

April 15, 2010

MoAHA NEWS

MoAHA Board of Directors

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Friendship Village Sunset Hills

Joe Brinker
Bethesda Health Group

Mike Cicchese
Gambrill Gardens

Joan Devine
Lutheran Senior Services

Tina Finnegan
Alexian Brothers Sherbrooke

Linda Hagler
West Vue

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Bethesda Health Group

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LSS at Heisinger Bluffs

Kevin Klingerman
Cardinal Ritter Senior Services

Rodney McBride
John Knox Village

Bonnie Schnurbusch
Independence Care Ctr – Perry Co.

Michelle Sinn
Lutheran Home for the Aged

Dianne Strutyński
St. Agnes Home

Tyler Troutman
Brooking Park

Milissa Watkins
Barnes Jewish Extended Care

Denise Clemonds, CEO

W elcome New Members!



HealthMEDX, Inc.

Anna Whitaker

5100 N. Towne Centre, Ozark MO 65721

Phone: 877-875-1200 Anna.whitaker@healthmedx.com; www.healthmedx.com

Services: automates CRM, census, clinical HER and financial for long-term care, home-care and rehab through intuitive software.

Encore Rehabilitation Services

Michelle Richardson

111 South Center Avenue, Suite 6, New Stanton PA 15672

Phone: 724-925-8505 x100; Fax: 724-925-8509;

Mrichardson@encorerehabilitation.com; www.encorerehabilitation.com

Services: Rehab

2010 Certified Aging Services Professional (CASP) Summer Institute

May 24-27, 2010-St. Louis, Mo. - The Coalition for Leadership in Aging Services (CLAS) is collaborating with Missouri Association of Homes for the Aging (MoAHA) to debut the new CASP curriculum during the CASP Summer Institute in May 2010. The Summer Institute will be held at the Drury Plaza Hotel at the Arch in the "Gateway to the West" city of St. Louis, Mo. CLAS is extending a 15 percent professional discount to organizations that register three or more people in the Summer Institute. For more information call, (940) 565-2733 or email clas@unt.edu.

Call for Nominations

The Missouri Association of Homes for the Aging's Awards Program is all about people who make a difference every day in the lives of those they serve. It's about people, who put quality first, deliver excellence, and inspire others to do the same. MoAHA takes great pride in providing you with a format to recognize those individuals, organizations and practices providing exemplary service on behalf of older adults.

Be watching your email for our 2010 Call for Nominations.

MoAHA's Annual Membership Directory Published

MoAHA's Annual Membership Directory has been published and will be electronically distributed to Organization and Business Firm members – be watching your email. Hard copies are available by calling the MoAHA office. We think you will find it to be a great reference book that you can use to access information year-round.

THANK YOU to the organizations that advertised this year. Their support is an important factor in the success of the membership directory. We hope that you will express your appreciation to them as the opportunity allows.

They are as follows:

- ◆ Alliance Monitoring Technologies
- ◆ BKD, LLP
- ◆ Barnes Jewish Extended Care
- ◆ Cape Albeon Retirement Community
- ◆ Cardinal Ritter Senior Services
- ◆ McKesson Medical Surgical
- ◆ NOA Medical Industries
- ◆ Omnicare, Inc.
- ◆ Peoplefirst Rehabilitation
- ◆ Presbyterian Manors of Mid-America
- ◆ Purk & Associates
- ◆ St. Andrew's Management Services
- ◆ Tech Electronics, Inc



Have "Spring Fever"? - Is the Golf Course Calling Your Name?



If you answered "YES" to any of the above questions, then you won't want to miss this opportunity.

MoAHA would like to invite you to participate in our 7th Annual MoAHA PAC Golf Tournament. The tournament will be held on June 7th at the beautiful Landings at Spirit Golf Club in Chesterfield.

We encourage you to participate in this event, what a great networking opportunity for you! Take advantage of mixing business with pleasure on this beautiful course.

Registration brochures and Sponsorship Opportunities forms have been sent. For more information contact Carol at carol@moaha.org or check MoAHA's website www.moaha.org.

All proceeds from the tournament will be used to support the Association's Political Action Committee.

Silent Auction Items Needed

This year we are asking that members, vendors and friends donate items for the 2010 PAC Golf Tournament. The donations from the auction benefit MoAHA's Political Action Committee. MoAHA's PAC allows your association to further extend your voice to Missouri legislators.

Items can be sent to the MoAHA office or brought to the golf tournament. For more information regarding the silent auction and the 2010 MoAHA PAC Golf Tournament [click here](#), or visit MoAHA's website www.moaha.org.

MDS 3.0: Preparing for the New Standard

The Missouri Association of Homes for the Aging, the Missouri League for Nursing, Missouri Health Care Association and the Missouri Hospital Association will be co-sponsoring educational sessions throughout the state on MDS 3.0. The new MDS 3.0 is effective October 2010. Make sure your staff is prepared!

These educational training sessions are designed to provide MDS Coordinators and other staff members who have direct MDS responsibility with detailed training.

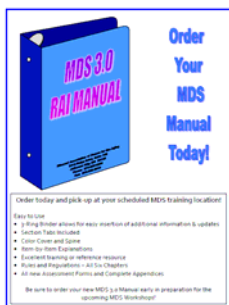
Carol Siem, MSN, RN, BC, GNP, Clinical Educator at UMC School of Nursing, QIPMO and a Quality Educator with Primaris will provide an Item by Item coding class of the entire MDS. See dates, times and locations listed below:

Due to the impact of the MDS data, most members of your staff will need some level of training. The QIPMO MDS Support Group Meetings will offer education on individual portions of the MDS that the interdisciplinary team members will complete. MDS impacts billing, medical records, quality, and payment. Therefore, anyone who relies on the MDS for data has to have some type and level of training, albeit not as detailed as MDS coordinators.

MDS 3.0 Training Schedule 2010 – 7:30 am Registration; 8:30 am – 5:00 pm Training

- Tuesday, May 25th, Orlando Gardens, Watson Road, St. Louis
- Wednesday, May 26th Heart of St. Charles Banquet Center, St. Louis
- Wednesday, June 9th, John Knox Village, Lee's Summit
- Thursday, June 10th, Holiday Inn Riverfront, St. Joseph
- Wednesday, June 16th, Lenoir, Columbia
- Tuesday, June 29th, St. John's "Chub" O'Reilly Cancer Center, Springfield – **CLASS FULL**
- Wednesday, June 30th Comfort Suites, Rolla
- Wednesday, July 7th, North Kansas City Hospital, Kansas City
- Thursday, July 8th, Courtyard Marriott/Adams Pointe Conference Center, Blue Springs
- Wednesday, July 14th, Lenoir, Columbia
- Tuesday, July 20th, ATSU – Mehegan Classroom, Kirksville
- Wednesday, July 21st, Comfort Inn, Macon
- Wednesday, August 4th, Christian Hospital Northeast, St. Louis- FLORRISANT
- Wednesday, August 11th, St. Francis Medical Center, Cape Girardeau
- Thursday, August 12th, Holiday Inn, Poplar Bluff
- Wednesday, August 18th, SSM St. Clare Health Center, St. Louis-FENTON
- Thursday, August 26th, Spring River Christian Village, Joplin
- Wednesday, September 1st, Holiday Inn Riverfront, St. Joseph
- Wednesday, September 8th, Lake Ozark Regional, Osage Beach
- Thursday, September 16th, Cox North Hospital, Springfield

The Registration brochure is available on MoAHA's website www.moaha.org.



MDS 3.0 RAI Manuals

MoAHA has MDS 3.0 RAI manuals available for \$50.00. The manuals are section tabbed, three ring binders and include item by item explanations, rules and regulations, and all new assessment forms and appendices. Pre-ordered manuals will be available for pick-up at your scheduled training location during registration. No onsite purchases will be allowed. Please go to <http://www.moaha.org/Education/Seminars.aspx> and click on MDS 3.0 Manual Order Form.

MDS 3.0 for Management

Administrator's, DONs and management-level personnel also need to understand how MDS 3.0 is going to be implemented and the financial impact to your company and potential effects of the data collection process and your annual surveys. There will be separate half-day trainings throughout the state to address these issues. Joan Brundick, BSN, RN, State RAI Coordinator, Missouri DHSS, Section for Long Term Care, will be the speaker for these sessions.

