administration (DEA) Controlled Substance Registration file as part of their Medicaid claims processing efforts to prevent paying for controlled substances ordered by unauthorized prescribers.

**Prescribers: Please take a moment to validate your DEA number information.** Medicaid encourages all providers to be proactive and ensure the DEA number of the prescribing provider is registered with the Department of Justice (DOJ) and on file at Medicaid prior to May 1, 2013.

*NOTE: The claims which are currently paying and posting one of the informational edits above, will deny effective May 13, 2013*

### **Medicaid Reimbursement Changes for Other Providers**

Due to budget constraints, the Alabama Medicaid Agency will implement a 5 percent reduction in payments to the following provider groups effective April 1, 2013:

- Dental
- Independent Lab and X-ray Facilities
- Physician Lab and X-ray

- Renal Dialysis Facilities
- Durable Medical Equipment (DME)

**Note: For DME items requiring Prior Authorization (PA),** the 5 percent cuts will be applied as follows:

1. For items that are manually priced, the date the PA was received in the HP system **on or after April 1, 2013**, regardless of the date of service; or
2. For items that are paid automatically from the pricing file, the date of service will be used.

**Except as specified otherwise, these reductions will be effective for dates of service on or after April 1, 2013.**

### **ADPH Forming Coalitions for Emergency Preparedness**

Recently, your facility should have received a letter from the Alabama Dept. of Public Health's Center for Emergency Preparedness asking you to join a Healthcare Coalition. Please complete and return the response form if you are interested in participating in your local coalition. The packet includes an information sheet defining the Healthcare Coalition and the benefits to your facility for becoming a member as well as contact information if you have questions.

### **ADPH: Reporting Abuse, Neglect and Misappropriation of Property**

*Editor's Note: The following article was provided by the Alabama Department of Public Health's Division of Health Care Facilities.*

In an effort to save nursing facilities time and to accelerate the investigative review process, the Alabama Department of Public Health (ADPH) is requesting that specific information be included in the facility's five (5) day report. In particular, ADPH requires certain information pertaining to the named perpetrator in the reporting of abuse, neglect or misappropriation of property.

That information is as follows:

- The alleged perpetrator's full name
- Most current address known
- Social Security Number
- Date of birth
- Telephone number(s) (Note: If available, provide alternate telephone numbers such as their cell phone and the name and telephone number of the person designated to contact in case of an emergency.)
- Full name of witnesses with direct knowledge of the incident
- Most current address known
- Telephone number(s) (See note above)

Additionally, within the facility's investigation, the facility must provide a conclusion to their investigation. That conclusion should be specific to whether or not the facility was able to identify adequate proof that abuse, neglect or misappropriation of property occurred. For example, in many cases, the behavior of the named perpetrator is accurately concluded to be inappropriate, unprofessional, rude and/or in violation of the facility's policies and procedures and standards of care. In these cases, the named perpetrator's behavior would not have risen to the level of abuse as is defined by CMS in the State Operations Manual.



By providing such information as requested, the facility will often prevent the loss of a substantial amount of time supplying that information by telephone. It will also reduce the time and expense incurred when that information is provided by mail or parcel service. This cooperative effort will help in preventing delays and will enable ADPH to better expedite the investigation review process.

### **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](http://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](mailto:carolyn.morgan@abn.state.al.us) or (334) 293-5200.

## **FACILITY NEWS**

### **New Twist on National Nursing Home Week**



The roots of National Nursing Home Week (NNHW) are a singular focus to honor the seniors and other residents served by the long term and post-acute care community. For 2013, this tradition recognizes that residents and families can play a vital role in care planning and its daily implementation.

That sentiment is spotlighted by our 2013 theme of “Team Care: Everyone Pitches In!”

Throughout the week of May 12–18, 2013, skilled nursing facilities across the nation will celebrate NNHW with open houses, tours welcoming VIPs and the community’s “friends of long

term and post-acute care,” and special events for the residents, families, staff and others. The kick-off day for NNHW is Mother’s Day!

Team Care itself is meant to personify the many professionals and caregivers whose dedication and work ethic contributes to achieving care excellence and high levels of satisfaction. Families and the public may not realize the breadth of expertise Team Care brings to the bedside and throughout a resident’s day. Our “customers” may also not realize that they too can be active members of Team Care; to fully initialize a person-centered protocol their input is important.

Team Care should be on display at your facility by using special themed products that are available from the [AHCA Bookstore](#). Order soon as quantities are limited. More information is available at the dedicated web site [www.nnhw.org](http://www.nnhw.org) and on [Facebook](#).

Let’s show the world class spirit of care communities across the nation this NNHW by reaching out to all friends of quality health care. We are all more effective with Team Care spirit humming along at full throttle as Everyone Pitches In!

### **National Nursing Home Week T-Shirts**

Jones Sportswear is offering National Nursing Home Week t-shirts. *Please see the attached flyer from Jones Sportswear for more information.* NNHW begins on Mother’s Day, May 13 and lasts until May 19.

