



# 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, August 16, 2013*

## ANHA NEWS

### **Registration Open for 2013 ANHA Annual Convention & Trade Show**

Registration is now open for the 2013 ANHA Annual Convention & Trade Show to be held September 16-19 at the Hyatt Regency Birmingham – The Wynfrey Hotel. The convention will feature timely educational seminars, social events and officers for 2014 will be elected at the Annual General Business Session. Attendees can also take part in Alabama's largest long term care trade show. Continuing education credits will be offered for nursing home administrators, assisted living facility administrators, nurses, social workers and certified risk managers. Party on the Moon will bring its high energy show to the Dinner/Dance. *Please see the attached brochure and registration forms for more information.*

### **Host Hotel Reservation Deadline Extended to September 3**

The newly renovated Hyatt Regency Birmingham – The Wynfrey Hotel will be the host hotel for this year's convention. Reservations can be made by calling the hotel at 800-233-1234, or online at [www.hyattregencywynfrey.com](http://www.hyattregencywynfrey.com) and using code "G-ANHA".

The following rates have been negotiated for 2013 Annual Convention Attendees:

- \$147 per Standard/Double Room
- \$177 per Double – Concierge Level

Based on space availability, these rates will be offered one day before and following the meeting dates. To ensure availability of reservation space, all participants are encouraged to make their overnight reservations by **September 3**. After this date, rooms from our block which are not reserved will be released for general sales to the public and availability cannot be guaranteed.

### **Deadline Extended Until Wednesday, August 21!**

#### ***CNA and Employee Recognition at Alabama's Best Practices***

The deadline to submit Certified Nursing Assistants and other outstanding employees for recognition at Alabama's Best Practices has been extended until Wednesday, August 21. *Please see the attached form for additional information.* If you have questions, contact John Matson at the Association office at (334) 271-6214 or [jmatson@anha.org](mailto:jmatson@anha.org).

## Registration Now for Alabama's Best Practices

Registration is now for the Alabama's Best Practices Program on August 29, 2013, at the Cahaba Grand Conference Center in Birmingham. The event has been approved for six (6) hours of continuing education credit for administrators, risk managers and social workers. Approvals are pending for assisted living administrators and activity professionals. It has also been approved for 7.2 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 details.*

Congratulations to the following facilities that have been chosen to make presentations for the 2013 Best Practices Program:

"Serenity Suite"	Oak Park Nursing Home
"Caring Paws"	Arbor Springs Health & Rehab Center
"5-Alive"	Hanceville Nursing and Rehab Center
"Off the Chain"	Coosa Valley Nursing Home
"Young Bloods"	Athens Rehabilitation Center & Senior Care
"Weight Watchers' Happy Hour"	River City Center
"Hicks & Giggles"	Haleyville Health and Rehab
"DARE to Care Program"	South Haven Health & Rehab - Birmingham

Participants will also receive information from twelve other facilities about their Best Practices.

## NATIONAL NEWS

### OIG Releases Report Regarding Observation Stays

The Department of Health and Human Services' Office of the Inspector General (OIG) has released a memorandum report (<http://oig.hhs.gov/oei/reports/oei-02-12-00040.pdf>) which focuses on years of concerns by both provider and beneficiary organizations about the fact that the distinction between an inpatient and observation stay is not always clear, and outlines that the recent Centers for Medicare and Medicaid Services' (CMS) proposed rule on the issue would not reduce the number of observation stays. According to the OIG report, beneficiaries had 617,702 hospital stays that lasted at least 3 nights, but did not include 3 inpatient nights; these beneficiaries did not qualify for SNF services under Medicare.

The American Health Care Association continues to urge lawmakers to count all days spent in the hospital towards the three-day stay required for beneficiaries to be eligible for Medicare coverage of subsequent post-acute care in a skilled nursing care center. AHCA has had hundreds of long term and post-acute professionals in DC this year to advocate for the [Improving Access to Medicare Coverage Act of 2013](#) (S. 569/H.R. 1179), which would deem time an individual spends under observation status eligible to count towards satisfying the three-day requirement.

