



Helping innovative long-term care professionals provide quality health care to Ohioans.

## OANH Premier Partners



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**No surprises in substitute budget bill** – The Ohio House of Representatives introduced a substitute bill for H.B. 153 earlier this week that provided more of the details around Governor Kasich's budget proposals. Early analysis of the 3,200 plus page bill suggested few surprises. Skilled nursing facility reimbursement language contained cuts of up to \$440 million over the biennium via reduced direct care and ancillary support prices. Skilled nursing providers would face further revenue reductions by having the number of maximum leave days and payments reduced 50 percent and a reduction in crossover payments. Fees for providers will also rise next year. The Long-Term Care Consumer Guide fee would increase from \$400 to \$650 per SNF and the licensure fees are set to increase again from \$270 per 50 beds to \$320 per 50 beds (current law). There would also be a new Medicaid provider application and renewal fee to be set by the administration. The bill also provides for the Ohio Department of Job and Family Services (ODJFS) to request a Medicaid waiver for nursing homes with "centers of excellence" to increase the efficiency and quality of nursing facility services provided to Medicaid recipients with complex nursing facility service needs. Language in the bill would allow ODJFS to assign an emergency administrator via court order if they are concerned about the health and safety of the residents. Other changes in the bill, such as more authority allowing ODJFS to case manage larger portions of the Medicaid population, will be included in a later analysis. For more information, please contact [Chris Murray](#). ([Back to top](#)).

**Is your census where you want it to be?** – If you are looking to improve your census, but don't have a large marketing budget, plan on attending "**Lunch & Learn: Census Building on a Shoestring Budget.**" Learn how to make the most of your census with this fun, interactive and fast-paced workshop. This course will address the implementation of proven programs and techniques within today's dynamic senior health care continuum without "breaking the bank." It will definitely jump start your census as the year unfolds. "Lunch & Learn: Census Building on a Shoestring Budget" will be held from 11 a.m. to 2 p.m. and will include lunch. This class has been approved for three (3) hours of CEU from BENHA. Academy members may attend this program for \$59 and non-members may attend for \$89. A member facility may send three employees for the discounted price of \$139, a savings of \$38!

Dates and locations:

- **Tuesday, April 19**  
Holiday Inn Cleveland South  
6001 Rockside Rd.

Independence, OH 44131

- **Thursday, April 21**

Roberts Centre

123 Gano Rd.

Wilmington, OH 45177

Information has been faxed and you can also register [online](#). For questions, contact [Dawn Kennedy](#). ([Back to top](#)).

**Wanted: golf outing sponsors and golfers!** – The Academy needs you to make our upcoming golf outing a success! Participation in the upcoming Academy Political Action Committee (PAC) Golf Outing demonstrates commitment to the legislative goals of the association. Whether your company sponsors a hole, sends a foursome or donates a prize, being a part of this annual member favorite is great way to help further our interests while enjoying a beautiful day of golf and networking. This year the outing will take place on **Monday, May 16** at The Lakes Country Club in Westerville. Registration and lunch will begin at 11:30 a.m. with a shotgun start at 1 p.m. After a challenging game of golf, attendees will stay at the course for food, drinks and prizes at “19<sup>th</sup> Hole,” sponsored by Howard, Wershale & Co. Prices are \$250 per golfer or \$950 per foursome. For more information contact [Dawn Kennedy](#). ([Back to top](#)).

**Don't "wipeout" with your convention sleeping room**– Guarantee you have a hotel room for the game show-themed 2011 OANH Annual Convention & Trade Show! The 2011 convention will be held Wednesday - Friday, October 19-21, 2011 at the Hilton Columbus at Easton. Sleeping rooms sell out fast, so don't "wipeout!" The Academy has negotiated a special discounted rate of \$179 per room/per night. To make a reservation call the Hilton at 614/414-5000 and mention the **group code OAN**. ([Back to top](#)).

