



LONG TERM CARE NEWSLETTER

ISDH Long Term Care Newsletter
Issue 2017-03
May 1, 2017

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New Director of Long Term Care

The Indiana State Department of Health is pleased to announce Matthew Foster as the Director of the Division of Long Term Care. The Division of Long Term Care is responsible for the state licensing and federal certification of nursing homes. The Division serves as the state survey agency for nursing homes, residential care facilities, intermediate care facilities for individuals with intellectual disabilities (ICF-IID or group homes), and life safety code.

Since July 2011 Matt has served as Litigation Chief in the ISDH Office of Legal Affairs. Prior to joining the ISDH, Matt was Senior Attorney for Indiana Legal Services for six years representing low income clients in a wide range of cases to include disability and Medicaid. Matt previously was Executive Director of Legal Affairs at Cincinnati Christian University as well as ten years of experience as an attorney at Indianapolis law firms.

Matt earned a Bachelor of Science in Finance from Northeastern Oklahoma State University and a Doctor of Jurisprudence from Vanderbilt University School of Law. Following law school, Matt clerked for U.S. District Judge Larry McKinney. Matt has also served as a Visiting Clinical Professor in the IU School of Law at Indianapolis in their Civil Practice Clinic and Legal Writing Course.

Matt began his new responsibilities on April 24.

CMS Update

Revision of State Operations Manual (SOM)

On September 28, 2016, the Centers for Medicare & Medicaid Services (CMS) released revised

requirements for participation under the Medicare and Medicaid Programs. Many of the regulations were re-designated and have new numbers. CMS has revised regulation text into the State Operations Manual (SOM) Appendix PP to correct identified technical errors and correct the numerical order of tags. The regulation text was effective November 28, 2016. The Interpretive Guidance has not been updated. Interpretive Guidance will be revised at a later date.

Additional information is available in [SC 17-19-NH Revision of State Operation Manual \(SOM\) Appendix PP](#).

The revised version of [Appendix PP](#) was released on February 10, 2017.

Emergency Preparedness Requirements Final Rule

The Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers Final Rule became effective on November 15, 2016 with an implementation date of November 15, 2017. This means that as of November 15, 2017, all affected providers and suppliers must meet all of the applicable requirements of the rule.

Because the Final Rule has an implementation date of November 15, 2017, one year following the effective date, providers and suppliers are expected to meet the requirements of the training and testing program by the implementation date. CMS realizes that some providers are waiting for the release of the interpretive guidance to begin planning these exercises, but that is not necessary nor is it advised. Providers and suppliers that are found to have not completed these exercises, or any other requirements of the Final Rule upon their survey, will be cited for non-compliance.

Additional information is available:

- [SC 17-21-ALL](#) – Information to Assist Providers and Suppliers in Meeting the New Training and Testing Requirements of the Emergency Preparedness Requirements for Medicare & Medicaid Participating Providers and Suppliers Final Rule
- [SC 17-05-ALL](#) – Information on the Implementation Plans for the Emergency Preparedness Regulation
- [CMS Website - Survey & Certification- Emergency Preparedness Regulation Guidance](#)

Final Rule Adjusting Civil Monetary Penalties (CMPs) for Inflation

On November 2, 2015, the President signed into law the Federal Civil Penalties Inflation Adjustment Act Improvement Act of 2015 (the 2015 Act). The 2015 Act amends the Federal Civil Penalties Inflation Adjustment Act of 1990 which was enacted to improve the effectiveness of federal CMPs and to maintain their deterrent effect. Prior to 2015, CMPs authorized under the Social Security Act were exempt from inflation adjustments under the law. The 2015 Act requires agencies to adjust the level of applicable CMPs with initial "catch-up" adjustment, through interim final rulemaking; and, make subsequent annual adjustments for inflation.

The 2017 Annual Adjustment is effective February 3, 2017 and provides for an adjustment of CMPs that may be imposed for noncompliance by SNF/NFs, HHAs, and Clinical laboratories.

Additional information is available:

- [SC 17-23 NH/HA/CLIA](#) - Notice of Final Rule Adjusting Civil Monetary Penalties (CMPs) for Inflation
- [Federal Register - Adjustment of Civil Monetary Penalties for Inflation](#)
- [CMS - Civil Monetary Penalties - Annual Adjustment](#)

Electronic Staffing Submission - Payroll-Based Journal Update

Staffing within long term care facilities significantly effects the type of care delivered to residents. In August 2015, CMS amended the Requirements for Participation for long term care facilities to electronically submit staffing data according to specifications established by CMS. The data submitted shall be the number of hours direct care staff work each day and is based on payroll and other verifiable information. The data is submitted through the Payroll-Based Journal and will greatly improve CMS' ability to report the level of staff, tenure, and turnover.