### SNFs to Receive PEPPER Postcard

ANHA has been notified that a CMS contractor, TMF Health Quality Institute [HQI], that HQI had sent out, via regular mail, an informational postcard to all 15,000+ SNFs. The postcard indicates that all SNF providers will soon receive a report called the Program for Evaluating Payment Patterns Electronic Report (PEPPER). This report provides Medicare claims data in

specific targeted areas comparing the SNF to other SNFs throughout the US. The Report will be mailed to SNFs via regular mail on August 30.

The Pepper program was initiated in 2003, but since 2003 has focused on other types of providers over the years. It is now adding SNFs. PEPPER gives provider-specific Medicare data statistics for services vulnerable to improper payments, according to the federal government, and allows providers to see how their facility compares to all other SNFs across the state, nation or MAC jurisdiction. For SNFs, the targeted areas were determined by recent OIG reports in 2010 and 2012 and conversations with CMS staff, and include: a) Therapy RUGs with High ADLs; b) Nontherapy RUGs with High ADLs; and c) Change of Therapy Assessment.

PEPPER data will be shared with both the MACs and the Medicare Recovery Auditors (RAs); but not the Zone Program Integrity Contractors (ZPICs). HQI did acknowledge, however, that CMS contractors have much more sophisticated databases and systems for looking at SNF Medicare claims data. To obtain more information on SNF PEPPER, you may visit <http://www.pepperresources.com/>.

## STATE NEWS

### **Alabama Medicaid Agency Posts LTC Information**

The Alabama Medicaid Agency recently held a webinar regarding Medical Quality and Review Services. A link to the presentation is as follows:

[http://www.medicaid.alabama.gov/CONTENT/4.0\\_Programs/4.3.0\\_LTC/4.3.2\\_Long\\_Term\\_Care\\_Facilities.aspx](http://www.medicaid.alabama.gov/CONTENT/4.0_Programs/4.3.0_LTC/4.3.2_Long_Term_Care_Facilities.aspx) See link, under “Nursing Homes” then “Medical Quality and Review Services and Long Term Care Review Services.”

### **Alabama Medicaid Agency Medicaid Matters**

*Medicaid Matters*, the Alabama Medicaid Agency’s online newsletter, is now available by clicking on the following link:

[http://medicaid.alabama.gov/documents/2.0\\_Newsroom/2.3\\_Publications/2.3.5\\_MM\\_News/2.3.5\\_MM\\_2013/2.3.5\\_MM\\_July\\_Aug\\_2013.pdf](http://medicaid.alabama.gov/documents/2.0_Newsroom/2.3_Publications/2.3.5_MM_News/2.3.5_MM_2013/2.3.5_MM_July_Aug_2013.pdf).

In this issue:

- Alabama Medicaid Agency moving quickly to comply with new RCO law
- Primary care physicians receive more than \$8.8 million due to “bump”
- Expedite online system streamlines nursing home application process
- Stakeholders meet to map out strategies to move MFP project forward

### **ADPH Technical Services ALERT**

It has come to the ANHA’s attention that ALL correspondence, specifically the 2567, from ADPH/Technical Services (Life Safety) is being sent to a facility’s email with a receipt request/verification. Technical Services has indicated to the ANHA that many facilities are not replying to the receipt request and that they will “eventually” not be placing a physical call to a location to confirm receipt. Technical Services has asked that each facility send in a current and valid email address in order to ensure correct correspondence and timely POC’s.

*It is STRONGLY recommended that each facility send an email address, contact designee, facility name and phone number to: [lifesafety@adph.state.al.us](mailto:lifesafety@adph.state.al.us)*

## **Fire/Life Safety Update**

ANHA received the following discussion of Hot Fire Safety Topics with CMS as prepared for the American Health Care Association (AHCA) by Hughes Associates. ANHA has sent this document to Victor Hunt from the Technical Services Division of ADPH for concurrence and comments.

