



Indiana State
Department of Health

LONG TERM CARE NEWSLETTER

ISDH Long Term Care Newsletter
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CMS Update

Providing Service to Justice Involved Individuals

Many states are examining the role that the health care system plays in providing vital services to individual during and following a period of incarceration. For example, some individuals were previously uninsured and may have long-untreated health conditions. Others have aged in prison and may be discharged under compassionate release policies or may need specialized care for chronic or debilitating conditions.

The Centers for Medicare & Medicaid Services (CMS) released [SC 16-21 ALL - Providing Service to Justice Involved Individuals](#), which clarifies the requirements for providing services to justice involved individuals in skilled nursing facilities (SNFs), nursing facilities (NFs), hospitals, psychiatric hospitals, critical access hospitals (CAHs), and intermediate care facilities for individuals with intellectual disabilities (ICFs/IID).

Specifically, this guidance seeks to assure high quality care that is consistent with essential patient rights and safety for all individuals.

Medicare has requirements and payment limitations that would apply. This memorandum is guidance on federal requirements for certified provider on compliance with Medicare and Medicaid participation. In addition, [Justice Involved Individual - SCENARIOS](#) are included as examples.

Adoption of 2012 Life Safety & Health Care Facilities Code

On May 4, 2016, the Centers for Medicare & Medicaid Services (CMS) released [SC 16-22 LSC - Adoption of 2012 Life Safety & Health Care Facilities Code](#). This final rule titled "Medicare and Medicaid Programs; Fire Safety Requirements for Certain Health Care Facilities," which updated the fire safety requirements for health care providers and suppliers. This regulation requires certain providers and suppliers to meet the requirements of the 2012 edition of the Life Safety Code (LSC), National Fire Protection Association (NFPA) 101 and the 2012 edition of the Health Care Facilities Code, NFPA 99.

The [Fire Safety Final Rule](#) outlines the requirements for certain Medicare and Medicaid certified providers and suppliers to meet certain fire safety requirements.

National Partnership to Improve Dementia Care in Nursing Homes

The [National Partnership to Improve Dementia Care in Nursing Homes](#) is committed to improving the quality of care for individuals with dementia living in nursing homes. CMS is tracking the progress of the Partnership by reviewing publicly reported measures.

The official measure is the percentage of long-stay nursing home residents who are receiving an antipsychotic medication, excluding those residents diagnosed with schizophrenia, Huntington's disease or Tourette's syndrome. In 2011 Q4, 23.9% of long-stay nursing home residents were receiving an antipsychotic medication. Since then, there has been a decrease of 27% to a national prevalence of 17.4% in 2015 Q3. The Indiana rate for 2015 Q3 is 16.38%, ranking 24th in the nation. Quality measures are posted on [Nursing Home Compare](#).

National Pressure Ulcer Advisory Panel Changes

The [National Pressure Ulcer Advisory Panel \(NPUAP\)](#) has announced a change in terminology and updates in staging. The term "pressure injury" replaces "pressure ulcer". The change in terminology more accurately describes pressure injuries to both intact and ulcerated skin. In addition, to the change in terminology, staging definitions were updated according to NPUAP. In the previous staging system Stage 1 and Deep Tissue Injury described injured intact skin, while the other stages described open ulcers, which led to confusion. Pressure injuries are staged to indicate the extent of tissue damage. The stages were revised based on questions received by NPUAP from clinicians attempting to diagnose and identify the stage of pressure injuries. Schematic artwork for each of the stages of pressure injury available through [NPUAP website](#).

AMDA Core Curriculum Training in Indianapolis

AMDA - The Society's Core Curriculum on Medical Direction in Post-Acute and Long-Term Care guides participants through critical areas of post-acute and long-term care (PA/LTC) management. The Core Curriculum on Medical Direction is designed to meet the educational needs of medical directors, both new and experienced, and attending physicians in PA/LTC interested in acquiring the knowledge base necessary to work as a medical director in PA/LTC. The Core Curriculum is presented in two parts. Part I Online of the Core Curriculum is a prerequisite for attending Part II Live. Part II Live will be held in Indianapolis on July 28-31, 2016. The [Core Curriculum on Medical Direction in Post-Acute and Long-Term Care brochure](#) contains more details.