Schedule:

Morning Session - 8:30 am Registration; 9:00 am – 12:15 pm Training

Afternoon Session - 1:00 pm Registration; 1:30 pm – 4:45 pm Training

- **May 24** - St. Louis at Orlando Gardens
- **June 8** - Kansas City at John Knox Village
- **June 9** - St. Joseph at Holiday Inn Riverfront
- **June 15** - Columbia at Lenoir Woods
- **June 28** - Springfield at St. John's Hospital
- **July 19** - Kirksville at ATSU, School of Osteopathic Medicine
- **August 10** - Cape Girardeau at Drury Lodge

The Registration brochure is available on MoAHA's website www.moaha.org.

FENCE Training

Are you looking for ways to improve geriatric patient care but don't have funds to provide continuing education for your nurses? The FENCE Program is for you!

FENCE is a voluntary education and training program for nurses working in a long-term care setting. FENCE is designed to enhance the quality of life for residents in residential care, assisted living, and nursing homes by providing specialized long term care training and promote accessible and standardized education for nurses. Nurses completing the course will be certified as a "Long Term Care Specialist". The FENCE curriculum consists of 45 hours of classroom training and a final examination.

Registrations are currently being accepted for FENCE Training Programs in Columbia and Macon. Get your registrations in soon, classes begin in April! Contact Brenda at brenda@moaha.org for a registration brochure for these 2 locations.

Free enrollment is limited and will be filled by qualifying participants on a first come, first-served basis. Qualifying students will be licensed RNs or LPNs currently employed in a long-term care facility in Missouri. In the event there are available vacancies, non-qualifying students may elect to pay full registration costs. Brochures will be issued soon for St. Louis, Kansas City and Jefferson City. Keep watching for future training dates in your area!

Nurses already employed in the long term care profession who receive FENCE instruction will improve consumer satisfaction, improve health outcomes, and lower costs. This training will ensure that your nurses have the current assessment, evaluation and treatment skills to provide the care required to meet an ever increasing long term care population.

For more information, please contact the Missouri Association of Homes for the Aging at 573-635-6244 or visit www.moaha.org.

The Missouri Association of Homes for the Aging received a Notice of Award to provide Furthering Education for Nurses who Care for the Elderly (FENCE) training from the Missouri Department of Health and Senior Services, Section for Long Term Care Regulation. (Contract #C3100667001).

24/7 On-Line Training



One of the quickest, most convenient and affordable ways to earn additional CEUs is through IHNUniversity.com. The IHN/PDN Distance Learning Series provides high-quality educational courses on vital topics for healthcare professionals, presented by nationally recognized speakers and consultants. Since all of the courses are "web-based" and not "live" you can take courses *when the time is convenient for you and your busy schedule!* New courses are constantly being added throughout the year, so check the course catalog often. Current courses include:

- Management of Urinary Incontinence in the Elderly
- Fall Prevention: Decreasing the Risk for Residents in Nursing Facilities
- Prevention and Care of Pressure Ulcers

To register or for more information, please go to the IHN/PDN website www.IHNUniversity.com

The Future of Aging Services

MoAHA Annual Conference | September 22-24, 2010 | Lake Ozark

Who Decides?



Expand Your Exposure – Exhibit at MoAHA’s Annual Conference

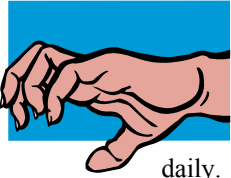
The Missouri Association of Homes for the Aging invites you to exhibit at our **41st Annual Conference and Exhibition**. The conference will be held at The Lodge of Four Seasons Resort, Lake Ozark, MO on **September 22-24, 2010**.

MoAHA understands how valuable vendors are to the success of our Annual Conference. Therefore, as a commitment to our exhibitors, we are making changes to this year’s show by **expanding your exposure to attendees**. Conference attendees will have the opportunity to view the latest products, services, and technologies across the continuum of aging services. This annual meeting offers you a chance to reinforce your current customers and will provide you with opportunities for new target marketing. This is your invitation to meet a select group of key-decision-makers. A variety of healthcare professionals will be in attendance. They include:

- Administrators
- Housing Managers
- CEO’s
- Directors of Nursing
- Department Directors
- Support Staff
- Community Service Providers
- Executive Directors

Where else could you meet so many qualified buyers on a single sales call? Save time and energy by meeting your target market in a one-on-one, face-to-face setting.

[Click here](#) for more information and to download MoAHA’s Exhibitors Prospectus.



Companies Grabbing Up Annual Conference Sponsorship Opportunities

Sponsorship opportunities at the 2010 Annual Conference and Exposition are being confirmed daily. We already have confirmation of several key sponsorships and we have several months to go before the conference!

Don't worry though, if you've missed getting the category you'd like, we still have plenty of other sponsorships that can give your company prime exposure. This is a great opportunity for your organization to stand out as a leader in the aging services industry.

MoAHA would like to thank the following organizations that have already signed up to be a sponsor at this year's conference:

Tote Bags – **BKD, LLP**
Name Badge Holders – **LarsonAllen LLP**
Wednesday Lunch – **St. Andrew's Management Services**
Wednesday Evening Dinner & Entertainment – **Omnicare**
Thursday Exhibit Hall Luncheon – **Omnicare**
Concurrent Educational Session – **Cardinal Ritter Senior Services**

Sponsorship forms can be downloaded from MoAHA's website, www.moaha.org. Questions regarding sponsorship of the Annual Conference may be directed to Carol at 573-635-6244 or carol@moaha.org.

Want to Stand Out from the Competition?

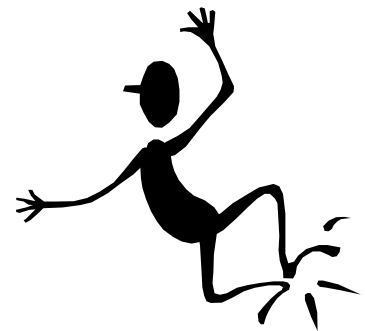
MoAHA has a unique sponsorship opportunity available at our 2010 Annual Conference & Exposition. We all know nothing matches the persuasive power of talking and listening to prospective clients face-to face. Our 2010 conference will provide you with a dynamic atmosphere to promote your business to conference participants. But why not set your company apart - Capture your audience's attention by being a sponsor of the Networking Reception.

New this year is an opportunity to mingle with key aging service providers and other business firm members in a fun atmosphere. Sponsors of the Networking Reception will receive great exposure to a captive audience and access to your target market and the visibility you need to stand out from the competition.

Details – sponsors will be asked to provide a unique or fun component to the reception (examples: “build your own drink or dessert station; wine & cheese tasting station; hors d'oeuvres; massage relaxation station; games - wii; golf; carnival games; etc). With a little creativity and imagination the possibilities are endless.....

Multiple sponsors will be allowed. Sponsors will be responsible for working directly with The Lodge of Four Seasons in setting up the details of their “event” and all fees incurred. What a great way of saying thank you to the organizations who have supported your services throughout the years.

[Click here](#) for more information.



AAHSA Awards Program

As an aging-services professional, you are attuned to who your organization's exceptional leaders and innovators are. Recognize them by nominating them for a 2010 AAHSA award!

Please consider nominating a worthy individual or group from your organization for one of AAHSA awards: The AAHSA awards honor organizations and individuals for excellence in leadership, care and service innovation. Apply for a 2010 AAHSA award by April 30. See www.aahsa.org/award for details and entry forms.

The nine award categories are:

- Award of Honor
- Excellence in Leadership Award
- Excellence in the Workplace Award
- Leading-edge Care and Services Award
- Hobart Jackson Cultural Diversity Award
- Dr. Herbert Shore Outstanding Mentor Award
- Excellence in Research and Education Award
- Public Trust Award
- Outstanding Advocacy Award



Winners will receive a handsome plaque, national recognition, free registration for the AAHSA Annual Meeting & Exposition in Los Angeles, Oct. 31-Nov. 3, 2010, and coverage in *FutureAge* magazine. Even nominations not selected for an award often lead to other opportunities to "tell your story." To nominate an innovative program or exceptional individual, visit www.aahsa.org/award.

Leadership AAHSA Application Now Available

Over the past four years, the year-long Leadership AAHSA program has begun to develop the next generation of aging services leaders. Well over 100 fellows, from a wide variety of organizations, ethnic groups and professional backgrounds, have completed the program and are now making significant contributions to their organizations and the aging services field. AAHSA is now accepting applications from member employees at all levels and across the aging services continuum in search of leadership development. To learn more about the program, including available tuition scholarships or to download the application, go to www.aahsa.org/article.aspx?id=1052.

Save the Date: 2010 Pathways to Greatness Recognition Program

For the fourth year in a row, AAHSA has teamed up with LarsonAllen LLP to provide your organization an opportunity to be recognized as achieving greatness. This program is designed to help members move forward on their Quality First journeys. The application process is open April 15 to June 15. [Click here](#) for more.