Recently there have been several questions regarding Fire and Life Safety requirements of the Center for Medicare/Medicaid Services (CMS). The purpose of these discussions was to get input on how various CMS criteria will impact nursing homes. Survey & Certification (S&C) Letters are referenced in this document and they can be obtained at the following website:

<http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions.html>

The results of the discussion of these topics are as follows:

### **1. Sprinkler Installation of Outbuildings**

*Question: We are still hearing about states requiring outbuildings to be sprinklered. Is it possible for CMS to provide written clarification that outbuildings are not required to be sprinklered if residents do not access these buildings?*

*Answer: All SNFs/NFs are required to be provided with automatic sprinkler protection throughout by August 13, 2013. Nursing centers with existing sprinkler systems should review their systems for compliance with the requirements of the NFPA 13-1999 Edition and the Life Safety Code-2000 Edition*

Application of the requirements for sprinkler installation has been interpreted to apply to all nursing centers that have **customary access by residents**. This includes all living and care buildings but does not include outbuildings not customarily accessed by residents such as buildings used exclusively as laundries, maintenance buildings, or storage structures. Even if the outbuildings provide services to the nursing centers, such as preparing meals, as long as residents do not have customary access, the outbuilding need not be sprinklered for CMS requirements. CMS indicated that they had previously discussed with the Regions that outbuildings not used by residents do not require automatic sprinklers. However, based on the input in the meeting, CMS will issue additional guidance to the Regions indicating that automatic sprinklers are not required in buildings where residents do not have customary access.

*ADPH Technical Services Comment: Sprinklers in Outbuildings. We don't require detached outbuildings to be sprinklered like the "resident building." A complication arises when a combustible cover is built over a walkway connecting the two buildings, thereby joining them. Even a noncombustible covering requires sprinklers if the staff stores combustible materials under it, such as lining up carts of laundry (which our staff sometimes sees). It all has to do with the connection between the two buildings. This has to be considered on each case.*

### **2. NFPA's Antifreeze Sprinkler System Tentative Interim Amendment (TIAs)**

*Question: CMS has decided not to implement the recent TIA's relative to antifreeze sprinkler systems. Has CMS notified the states and Regions in writing about this position?*

Answer: The National Fire Protection Association (NFPA) issued Tentative Interim Amendments (TIAs) applicable to NFPA 25, *Standard for Inspection, Testing and Maintenance of Water-Based Fire Protection Systems*-2011 Edition. The TIAs address the use of antifreeze in automatic sprinkler systems based on potential concerns associated with some of these systems. CMS has not adopted the TIAs relative to antifreeze sprinkler systems. These TIAs would have an effect on sprinkler systems used in several Regions. CMS will issue additional guidance to the Regions in writing stating the criteria in the TIA's are not to be applied to nursing centers.

ADPH Technical Services Comment: Sprinkler Antifreeze. This is regarding a 2010 NFPA prohibition of antifreeze in sprinkler piping. The NFPA soon changed to allow antifreeze in systems as long as the antifreeze is manufactured as a mix with water, to remain a homogeneous mixture. This restricts the sprinkler folks to the use of premixed water-antifreeze solutions, not solutions mixed on site as in previous years. This will probably have little effect on nursing homes in Alabama. Also, as routine testing, flushing and refilling of systems occur, the issue will go away on its own.

### **3. Corridor Plenum Criteria**

Question: Does every new surveyor have to attend a CMS Life Safety Code course before they start surveying nursing centers? Are all new surveyors given copies of old policies, S&C Letters, etc.? We have noticed that things we thought were resolved literally decades ago are now being cited. For example, we have seen incidental air movement between the corridor and adjacent rooms being cited as a corridor plenum deficiency.

Answer: CMS indicated that surveyors should be familiar with existing issues that have been addressed in the past. Every new surveyor attends a CMS Life Safety Code course before they start surveying nursing centers and all new surveyors are given copies of old policies, S&C Letters, etc. New inspectors have to be Fire Inspector I certified from NFPA and attend a CMS training course with refresher training every year.

CMS indicated there is no limit on the extent or timeframe of waivers and that corridor plenums are anticipated to be allowed based on existing waivers. When requesting a waiver you must document the hardship. Therefore, if a financial hardship is identified, data must be provided that supports fixing a corridor plenum is a financial hardship. An estimate of the costs to repair the issue would support the financial hardship proposition.

First, the facility needs to determine whether it is even physically possible/impractical to fix the problem. For example, is there room in the building to install the necessary ducts to fix the problem without resulting in other code compliance issues such as headroom? If it is physically impractical to fix the issue, that would be the primary reason for the waiver. If it is physically possible to install the ducts, the provider can contact a mechanical contractor or engineer, preferably someone familiar with the facility, to give them a quote for the fix and use this to document financial hardship.

Incidental air movement between corridors and adjacent rooms, such as make up air for bathroom exhaust systems, is allowed and does not result in classifying the corridor as a plenum.

