nebraska nursing facility association | nebraska assisted living association

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September 12, 2019

UPCOMING EDUCATION

2019 NNFA/NALA Fall Convention, Lincoln – 9/23/19 – 9/25/19
LPN IV Therapy and Basic Skills Course, Lincoln – 10/1/19 – 10/2/19
Webinar: PDPM Triple Check Process and Billing Accuracy, Lincoln 10/1/19
Life Safety Workshop, Lincoln – 10/8/19 – 10/9/19
Bronze Quality Award Training, Lincoln – 10/22/19
Silver Quality Award Training, Lincoln – 10/23/19 – 10/24/19
Structuring Your Restorative Nursing, Lincoln – 11/5/19
Webinar: Skilled Nursing Supportive Documentation for PDPM – 11/5/19

QUICK LINKS

Education
Nurse Aide and Med Aide Store
Care PAC
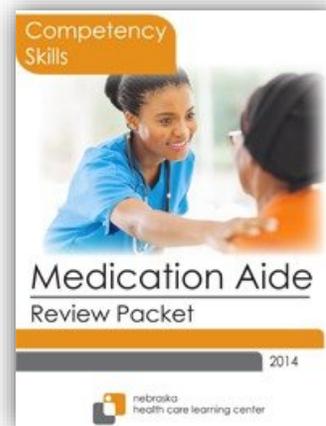Career Center
Vendor Search
Affordable Care Act
Scholarships

SEPTEMBER FEATURED PRODUCTS
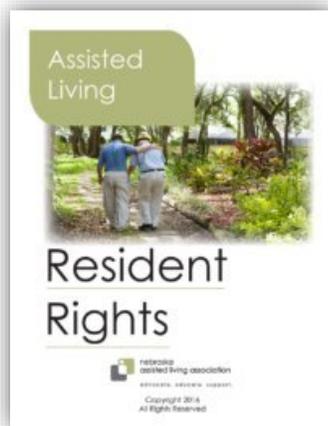
Resident Rights for Assisted Living

Member Price: $24.95

Medication Aide Review Packet

Member Price: $8.00

NNFA/NALA

NEW! NHCA WEEKLY REGULATORY CONNECTION

Based on the vast number of proposed Nebraska Medicaid and licensure regulations scheduled for Public Hearings, NHCA is offering Regulatory Connections for members every Thursday at 11:00 a.m. CT running through Oct. 31. To join by phone, dial 1-646-558-8656 and enter 837-820-086 for the meeting ID. Join the connection via Zoom **HERE**.

Download and import the following iCalendar (.ics) files to your calendar system **HERE**.

THE TEAM THAT'S HERE TO SERVE YOU

The team at Nebraska Health Care Association is honored to support the needs of its members and students through the Nebraska Nursing Facility Association, Nebraska Assisted Living Association, Nebraska Hospice and Palliative Care Association, Nebraska Association of Home Health Agencies, Licensed Practical Nurse Association of Nebraska, Nebraska Health Care Learning Center, and Nebraska Health Care Foundation. Their areas of experience and expertise are diverse. From a wide range of care settings, they are experts in public policy, quality improvement, nursing, administration, fundraising, marketing, finance, and technology.

Learn more about your NHCA team **HERE**!

HAPPY NATIONAL ASSISTED LIVING WEEK

Happy National Assisted Living Week from the Nebraska Health Care Association! Thank you for adding a spark to the lives of more than 13,000 Nebraskans who reside in 284 assisted living communities across the state. "A Spark of Creativity" is this year's theme for National Assisted Living Week, which hopes to inspire residents to tap into their creative side, whether through the arts or beyond. Learn more **HERE**.

PROACTIVE WEBINAR SERIES EVALUATION

Did you participate in the 2019 Moving Mountains Webinar Series by Proactive Medical Review? As the Nebraska Health Care Association continually aims to improve our education offerings, your feedback on the webinar series is requested. To access the evaluation, click **HERE**.

WELCOME, ADMINISTRATORS

NNFA/NALA shares the following changes to a member administrator position:

- Gwen Jacobitz, Executive Director — Midwest Homestead of Kearney, Kearney
- Dawn Pavel, Executive Director — Edgewood Columbus, Columbus
- Jessica Wunderlich, Executive Director — Parsons House on Eagle Run, Omaha

Congratulations to these individuals on their new roles! To notify NNFA/NALA of administrator updates, contact Karen Jefferson at KarenJ@nehca.org.

