



# 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, April 12, 2013*

## ANHA NEWS

### **Early Bird Discount Ends TODAY!**

#### ***Final Day to Take Advantage of Early Bird Prices for Mid-Year Convention***

The early bird registration deadline for the ANHA Mid-Year Convention is Friday, April 12. Register now and save! Prices will increase after April 12; and pre-registration ends on April 19. The convention will be held April 29-May 2 at the Perdido Beach Resort in Orange Beach, AL. *See the attached brochure and registration forms for more information.*

### **Disaster Training for Nursing Homes: Only One Event Remains**

ANHA and the National Center for Disaster Medical Response at the University of South Alabama's Center for Strategic Health Innovation have developed a training program for nursing homes. In addition, we have jointly prepared a Disaster Planning Guidance Manual regarding Sheltering in Place and Evacuations.

The manual is being rolled out at a three (3) hour course for administrators and key nursing home staff. The goal is to bring ARRTC training on site to healthcare facilities across the state; and to invite response partners to the training to establish a knowledge of disaster response.

Key topics include: Intro to Hospital Incident Command System, National Incident Management System and National Response Framework; NIMS Compliance Requirements; Alabama Incident Management System; 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 seminar is FREE, but registration is required! The training will be held at the following date and time:

April 30                      Orange Beach                      1:00 p.m.

*Please see the attached flyer for registration information.*

## **Call for Nominations: Alabama's Best Practices: Nominations due Next Week Friday, April 19!**

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 Issues Fact Sheet**

On January 24, 2013, the U. S. District Court for the District of Vermont approved a settlement agreement in the case of *Jimmo v. Sebelius*, in which the plaintiffs alleged that Medicare contractors were inappropriately applying an "Improvement Standard" in making claims determinations for Medicare coverage involving skilled care (e.g., the skilled nursing facility, home health, and outpatient therapy benefits). The Centers for Medicare and Medicaid Services (CMS) has just posted a Fact Sheet on the settlement agreement.

*The Fact Sheet is attached.* Various time limits for CMS to comply with the steps required by the settlement agreement have been proffered. CMS states that it will complete the manual revisions and educational campaign by January 23, 2014, which is within one year of the approval date of the settlement agreement.

### **CMS Issues 2014 Part D and Medicare Advantage Rates**

On April 1, 2013, the Centers for Medicare & Medicaid Services (CMS) issued the 2014 rate announcement and final call letter for Medicare Advantage (MA) and prescription drug benefit (Part D) programs. After careful consideration of public comments, key changes and updates finalized in the rate announcement and final call letter include:

#### **Lower out-of-pocket drug spending:**

As detailed in the table below, the deductible and out-of-pocket limit for the defined standard prescription drug (Part D) plan will be lower in 2014, compared to 2013. Beneficiary costs will be further reduced as coverage for Medicare enrollees who have reached the prescription drug coverage gap, or "donut hole" continues to expand in 2014. In 2014, enrollees in the donut hole will receive coverage and discounts of 52.5% on covered brand name drugs and coverage of 28% on covered generic drugs. To date, 6.3 million beneficiaries have received savings of \$6.1 billion on prescription drugs.

#### **Greater protection for beneficiaries:**

As authorized by the Affordable Care Act, the amount of any permissible increase to total beneficiary costs is limited to \$34 per member per month for 2014 (down from \$36 per member per month in previous years).

The 2014 statutory updates to the annual parameters for the defined standard Part D prescription drug benefit are finalized as proposed:

<b>Part D benefit parameters</b>	<b>2013</b>	<b>2014</b>
<b>Defined standard benefit</b>		
Deductible	\$325	\$310
Initial coverage limit	\$2,970	\$2,850
Out-of-pocket threshold	\$4,750	\$4,550
Minimum cost-sharing for generic/preferred multi-source drugs in the catastrophic phase	\$2.65	\$2.55
Minimum cost-sharing for other drugs in the catastrophic phase	\$6.60	\$6.35
<b>Retiree drug subsidy (RDS)</b>		
Cost threshold ( <i>amount RDS sponsor must spend before claiming the RDS subsidy</i> )	\$325	\$310
Cost limit ( <i>amount after which RDS sponsor claims no RDS subsidy</i> )	\$6,600	\$6,350

(Note: The changes from 2013 to 2014 are rounded to the closest appropriate level.)

In total, CMS will raise payments to Medicare Advantage (MA) plans by 3.3%, a drastic turn away from the 2.2% rate *cut* it proposed in an advance notice in February. There are two primary drivers of this reversal: First, public pushback to the proposed cuts resulted in many members of Congress writing letters urging the agency to reconsider its position. And second, in the final rate announcement CMS readjusted its methodology for calculating the growth rate by assuming that the sustainable growth rate formula (the 27% cut to payments that threatens physicians every year) will be either replaced or temporarily avoided, as it has been every year for the past decade. This assumption had a significant impact on CMS' projections.

There were concerns that the MA cuts originally proposed would be passed down in cuts to provider rates. Although this final announcement avoids such cuts, the actual payment rates to MA plans for 2014 are still unknown. MA plans are still subject to various rate cuts imposed by provisions in the Affordable Care Act as well as by the 2% across-the-board rate cuts, known as the "sequester," that became effective this month.

You can view the rate announcement and final call letter at <http://www.cms.hhs.gov/MedicareAdvtgSpecRateStats/>; click on Announcements and Documents for access to the 2014 files.