Homecoming Week and Memorial Day

Make *AAHSA Homecoming Week* a part of Memorial Day celebrations. From May 31-June 4, AAHSA members nationwide are being encouraged to host events that show how not-for-profit senior service providers help their communities prepare for the future of aging as part of *Homecoming Week*. The theme for *Homecoming Week* this year - Who Decides? - provides the perfect opportunity to highlight an organization's understanding of the aging population and leadership in serving elders. Start planning events today with the help of AAHSA's Homecoming Toolkit, available with helpful information and resources at www.aahsa.org/homecoming.aspx. Be sure to share with AAHSA dates and details of any celebrations, so that it may be featured on their [blog](#) and in media outreach.

STATE NEWS

Medicare Dual Eligible Part A Coinsurance

As reported earlier, due to changes in Missouri Medicaid payments, Medicare dual eligible Part A coinsurance amounts will not be paid by Missouri Medicaid effective for dates of service beginning April 1, 2010.

The following information is for general guidelines/informational only purposes only. All data are subject to audit verification.

Providers *could* be eligible to claim these amounts as bad debt on the Medicare cost report. Once the cost report is reviewed and settled, the amounts are paid out.

If the provider would like to be considered to receive payment prior to cost report settlement, providers can request to be set up on bi-weekly level payments. This means the provider would receive an estimated bad debt payment every two weeks (annualized amount divided by 26 payments per year). WPS pays out level payments on Wednesdays. To reduce the possibility of an overpayment situation, WPS will review and set up bi-weekly level payments utilizing approximately 90% of the verified amount submitted for payment. There would still be a cost report settlement determination. The cost report would settle up the difference between the actual amount claimed on the cost report and the interim payment amounts. An over or under payment would be determined and settled at that time. A review of current bi-weekly level payment amounts would also take place based upon that latest received cost report. The bi-weekly payment would be adjusted accordingly.

Items needed to request a review of bi-weekly level payments:

*Cover letter stating reason for request that includes the provider name and six digit Medicare provider number.
*CMS339 Exhibit 5 information (or something similar that contains all of the same data) for at least 6 months of data (i.e. 7/1/09-12/31/09)

-Patient Name	-Write-off date
-Hic No.	-Medicare Remittance advice dates
-Date of Service- From/To	-Deductible
-Indegency & Welfare recipient- Y/N	-Co-insurance
-Medicaid Number	-Total Write Off amount
-Date first bill sent to beneficiary	

*Copies of Medicaid RA's applicable to beneficiaries listed

The timeframe to receive bi-weekly payment is approximately 90-120 days from receipt of request. Notification will be sent to the provider of the new bi-weekly payment amount. Even though the state is not going to pay effective April 1, 2010 and after, in order to claim the amounts as bad debt on the Medicare cost report, the provider MUST continue to bill Missouri Medicaid and receive a no-pay RA. Any PHI/PII data submitted electronically must be on a password protected/encrypted disk. Please note that any request with an amount less than \$5,000 will not be set up on level payments.

Complete packages can be sent to:

Overnight:

WPS Medicare S7
Attn: Kristi Rohrich
3333 Farnam Street
Omaha, NE 68131

Regular Mail:

WPS Medicare S7
Attn: Kristi Rohrich
P.O. Box 8310
Omaha, NE 68108-0310

Phone Inquiries:

Kristi Rohrich, Audit Supervisor 1-866-734-9444 ext. 5559 or John Loeffler, Senior Auditor 1-866-734-9444 ext. 7560

Email Inquiries: Kristi.Rohrich@wpsic.com or John.Loeffler@wpsic.com

Section for Long Term Care Regulation Provider Meetings

SAVE THE DATE! The Department of Health and Senior Services, Section for Long Term Care Regulation will hold their annual provider meetings this summer. Below are the dates and locations.

- Region 4: Friday, June 18, 9am to 1pm, St. Joseph (Stoney Creek Inn);
- Region 2: Tuesday, June 22, 9am to 1pm, Cape Girardeau (Drury Lodge);
- Region 5: Friday, June 25, 9am to 1pm, Macon (Comfort Inn);
- Region 3: Tuesday, June 29, 1pm to 5pm, Kansas City (Truman Medical Center - Lakewood);
- Region 1: Tuesday, July 6, 1pm to 5pm, Springfield (Cox Medical Center South);
- Region 6: Monday, July 12, 9am to 1pm, Jefferson City (Governor's Office Building);
- Region 7: Wednesday, July 21, 1pm to 5pm, St. Louis (Orlando Gardens Banquet & Conference Center, Maryland Heights).



Address Information in 19 CSR 30-82.050 Transfer and Discharge Procedures

The address listed in regulation 19 CSR 30-82.050 regarding Transfer and Discharge Procedures under 4.(A) states “Send written notice to the resident in a language and manner reasonably calculated to be understood by the resident. The notice must also be sent to any legally authorized representative of the resident and to at least one family member. In the event that there is no family member known to the facility, the facility shall send a copy of the notice to the appropriate regional coordinator of the Missouri State Ombudsman’s office;” You may find the address for the regional State Ombudsman coordinator at <http://www.dhss.mo.gov/Ombudsman/>.

19 CSR 30-82.050 (4) requires that long term care facilities provide written notice before transferring or discharging a resident. The written notice must include the address to which a request for appeal must be sent. Please note the address in the regulation is incorrect.

The CORRECT address is:

Department of Health and Senior Services
Administrative Hearings Unit
P.O. Box 570
Jefferson City, MO 65102
Fax: 573-522-1473



The entire regulation, including all transfer and discharge procedures may be accessed at <http://www.sos.mo.gov/adrules/csr/current/19csr/19csr.asp#19-30>.

CMS Notifies MO Dept. of Social Services on Olmstead Violation

Missouri’s Department of Social Services has learned that it will be sanctioned by the Centers for Medicare & Medicaid Services (CMS) for requiring that consumers be “confined to the home” to qualify for Medicaid-covered home health services. Requiring someone to be homebound in order to receive home health services covered by Medicaid violates federal Medicaid law, specifically the Olmstead decision.

In a Feb. 26, 2010, [letter](#) to the state’s social services department’s director, CMS said it will withhold a percentage of Missouri’s federal share of Medicaid dollars unless the state submits a new plan or requests a hearing within 30 days. We will follow-up as more information becomes available.

LPN License Renewals

The State Board of Nursing will no longer issue a paper verification to licensees who opt to come to the Board office to renew his/her license. Renewals in person are NOT quicker. You may come to the board of nursing office to renew your license. However, you will NOT receive your license or verification that day. The license will be mailed to you. It can take up to 5 business days to renew a license.

As soon as your license status can be verified online as current, you may begin practicing. Licenses may be verified for free, 24/7 at www.nursys.com. This website will allow you to verify multi-state or single state license status, discipline and expiration date.

FEDERAL NEWS

AAHSA Analyzing Health Care Reform

With the recent passage of the historic health care reform bill, AAHSA staff have been busy reviewing the details of that legislation, as well as following other important issues that Congress is expected to take up in the next few weeks.

As AAHSA completes their review they will be posting this accurate and reliable information. A word of caution - on a recent conference call with AAHSA, Larry Minnix pointed out that there are many entities publishing information about the bill, however some of it is inaccurate and readers don't know what is or isn't reliable accurate information. In addition, keep in mind many amendments to the reconciliation bill have been submitted. If any are adopted by the Senate, the bill will have to return to the House for consideration of the Senate changes.

For the latest on the health care reform bill, AAHSA members can access the "Health Care Hub" on the AAHSA web site at <http://www.aahsa.org/healthreformhub.aspx>. The hub currently contains summaries of the health care reform bill, including separate summaries of the technology, employer and HCBS provisions.

As additional information becomes available, it will be posted on the hub, so AAHSA/MoAHA members should plan to check it regularly.

CMS Public Website Address Change



CMS has been working with the Department of Health and Human Services to change the address of their public Agency website from www.cms.hhs.gov to www.cms.gov. This will bring the website name in line with those of the other Operating Divisions within HHS (e.g., www.fda.gov, www.cdc.gov). This name change took place the evening of Friday, April 2. This name change will not affect any CMS web addresses other than the main public website URL: <http://www.cms.hhs.gov>. The name change also will not impact work email addresses; they will remain firstname.lastname@cms.hhs.gov.