REGULATIONS & REIMBURSEMENT

CMS TEAMS VISITING ASSISTED LIVING FACILITIES

The National Center for Assisted Living notified the state associations that the Centers for Medicare and Medicaid Services is sending teams composed of CMS representatives and, in some cases, IBM/Watson consultants, to various states for three different types of visits.

OVERSIGHT OF HCBS BENEFICIARY HEALTH AND WELFARE
One of the team visits is to investigate state oversight processes for critical incidents for all Medicaid Home and Community-Based Services (HCBS) programs. This action is the result of a series of Office of Inspector General (OIG) and General Accounting Office (GAO) audit reports that have found CMS and states failed to fulfill their obligations regarding oversight of beneficiary health and welfare across HCBS settings (for the most comprehensive recent study, see group homes joint report). CMS has agreed with the audit findings and is greatly ramping up its technical support to improve state oversight of HCBS programs.

The focus of these state reviews is most likely to identify how CMS can help the states can do a better job of having oversight, not a survey of provider compliance. Another state association shared that six or seven assisted living facilities received only a few days notice that the federal team would be coming to their buildings for interviews, which could include beneficiary interviews. In addition, the state association was invited to a stakeholder meeting where CMS questioned groups such as the ombudsman, state Medicaid and Aging officials, and law enforcement about their HCBS oversight regarding reporting, investigating, and data sharing for critical incidents. These reviews are likely occurring across many HCBS settings (e.g., adult day, group home, assisted living, personal care services) and populations (e.g., ID/DD, physical disabilities, aged).

HCBS HEIGHTENED SCRUTINY
Another reason for CMS team visits is to conduct on-site reviews of HCBS settings connected with the heightened scrutiny process. One state association reported nine assisted living facilities were visited. It was reported that during the site visit CMS plans to observe the beneficiaries' experience in the setting, including their access to the outside community and their ability to freely come and go and choose their daily activities. The CMS teams will also reportedly be reviewing policies and procedures and the beneficiaries' person-centered plans.

OTHER
- NCAL also heard from one state affiliate who reported that CMS was sending a team to visit for undetermined reason that was unconnected with either oversight or heightened scrutiny.

- Also, the OIG has just announced [new work](#) on Medicaid assisted living services that may result in providers being visited by the OIG in the coming year.

Please contact nhca@nehca.org if you receive notification of an impending visit.

FINAL REMINDER TO SUBMIT ROP COMMENTS TO CMS

The Centers for Medicare and Medicaid Services (CMS) [proposed rule](#) that aims to ease some of the administrative and paperwork burdens of the nursing facility Requirements of Participation (RoP) was issued last month. You are strongly encouraged to submit comments on these proposed changes, if you have not already done so. While you are encouraged to submit your comments as soon as possible, **the deadline for submissions is 4:00 p.m. CT on Monday, Sept. 16, 2019.**

The American Health Care Association (AHCA) has developed several **comment letter templates** and resources, including a summary listing the regulatory areas that CMS has proposed to change. These materials are available for you to download and use on the RoP ahcancalED page **HERE**. Instructions on where and how to submit your letters are located below.

Please note that some of the proposed changes which are reasonable and positive for providers will face significant opposition from consumer advocacy organizations. CMS will be facing pressure to reverse the proposed changes, so we encourage you to submit comments in support of the changes that reduce some of the administrative and paperwork burdens and allow the nursing facility team to focus more of their time on providing high-quality care.

The following is an example of a proposed change to the RoP requirement for the Dietary Manager that may benefit Nebraska nursing facility providers, especially those in rural communities, and an example of a possible comment:
- We support the change to enable experienced staff members to continue in the role of director of food and nutrition services and to modify the training requirements for individuals who are newly hired in this role.
- This change will address workforce concerns and reduce burden by making it easier for facilities to fill the important director of food and nutrition services role with qualified individuals and enable them to retain staff who have worked in the facility for years prior.