### **Medicare Advantage Plan Rates Clarification**

April 1 marked the effective date of the 2% across-the-board cuts to *all* Medicare payments, known as the "sequester." MA, or Medicare Part C, is subject to the sequester cuts just as Medicare Parts A and B are. For MA plans, the sequester cuts will be reflected in their first monthly capitated payment from CMS on or after April 1. The implication to long term care providers depends on the language in the provider's individual contracts with MA plans.

**The American Health Care Association (AHCA) strongly recommends that providers review the provisions in their MA contracts to determine whether or not the plans are able**

**to pass those cuts down to providers rates, and to seek legal counsel if they have concerns or questions about their options.**

Recently, CMS published its final announcement that the MA growth rate percentage for plan payments beginning on October 1, 2013 (FY 2014) is 3.3%. This is the funding that the MA plans receive from the government. Whether or not the MA plan will pass on the increase to the provider again depends on the contract between the provider and the MA plan. This increase was a significant difference from the 2.2% *cut* they originally proposed in a 45-day advance call letter. The reason for this difference is mathematical – in the original calculation, they made the assumption that the sustainable growth rate (SGR) formula, which would cut physician payments by 27%, would go into law. This resulted in a negative growth rate. However, in the final calculation, CMS made the assumption that Congress would implement what is known as the “doc fix” to avoid the SGR, as it has done every year for the past decade. This assumption resulted in a positive growth rate. **The timing of these two events may lead to the misperception that MA plans have successfully avoided the sequester cuts, but that is not the case.**

Even though CMS projects a growth rate increase in MA payments, in reality MA plan payments are likely to *decrease* in 2014, not increase. There are a number of reasons for this, including the sequester cuts which are described above. But more importantly, a number of provisions that were included in the Affordable Care Act (ACA) work to decrease payments to MA plans over time, and many of these will be implemented in 2014. **Because MA plans are likely to see their payments decrease, they may wish to enter into discussions with providers to renegotiate rates for 2014.** Again, the MA plans have no obligation to pass on a government increase or a decrease in their rates to providers with whom they contract. AHCA continues to remain engaged in this issue and will provide resources to members, as necessary, over the next few months.

## **STATE NEWS**

### **Requirement for Corridor Width when Doors are Fully Open**

*Editor’s Note: The following article was provided by the Alabama Department of Public Health’s Division of Technical Services.*

The 2000 NFPA 101, Life Safety Code, requires corridor doors to open back against the wall so that they “shall not project more than 7 inches into the required width of an aisle, corridor, passageway, or landing, when fully open,” per paragraph 7.2.1.4.4. (The 7-inch measurement does not include door latching hardware mounted on the door.)

This deficiency falls under K38 during a Life Safety Code survey conducted by the Alabama Department of Public Health. The Centers for Medicare and Medicaid Services (CMS) has indicated that, if there are no other ways to correct this situation, a door that projects more than 7 inches will be acceptable if a closer is installed on the door, so that the door will not remain in the open position.

If you have questions about this, contact Victor Hunt at 334-206-5218, or [victor.hunt@adph.state.al.us](mailto:victor.hunt@adph.state.al.us).

## **Alabama Medicaid Agency: Provider Insider**

*ANHA is attaching the latest Medicaid Bulletin – Provider Insider for your convenience. Important notices and information from Medicaid are always included in this publication.*

## **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

### NHC Moulton Resident Celebrates 107<sup>th</sup> Birthday!



NHC Moulton resident Willie Mae Trimble recently celebrated her 107<sup>th</sup> birthday! The facility held a party in her honor where she was presented with a certificate from the Alabama House of Representatives. Pictured is Ms. Trimble receiving the certificate from Rep. Ken Johnson (R-Moulton).

### Ms. Alabama Nursing Home Meets Miss Alabama High School America



Ms. Alabama Nursing Home Terry Jean Camp recently met Miss Alabama High School America Lexi Jones. The two met at the Ms. Athens Rehab & Senior Care Pageant.

Ms. Alabama Nursing Home will be glad to visit your facility or attend special events. To invite her, contact Misty Gilbert at Athens Rehab & Senior Care at (256) 232-1620 or [activities@athensrehab.net](mailto:activities@athensrehab.net).

## Governor Proclaims National Nursing Home Week in Alabama

Governor Robert Bentley has officially proclaimed May 12-18 as National Nursing Home Week in Alabama. *A copy of Gov. Bentley's proclamation is attached.*

## 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

### 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.

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

The National Center for Disaster Medical Response, University of South Alabama Center for Strategic Health Innovation (NCDMR/CSHI) invites you to 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>Date</u>	<u>Event</u>	<u>Location</u>	<u>Time</u>
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 17	ANHA Region VIII Meeting RSVP: Sal.Lee Sasser-Williams (334) 222-2133 <a href="mailto:sallee@andalusiamanor.org">sallee@andalusiamanor.org</a>	Enterprise Health & Rehab Enterprise	3:00 p.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 26	ANHA Region VII Meeting RSVP: Gail McInnish (251) 937-3501, <a href="mailto:gail.mcinnish@infirmarhealth.org">gail.mcinnish@infirmarhealth.org</a> Guest Speaker: ANHA's Katrina Magdon	Felix's Fish Camp Mobile	12:00 p.m.
April 29- May 2	ANHA Mid-Year Convention	Perdido Beach Resort Orange Beach	
April 29	Convention/Education Committees Meeting	Perdido Beach Resort Orange Beach	1:00 p.m.
April 30	ARRTC Road Show Disaster Training	Perdido Beach Resort Orange Beach	1:15 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>