 Gelişenlerinizi takip etmek istiyorsanız, bize haber verin! 

**February 7, 2017 Edition**

***PLEASE NOTE: If You Wish to Keep Receiving this Publication - Update Your Communications Preferences Today!!***

For the past several months, IHCA has been asking our members to log into the new member portal and update their communications preferences. In order to continue receiving this publication, and other IHCA publications, you must log in to the Member Portal and update your communications preferences by selecting which ones you want to receive. If you have not done this by **Friday, March 3, 2017** you will no longer receive IHCA publications via email—even if you have previously requested to be added to an email list.

Starting in March IHCA will no longer use our previous email lists -- we will instead be using our database to create up-to-date lists periodically. **To update your preferences**, log into the member portal and scroll to the bottom of your contact profile. There select which electronic publications you wish to receive. If you need help logging in, check out the Member Portal Fact Sheet. If you have any questions, or need assistance, please contact Ashley Caldwell.

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**Feature Focus**

Each edition of the IHCA Regulatory Beat features focus articles on specific regulatory topics. **If you have a topic you’d like to see covered here, please let us know!**

**IDPH Quarterly LTC Provider Association Meeting**

On Thursday, January 26, 2017, IDPH hosted their **Quarterly LTC Provider Association Meeting**. Attending for IHCA were Mike Bibo, Marie Rucker, Matt Hartman and Bill Bell. Items discussed included:

1. **IDPH Interview Form and Process.** IDPH does have a revised interview form that they are using on surveys. They will not make a copy of the form available to us. They stated that the purpose of the form and why there is an attestation/signature line is to allow the interviewee to review what the surveyor has written and make sure is it accurate. The surveyor will ask the employee to sign the interview form, but a signature is not required and the employee can refuse to sign. The surveyor will make note that the interviewee did not want to sign the interview form. Employee interviews are expected to be conducted in a private area with no one else in attendance. Employees being interviewed are allowed to have a witness with them during an interview, if they so desire. However, the witness is to listen only and not participate in the interview process. The employee can choose whomever they want to be a witness; it is their choice. If a problem develops during the interview, the employee/facility should immediately contact the Regional Office Supervisor or the team’s Field Supervisor.

2. **Medical Cannabis.** IDPH adopted rulemaking in December (2016) with regard to the use of medical cannabis. However, the rulemaking did NOT contain any guidance/direction with regard to health care facilities. At this point in time, use of medical cannabis in health care facilities is left up to individual facility’s policy and procedures. There is nothing in the statute or regulations that require a health care facility to admit a resident who uses medical cannabis. A facility can have a policy that states that they do not accept for admission anyone using medical cannabis. If a facility has such a requirement, they will need to include that in their admission policies and let the potential resident/family know about the restriction. If a facility decides to allow the use of
medical cannabis, they will need to develop all-inclusive policies and procedures and we strongly suggest that the facility work closely with their legal counsel in the development of their policies and procedures. IDPH did state that they plan on working on the medical cannabis issue with regard to health care facilities sometime in the future.

3. **Clarification of Survey Issues During Survey and at Exit Conference.** In March of 2016, federal CMS released [Survey and Certification Letter 16-11](#) that gives very specific guidance with regard to exit conferences and what surveyors can share with facilities. CMS states that the purpose of the exit conference is to informally communicate preliminary survey team findings and provide for the exchange of information with the facility. The surveyors are not to provide tag numbers or scope and severity findings with the facility. This is to be done in supervisory review. However, surveyors should provide enough information so that the facility can understand the relevant deficiencies, the seriousness or urgency of such deficiencies and have enough information to prepare for remedial action. During the exit conference, the surveyors should also be willing to receive additional information from the facility based on the preliminary findings. It is also important to note that IDPH cannot provide consultation to a facility with regard to how to fix/correct a deficiency. Facilities should ask questions during the survey and exit conference to help fully understand the concerns of the survey team. If problems develop during the survey or at the exit conference, the facility should immediately contact the Regional Office Supervisor or ask that the team’s Field Supervisor be present. IDPH is working with their staff to try to have the team’s Field Supervisor available/present at each exit conference.

4. **Informal Dispute Resolutions.** IDPH stated that per federal CMS, as of January 12, 2017 facilities no longer will receive IDR Reviewing Entity Reports. However, determinations will still be provided according to SOM Sections 7212 and 7213. The Notice of Availability of Informal Dispute Resolution document that accompanies the Notice of Violations has been updated to reflect that facilities will no longer receive the report. We at IHCA are still in discussion with federal CMS and IDPH requesting that IIDRs and IDRs that are denied be provided with a summary of why the IIDRs or IDRs were denied. We strongly believe that if an IIDR or IDR is denied, the facility should receive an explanation for the denial for both informational and educational purposes.