Ambulance Fee Schedule Fact Sheet

The revised Ambulance Fee Schedule Fact Sheet (January 2010), which provides general information about the Ambulance Fee Schedule, including how payment rates are set for ground and air ambulance services, is now available in downloadable format from the Centers for Medicare & Medicaid Services, Medicare Learning Network at http://www.cms.hhs.gov/MLNProducts/downloads/AmbulanceFeeSched_508.pdf.

MDS 3.0 is Not Delayed

Since passage of national health care reform, known as the Patient Protection and Affordable Care Act (H.R. 3590) and the Reconciliation Act of 2010 (H.R. 4872), confusion and misconceptions has been rampant regarding implementation of MDS 3.0 – *which is not delayed by the legislation!* Implementation is scheduled for October 1 - staff need to be trained; interviews practiced; CAAs selected; and, systems and policies developed. What has been delayed is part of RUGs IV; specifically, the bill states that:

- The Secretary of Health and Human Services shall not, prior to October 1, 2011, implement Version 4 of the Resource Utilization Groups.
- Beginning October 1, the Secretary of Health and Human Services shall implement change specific to therapy furnished on a concurrent basis that is a component of RUG-IV and changes to the look back period to ensure that only those services furnished after admission to a skilled nursing facility are used as factors in determining case mix classification under the skilled nursing facility prospective payment system.
- Nothing in this section shall be interpreted as delaying the implementation of Version 3.0 of the Minimum Data Sets (MDS 3.0) beyond the planned implementation date of October 1.

Currently, this leaves providers with RUGs III and the changes to the look back period and concurrent therapy expected with RUGs IV. The majority of long-term care associations and the Centers for Medicare and Medicaid Services (CMS) agree that this is not a practical or “constructive” delay, with many predicting Congress will vote to change the implementation date of RUGs IV. So to be prepared, AAHSA is advising members to plan for implementation of RUGs IV October 1.

CMS Draft Surveyor Guidance: Naso-Gastric Tubes

The Centers for Medicare and Medicaid Services (CMS) has released a revised draft surveyor guidance for Feeding Tubes (F322). When final, this material will fully replace the current text of the State Operations Manual for this requirement.

The draft guidance includes:
483.25(g) Naso-Gastric Tubes

- Guidance to Surveyors
- Investigative Protocol
- Task 6: Determination of Compliance
- IV. Deficiency Categorization (Severity Guidance) – including examples of Severity Levels 4 to 2; No Severity Level 1 determination has been proposed, i.e., “The failure of the facility to provide appropriate care and services for feeding tubes places the resident at risk for more than minimal harm. Therefore Severity Level 1 does not apply for this regulatory requirement.”
- Similar to previous tag revisions, the guidance component includes a Statement of Intent; Definitions; and Overview.
- Additional sections address the aspects "Considerations Regarding the Use of Feeding Tubes"; and “Nutritional and Technical Aspects of Feeding Tubes (tube placement/replacement; complications; complications related to the enteral nutrition product; and complication management).
- The Investigative Protocol, to be used for residents who have feeding tubes, includes instructions for Observation, Interviews, Record Review (physician orders; tube feeding records; multidisciplinary progress notes; RAI/MDS; and (...any specific assessment regarding rationale for feeding tube insertion and potential to restore normal eating skills...”), and Review of Facility Practices (e.g., policies, staffing and staff training, functional responsibilities, and staff interviews).

If you would like a copy of the draft guidance, email carol@moaha.org. Please respond with recommendations for change or amendment to Evvie Munley (emunley@aaahsa.org; fax: 202/939-5824) no later than Friday, May 21, 2010.

Five-Star Quality Rating System

The Five-Star provider preview reports will be available no later than Wednesday, April 16, 2010. Providers can access the report from the Minimum Data Set (MDS) State Welcome pages available at the State servers for submission of Minimum Data Set data.



Provider Preview access information:

- ◆ Visit the MDS State Welcome page available on the State servers where you submit MDS data to review your results.
- ◆ To access these reports, select the Certification and Survey Provider Enhanced Reports (CASPER) Reporting link located at the bottom of the login page.
- ◆ Once in the CASPER Reporting system,
 - i. Click on the 'Folders' button and access the Five-Star Report in your 'st LTC facid' folder,
 - ii. Where st is the 2-digit postal code of the state in which your facility is located, and
 - iii. Facid is the state assigned facid of your facility.

The helpline will be available from April 14 - 29, 2010 for questions and concerns about the April data. Alternatively, providers can write to BetterCare@cms.hhs.gov.

Nursing Home Compare will update with April's Five-Star data on Thursday, April 22, 2010. Please visit http://www.cms.hhs.gov/CertificationandComplianc/13_FSQRS.asp for the latest Five-Star Quality Rating system information.

Medicare Part B Therapy Rate Fix Still Undecided

When the Senate reconvenes this week, the first item on the agenda will be another short-term fix to prevent a 21 percent reduction in the 2010 Medicare physician payment update, which also affects nursing homes' Part B therapy reimbursement. The payment fix is part of a comprehensive bill that also includes unemployment compensation and flood insurance, and senators are divided over whether it must be offset by corresponding spending cuts or revenue increases. In the meantime, CMS instructed its contractors to hold claims containing services paid under the physician fee schedule for the first 10 business days of April.

Health and Human Services Inspector General Recommends Changes

The Office of the Inspector General of the Department of Health and Human Services released a wide-ranging collection of recommendations, a number of which could impact the senior living sector. The Office of the Inspector General prescribed, among other things, ensuring proper maintenance of nurse aide registries, updating nurse aide training programs and adjusting Medicare payment regulations. Additionally, the Office of the Inspector General suggested alterations to administrative processes surrounding nursing home reimbursement.

Source: (*McKnight's*, 3/31)

Obama to Appoint Donald Berwick as CMS Administrator

Sources within the Obama administration have confirmed reports that the president will nominate Donald Berwick as administrator of the Centers for Medicare & Medicaid Services (CMS), [according to NPR](#). Berwick is the current head of the Boston-based Institute for Healthcare Improvement and a professor at the Harvard School of Public Health. His appointment to CMS administrator is expected soon. CMS has been without a permanent administrator since Mark McClellan left the job more than three years ago. Charlene Frizzera is currently the acting administrator.

Extension of Therapy Cap Exceptions Process

The Patient Protection and Affordable Care Act (PPACA) extended the exceptions process for outpatient therapy caps. Outpatient therapy service providers may continue to submit claims with the KX modifier, when an exception is appropriate, for services furnished on or after January 1, 2010, through December 31, 2010.

The therapy caps are determined on a calendar year basis, so all patients began a new cap year on January 1, 2010. For physical therapy and speech language pathology services combined, the limit on incurred expenses is \$1,860. For occupational therapy services, the limit is \$1,860. Deductible and coinsurance amounts applied to therapy services count toward the amount accrued before a cap is reached.

Filing Requirements for Medicare Fee-For-Service Claims

The PPACA also amended the time period for filing Medicare fee-for-service (FFS) claims as one of many provisions aimed at curbing fraud, waste, and abuse in the Medicare program. The PPACA amended the timely filing requirements to reduce the maximum time period for submission of all Medicare FFS claims to one calendar year after the date of service.

Under the new law, claims for services furnished on or after January 1, 2010, must be filed within one calendar year after the date of service. In addition, claims for services furnished before January 1, 2010 must be filed no later than December 31, 2010. The following rules apply to claims with dates of service prior to January 1, 2010. Claims with dates of service before October 1, 2009 must follow the pre-PPACA timely filing rules. Claims with dates of service of October 1, 2009 through December 31, 2009 must be submitted by December 31, 2010.

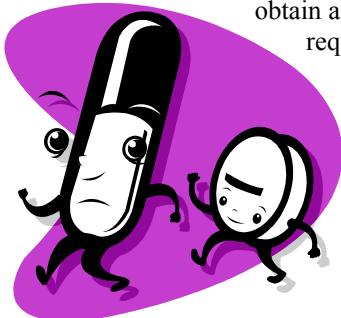
The PPACA also permits the Secretary of the federal Department of Health and Human Services (DHHS) to make certain exceptions to the one-year filing deadline. At this time, no exceptions have been established. However, proposals for exceptions will be specified in future proposed rulemaking.

DEA Loosens Grip on Nursing Home Pain Medications

The U.S. Drug Enforcement Agency recently issued an interim rule that slightly relaxes its position on pain medications in nursing homes.