## **OTHER NEWS**

### **National Provider Call: Video Slideshow Presentation Available from CMS National Partnership to Improve Dementia Care in Nursing Homes**

The Centers for Medicare and Medicaid Services (CMS) has released a YouTube video slideshow presentation from the January 31 National Provider Call on the CMS National Partnership to Improve Dementia Care in Nursing Homes. The call presentation is now available on the CMS YouTube Channel (<http://www.youtube.com/watch?v=FEFTCyWPGA>) as a video slideshow that includes the call audio. Visit <http://www.cms.gov/Outreach-and-Education/Outreach/NPC/National-Provider-Calls-and-Events-Items/2013-01-31-Dementia-Care-.html> for access to all of the related call materials, including the slide presentation, complete audio recording, and written transcript.

### **ARRTC Administrative Session: April 16-17**

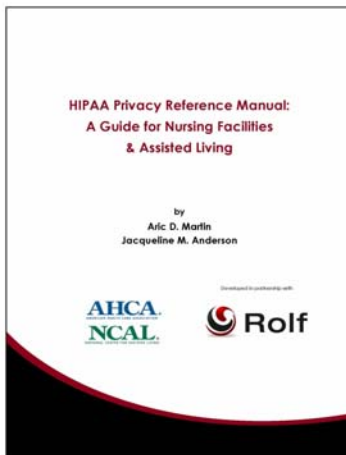
The National Center for Disaster Medical Response, University of South Alabama Center for Strategic Health Innovation (NCDMR/CSHI) would like to invite you to participate in a two day Emergency Preparedness Workshop. This program is a result of a cooperative effort between NCDMR/CSHI and the Alabama Department of Public Health Center for Emergency Preparedness.

The focus of ARRTC Administrative will target issues and concerns specifically important to Chief and Administrative personnel of health care facilities in Alabama responsible for leadership and guidance during emergencies and disasters. Our goal is to provide an environment for knowledge exchange, a forum for discussion of lessons learned, and an

opportunity for participants to have an interactive conversation about specific emergency management issues identified from recent disaster responses. *Please read the attached Course Brochure for registration information.*

## **New HIPAA Privacy Regulations Released by HHS**

### **HIPAA Privacy Reference Manual: A Guide for Nursing Facilities & Assisted Living**



On January 25, 2013, the Department of Health and Human Services issued significant changes to existing HIPAA privacy regulations that will require substantial changes for long term care facilities. AHCA/NCAL, in partnership with the highly regarded health care law firm Rolf Goffman Martin Lang LLP, has developed this e-book to help you understand everything you need to know to make sure you are compliant with these new rules. Compliance is required no later than **September 23, 2013**.

#### **Some of the key changes that are addressed in the manual include:**

- Requiring direct liability for business associates who fail to comply with the HIPAA Privacy and Security Rule requirements
- Redefining “business associates” to include subcontractors that create, receive, maintain, or transmit Protected Health Information (PHI) on behalf of a business associate
- Placing new limitations on the use and disclosure of PHI for marketing and fundraising
- Restricting the sale of PHI without authorization
- Adopting a more objective breach notification threshold and new risk assessment requirements
- Allowing individuals access to ePHI where requested and providing additional guidance on fee sharing for such electronic access
- Restricting disclosures of PHI concerning treatment paid in full out of pocket
- Issuing new guidance regarding disclosures of PHI after an individual’s death
- Requiring modifications and redistribution of notice of privacy practices
- Incorporating the HITECH Act’s increased and tiered civil money penalty structure

The e-book provides clear explanations of the legal requirements, as well as various tools, templates, and policies that will help guide you and your facility. Easily link to other sections in the manual, click from section to section with bookmarks that are displayed on the side, and link to original source material on the web. The HIPAA Privacy Reference Manual is a unique and easy-to-use online tool that you can search and navigate easily. Orders may be placed at [www.ahcapublications.org](http://www.ahcapublications.org) or by phone at 800-321-0343.

# CALENDAR OF EVENTS

<u><i>Date</i></u>	<u><i>Event</i></u>	<u><i>Location</i></u>	<u><i>Time</i></u>
March 27	ANHA Region I Meeting RSVP by March 25 Cindy Lewis (256) 739-1430 or <a href="mailto:clewis@usahealthcare.net">clewis@usahealthcare.net</a> Sponsor: Healthcare Services Group	Rigatoni's Florence	12:00 p.m.
April 11	ARRTC Road Show Disaster Training	Westin Hotel Huntsville	8:00 am
April 25	ANHA Region III Meeting RSVP: Kevin Ball (205) 788-6330 <a href="mailto:kball@ballhealth.com">kball@ballhealth.com</a> Guest Speaker from Alabama Medicaid Agency	Kirkwood by the River Birmingham	12:00 p.m.
April 29- May 2	ANHA Mid-Year Convention	Perdido Beach Resort Orange Beach	
April 30	ARRTC Road Show Disaster Training	Perdido Road Show Orange Beach	1:00 pm

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>