



# 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 29, 2013

## ANHA NEWS

### **ANHA Office Closes Early on Good Friday**

In observance of Good Friday, March 29, the ANHA office will at 12:00 p.m. The office will reopen at 8:00 am on Monday, April 1.

### **Tuesday: Room Reservation Deadline for ANHA Mid-Year Convention**

Tuesday, April 2, is the deadline to reserve your room for the Mid-Year Convention! Act now so you don't miss out on low rates only offered to convention attendees!

Call the Perdido Beach Resort at 1-800-634-8001 and use ANHA group code 6871. You can also book online at [www.perdidobeachresort.com](http://www.perdidobeachresort.com).

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

After April 2, these rates will only be offered if the hotel has availability.

### **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.*

### **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**

## **CMS Releases Memorandum Regarding CMPs**

The Centers for Medicare and Medicaid Services (CMS) has released an Administrative Info memo, accompanying tool and instructions. Regional Offices are instructed to apply this guidance and tool for calculating CMPs when it is determined that they should be imposed. The guidance is effective April 1 for all new enforcement cases when the CMS Regional Office determines that a CMP is an appropriate enforcement remedy.

### Summary:

- **Enhanced Enforcement Consistency:** The Centers for Medicare & Medicaid Services (CMS) is issuing the following guidance to promote more consistent application of enforcement remedies for skilled nursing facilities (SNFs), nursing facilities (NFs), and dually-certified facilities (SNF/NFs) (collectively referred to as "nursing homes" or "facility(ies)").
- **CMP Analytic Tool & Guidance on Choice of Remedy:** When the CMS Regional Office (RO) determines that a CMP is an appropriate enforcement remedy, all ROs will use the attached CMP Analytic Tool as a guide to choose, impose, and calculate CMPs. Also included is guidance for the RO to consider when determining whether to impose a CMP or an alternate remedy regardless of whether or not the State Survey Agency recommended a CMP.

The memo states that failure of a State to recommend a CMP or other remedy, or a State policy of not recommending CMPs, are not acceptable reasons for not imposing such remedies. In such a case, the RO must on its own review the survey findings and impose the appropriate remedy.

CMS describes this effort as a six-month pilot, to be evaluated for the usefulness and overall effectiveness of the Analytic Tool and guidance. At the end of six months, they will assess whether or not the tool and guidance have provided greater consistency in the use and application of CMPs and assess whether or not the imposition of CMPs had an effect on a facility's ability to achieve and sustain compliance with Federal requirements. At that point, CMS will make any needed revisions to the tool and guidance as applicable. *A copy of the memorandum is attached.*

## **CMS S& C Memo: Access to Statements of Deficiencies (CMS-2567) on the Web for Nursing Homes and Hospitals**

The Centers for Medicare and Medicaid Services (CMS) issued the *attached S&C* recently, highlighting changes to public reporting of survey findings/statements of deficiencies on the web. The primary focus of the memo is the announcement that this information will now be available online for acute care and critical access hospitals. CMS has already been posting nursing facility 2567s on Nursing Home Compare since July of last year.

The memo notes that in April 2013, CMS will expand the time period for which nursing facility 2567s are published (from the current single survey cycle to a period encompassing the preceding three standard health surveys and three years of complaint surveys). CMS will also be adding indicators for the scope and severity of each deficiency cited on the forms.

Finally, CMS reminds the state survey agencies that 2567 reports and Plans of Correction (which are not currently posted on Nursing Home Compare) are publicly releasable upon request and do not need a Freedom of Information Act (FOIA) request.

## **Manual Medical Review of Therapy Claims above the \$3,700 Threshold**

The American Taxpayer Relief Act of 2012 (ATRA) was signed into law by President Obama on January 2, 2013. This law extends the Medicare Part B Outpatient Therapy Cap Exceptions Process through December 31, 2013. Section 603 of this Act contains a number of Medicare provisions affecting the outpatient therapy caps and manual medical review (MR) threshold.