The rule comes after a hearing by the Senate Special Committee on Aging, during which nursing home representatives said DEA regulations were too strict and often resulted in long delays for nursing home patients who need pain medication. The requirements regarding e-prescribing for controlled drugs are different from the requirements regarding e-prescribing of non-controlled drugs, according to the American Society of Consultant Pharmacists. Before a physician or other prescriber is able to e-prescribe for controlled drugs, they will need to obtain a credential from an authorized third party that certifies his or her identity. The DEA also requires verification that each authenticated prescriber has a license and a DEA registration and is therefore authorized to e-prescribe controlled drugs. They then will need to use two means of authentication to sign electronic prescriptions, the society said.

Nursing homes will essentially be treated the same as they always have been by the DEA under the new rule, but it could mean nurses will have an easier time accessing pain medication for patients, according to Sen. Herb Kohl, chairman of the Committee on Aging.



Source: McKnight's Long Term Care News

GAO Report Addresses Improper Payments



The U.S. Government Accountability Office (GAO) on March 31 issued *Medicare Recovery Audit Contracting: Weaknesses Remain in Addressing Vulnerabilities to Improper Payments, Although Improvements Made to Contractor Oversight* (GAO-10-143). The Centers for Medicare and Medicaid Services (CMS) conducted a mandated three-year project from March 2005-March 2008 to demonstrate the use of recovery audit contractors (RAC) in indentifying Medicare improper payments and recouping overpayments. Beginning in March 2009, CMS implemented a mandated national RAC program.

This report examines the extent to which CMS:

1. Developed a process and took corrective actions to address vulnerabilities identified by the RACs that led to improper payments;
2. Resolved coordination issues between the RACs and the Medicare claims administrative contractors;
3. Established methods to oversee RAC claim review accuracy and provider service during the national program.

GAO reviewed CMS documents and interviewed officials from CMS, contractors and provider groups affected by the demonstration project and found: CMS did not establish an adequate process in the demonstration project or in planning the national program to address RAC-identified vulnerabilities that led to improper payments, such as paying duplicate claims for the same service; and that CMS has not yet implemented corrective actions for 60 percent of the most significant RAC-identified vulnerabilities that led to improper payments, a situation that left 35 of 58 unaddressed. These were vulnerabilities for which RACs identified over \$1 million in improper payments for medical services or \$500,000 for durable medical equipment. CMS developed a spreadsheet which listed the most significant improper payment vulnerabilities that were identified by the RACs during the demonstration project. However, the agency did not develop a plan to take corrective action or implement sufficient monitoring, oversight and control activities to ensure these significant vulnerabilities were addressed. Thus, CMS did not address significant vulnerabilities representing \$231 million in overpayments identified. Based on lessons learned during the demonstration project, CMS took steps to resolve coordination issues in the national program, such as enhancing the existing data warehouse and automating the claims-adjustment process. CMS also took steps to improve oversight of the accuracy of RACs' claims reviews and the quality of their service to providers for the national program. CMS added processes to review the accuracy of RAC determinations, including independent reviews by another CMS contractor.

Based off their review, GAO made the following recommendations:

- To help reduce future improper payments, the Administrator of CMS should develop and implement a process that includes policies and procedures to ensure that the agency promptly evaluates findings of RAC audits; decides on the appropriate response and a time frame for taking action based on established criteria; and, acts to correct the vulnerabilities identified.
- The Administrator of CMS should designate key personnel with appropriate authority to be responsible for ensuring that corrective actions are implemented and that the actions taken were effective.

CMS has not confirmed response or actions to the recommendations at this time.

H1N1 / FLU NEWS

Everyday Preventive Actions That Can Help Fight Germs, Like Flu

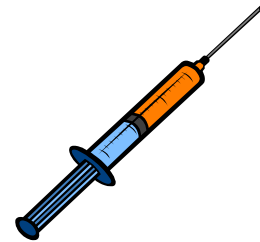
Click on the following link to access a flyer summarizing everyday preventive actions that can help slow the spread of germs that cause respiratory illness, like flu.

http://www.cdc.gov/flu/freeresources/2009-10/pdf/everyday_preventive_actions.pdf

Changes to the 2009 H1N1 Vaccine and Supply Distribution Effective April 1, 2010

Since mid - February 2010, CDC has been working closely with its centralized vaccine distributor to prepare for a second phase of distribution of 2009 H1N1 vaccine and supplies that will take effect on April 1, 2010. The purpose of this document is to describe the key changes to distribution that you can expect beginning April 1, 2010.

http://www.cdc.gov/h1n1flu/vaccination/changes_h1n1_vaccine_supply_dist.htm



Vaccinations of Nursing Home Workers Does Not Cut Flu Spread

A new Canadian study has shown that inoculating the employees of a nursing home against the flu virus does not effectively retard the spread of influenza within the resident population. Researchers at the University of Calgary recently conducted a study that examined the impact of vaccinating nursing home workers against influenza on residents' influenza, pneumonia, and pneumonia death rates. While the study showed that inoculations of employees did reduce the incidence of flu-like illnesses, a connection could not be made between the inoculations and confirmed cases of resident influenza.

Source: (McKnight's, 3/18)

HOUSING NEWS

HUD Extends Annual Financial Submission Deadline

Because of online systems problems, the U.S. Department of Housing and Urban Development (HUD) issued a [blanket extension](#) until April 30 for the electronic submission of annual financial statements for owners whose project fiscal year ended Dec. 31, 2009. System errors also resulted in a failure to send timely notification of overdue submissions between September of 2009 and March 9. These overdue notices went out on March 10, even if submissions had subsequently been made

EIV Release 9.1 Delays Reports

Due to the deployment of EIV Release 9.1 over the weekend of April 16, the summarization job that usually runs over the weekend will not run. Therefore, the batch income reports and verification reports will not be available from April 19 until April 26.

Owners and management agents are advised to run all batch income reports and verification reports by no later than 8 p.m. on April 16. The following reports will have no data from April 19 until April 26: Income Reports by Recertification Month; Income Discrepancy; New Hires; Identity Verification; Deceased Tenants; and, Multiple Subsidy. During this time, access to individual income reports will still be available. The batch reports will again be available beginning April 26.



Important Information for SAVE Users!

The Department of Homeland Security (DHS) has streamlined the Systematic Alien Verification for Entitlements (SAVE) database. Beginning on **May 1, 2010**, you must have an updated ID and password to access the SAVE system **UNLESS** you already received a User ID and temporary Password since June 2009 from HUD. If so, no further action on your part is required. HUD has requested that you **DO NOT** call *or* email them to verify that your ID and password are okay.

SAVE is a web-based automated verification system owned by DHS that consists of immigration status verification information. Authorized users of HUD's Enterprise Income Verification (EIV) system who are also authorized to use the SAVE system are now able to access SAVE from EIV.

Owners and management agents **must** use the SAVE system to verify the validity of citizenship documents provided by applicants or tenants who are noncitizens and who claim eligible immigration status. This is to ensure that HUD's rental assistance is provided only to eligible noncitizens. For reference, see Chapter 3, Paragraph 3-12.L of HUD Handbook 4350.3 REV-1, *Occupancy Requirements of Multifamily Subsidized Housing Programs*.

Last year, DHS streamlined the SAVE database and provided HUD with a one-time opportunity to ensure that one person at each of its assisted properties has access to the SAVE system. Any additional or new staff as well as staff that did not respond to the data upload request must respond now if they did not receive a User ID or temporary Password since June 2009, or starting on May 1, 2010, they will not be able to access the SAVE system.

What you must do to gain access!

If you do not have access to SAVE or have access and did **NOT** receive a new User ID and temporary Password since June 2009, please:

- Send property, name, address, fax and phone number by email to [Kevin X. Garner](#).
- The deadline for submission is **April 15, 2010**.

Already have access to SAVE?

As long as the person who has current access to SAVE was given an ID and temporary Password since June 2009, nothing else needs to be done. If not, the information requested above, must be sent in by **April 15, 2010**, in order to receive a new User ID and temporary Password by April 30, 2010.

Need more than one person to have access to SAVE?

Follow the instructions under "What you must do to gain access!" above.