ADPH Technical Services Comment: Corridors Used as Return Air Plenums. We would expect this to occur only in much older buildings. Using corridors for return air from adjoining rooms was banned in the codes about 30 years ago. We only write genuine return air situations, not "incidental". The facility is granted a waiver, and it is cleared from the report on the follow up visit.

#### **4. Culture Change Waivers**

Question: *Providers and states have requested additional guidance on the method for application of the waivers relative to the four culture change issues that appear in the Life Safety Code-2012 Edition. Is this in process and when can we expect to see it published?*

Answer: These four waived culture change issues allow the following:

- Previously restricted items to be placed in exit access corridors;
- The recognition that a kitchen is not a hazardous area and can be open to the corridor under certain circumstances;
- Changes allowing the installation of direct-vent gas fireplaces and solid fuel burning fireplaces; and,
- Changes to the requirement allowing the installation of combustible decorations.

The concern is that it has been interpreted that nursing centers may first have to be cited for a deficiency prior to application of the waiver. CMS has indicated that they will issue guidance that says the four provisions should be allowed in the nursing centers and that deficiencies should not be cited. Therefore, nursing centers can be designed with these features without concern of having to go through the waiver process after completion of construction. Existing nursing centers with these features should not be cited for deficiencies that require a waiver. CMS will issue additional written guidance to the Regions that the issues identified in the waivers should be applied in the survey/evaluation process and should not be identified as deficiencies during surveys. Please note that in order to not be cited for a deficiency, you must comply with all the requirements in the Life Safety Code-2012 Edition for the specific waived requirement. The building does not have to comply with all the requirements in the Life Safety Code-2012 Edition in order to receive the waiver.

ADPH Technical Services Comment: Culture Change Waivers. The instructions from CMS have been to cite these items as deficiencies. The facility has to ask for a waiver. We will watch for the mentioned additional guidance from CMS that would make this process easier.

#### **5. Culture Change**

Question: *Can you tell us if CMS will incorporate the TIA's to the Life Safety Code for smoke detectors in open kitchens into the draft proposed regulation to adopt the Life Safety Code-2012 Edition?*

Answer: Of the four culture change issues that appear in the Life Safety Code-2012 Edition, one relates to the recognition that a kitchen is not a hazardous area and can be open to the corridor under certain circumstances. One of these circumstances is that a smoke detector be located not less than 20 ft of the cook top or range. The NFPA has issued TIA-101-12-2 to the Life Safety Code for smoke detectors required in open kitchens. This TIA clarifies criteria applicable to the location of smoke detectors/alarms. CMS indicated it was their intent to include the TIA criteria in the acceptance of the culture change provisions. CMS will issue additional written guidance to the Regions that the criteria in TIA 101-12-2 applicable to kitchen smoke detectors are to be applied to nursing centers. It is recommended that open kitchens installed under the waiver process comply with the TIA.

Item 6: Open Kitchens and Smoke Detectors. The additional smoke detection required will apply to kitchens open to the corridor, such as at in newer buildings. More CMS guidance promised.

#### **6. Survey Short Form**

Question: *What is the status of the CMS Life Safety Survey Short form?*

Answer: CMS is in the beginning stages of implementing the procedure for short form surveys as documented in S&C Letter Reference 09-04. Most of the information CMS knows at this point is in the S&C letter. No instructions for use of the short form have been developed. No lists of eligible nursing centers have been developed. Eligibility requirements are in the S&C letter. States/Regional offices will be provided with the option to perform a Life Safety short form survey. CMS will provide a list of eligible nursing centers to the states. The states can then choose from those nursing centers when utilizing the short form. The center may not know it is being surveyed with the short form until the survey has started.

ADPH Technical Services Comment: *"Survey Short Form" is a misnomer. CMS developed an actual Short Form years ago, but what they are proposing now is merely a short survey using the typical survey booklet (reduced scope, or reduced number of K-tags to check). Instructions have been sketchy, and CMS will provide the list of eligible facilities each year. The criteria to make the list will not be easy to meet.*

### **ANHA Encourages Use of Medicaid EXPEDITE System**

Members of the Alabama Nursing Home Association have been meeting regularly with Medicaid since last fall on ideas and ways in which we can improve the current Medicaid Nursing Home Eligibility process. As a result of our joint efforts, we now have an online web portal (EXPEDITE) for nursing facilities and residents/sponsors to use in order to complete the Medicaid application online and submit it electronically. Submitting a hard copy of the application is still an option.