Mandatory staffing data submission through the Payroll-Based Journal began July 1, 2016. Providers are reminded that they have until the 45th day after the end of each quarter to submit data. To help providers improve their submissions, the Centers for Medicare & Medicaid Services (CMS) is providing feedback on each facility's data through their monthly Provider Preview reports. The Nursing Home Compare website now reflects whether providers have submitted data by the required deadline. Additionally, providers that have not submitted any data for two consecutive deadlines will have their overall and staffing star ratings suppressed.

Additional information is available:

- [SC 17-25-NH](#) - Electronic Staffing Submission - Payroll-Based Journal Update
- [CMS website Policy Manual for Electronic Staffing Data Submission](#)

Indiana Regional Collaborative Project - Phase 2

The Indiana State Department of Health with the University of Indianapolis Center for Aging & Community has extended the Regional Long Term Care Collaborative Project for another two years. In the first two years of the project, seven collaborative groups were formed. Each collaborative group consists of ten to twenty nursing homes along with a number of project partners. During the first phase, each collaborative completed two Quality Assurance & Performance Improvement (QAPI) projects. In Phase 2 of this project, two additional collaborative groups will be added in the northwest and west central areas. Each collaborative group will again complete at least two QAPI projects.

Participating facilities receive training and technical assistance on the implementation of QAPI projects. Facilities are provided with access to real-time quality data for the facility and the opportunity to connect with key stakeholders and partners regionally and statewide. The outcomes from Phase 1 QAPI projects included reduced UTIs by up to 56%, decreased hospitalizations by 38%, decreased CNA turnover by 17%, and identification of over \$1.4 million in savings resulting from improved quality.

For more information regarding the Regional Long Term Care Collaborative Project - Phase 2, contact the Center for Aging & Community Project Coordinator, Kayleigh Allen, at 317-791-5934 or allenkk@uindy.edu.

Regional Long Term Care Collaborative Project - Phase 2 additional information:

- [Regional Map - Phase 2](#)
- [Lead Organization Contact Information - Phase 2](#)

Expressive Arts Course - Registrations Open

The University of Indianapolis Center for Aging & Community (CAC) will be conducting four-day Expressive Arts in Long Term Care workshops across the state of Indiana, beginning in Fort Wayne May 15, 16, 17 & 31. The course is designed to help facilities decrease doctors' visits, medication, falls and depression for residents, while improving engagement and resident and staff morale. This course is an exciting and fun way to meet your facility's goals of better resident care, better quality measure ratings, and engaged staff. This is not art therapy, but easily implemented best practices to infuse artistic activities in order to improve quality of life as well as measurable health outcomes for residents.

Long term care professionals will learn best practices for using visual art, dance, drama, music, writing/memoir in individual and group settings for residents living in long term care facilities. Sponsored by ISDH, this is a great opportunity to receive significant benefit for your community at minimal cost. Groups wishing to send multiple people can do so at a discount - see the registration page for details.

Visit the [CAC webpage](#) for more information or [click here to register](#).

Facility Bed and Occupancy Reports

The Indiana State Department of Health (ISDH) was mandated by the legislature to determine the nursing home occupancy rates for all counties for January 1 and July 1 of each year. This data is used for licensing purposes in determining eligibility of license. It is also important for disaster preparedness reasons in being able to quickly identify facilities and counties with available beds.

Health Care Facility Data Reporting Web Page:

[Home Page](#)

Comprehensive Care Facility (Nursing Home):

The statewide nursing home occupancy rate on January 1, 2017, was 74%. The report is based on actual bed census data on January 1, 2017, as reported to the ISDH by comprehensive care facilities.

[Bed Count Reports](#)

[Facility Count Reports](#)

[Occupancy Rate Reports](#)

Residential Care Facility:

Bed count and occupancy rate information was also obtained for residential care facilities. The statewide residential care facility occupancy rate on January 1, 2017, was 68% and is based on the number of licensed beds. Because facilities may not make all licensed beds available, the occupancy rate of available beds may be higher. The report is based on actual bed census data on January 1, 2017, as reported to the ISDH by residential care facilities.

[Facility and Bed Count Reports](#)

[Occupancy Rate Reports](#)