Vote for Changes (in Development of HUD Regulatory Policies, and Forms Updates)

As covered previously, HUD has created a new webpage "Ideas in Action". Go to <http://hudideasinaction.uservice.com/forums/34047-transform-the-way-hud-does-business-external/topics/34051-i-suggest-we-/filter/recent> and then:

Vote for "[Create a schedule for release of updated forms and policies](#)"

(which is explained as) Multifamily owners and agents, and those who must do regular reviews for compliance, would benefit greatly from having a predictable schedule for finding and/or being required to incorporate those minor changes to occupancy requirements and forms. For example, new HUDClips forms changing expiration dates or incorporating minor language changes might be released once a quarter, or even semi-annually, so owner/agents know to look for updates 2-4 specific times a year instead of every day (or hour)

Vote for “[Seek stakeholder input prior to issuance of major new regulations](#)”

(which is explained as) Stakeholder review of multifamily regulatory policies and guidance changes prior to issuance would help HUD identify unforeseen implementation issues, including software implementation concerns, and allow for necessary corrections/clarifications so industry stakeholders can implement consistently... [more](#)
Stakeholder review of multifamily regulatory policies and guidance changes prior to issuance would help HUD identify unforeseen implementation issues, including software implementation concerns, and allow for necessary corrections/clarifications so industry stakeholders can implement consistently and help HUD achieve its goal of the right assistance to the right persons.

You can vote and/or add comments anonymously.

Major Changes Coming to HUD Age and Income Waiver Policies

During a March 25, 2010, meeting, Bob Iber, acting director of U.S. Department of Housing and Urban Development (HUD) Multifamily Asset Management, and team members told AAHSA housing staff that a *major* change to HUD age and income waiver policies and practices is coming shortly. For several years now, certain senior housing providers experiencing occupancy challenges have requested, and fairly routinely received, one-year age and/or income waivers for tenant eligibility in their HUD subsidized senior properties. Many of these have received successive one-year extensions on application. No more.

Once the new policy is issued, owners will be able to obtain *only one*, one-year age and/or income waiver. Further, under-age or over-income residents will be given only a one-year lease, with no extension possible. These exception residents must pay no more than 30% of their adjusted income, but owners will receive no subsidy for those units which will be considered technically out of compliance. All current age/income waivers will continue to be honored under the old practices, and such properties may apply for one, and only one, more year of waivers on the anniversary date, if needed, but subject to the new conditions.

This does little to address or acknowledge circumstances where community demographics have shifted dramatically since properties were first constructed, or vacancy problems that have arisen when a new property is built within the same market area as an older property -- both problems that AAHSA's Section 202 reform and preservation proposals currently working their way through Congress would address. However, the new policy does reflect the current HUD thinking -- that there are too many age and income waivers. HUD is using the waiver requests as one justification for their proposal to suspend FY11 funding for new Section 202 capital advances. Although AAHSA and AARP waiting-list data soundly dispute their claims, the new policy will do little to help bolster advocacy efforts for new capital advance funding.

HOME HEALTHCARE NEWS

Medicare Home Health Rural Add-on

On March 23, 2010, President Obama signed into law the *Patient Protection and Affordable Care Act (PPACA)*, which creates a 3% add-on to payments made for home health services to patients in rural areas. The add-on applies to episodes ending on or after April 1, 2010, through December 31, 2016. Similar to temporary rural add-on provisions in the past, claims that report a rural state code (code beginning with 999) as the Core Based Statistical Area (CBSA) code for the beneficiary's residence will receive the additional 3% payment. The CBSA code is reported associated with value code 61 on home health claims.

The Centers for Medicare & Medicaid Services is working to expeditiously implement the home health rural add-on provision, Section 3131(c), of the PPACA. Be on the alert for more information about this provision and its impact on past and future claims.

Hospice Provider Wins Court Case on Aggregate Payment Limit

Medicare currently imposes a yearly aggregate payment limit on hospice providers that equals the number of beneficiaries enrolled in the benefit each fiscal year, multiplied by an amount that changes each year based on inflation. In the case of *Lion Health Services Inc v. Sebelius*, the hospice provider argued that the U.S. Department of Health and Human Services' method of calculating the aggregate provider cap does not follow Federal regulation 42 C.F.R. §418.309(b)(1).



The U.S. District Court for the Northern District of Texas on Feb. 22, 2010, [decided](#) that HHS' current method of calculating the aggregate cap does not accurately reflect the number of beneficiaries who received care at the Lion facility, and ruled in favor of the hospice provider. This lawsuit is one of 11 similar cases pending in federal court, all of which seek the invalidation of the HHS calculation method.

Accreditation Organization (AO) Deeming Approval for Hospices

The Centers for Medicare & Medicaid Services' (CMS) released a memo announcing the decision to approve Accreditation Commission for Health Care (ACHC), for recognition as a national accreditation program for hospices seeking to participate in the Medicare or Medicaid programs.

Section 1865(a) of the Social Security Act (the Act) permits providers and suppliers accredited by an approved national accrediting body to be “*deemed*” to meet Medicare Conditions for Coverage (CfC) or Participation (CoP). To receive approval, an accreditation organization must demonstrate to CMS that their requirements meet or exceed the Medicare conditions.

CMS reviewed ACHC's application for approval of deeming authority for hospices in accordance with 42 CFR 488.4 and 42 CFR 418. CMS' review included ACHC's survey and accrediting process as well as its health and safety standards. CMS' review found ACHC accreditation program for hospices to meet or exceed the Medicare CoPs.

CMS announced ACHC's approval as a deemed status accreditation program for hospices in the November 27, 2009, *Federal Register*. This is an initial 4-year approval effective November 27, 2009 through November 27, 2013. Deeming authority for this program is limited to the Medicare CoPs and does not apply to ownership, enrollment, or other Medicare requirements.

This approval provides hospices with another accreditation option in addition to the Joint Commission and the Community Health Accreditation Program.

Defibrillator Implants Often Overlooked in Hospice, End-of-Life Care

A large percentage of hospices don't account for patients with defibrillator implants, which can lead to unnecessary—and uncomfortable—shocks to patients, new research shows. More than 400 hospices responded to a recent survey from researchers at the Mount Sinai School of Medicine in New York. Of those, only 20% reported asking people whether or not they had a defibrillator implant, and only 10% reported discussing deactivating the implant with patients. The National Hospice and Palliative Care Organization recommends identifying those deactivating the device of those seeking hospice care. The research is published in the March 2 edition of the *Annals of Internal Medicine*.

Source: (*McKnight's*, 3/8)

Seniors Express End-Of-Life Fears

Research out of University College London revealed stark differences in end-of-life fears across different ethnic groups. Ethnic minority groups were far more likely than Caucasians to report feelings of extreme fear regarding death, mode of death, inability to control death, and the pain leading up to death. While conventional wisdom might lead one to believe that an extensive support network would help allay these fears, the opposite appears to be true. In three of the four aforementioned categories, having a substantial family network was linked to increased fear.



Source: (*McKnight's*, 4/1)

ADULT DAY SERVICES NEWS

Grants for Social Model Day Programs Available

The Brookdale Foundation will be making [grants](#) available to qualified organizations for the development of new dementia-specific, social model day programs. The 2010 RFP for the start-up of social model "Group Respite" or "Early Memory Loss" programs for people with Alzheimer's disease and their family caregivers is now available.

CCRC NEWS

CCRC's are Expanding their Home and Community-Based Services Offerings

Preliminary findings from the 2010 AAHSA Zeigler 100 show that more than 75 percent of the largest 25 multi-site not-for-profit senior living organizations offer HCBS; in 2009, two of these organizations expanded their services. Of the largest 10 organizations, 80 percent offer HCBS, with one expanding its services. None reduced the services offered. (In last year's publication, more than 70 percent had either kept their HCBS services level or expanded, but 26 percent had reduced their services). See Ziegler's [Z-News](#). Also, read the [report](#) of AAHSA's HCBS Cabinet to learn about developing or expanding HCBS in your organization.

GAO To Study CCRC Financing

The Senate Special Committee on Aging has requested a study by the U.S. Government Accountability Office (GAO) of continuing care retirement community (CCRC) practices. In a Feb. 13, 2009, letter, Sen. Herb Kohl (D-Wisc.), the committee chair, requested that the study focus on three areas:

- Identifying the different ways CCRCs are structured and operate.
- Determining the current nature and adequacy of regulation to ensure the financial solvency of CCRCs.
- Identifying best practices for minimizing the financial risk CCRCs may pose for residents (including best practices for ensuring the financial viability of CCRCs).

A copy of the letter from Sen. Kohl is available [here](#).

AAHSA staff have been in contact with the GAO staff conducting the study and have provided extensive information about CCRCs. They will continue this dialogue to provide accurate and relevant information showing the important role CCRCs play in meeting the needs of seniors across the country and the many safeguards already in place to assure the continued success of CCRCs.

The GAO may also want to tour a few CCRCs and meet with CCRC staff, so AAHSA may be asking for a few of our members to participate and meet with the GAO staff in the future.