We held 8 webinars during the month of June and a copy of Session #3 Expedite Nursing Home Training delivered Tuesday, June 4, 2013, is now available on the public Alabama Medicaid site at this address:

[http://www.medicaid.alabama.gov/documents/3.0\\_Apply/3.5\\_Expedite/3.5\\_EXPEDITE\\_Web\\_Portal\\_6-13-13.wmv](http://www.medicaid.alabama.gov/documents/3.0_Apply/3.5_Expedite/3.5_EXPEDITE_Web_Portal_6-13-13.wmv)

For more information please visit the Medicaid website at [www.medicaid.alabama.gov](http://www.medicaid.alabama.gov), click "Apply for Medicaid", then "Expedite On Line Nursing Home Application System". You may also try this link: [http://medicaid.alabama.gov/CONTENT/3.0\\_Apply/3.5\\_Expedite.aspx](http://medicaid.alabama.gov/CONTENT/3.0_Apply/3.5_Expedite.aspx). ANHA encourages you to utilize this tool and submit applications via the EXPEDITE System.

### **Changes to Medicaid Hospice Election and Physician's Certification Form 165**

Hospice providers are required to include within the medical record a Medicaid Hospice Election and Physician's Certification form (Form 165) that has been signed and dated by the physician. The exception to this is when an individual is eligible for Medicare as well as Medicaid. In that case, the Medicare election form will continue to serve as election for both hospice programs.

Form 165 was recently revised to include blanks to enter the *Date of Benefit Period* and the *Date Physician Signed*. Effective September 1, 2013, all Hospice Providers should discard all copies of the previous Form 165 and utilize the revised form.

The revised Form 165 and the *Instructions for Completion of Hospice Election Form 165* will be located on the Agency's website, effective September 1, 2013 and can be accessed at the following:

[http://medicaid.alabama.gov/CONTENT/5.0\\_Resources/5.4\\_Forms\\_Library/5.4.3\\_LTC\\_Forms.aspx](http://medicaid.alabama.gov/CONTENT/5.0_Resources/5.4_Forms_Library/5.4.3_LTC_Forms.aspx), then go to the Form 165.

For questions or concerns regarding the Medicaid Hospice Program, please contact Felicha Fisher at (334) 353-5153.

## **FACILITY NEWS**

### **Jacksonville Health & Rehab Cuts Ribbon on New Rehab Wing**



Jacksonville Health & Rehab recently held a ribbon cutting and open house to showcase its new rehabilitation unit. The addition features a 2,000 square foot gym and 30 private rooms with private baths, flat screen televisions and hardwood and carpeted floors. The unit includes a courtyard dedicated to rehab patients. The facility is owned by NHS Management.

### **Magnolia Haven Resident Celebrates 107<sup>th</sup> Birthday!**



Magnolia Haven Health & Rehab Center resident Tostie Warren recently celebrated her 107<sup>th</sup> birthday! Family, friends and facility staff held a party in her honor. She has lived at Magnolia Haven since 2012. The facility is located in Tuskegee.

### **Arbor Springs, Wesley Manor recognized for medication safety work**

Arbor Springs Health and Rehab Center in Opelika, and Wesley Manor in Dothan have been recognized for their work on the Patient Safety and Clinical Pharmacy Services Collaborative (PSPC). The PSPC is a breakthrough effort to improve the quality of health care across America by integrating evidence-based clinical pharmacy services into the care and management of high-risk, high-cost, complex patients.

Arbor Springs has moved from Orange to Blue Team status. Wesley Manor has been named a Certified Gold Team, the first one in Alabama. Both Arbor Springs and Wesley Manor are working with AQAF, Alabama's QIO, on their PSPC projects.

## OTHER NEWS

### **ADPH Offers Webcast on Beliefs about Death**

The Alabama Department of Public Health's Training Network is offering a live webcast called, "Changing American Beliefs about Death: It's OK to Die." This program will take place on Tuesday, August 20 from 1:00 p.m. until 3:00 p.m.