5. **Incident Report Form on IDPH Website.** The Illinois Department of Public Health’s new [ELECTRONIC SERIOUS INJURY INCIDENT REPORT FORM](http://dph.illinois.gov/forms-publications) is now available on the IDPH website (Go to “File a Complaint” on http://dph.illinois.gov/forms-publications). There are two items, the actual Long-Term Care Facility and IID – Serious Injury Incident Report form and a Directions sheet on how to use the form. The form is NOT mandatory. The new form can be either faxed or emailed to your IDPH Regional Office. The email contacts for submission of the incident reports to the IDPH Regions are **not finalized yet** and we will notify members of the correct email addresses as soon as they become available. So for now, you will have to fax the reports to IDPH as you are currently doing.

6. **Record Retention.** A question was raised with respect to how long a facility must retain records for abuse investigation reports. IDPH stated that after review of both federal and state requirements, the abuse investigation reports must be kept for 5 years.

7. **Informed Consent Forms.** Public Act 96-1372 (SB 326), passed back in 2010, required IDPH to adopt rulemaking with respect to informed consent for psychotropic medication administration. IDPH stated that they have drafted rulemaking for this and will be soon presenting the drafts to the LTC Advisory Board and the ID/DD Advisory Board for their respective review. As soon as the drafts are available, we will share them with our members.

8. **Imposed Plans of Correction.** Currently, any facility that has a certain level of deficiency gets an imposed plan of correction by IDPH. Effective March 1, 2017, IDPH is changing this process to allow the facility to submit a plan of correction instead of the imposed plan of correction (where previously dictated). The facility will have 10 days in which to provide a plan of correction. If the plan of correction is acceptable to IDPH, no plan of correction will be imposed. If the facility fails to file a plan of correction or the plan of correction is not acceptable, a plan of correction will then be imposed by IDPH. A revised cover letter will be included with every Notice of Violations
that explains this new process. There is still discussion ongoing with regard to a plan of correction versus a report of correction.

9. **Abuse Policies/Notification Time Frame.** We have received a number of questions about changes in the new Requirements of Participation (RoPs) related to reporting abuse, neglect, exploitation or mistreatment, including injuries of unknown source, and misappropriation of resident property. The specific regulatory language follows (emphasis added):

§ 483.12 Freedom from abuse, neglect, and exploitation.

(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:

(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.

CMS interprets this language to mean: all allegations of abuse, and injuries of unknown source that result in serious bodily injury, MUST be reported to the State Agency immediately upon awareness of the allegation of abuse or knowledge of serious bodily injury of unknown source and no longer than 2 hours after becoming aware of the allegation or injury of unknown source. Immediately means as soon as practicable or as soon as the resident(s) are safe and protected. Facilities should document their actions and timeframes.

10. **Bedrails.** Bedrails may or may not be a restraint depending on their use. Under the new ROPs, F323 now states that the use of bedrails must have informed consent and be documented. This should be addressed at the resident’s next care plan meeting and documented in the resident record.

11. **Survey Copy Policy Change.** IDPH has decided, based on IDPH Legal’s direction and federal CMS, to stop reimbursement for copies requested by surveyors for facilities certified for Medicare/Medicaid. Facilities may charge IDPH for copies on a licensure only survey. In the discussion, IDPH did state that they are directing their surveyors to limit the number of records that need to be copied.

12. **IDPH Round the Town Meetings.** IDPH is planning a new Round the Town series for 2017. The final agenda and locations have not yet been finalized. As soon as this information is available, we will inform our members.

13. **PA 99-0822 – New Dementia Requirements.** PA 99-0822 has an effective date of September 1, 2017. IDPH is required to do rulemaking to implement the statute requirements. IDPH is working on this draft, but it was not available to us at this time. We will share with you as soon as we see it.

14. **IJ/Survey Timeliness.** Several examples of surveys (including IJs) that were done over an extended period of time were discussed. Delays in survey processing can cause significant delays in correcting a deficiency and ridiculous fines. IDPH stated they would review the cases brought to their attention and address this with their surveyors as a training issue. If a provider is aware of a survey situation that appears to be delayed for whatever reason, they should contact their Regional Supervisor to discuss.

15. **Discharge/Transfer Notice to Ombudsman.** IDPH agreed that only discharge/transfers where the resident is not returning to the facility need to be submitted to the State LTC Ombudsman Office.
16. **Nurse Aide Shortage.** The issue of a growing nurse aide shortage in various parts of the state was discussed. Various options were discussed and IDPH agreed to review their nurse aide training guidelines and seek/pursue options that could increase the availability of training for prospective nurse aides. This item will be on the next Quarterly Meeting agenda for an update.

17. **Managed Care.** IDPH was urged to work more closely with the Illinois Department of Healthcare and Family Services in the area of managed care. Discussion revolved around the concern that some hospitals were refusing to take managed care admits. This puts the LTC facility in a very dangerous position with respect to resident care. This is a government issue not a facility issue and needs to be addressed in an expedited manner.

The next IDPH LTC Provider Association Meeting will be sometime in April, so if you have any issue/item that you would like included on the agenda, please let us know.