While the Chairman of the Senate Aging Committee requested the GAO study, the Senate Aging Committee is conducting its own study of CCRCs. The committee recently requested a significant amount of information about the CCRCs owned or operated/managed by Life Care Services and Brookdale Senior Living. It is likely this will lead to a hearing by the Aging Committee sometime this summer, but no dates have been disclosed.

As this study develops, we will continue to provide updates and keep you informed of its status.

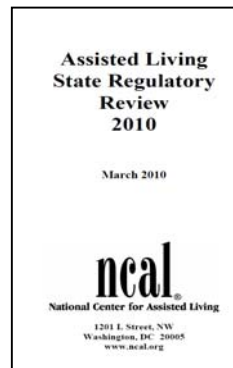
Web-based Tool Helps CCRCs with Benchmarking

Benchmarking your organization's key operating statistics with those of other organizations is a best practice among proactive providers seeking to strengthen their operations. A Web-based [benchmarking tool](#) - Users can benchmark capacity and occupancy, contract types, financial data, marketing and staffing data, operating cost statistics and more. Using an ID of "test" and password of "newlook" (both are case sensitive), you can glance through the site's capabilities.

ASSISTED LIVING NEWS

Assisted Living State Regulatory Review 2010

The National Center for Assisted Living (NCAL) released the Assisted Living State Regulatory Review 2010. The review provides a snapshot of the current state of assisted living regulation in all 50 states and the District of Columbia. The 2010 edition shows that at least eight states made major statutory or regulatory changes or overhauled entire sections of their rules during 2009. In addition, at least 10 states made changes to fire safety, physical safety or disaster/emergency preparedness standards. Please go to <http://www.aahsa.org/article.aspx?id=11108> to see the complete review.



HOME & COMMUNITY BASED SERVICES NEWS

How Will Healthcare Reform Impact HCBS Providers?

On March 23, President Obama signed the healthcare reform bill into law. This historic moment owes a lot to AAHSA members who have been advocating for its passage for a very long time. [AAHSA's Health Reform Hub](#) has been updated and is ready to give you the latest on how healthcare reform will impact you. The site features specifics (on the right-hand side under "Get Smart") on how healthcare reform will impact adult day programs, home health agencies, and hospice programs.

CULTURE CHANGE NEWS



MC5 2010 Culture Change Conference

MC5 will be holding its 2010 Culture Change Conference on May 18th -19th in Columbia, MO. This year's theme is "Culture Change... Gettin' In the Swing of Things"! MC5 hopes that this will be the pep rally for the Pioneer Network National Conference, which will be held in Missouri on August 1 – 3, 2011! You may visit the MC5 website at any time by going to <http://www.missourimc5.com/>.

Missouri to Host 2011 Pioneer Network Conference

The "culture change" movement began with the Pioneer Network, a small group of long-term care professionals that sought to put the home back in nursing. In this model, seniors enjoy much of the privacy and choice they would experience if they were still living in their own homes. Their needs and preferences come first, and they are given greater control over their daily lives.

Armed with pledges of support from Missouri's long-term care providers and senior service organizations, MC5 persuaded the Pioneer Network to hold its national conference from Aug. 1-3, 2011, in St. Charles.

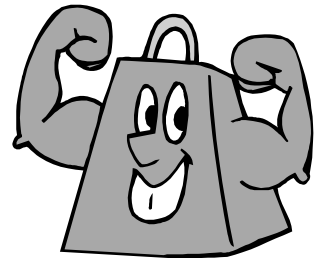
MC5 will hold its 2010 Culture Change Conference May 18 to 19 in Columbia and hopes to turn it into a pep rally to get everyone excited and involved in preparing for the 2011 conference. This year's theme is "Culture Change...Gettin' In the Swing of Things."

For more information visit: <http://www.missourimc5.com/>

INFORMATION OF INTEREST

Honor the Strength of Older Americans for Older American's Month

May 1st kicks off Older Americans Month, and it is our opportunity as a nation to recognize the contributions of older Americans. As part of this year's activities and events to honor older Americans, the U.S. Administration on Aging is inviting individuals to share their "recipe for strength" in a national contest. Entries should creatively promote the Older Americans Month 2010 theme "Age Strong! Live Long!" and may be submitted as a video, photograph, poem, or essay. [Entries](#) must be submitted by April 30.



Join the AAHSA Wellness Listserv

A forum for discussion about wellness philosophies, ideas and information as they relate to employees and staff in the field of aging services. For questions, please contact [Kirsten Jacobs](#). [Join](#) or [Post](#)

Latest Edition of the CMS Nursing Home Data Compendium Available for Free

The Centers for Medicare and Medicaid Services (CMS) recently released its [Nursing Home Data Compendium 2009](#). The compendium contains information on all residents of Medicare- and Medicaid-certified nursing homes in the United States, including data on nursing home residents clinical characteristics and nursing home survey results. The tables and figures were compiled from CMS survey and certification administrative data and nursing home clinical data contained in the Minimum Data Set (MDS).

Below is a sampling of MO specific information:

Mean Number of Health Deficiencies Cited in Nursing Home Surveys by Bed Size Category: 2008					
<u>Number by Bed Size Category</u>					
	< 50	50-99	100-199	> 199	All Facilities
Nation	5.1	6.8	7.7	7.9	7.0
Missouri	4.4	6.9	9.8	10.2	8.1

Number of Nursing Homes by Certification Type and State: 2008				
<u>Certification Type</u>				
	Dually Certified	Medicare Only	Medicaid Only	All Facilities
Nation	14,353	824	785	15,962
Missouri	476	15	33	524

Nursing Home Occupancy Rates by State: United States, 2004-2008					
	2004	2005	2006	2007	2008
<u>Percentage of Certified Beds Occupied</u>					
Nation	84.3	84.4	84.4	83.8	83.6
Missouri	75.2	74.9	75.7	74.4	73.0

National Volunteer Week - "Celebrating People in Action"

April 18-24, 2010 is National Volunteer Week. Established in 1974, National Volunteer Week is about inspiring, recognizing and encouraging people to engage in their communities. This year's theme -- Celebrating People in Action -- honors individuals who take action and solve significant problems in their communities and commemorates the one-year anniversary of the Edward M. Kennedy Serve America Act (<http://www.nationalservice.gov/about/serveamerica/index.asp>) and the Volunteer Generation Fund (<http://www.nationalservice.gov/about/serveamerica/volgeneration.asp>).

This is a great time to showcase how older volunteers are making a difference in their communities, and how volunteers of all ages are helping the Aging Network. The HandsOn Network (<http://www.handsonnetwork.org/events/nvw2010>) Web site offers a logo, toolkit, and a flyer to help you celebrate the week. In addition, the AoA Civic Engagement website (http://www.aoa.gov/AoARoot/AoA_Programs/Special_Projects/Civic_Engagement/index.aspx) includes a number of resources on volunteering.

If you know of a volunteer who is making a difference in your community on behalf of older persons, please share your story (500 word limit) and a photo by emailing marla.bush@aoa.hhs.gov. Your story may appear on the AoA website and may inspire others to volunteer.

Today's Caregivers Are Your Customers of Tomorrow

Among respondents to the 2009 *Caregiving in the U.S.* study, 78% expressed the need for help or more information in at least one of fourteen topics related to caregiving. Keeping their family members safe at home (37%), managing their own stress (34%), identifying easy activities to do with their loved ones (34%) and finding time for themselves (32%) were the most often identified needs.

Caregivers are a diverse group. Their caregiving experiences range from those that are relatively easy to manage, to those that are burdensome. We know that most caregivers today are able to fulfill this role without experiencing overwhelmingly negative physical, emotional, or financial consequences. On the other hand, caregivers with the heaviest responsibilities are vulnerable to risks such as a decline in health, emotional stress, and economic hardship.

As the baby boom generation ages over the next 25 years, the numbers of people needing care will swell. The numbers of younger people available to provide care are likely to dwindle. This suggests that in the future, caregivers will be older, on average, than today's caregivers and may have greater infirmity of their own. In addition, the younger people who step into a caregiving role in the future may perceive they have less choice about becoming a caregiver. A greater share of caregivers may provide care to two or more care recipients.

The future may bring some positive changes as well. In particular, we are likely to see an expansion of the use of technologies that are already available to caregivers and recipients, as well as the development of new technologies. It is important to recognize that the nearly 66 million caregivers are a critical extension of our formal health care system. Without their efforts, there would be a shift of recipients into public programs such as Medicaid, and the quality of life and the health status of many who need care would decline. It is important to do all we can to support caregivers so they can continue in their roles. Specifically, it is important to:

- Identify and help caregivers who are most at risk for deteriorating health, financial security, and quality of life so that they can continue to provide care while maintaining their own well being.
- Identify and advocate for programs that make a real difference in caregivers' well being and in their ability to continue providing care.
- Identify and promote the use of technologies that can facilitate caregiving.
- Extend the reach of caregiver programs to all caregivers regardless of the age of their care recipient.
- Encourage families to plan proactively for aging and potential health/disability issue.