**AME is April's Premier Partner of the Month** – American Medical Equipment (AME), April's Premier Partner of the Month, is a leading LTC provider of wound care products and specialty beds. AME delivers a full range of specialty mattresses (powered and non-powered), NPWT (negative pressure wound therapy), and now, bedside ultrasonic debridement. Specialty beds include bariatrics, low beds and canopy beds. AME is also the manufacturer of the innovative FLOWT™ Mattress Systems, which provides unparalleled capabilities, including integration of patient scales inside the FLOWT™ Mattress. AME prides itself on providing the highest quality service and the most therapeutic products at a significant cost savings. To schedule an in-service, contact [Stew Brownstein](#) at 614/237-1133. [Visit American Medical Equipment online](#). ([Back to top](#)).

**Update from CMS** – The Centers for Medicare & Medicaid Services (CMS) recently released the following information of interest to long-term care providers:

- **Survey & Certification Memos**

- [11-13: End Stage Renal Disease \(ESRD\) Update of Frequently Asked Questions \(FAQs\) \(3/18/11\) & A refreshed version \(Version 1.3\) of the End Stage Renal Disease \(ESRD\) FAQs related to the ESRD Conditions for Coverage \(CfCs\)](#).

All new questions are printed in red for easy reference. To assist in navigation among the FAQs, these questions are organized around the respective Conditions and V-tags. The current version of the ESRD FAQs is available on the [CMS S&C website](#). These FAQs are refreshed periodically. Further questions or comments regarding the S&C ESRD Program can be sent to the [ESRD mailbox](#). This mailbox is established for surveyors, patients, providers, and CMS staff with a survey-related ESRD question or comment.

- [11-14: Clarification of Self-Administration of Medications at 42 CFR §483.460\(k\)\(4\) Intermediate Care Facilities for the Mentally Retarded \(ICFs/MR\) \(3/18/11\)](#)

It has been the expectation of ICF/MR surveyors pursuant to previous CMS interpretations of §483.460(k)(4), that every client residing in an ICF/MR must participate at some level in a formal, self-administration program for medications.

**Regulatory Requirement for Self Administration Programs:** There is no regulation that requires every client to have a formal, self-administration program for medications. The appropriateness of such a program for a client is determined by the interdisciplinary team in consideration of the comprehensive functional assessment data. **Regulatory Requirement for Those Clients Not in Self-Administration Programs:** The concept of continuous active treatment at §483.440(d)(1) requires that the facility utilize the time during medication administration by staff as a teaching opportunity for clients who have formal training programs for the development of skills that are transferrable to the drug administration process.

- [11-15: Clarification of Reporting Mistreatment, Neglect and Abuse and Injuries of Unknown Source at 42 CFR § 483.420\(d\)\(2\)–Intermediate Care Facilities for the Mentally Retarded \(ICFs/MR\) \(3/18/11\)](#)

The regulations for ICFs/MR at 42 CFR § 483.420(d)(2) require that the facility ensures that all allegations of mistreatment, neglect or abuse, as well as *injuries of unknown source*, are reported *immediately* to the administrator or to other officials in accordance with state law through established procedures. This memorandum clarifies the definitions for the terms “injury of unknown source,” and “immediately.” It also clarifies that CMS expects that all allegations will be reported to the administrator of the facility unless he/she is suspected to be a party to, or otherwise involved in, the occurrence.

- [11-16: Publication of Final Rule “Civil Money Penalties for Nursing Homes Centers for Medicare & Medicaid Services \(CMS\)-2435-F” \(3/18/11\)](#)

The Final Rule CMS-2435-F affecting nursing homes was published on March 18, 2011. It includes the following:

**Independent IDR:** An independent informal dispute resolution process (IIDR) will be available when a civil money penalty (CMP) is imposed.

**Escrow:** After an independent IDR, CMP funds will be collected and placed in escrow pending completion of any formal appeal. When a facility is successful in a formal appeal, the applicable portion of any CMP amount being held in escrow will be returned to the facility with interest.

**50 Percent Reduction:** A CMP may be reduced by 50 percent in certain cases of prompt correction for self-reported non-compliance.