To see the conference flyer for this program [click here](#). To register for this program [click here](#). To view all upcoming programs, visit: [www.adph.org/alphtn](http://www.adph.org/alphtn).

### **ARRTC Basic Training Sessions Announced**

A flyer that announces the ARRTC Basic Training sessions for 2013-2014 has been released. *Please see the attached flyer for more information.*

### **AHCA Offers Webinar: ICD-10-CM – What is it? Why? And What Next?**

Please join AHCA for a webinar, titled "ICD-10-CM – What is it? Why? and What Next?", on Thursday, Sept. 12, 2013, at 1:00 p.m., to learn more about implementation and the upcoming deadlines for the transition from ICD-9-CM to ICD-10-CM.

As you are well aware, on October 1, 2014, the ICD-9 code sets used to report medical diagnoses and inpatient procedures will be replaced by ICD-10 code sets. The transition to ICD-10 is required for everyone covered by the Health Insurance Portability Accountability Act (HIPAA); which includes all SNFs/NFs and some assisted living facilities. Unfortunately, most of the information and materials you read about in the media or find on the internet is focused around hospital compliance. LTC providers also must understand the implications and make the successful transition from ICD-9 to ICD-10 or claims will not be processed. The Centers for Medicare and Medicaid Services (CMS) has instructed all providers to develop an implementation strategy now that includes an assessment of the impact on the organization, a detailed timeline and a budget. To learn more about how to get started, please join us, with expert Deborah Johnson, RHIT, CHP (Life Care Centers of America, Corporate Director of Health Information Management/Privacy Officer; and AHIMA – Approved ICD-10 Trainer), and learn the background and reasons for the upcoming changes, as well as the first steps to take to begin to implement the changes.

Learning objectives include:

- Learn the basics about ICD-10 and CMS' timeline for implementation;
- Understand why the change from ICD-9 to ICD-10 and the ensuring differences;
- Discuss the important steps in an ICD-10 implementation strategy including how to perform an impact analysis, develop training and get additional ICD-10 expert help; and
- Learn about important budget considerations for ICD-10 implementation.

To register for this free webinar, go to <http://webinars.ahcancal.org/session.php?id=11516>.

### **New AHCA Resource - CHATs**

A Communicating Health Assessments by Telephone (CHATs) has been posted on the AHCA Quality Initiative website at

[http://www.ahcancal.org/QUALITY\\_IMPROVEMENT/QUALITYINITIATIVE/Pages/default.aspx](http://www.ahcancal.org/QUALITY_IMPROVEMENT/QUALITYINITIATIVE/Pages/default.aspx). Click on Safely Reduce Hospital Readmissions, look under Resources, and scroll down to the 3<sup>rd</sup> resource. The CHATs are linked to the AHCA website under Clinical Practice and they can be found there as well.

The CHAT is an alternative to SBAR and is used for reporting assessment information to the physician. There are 16 CHATs and each one is related to a common geriatric condition. In testing, clinicians found the CHATs easy to use. Thus, the CHAT can be used as the nurse/physician communication tool or as a beginning step in preparing clinicians to eventually use SBAR.

The webpage contains all the CHATs, each containing a progress note, for completing and inserting in the medical record. In addition, the website contains a one-page on What is CHAT and a one-page on How to Use CHAT.

We encourage members to use the Quality Initiative and Clinical Practice websites, the CHATs and all the other available resources.

## **Save the Dates and Listen to Pre-recorded Webinar Events – August 20, September 4, 10**

### **Be Prepared. Don't Let New Surveyor Guidance for F309 Catch You Off-Guard!**

The Centers for Medicare and Medicaid Services (CMS) recently released new surveyor guidance to assess compliance with F309 and F329 as they relate to residents with dementia and use of antipsychotic drugs. AHCA is pleased to offer a series of brief, fast-moving and content-rich webinars to help your nursing center ensure that you are well-prepared for these changes. Webinars will be grounded in a QAPI approach and provide strategies for achieving compliance with the new guidance. **Each webinar is 30-minutes and will be available on-demand.** Please visit the American Health Care Association (AHCA) website <http://webinars.ahcancal.org/index.php> for more information.