The statutory Medicare Part B outpatient therapy cap for Occupational Therapy (OT) is \$1,900 for 2013, and the combined cap for Physical Therapy (PT) and Speech-Language Pathology Services (SLP) is also \$1,900 for 2013. This is an annual per beneficiary therapy cap amount determined for each calendar year. Exceptions to the therapy cap are allowed for reasonable and necessary therapy services. Per beneficiary, services above \$3,700 for PT and SLP services combined and/or \$3,700 for OT services are subject to manual medical review. The Centers for Medicare and Medicaid Services (CMS) is not precluded from reviewing therapy services below these thresholds.

The therapy cap applies to all Part B outpatient therapy settings and providers including:

- Therapists' private practices
- Offices of physicians and certain nonphysician practitioners
- Part B skilled nursing facilities
- Home health agencies (Type of Bill (TOB) 34X)
- Rehabilitation agencies (also known as Outpatient Rehabilitation Facilities-ORFs)
- Comprehensive Outpatient Rehabilitation Facilities (CORFs)
- Hospital outpatient departments (HOPDs)

In addition, the therapy cap will apply to outpatient hospitals as detected by:

- TOB 12X (excluding CAHs) or 13X;
- Revenue code 042X, 043X, or 044X;
- Modifier GN, GO, or GP; and
- Date of service on or after January 1, 2013

Medicare Administrative Contractors (MACs) will conduct prepayment review on claims reaching the \$3,700 threshold with dates of service January 1, 2013 to March 31, 2013. CMS

requested MACs conduct these manual medical reviews within 10 days. At this time, there is no advance request for an exception process. Effective April 1, 2013, the Recovery Auditors will conduct prepayment review for all claims processed on or after April 1, 2013. Recovery Auditors will complete two types of review.

#### Prepayment Review:

- Claims submitted in the Recovery Audit Prepayment Review Demonstration states will be reviewed on a prepayment basis. These states are Florida, California, Michigan, Texas, New York, Louisiana, Illinois, Pennsylvania, Ohio, North Carolina and Missouri.
- In these states, the MAC will send an ADR to the provider requesting the additional documentation be sent to the Recovery Auditor (unless another process is used by the MAC and the Recovery Auditor).
- The Recovery Auditor will conduct prepayment review within 10 business days of receiving the additional documentation and will notify the MAC of the payment decision.

#### Postpayment Review:

- In the remaining states, the Recovery Auditors will conduct immediate postpayment review.
- In these states, the MAC will flag the claims that meet the criteria, request additional documentation and pay the claim. The MAC will send ADR to the provider requesting the additional documentation be sent to the Recovery Auditor. The Recovery Auditor will conduct postpayment review and will notify the MAC of the payment decision.

Section 603 (b) of the American Tax Relief Act counts outpatient therapy services furnished in a Critical Access Hospital (CAH) toward a beneficiary's annual cap and threshold amount using the Medicare Physician Fee Schedule rate. CAHs are not subject to the therapy cap, the manual medical review process, or the use of the KX modifier.

Please contact CMS with questions about the therapy cap review process at [therapycapreview@cms.hhs.gov](mailto:therapycapreview@cms.hhs.gov) or visit <http://www.cms.gov/research-statistics-data-and-systems/monitoring-programs/medical-review/therapycap.html>.

### **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.

## **STATE NEWS**

### **Medicaid News: Information Regarding the Medical Offset Program**

*Editor's Note: This article was provided by the Alabama Medicaid Agency.*

Non-covered medical expenses are defined as those necessary medical or remedial care expenses, which are not covered under the State Plan and are not subject to payment by Medicare or any other third party health insurance including Medicare premiums, deductibles, and coinsurance for nursing home recipients. The Alabama Medicaid Agency will allow institutionalized recipients with a liability to retain funds from their available income to pay for incurred authorized non-covered expenses. The expenses submitted must qualify as a necessary

non-covered medical expense and the allowed income deduction, if any, will be based on the lesser of the Medicaid rate, the Medicare rate, or reasonable and customary charges.

The expenses for non-covered medical services must have been incurred in a period which is no more than three months prior to the month of the new application or no more than six months in subsequent months of eligibility. The individual is not required to be Medicaid eligible during the three months prior to the month of current application for non-covered medical expenses to be considered, however no payment will be made for any month in which the individual is under a transfer penalty.