**Use of CMP Funds:** A portion of the CMP attributable to Medicare, which is currently conveyed to the U.S. Treasury, may instead be used for the protection or benefit of nursing home residents.

**CMP Collection:** Provide for the collection of the CMP upon the earlier of: 1) completion of an IIDR, or 2) 90 days after notice of the imposition of the CMP.

[View the attachment here.](#)

- [11-17: April and July 2011 Changes to Nursing Home Compare – Nursing Homes \(3/18/11\)](#)

Identifies forthcoming changes to Nursing Home Compare required by the Affordable Care Act: information to facilitate reporting of complaints, additional information on residents’ rights, and facility-specific listing of number of complaints and enforcement actions taken against the facility.

- **MLN Matters**

- [MM7339 – Manual Clarifications for Skilled Nursing Facility \(SNF\) Part A Billing](#)
- [MLN Matters® Article #MM7350 – titled “Implementation of Provider Enrollment Provisions in CMS-6028-FC”](#) explains how Medicare will implement certain provisions cited in CMS-6028-FC, as outlined in Change Request #7350. These provisions, effective March 25, 2011, include 1) establishment of provider enrollment screening categories, 2) submission of application fees, 3) suspensions of payment based on credible allegations of fraud, and 4) authority to impose a temporary moratorium on the enrollment of new Medicare providers and suppliers of a particular type in a geographic area.

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**New eLearning MITS tutorials** – The new Medicaid Information Technology System (MITS) Web Portal is a web-based system; therefore, navigation is user-friendly and closely resembles the use of any Internet application or browser. The system contains windows, buttons, drop-down menus and more. The secure MITS Web Portal design is based upon the key areas needed to support the provider community. Areas include provider enrollment and re-enrollment, recipient eligibility verification, claim history search, claim submission, adjustment and voids, and electronic prior authorization (PA) information and submission. Lastly, financial information containing the 1099 and the new Remittance Advices are also available. [Download the latest MITS information here.](#)

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**CMS to freeze providers’ Five Star ratings; make changes to Nursing Home**

**Compare website** – The Centers for Medicare & Medicaid Services (CMS) is gearing up to make changes to its [Nursing Home Compare website](#) over the next few months, the agency has noted. The first round of changes will be made April 23, CMS said, in a letter to state survey agency directors. On that date, CMS will “freeze” quality measure data and the five-star quality ratings that are currently on the site for a period of six months while it collects quality measure data from the new MDS 3.0. The website will also be updated to allow consumers to more easily file complaints against nursing homes

with state survey agencies by including links to state complaint websites, and making state fax and phone numbers more prominent. Additionally, CMS will add a more visible “consumer rights” section to the website and a standardized complaint form for those who wish to file a complaint by fax. In July, CMS will begin displaying information about the number of substantiated complaints it has received, and the number of enforceable actions, such as civil monetary penalties or denials of payment for new admission, that have been imposed. For more information, and to read the CMS letter, click [here](#). (Source: McKnight’s Long-Term Care News & Assisted Living, 03/30/11, [www.mcknights.com](http://www.mcknights.com)) ([Back to top](#)).

**Want FREE recognition? Write an article or share your unique practices** – Do you want to gain achievement, recognition and respect for your unique ideas and practices? Consider submitting an article or answering the "Member Viewpoint" question for the upcoming summer issue of *The Academy Advocate*!

**Submit an article**

- Please fill out the [article release form](#) and fax it to OANH at 614/461-0434. Articles cannot be an op-ed or sales pitch and must be limited to 900 words. A headshot of the author is also required.

**"Member Viewpoint" question**

- The "Member Viewpoint" question for the upcoming magazine is: **“How do you get your residents' families more involved in your facility?”** Families are one of the best contributors to the residents' well-being and help keep residents connected to the past, present and future. Programs are offered to encourage participation between the staff, resident and residents' families. What programs does your facility offer to promote family involvement? Answers must be limited to 200 words and a headshot of the author is required.

All articles and answers are due no later than May 27, 2011. Please email [Christina O'Neal](#) with any questions. ([Back to top](#)).

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