For additional information and statistics read the full [Executive Summary](#).

Source: [MetLife Mature Market Institute](#), *Caregiving in the U.S.: Executive Summary*, National Alliance for Caregiving in collaboration with AARP, Funded by the MetLife Foundation

Potentially Record-Setting Number Spent Lobbying on Health Reform

About 1,750 businesses and organizations hired about 4,525 lobbyists—eight for each member of Congress—and spent at least \$1.2 billion to influence legislative issues, [according to a Center for Public Integrity analysis](#). The analysis consisted of 2009 lobbyist disclosure data documents that included “health reform” or similar wording.

The exact dollar amount spent on healthcare reform remains unclear because lobbyists are not required to itemize how much money in a given contract is devoted to a specific area. But if only 10% of that lobby spending went toward health reform, the amount would total \$120 million—and that’s likely a record for a single year’s spending on a particular issue, according to the Center.

The clients who hired firms ranged from influential industry associations to small non-profit advocacy groups. Some hired more than one of the top firms to lobby for their interests. Pharmaceutical Research and Manufacturers of America, for example, hired Capital Tax Partners, Dutko, Mehlman, and 22 other outside firms, in addition to the group's own in-house lobbyists. Wal-Mart Stores Inc. hired Patton Boggs, Podesta Group, Mehlman, and Bryan Cave, according to the Center.

The tremendous financial boost that health reform brought to lobby firms in 2009 was greater than even veteran observers expected. "I think it is unprecedented," Washington lawyer and lobbying expert Ken Gross told the Center about the amount of money spent on the health reform battle. The length of the debate, paired with the more than 1,750 business and organizations that signed up to lobby on health reform bills, likely made it the strongest and most expensive lobby push ever, he said.

"First of all, it went on for so long," Gross said. "Second of all, it was high-stakes poker. It stands to reason that it would be a record-breaker."

FDA Health Advisories and Recalls

Camolyn eye drops, Fisiolin nasal drops: Voluntary recall

US Oftalmi and FDA notified healthcare professionals of the nationwide recall of all over-the-counter eye drops and nasal drops, initiated due to conditions at the manufacturing facility that cannot assure the sterility of the products. Products that are non-sterile have the potential to cause eye infections, which may be sight threatening. Products are packaged in 15mL plastic bottles and were distributed nationwide to food and drug distributors. The products affected by this recall with lot numbers, expiration dates and UPC codes are noted in the firm's press release below.



Healthcare professionals and patients are encouraged to report adverse events or side effects related to the use of these products to FDA's MedWatch Safety Information and Adverse Event Reporting Program:

- Online: www.fda.gov/MedWatch/report.htm
- Phone: 1-800-332-1088
- Mail: return the postage-paid FDA form 3500, which may be downloaded from the MedWatch "[Download Forms](#)" page, to address on the pre-addressed form
- Fax: 1-800-FDA-0178

Read the complete MedWatch 2010 Safety summary, including a link to the firm press release, at:

<http://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm207794.htm>

Zocor (simvastatin)

FDA notified healthcare professionals and patients that, based on review of data from a large clinical trial and other sources, there is an increased risk of muscle injury in patients taking the highest approved dose of the cholesterol-lowering medication, Zocor (simvastatin) 80 mg, compared to patients taking lower doses of simvastatin and possibly other drugs in the "statin" class. FDA is also reviewing data from other clinical trials, observational studies, adverse event reports, and data on prescription use of simvastatin to better understand the relationship between high-dose simvastatin use and muscle injury.

Recommendations for healthcare professionals, recommendations for patients and a data summary of information used in this ongoing review are provided in the Drug Safety Communication.

Read the complete MedWatch 2010 Safety summary, including a link to the Safety Communication and current Prescribing Information, at:

<http://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm205404.htm>

Cleviprex (clevidipine butyrate): Recall of 12/2009 Expanded to Additional Lots

[UPDATE] The December 2009 recall has been expanded to include four additional lots with the lot numbers and expiration dates noted in the firm press release of March 17, 2010.

[Posted 12/17/2009] The Medicines Company and FDA notified healthcare professionals of a nationwide recall of eleven lots of Cleviprex (clevidipine butyrate) injectable emulsion, indicated for treatment of hypertension, due to the potential presence of particulate matter found to be inert stainless steel particles. If the particles were to aggregate, or if larger particles were present, then they could theoretically reduce blood flow in capillaries, cause mechanical damage to some tissues, or initiate acute or chronic inflammatory reactions. Reduced blood supply to tissues may lead to ischemia or organ insufficiency in the brain, kidney, liver, heart or lungs.

See the company press release for information on specific lots affected by this recall.

Any adverse events that may be related to use should be reported to the FDA's MedWatch Safety Information and Adverse Event Reporting Program online [at www.fda.gov/MedWatch/report.htm], by phone 1-800-332-1088, or by returning the postage-paid FDA form 3500 [which may be downloaded from the MedWatch "[Download Forms](#)" page] by mail [to address on the pre-addressed form] or fax [1-800-FDA-0178].

<http://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm194585.htm>

CAREER CENTER

DIRECTOR OF NURSING - Village North Rehabilitation And Nursing Center

Village North, a member of BJC Healthcare has an opening for a Director of Nursing. The DON directs the provision of all nursing care within the 60 bed skilled unit. Village North is located adjacent to Christian Hospital and sits on 45 beautiful acres. Qualified applicants will have a Bachelor's degree in Nursing (BSN) with at least 5 years of RN experience, as well as at least 3 years of supervisory experience. Long Term Care experience is preferred.

Apply on-line at: www.villagenorthretirement.org or call Denise at 314-653-5305

PorcuPAIN Don't Get Stuck With Pain

April 2010



Significant Drug Interactions in Long Term Care

Adverse drug reactions (ADRs) occur frequently in nursing home residents and are often not recognized as preventable events. Many times the ADR is thought to be part of the patient's disease progression or not noticed at all. A large portion of ADRs in the elderly are due to drug to drug interactions.

Drug to drug interactions can occur because of drug dose, the resident's medical conditions, drug effects/actions, and the number of drugs prescribed. Some drug interactions occur more often and are more dangerous than others. Certain drugs frequently prescribed to nursing home residents have an increased chance for interactions.

The American Medical Directors Association together with the American Society of Consultant Pharmacists identified a top 10 list of drug to drug interactions in LTC patients. Five of the ten interactions dealt with warfarin (Coumadin), a medication that thins the blood.

Common dangerous drug interactions:

1. Warfarin — NSAIDs*
2. Warfarin — Sulfa drugs
3. Warfarin — Macrolides
4. Warfarin — Quinolones**
5. Warfarin — Phenytoin
6. ACE inhibitors — Potassium supplements
7. ACE inhibitors — Spironolactone
8. Digoxin — Amiodarone
9. Digoxin — Verapamil
10. Theophylline — Quinolones**

* NSAID (include COX-2 inhibitors)

** Quinolones: ciprofloxacin, enoxacin, norfloxacin, and ofloxacin

Details of these interactions can be found at www.scoup.net/m3project/topten/.

Pharmacists play a key role in monitoring drug therapy for these interactions. The LTC nursing staff also helps by identifying changes in a resident's behavior, medical status, and medication profile. Drug to drug interactions vary in significance. Differences in a patient's disease state, gender, age, or their medications determine the severity of the interaction. According to the Merck Manual, the average geriatric patient has up to 6 medical conditions! Knowing the number of drugs a typical LTC resident receives in one day, it is important to recognize that as the number of drugs increase for a patient, so do their chances for experiencing an ADR.

MoLANE Planning Committee Members:

- Missouri Pain Initiative
- Missouri Association of Homes for the Aging
- Missouri Health Care Association
- Missouri Coalition Celebrating Care Continuum Change
- Missouri Association of Nursing Home Administrators
- Missouri Department of Health and Senior Services
- Missouri League for Nursing
- Missouri State Long-Term Care Ombudsman
- Missouri Board of Nursing Home Administrators
- National Association of Health Care Assistants
- Primaris, Missouri's Medicare Quality Improvement Organization
- Quality Improvement Program for Missouri (QIPMO)

Coming next month: How drug interactions can affect treatment of pain in the elderly.

Watch for more PAIN tips!