Summary points:

- Must be a nursing home resident with a liability amount greater than zero
- The services must have incurred in the 3 months prior to the month on the new Medicaid applications or no more than 6 months in subsequent months of eligibility
- The offset request must be made by the recipient or authorize representative-there can be a representative for the offset only-the agency must have a Form 202
- Expenses must be unpaid-partial payments are allowable
- Offset request must be received by the Medicaid Agency within 6 months of the date of the award notice (new award cases) or no more than 6 months from the date of service in subsequent months of eligibility
- For non-incurred services, the recipient has 3 months from the medical approval date to obtain the services and 6 months from the date of service to provide the verification

### **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 physician 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](http://www.ahca.org/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](https://www.facebook.com/nnhw).

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

## Membership Assistance Requested

The American Health Care Association (AHCA) is conducting a nationwide nursing facility staffing survey, which will collect 2012 staffing data that will be used to estimate vacancy, retention and turnover rates of nursing facility employees. **Please take the time to complete and return the survey to AHCA by April 24, 2013.**

The goal of this survey is to provide statistics on retention and turnover for benchmarking and advocacy purposes at the national and state levels, and through LTC Trend Tracker - AHCA's free member-only quality and performance improvement tool, can be made available to participating facilities for internal tracking and benchmarking purposes. Please note that individual peer information will not be disclosed to any party, but is made available in aggregate form for benchmarking purposes. For more information, check out LTC Trend Tracker or the latest staffing report on the AHCA website.

Nursing facilities can participate in AHCA's Nursing Facility Staffing Survey (2012) in one of two ways:

1. *Individual facilities* may download the survey ([PDF](#) format, 120 KB, [Excel](#) format 56 KB) from [http://www.ahcancal.org/research\\_data/staffing/Pages/default.aspx](http://www.ahcancal.org/research_data/staffing/Pages/default.aspx), then complete and return the survey to AHCA 2012 Nursing Facility Vacancy Survey, American Health Care Association, 1201 L Street, NW, Washington, DC, 20005, scan and email the survey to [research@ahca.org](mailto:research@ahca.org), or fax the completed survey to 202-454-1299.
2. *Multi-facility organizations* may download the survey ([Excel](#) format, 180 KB) from [http://www.ahcancal.org/research\\_data/staffing/Pages/default.aspx](http://www.ahcancal.org/research_data/staffing/Pages/default.aspx), and email the completed survey to AHCA at [research@ahca.org](mailto:research@ahca.org).

Please email [research@ahca.org](mailto:research@ahca.org) with any question, or call Jeffrey Liu at (202) 898-2818 or Lisa Matthews-Martin at (202) 898-2824. Thank you in advance for your assistance and your support.

## Urgent Medical Device Voluntary Recall: OneTouch® Verio®IQ Blood Glucose Meter

Please visit [http://www.onetouch.com/sites/default/files/pdf/Final\\_US\\_Web\\_Ltr\\_3.25.13.pdf](http://www.onetouch.com/sites/default/files/pdf/Final_US_Web_Ltr_3.25.13.pdf) for information regarding an urgent medical device voluntary recall.

## Want to Know More About Bundled Payments?

*Attached is a Bundling Payment Transmittal* prepared by the American Health Care Association (AHCA). This series is a brand new resource to members who either: (1) would like to better understand how bundled payment models work; or (2) are interested in exploring potential involvement in a bundled payment system.

AHCA has done a great deal of work and analysis on bundled payments. That work is explained in the memo. At this time there is still much that AHCA, and CMS, do not know about bundled payments, and there will continue to be questions.

AHCA is working on the AHCA ACO web site and the Bundled Payment website. Look for more exciting web site updates from AHCA soon.

### **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.*

## **CALENDAR OF EVENTS**

<u><i>Date</i></u>	<u><i>Event</i></u>	<u><i>Location</i></u>	<u><i>Time</i></u>
April 2	AIT Preceptor Training	The Wynfrey Hotel Birmingham	1:00 p.m.
April 3	OSHA Recordkeeping & Workplace Safety for LTC	The Wynfrey Hotel Birmingham	9:00 a.m.
April 11	ARRTC Road Show Disaster Training	Westin Hotel Huntsville	8:00 am

April 17	ANHA Region II Act/SS Auxiliary Meeting RSVP: Mary Anne Parsons (256) 599-4895 Speaker Topic: 10 Ways to Connect with People	Catfish Cabin Albertville	11:00 a.m.
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>