Where and How to Submit Your Letters
- When submitting comments, you need to refer to file code **CMS-3347-P.**
- CMS will **NOT** accept comments by fax transmission.
- **AHCA recommends submitting comments electronically:** You may submit electronic comments on this regulation to https://bit.ly/33cxW29 by clicking on "Comment Now" in the top right-hand corner of the page. For further instruction on how to submit your comments, view the [Tips for Submitting Effective Comments](#).

Please contact the NHCA team if you have questions.

NHCA COMMENTS ON PROPOSED MEDICAID REGULATIONS

The Nebraska Department of Health and Human Services is proposing changes to a number of Medicaid regulations, including client eligibility, provider participation, nursing facility services,

managed care, long-term care ombudsman program, home health services, nursing facility provider tax, and more.

The Nebraska Health Care Association has reviewed, and continues to analyze, the proposed changes. Verbal and written testimony on changes with the potential to impact members and the Nebraskans served has been offered. Thank you to the members who have also reviewed these proposed regulations and shared comments with NHCA and DHHS. Representatives of the Nebraska Legislature have been present to hear public comments at several of these regulatory hearings.

If you are interested in reviewing the proposed changes to regulations with upcoming hearings, click **HERE**.

- **Monday, Sept. 23** – Medicaid Administration (471 NAC 1), Nursing Home Administrators (172 NAC 106) and Nursing Facility Provider Tax (405 NAC 2)
- **Wednesday, Sept. 25** – Medicaid Client Eligibility (477 NAC 20, 22 & 23)
- **Friday, Sept. 27** – Adult Protective Services (463 NAC 1) and Nursing Services (471 NAC 13)

If you are interested in NHCA's comments on the following proposed regulations, click on the following links.

- Title 471 NAC 12 Nursing Facility Services
- NHCA Legal Counsel Comments on Title 471 NAC 12
- Title 471 NAC 9 Home Health Services
- Title 482 Medicaid Managed Care
- Title 15 NAC 6 Long-Term Care Ombudsman Program
- Title 471 NAC 2 Medicaid Provider Participation

QUALITY

INFECTION UPDATE

The Center for Disease Control (CDC) has identified that Candida Auris is on the rise in some states. Candida Auris is a type of yeast that has been causing severe illness in residents and patients in a variety of health care settings, including long-term care. The yeast can enter the bloodstream and spread throughout the body causing serious invasive infections. Unfortunately, this strain of yeast does not respond to common antifungal drugs, making infections more difficult to treat. People at highest risk of infection with this type of yeast are people who have been hospitalized or live in a health care facility a long time, have central venous catheters, or other lines or tubes entering their body, or have previously been receiving antibiotics or antifungal medications. Common symptoms include fever and chills that do not improve after antibiotic treatment for suspected bacterial infection. Only laboratory testing can diagnose Candida Auris infection. The Centers for Disease Control and Prevention (CDC) is alerting United States health care facilities to be on the lookout for Candida Auris. For more information on Candida Auris, refer to the CDC website. Centers are encouraged to review their infection prevention and control programs to identify if updates are needed to address this issue.

PROGRAMS & RESOURCES

NEW EMERGENCY PREPAREDNESS RESOURCES AVAILABLE

Click **HERE** to access the most recent highlighted emergency preparedness resources and **PowerPoint** from the Office of the Assistant Secretary for Preparedness and Response (ASPR) Technical Resources, Assistance Center, and Information Exchange (TRACIE). Other recent ASPR TRACIE information is also available on:

- Partnering with the Health Care Supply Chain during Disasters: Emergency planning and response considerations for supply chain owners, operators, end users, and health care coalitions
- Disaster Behavioral Health Self Care for Health Care Workers Modules: Use prior to a disaster to recognize and reduce your stress levels and maintain resilience during recovery
- Emergency Preparedness Information Modules for Nurses in Acute Care Settings: Addresses perceived gaps in emergency preparedness and response knowledge for nurses

UPDATED LIST OF EXCLUDED INDIVIDUALS AND ENTITIES DATABASE FILE

The United States Department of Health and Human Services, Office of Inspector General (OIG) has released its updated List of Excluded Individuals and Entities (LEIE) database file, which reflects all OIG exclusions and reinstatement actions up to, and including, those taken in August 2019. This new file replaces the updated LEIE database file available for download last month. Individuals and entities that have been reinstated to the federal health care programs are not included in this file. **Read More**