### **AQAF Offers Hand-In-Hand Training**

The Alabama Quality Assurance Foundation (AQAF) would like to help you comply with Section 6121 of the Affordable Care Act of 2010. The *Hand in Hand Training Series* is being made available to you and your staff as part of AQAF's Statewide Learning Action Network events. AQAF is offering 25 "Train the Trainer" educational events over the next 12 months, beginning July, 10 2013.

As many of you are aware, CMS, supported by a team of training developers and subject matter experts, created the *Hand in Hand Training Series* to ensure that nurse aides receive regular training on caring for residents with dementia, and on preventing abuse. Additionally, the series aligns with the National Partnership to Improve Dementia Care.

CMS provided to every nursing home in the country a copy of the Hand in Hand Training Series Toolkit. The toolkit is contained within a very large binder. Do you know where your binder is? Have you had the opportunity to start training? Not to worry – let AQAF help you!

The training is best done with relatively small groups due to the nature of the training and the interactive component. They plan to limit attendance to 30 per session. AQAF encourages you

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to take advantage of this educational opportunity! Do not wait to register as it is anticipated that the sessions will fill up quickly. *Please refer to the attached flyer for event details.*

## **Funding Available for Applied Research Projects to Advance Person-Centered Care**

The Harvey Picker Center of Innovation and Applied Research Program is seeking proposals for specific interventions and innovations within long term care settings that facilitate the development and advancement of person-centered cultures and person-centered care within the healthcare delivery system. The expected outcome of a grantee's project will be a demonstration, including a robust dissemination plan, of the measurable effects, affordability and sustainability of the effort to advance person-centered cultures and/or the implementation of person-centered care. The project must be consistent with one or more of the Planetree or Picker Principles of Patient-Centered Care. Details regarding the application process and eligibility can be found in the Request for Proposals at <http://newsmanager.commpartners.com/ahcamemo/downloads/Ruta01.pdf>.

The purpose of the Harvey Picker Center of Innovation and Applied Research Program is to provide annual grants to support research of innovative projects which are designed to facilitate successful initiatives that will advance the development of person-centered cultures and implementation of person-centered care across the spectrum of long-term care settings and services.

## **AHCA Quality Improvement Toolkits/Webinars**

*The 4 Key Strategies to Retain New Hires and Reduce Employee Turnover* (toolkit and webinar) and the *Clinical Considerations of Antipsychotic Management* (Toolkit and webinar) are available (free) to all AHCA members at: <http://qualityinitiative.ahcancal.org>. This resource uses a process framework, based on the Nursing Process, to identify care objectives and expectations. It identifies tools and resources to help providers successfully manage antipsychotic medication use at the resident and facility level. The guide focuses on 7 critical steps needed to ensure quality outcomes that are successful and continuous.

Members will need to log-in to access the toolkits, as it is a member-only benefit. If log-in information is needed, please contact your facility Administrator or State Association and they can give you the information you need.

## **Governor Bobby Jindal Confirmed as Closing Keynote Speaker at the AHCA Annual Convention & Expo**



Governor Bobby Jindal has been serving as the Governor of Louisiana since 2008. As Governor, he has focused on issues involving the state's health care, education, and transportation systems, as well as encouraging workforce development and continuing recovery efforts in areas devastated by hurricanes such as Katrina and Rita. He has also been concerned with comprehensive ethics reform. In his career, he has served a number of public offices and has faced many challenges in disaster recovery efforts, as well as issues concerning Medicare and Medicaid. Jindal will share his experiences and perspectives on these issues. [Advance registration](#) for this year's event continues through September 9.

# CALENDAR OF EVENTS

<u><i>Date</i></u>	<u><i>Event</i></u>	<u><i>Location</i></u>	<u><i>Time</i></u>
August 28	ANHA Region I Meeting and Election RSVP: Cindy Lewis (256) 739-1430 <a href="mailto:clewis@usahealthcare.net">clewis@usahealthcare.net</a>	All Steak Restaurant Cullman	12:00 p.m.
August 29	Alabama's Best Practices	Cahaba Grand Conference Center	8:30 a.m.
September 4	ANHA Region VI Act/SS Auxiliary Meeting RSVP: Katie Morgan (256)825-9244 Ext. 129 Topic: Connecting with Your Co-Worker Lunch will be provided	Oak Park Nursing Home Auburn	11:00 a.m.
September 16-19	ANHA Annual Convention and Trade Show	Hyatt Wynfrey Birmingham	

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