



LONG TERM CARE NEWSLETTER

**ISDH Long Term Care
Newsletter Issue 2015-01
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FSSA Nursing Facility Bed Capacity Report

House Enrolled Act 1391- 2014 Session of Indiana General Assembly

House Enrolled Act 1391 of the 2014 Session of the Indiana General Assembly required the Secretary of FSSA, in conjunction with the Indiana State Department of Health (ISDH) and the Office of Management and Budget (OMB) to submit a report to the Indiana General Assembly before December 1, 2014 regarding the following:

1. A review of excess skilled nursing facility bed capacity, the effect the excess capacity has on efficient operation of a skilled nursing facility, and the quality of health care delivered to individuals in these settings.
2. An analysis of previous Indiana policies for reducing the excess capacity of skilled nursing facility bed capacity and other states' approaches to reduce skilled nursing home bed capacity.

The required report was submitted to the General Assembly November 26, 2014. The complete report is available at <http://goo.gl/u7GAam>.

Quality Improvement Organization

The Centers for Medicare & Medicaid Services (CMS) has launched the reorganization of the Quality Improvement Organization (QIO) Program to further enhance the quality of services for Medicare beneficiaries. CMS redesigned the QIO Program structure to maximize learning and collaboration in improving care, to enhance flexibility, to support the spread of effective new practices and models of care, to help achieve the priorities of the National Quality Strategy and the goals of the CMS Quality Strategy, and to deliver program value to beneficiaries, patients, and taxpayers. This will be accomplished through reorganizing the QIO Program with new regional contractors while maintain a presence at the local level and meeting local needs.

The QIO changes include separating case review from quality improvement. Beneficiary and Family Centered Care (BFCC)-QIOs will improve health care services and protect beneficiaries through expeditious statutory review functions, including complaints and quality of care review for people with Medicare benefits. Quality Innovation Network (QIN)-QIOs will improve health care services through excellence in operation, quality improvement activities, and education of beneficiaries.

The BFCC-QIO in Indiana is:

KEPRO
5201 W. Kennedy Blvd., Suite 900
Tampa, FL 33609
Toll Free Helpline: 1-855-408-8557
Web: www.keproqio.com

The QIN-QIO in Indiana is:

Qsource
9465 Counselor's Row, Suite 200
Indianapolis, IN 46240
Toll Free: 1-800-528-2655
Website: www.Qsource.org
Contacts:
Kathy Hybarger - 765-413-9674 - Khybarger@qsource.org
Kara Dawson - 765-646-0328 - Kdawson@qsource.org

A list of the current BFCC-QIOs and QIN-QIOs for your area, and their contact information is located at <http://www.qioprogram.org> under Locate Your QIO. Attached is the [2014 QIO Program Transition Fact Sheet](#) with additional information.

CMS Updates

SC 15-06-NH: MDS Surveys

Nursing Home MDS Surveys: These surveys will check on the adequacy of nursing home resident assessments, fulfillment of minimum data set (MDS) responsibilities, and certain aspects of the NH staffing information. The surveys generally require 2 staff for 2 days. These surveys may be done as stand-alone surveys, or an add-on extension of the standard survey. These are mandatory surveys for all States. Attached is [SC 15-06-NH](#) issued on October 31, 2014.

SC 15-13-ALL: "Spouse" & Related Terms Clarification

The Centers for Medicare and Medicaid Services (CMS) is clarifying that the terms "spouse", "marriage," "relative," and "family," as well as other terms that implicitly or explicitly implicate the spousal relationship, such as (but not limited to) "representative," "support person," "surrogate," and "next-of-kin," include all marriages lawful where entered into, including lawful same-sex marriages, regardless of the certified provider's or supplier's location or the jurisdiction in which the spouse lives. Attached is [SC 15-13-ALL](#) and the revisions to the [State Operations Manual \(SOM\) Appendix PP](#) incorporating the clarifications.

SC 15-16-NH: Civil Money Penalty (CMP) Analytic Tool & Submission of CMP Tool Cases

On March 22, 2013, The Centers for Medicare & Medicaid Services (CMS) issued guidance that all CMS Regional Offices (ROs) were required to use this guidance and CMP Analytic Tool as a guide to choose the appropriate type of CMP to be imposed and to calculate the baseline CMP amount, for all new enforcement cases when the CMS RO determines that a CMP is an appropriate enforcement remedy. CMS issued the CMP Analytic Tool and guidance to promote more consistent application of enforcement remedies for skilled nursing facilities, nursing facilities and dually-certified facilities. CMS is notifying States the CMS ROs are required to continue to use the CMP Analytic Tool and guidance in establishing CMPs, but are no longer required to submit CMP Analytic Tool cases to the CMS Central Office. Attached is [SC 15-16-NH](#) and [CMP Analytic Tool User's Guide](#).

Guidance to the Surveyors for Long Term Care Facilities - F309 & F329

CMS Manual System, Pub. 100-07 State Operations Provider Certification with the subject "Revisions to State Operation Manual (SOM), Appendix PP - "Guidance to the Surveyors for Long Term Care Facilities"" was released December 12, 2014. This

instruction revises the Interpretive Guideline for F309 - Quality of Care - Review of Care and Services for a Resident with Dementia and F329 -Unnecessary Drugs - Antipsychotic Medication, Issues and Concerns, Compliance and Non-Compliance Examples. [The transmittal is attached.](#)

Upcoming Events

Indiana Healthcare Leadership Conference

"Falls"

Tuesday, March 10, 2015

8:30AM - 3:00PM

Indiana Convention Center - Indianapolis, IN

Guest Speaker - Sue Ann Guildermann, RN, BA, MA