SOAP OR ALCOHOL FOR HAND HYGIENE? HEALTHCAP RESOURCE HELPS MAKE RIGHT DECISION

Cleaning your hands can prevent the spread of germs, including those that are resistant to antibiotics and are becoming difficult, if not impossible to treat according the Centers for Disease Control and Prevention (CDC). The CDC also says that health care providers clean their hands on average less than half of the times they should. Hand hygiene is the primary means of preventing transmission of infections, but confusion exists about the when soap and water is preferred over alcohol hand rubs. To address this confusion, HealthCap® has created a one-page resource detailing when soap or alcohol can be used and when soap only is the preferred hand hygiene method. **Read More**

COMPREHENSIVE INFECTION PREVENTION AND CONTROL TRAINING FROM AHCA/NCAL

AHCA/NCAL has a comprehensive program to help nursing facilities meet the infection prevention and antibiotic stewardship requirements being enforced by CMS. While originally designed for nursing facilities, the program is an equally effective training tool for wellness directors and directors of nursing working in assisted living settings. The Infection Preventionist Specialized Training (IPCO) course provides education for any health care professionals who want to lead infection prevention efforts and prepares individuals to play an active role in the antibiotic stewardship efforts. Antibiotic stewardship is an overarching goal and priority among all health care professionals and is receiving a lot of attention from physicians and state and national health care regulators. **Read More**

SEPTEMBER IS NATIONAL PREPAREDNESS MONTH – ARE YOU READY?

Recent natural disasters and emergency events illustrate the need for planning and preparedness. Disaster and emergency procedures form the basis of a safe community where care and services are of the highest quality. The recently revised Disaster and Emergency Manual for Assisted Living and Residential Care Communities provides everything you need to ensure that your emergency planning is up to date, including sample policies/procedures, staff training materials, an emergency procedures DVD, and resource CD with forms and information for easy reprinting and customization. Save 15 percent on this resource through Sept. 30 by using promo code READY19! **Purchase Here**

PDPM

PDPM GROUPER DLL UPDATE

On Friday, the Centers for Medicare and Medicaid Services (CMS) posted the final version of the Skilled Nursing Facility (SNF) Patient Driven Payment Model (PDPM) Grouper Dynamic Link Library (DLL) file with its source code located **HERE**.

The following information was shared by the American Health Care Association (AHCA):
- The file noted above comprises the software and source coding for the information technology (IT) vendors.
- As there has been some confusion, please note that this Grouper noted is <u>NOT</u> the GROUPER software needed by SNFs.
- In dialogue with your IT vendors, please note that:
    - DLL interface has NOT changed since the beta version posted in July; and
    - CMS has NOT yet posted needed written guidance nor answers to an array of questions submitted by IT vendors.
- CMS indicated that this written guidance and test files will be provided in a separate posting most likely next week.

The IT narrative guidance and related Q&A also likely is stalled in legal review along with the SNF Billing and Claims Manual Updates. The SNF GROUPER and related PRICER are likely to be released next week. AHCA has contacted CMS at an array of levels impressing upon officials the need for the SNF materials to be released as soon as possible and will provide updates moving forward.

In reference to the scheduled launch of PDPM on Oct. 1, 2019, based on AHCA's conversations with CMS, there will be <u>NO DELAY</u>.

CMS POSTS UPDATED FINAL LIST OF ACCEPTABLE ICD-10 CODES

The new SNF PPS called PDPM will cover all resident days starting on Oct. 1, 2019. PDPM requires an acceptable ICD-10 diagnosis code to be entered into MDS item field I0020B to represent the primary reason for the SNF stay.

ICD-10 codes not on the list of allowable codes, often referred to as "return-to-provider" codes, will not classify into a PDPM clinical category. CMS publishes a list ICD-10 codes that are approved for use in MDS Item field I0020B for PDPM classification purposes. The file includes the following information:

1) Alphanumeric ICD-10 code;
2) Code Description;
3) Default Clinical Category;
4) Whether an MDS Section J Surgery Code Indicating That the Resident Had a Prior Major Surgical Procedure is Needed to Refine the Default Clinical Category;
5) PT and OT Component Clinical Category; and
6) SLP Component Clinical Category.

If a code is not listed in this file, it cannot be used in the MDS I0020B item field. CMS published an updated list on Aug. 20, 2019. CMS provides this file in a Microsoft Access format. AHCA converted the CMS file into Microsoft Excel for providers that are not familiar with Microsoft Access. Both files can be accessed from ahcancalED **HERE**.

The CMS webpage file, can be found **HERE**. The CMS webpage also includes the final version of the Oct. 1 implementation MDS 3.0 Data Specifications (V3.00.1) for software developer use.

SEPTEMBER 17 AHCA PDPM WEBINAR

TOPIC: Week One of PDPM – One-time Transitional Policies
DATE: Sept. 17, 2019
TIME: 2:00 - 3:30 p.m. CT
LINK: https://educate.ahcancal.org/products/week-one-of-pdpm-one-time-transitional-policies.
PRESENTERS: Mike Cheek, Senior Vice President, Reimbursement Policy, AHCA and Dan Ciolek, Associate Vice President, Therapy Advocacy, AHCA

During this 90- minute live webinar, the presenters will discuss details related to unique challenges providers will face during the SNF PPS transition period from the RUG-IV to PDPM. Many of these are related to "one-time" transitional policies for residents receiving Part A services under RUGs in September and transitioning to PDPM on Oct. 1.

Specific topics to be discussed include:
    1) Handling RUG-IV assessments and billing for late September admissions expected to extend into October;
    2) Use of the 5-Day PDPM assessment versus the Transitional IPA Assessment during week one in October;
    3) Interrupted stay policy during week one in October;
    4) Assessment considerations for payers that may have continued with RUG-III or RUG-IV payment models (i.e., Medicaid, Medicare Advantage, VA); and
    5) Strategies to troubleshoot and resolve payment challenges should they occur.

AHCA will also post an on-demand recording of the live webinar as well as written Q&A responses to all questions submitted shortly after the live webinar.

NEW PDPM RESOURCE

Downloadable 11th hour PDPM Transition Guide tool is available as a handout **HERE**.

GETTING READY TO TRANSITION TO PDPM

With less than 20 days until PDPM goes live, skilled nursing facilities (SNFs) should be assessing, testing, and making improvements in frontline staff preparedness and systems readiness using real time drills on a variety of PDPM-critical functions.

Beta Test Information Technology Functions. PDPM is a complex system which requires a far more detailed collection of patient clinical information and diagnoses than under the soon-to-end Resource Utilization Group (RUG IV) system.

1. SNFs should have requested patient classification simulations and compared those simulations with the outcomes from manual classifications conducted on the same patients but by clinicians.
2. SNFs should assess medical information storage and how new PDPM clinical information is collected and used to keep the care plan current.
3. Assessing how Minimum Data Set (MDS) information flows to billing offices is critical. With 188 MDS items driving payment, and several requiring ICD-10 codes, communication between clinical systems, and billing systems is essential.

Review PDPM Transitional Interim Payment Assessments (IPA) Capacity. In October, SNFs must convert all Part A fee-for-service (FFS) patients to PDPM using a Transitional IPA. Converting all Part A patients to PDPM on one day, or handful of days, will likely be overwhelming and result in errors and payment problems. *SNFs should have a plan to gather information on all September admissions as if they are PDPM admissions.*

Suggestions:

1. Starting to conduct September admissions as if they were PDPM admissions is both good practice for admissions and interdisciplinary team staff and will reduce burden in October.
2. Use the September "dress rehearsals" to assess your Return to Provider rate and implement strategies to reduce the rate if it is high.
3. SNFs should also have a schedule for Transitional IPAs so the assessments are not all clustered around a handful of days.

Nebraska Now is distributed regularly to all NNFA/NALA members for which we have email addresses.

Nebraska Nursing Facility Association and Nebraska Assisted Living Association are affiliates of Nebraska Health Care Association, American Health Care Association, and National Center for Assisted Living.

Contact NNFA/NALA at 402-435-3551 or nhca@nehca.org if you have questions, are unable to open the links, or have misplaced your password.

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