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**Early-Onset Alzheimer's: Symptoms, Diagnosis, and Treatment**

*Part 2 of a 3 part series on Dementia/Alzheimer's that can be shared with staff and residents/families as educational materials.*

Dementia is a general term used to describe symptoms of memory loss, personality changes, and intellectual impairments that are large enough to affect a person's daily life. Alzheimer’s disease is the most common form of dementia. In the United States alone, there is a new case of Alzheimer’s disease every 66 seconds. Alzheimer’s typically affects people over 65, but early-onset Alzheimer's accounts for 5 percent of cases. Alzheimer's is not considered a normal part of aging, but age is one of the most prevalent risk factors for the disease.

**What is Early-Onset Alzheimer's?**

As the name may suggest, early-onset Alzheimer's occurs when a person shows signs of dementia or Alzheimer's in the earlier stages of their life. Early-onset Alzheimer’s is also called young-onset Alzheimer’s. The symptoms, however, remain the same. More than 200,000 people have early-onset Alzheimer's in the U.S. alone. Early-onset Alzheimer's typically affects people in their 40s and 50s, but rare cases have been reported in people in their 30s. Early-onset Alzheimer's displays all the same symptoms as Alzheimer's. The rates of progression in Alzheimer's differ from person to person, and it can therefore be difficult to provide a general guide.

**Symptoms of Alzheimer’s**

The early stages of Alzheimer's disease are marked by gaps in memory and mental strength. This is most noticeable in events such as:

- Forgetting recent conversations
- Misplacing commonly used items
- Forgetting the names of people, places, and objects encountered regularly
- Repetition of the same questions or statements
- Poor judgement or confusion
- Regular indecision
- Mood changes such as anxiety and anger

As Alzheimer's disease progresses, the symptoms can become worse. New symptoms, including obsessiveness, delusions, and increasing confusion, can occur. In the later stages, more serious symptoms can present themselves. These could include hallucinations and a decline in physical ability.

**Diagnosis**

Because early-onset Alzheimer's is less common than many other disorders, including stress, it can easily be misdiagnosed. This can be frustrating for the person showing symptoms. Anyone experiencing symptoms should see a doctor who specializes in Alzheimer's treatments. The diagnosis process usually involves cognitive tests and a medical exam. It may also include brain imaging.
Causes
The greatest risk factor for Alzheimer’s disease is age. With early-onset Alzheimer's, age is also a risk factor. Doctors are not completely certain what causes some people to develop early-onset Alzheimer's while others only show signs after reaching 65 years of age.

Genes and Alzheimer's
There are rare gene traits that may be linked to Alzheimer's. People who inherit these genes tend to show symptoms in their 30s to 50s, and multiple members of the family in multiple generations will show signs of Alzheimer's. This is known as "familial Alzheimer's disease." If cases of early-onset Alzheimer's seem to run in someone's family, it is a good idea for them to be tested for it as well. A child with parents who have the familial Alzheimer's gene has a 50 percent chance of developing the disease themselves.

The Aluminum Link to Alzheimer's
One theory regarding the cause of Alzheimer's disease has been a link involving environmental and ingested aluminum. While a correlation has repeatedly been found between an ingestion of aluminum and the incidence of Alzheimer's, there is no evidence that aluminum consumption causes Alzheimer's. In 2009, a long-term study published by the American Journal of Epidemiology studied people aged 65 or older for 15 years. The research found that cognitive decline was greater in people with a higher exposure to aluminum in their drinking water. The researchers suggested that aluminum from drinking water may be a risk factor for Alzheimer's.

Coping with Early-Onset Alzheimer's
It can be difficult to cope with early-onset Alzheimer's disease. As the mind begins to decline, adjusting to new levels of personal ability can pose a challenge. Accepting personal limitations and implementing coping methods can reduce the stress of early-onset Alzheimer's. Strategies for coping with daily life include creating a list of things that are becoming harder to do, and then working with others to find ways to easily complete these tasks. For example, daily reminders can be set into the phone for important tasks. A specific daily routine can help to reduce the time spent each day figuring out which task is next.

The Financial Burden of Early-Onset Alzheimer's
It is important to consider the costs facing the average person with Alzheimer's. Common costs include:

- Visits to the doctor
- Ongoing medical treatment
- Medical equipment and usage
- Prescription drugs, if necessary
- Personal care products and services

These care costs will depend on where the person lives and how quickly the symptoms of Alzheimer's are progressing.

Coping With Early-Onset Alzheimer's in the Workplace
For many people with early symptoms of Alzheimer's, they can complete their jobs as usual with little to no outside help. However, it is important to communicate any diagnosis with management and to keep them updated on any progress. Depending on the rate of progression, a time may come when it is appropriate to consider leaving the workplace.

The Effect of Early-Onset Alzheimer's on Relationships
A review in the International Journal of General Medicine indicates that many patients do not receive adequate care following their diagnosis. As the symptoms worsen, the patient, their family, and their caregivers could experience stress. There may also be embarrassment surrounding the early changes in lifestyle. Many people try to hide the situation from their family and friends, creating more stress and alienating themselves. It is important to be open and realistic in communication, and to express any needs directly. In couples where one partner is diagnosed with early-onset Alzheimer's, it is equally important to have open conversations about the future of the condition. Depending on how the disorder progresses, a person with Alzheimer's disease will begin to lose their independence. This can be stressful for their partner, who may carry a lot of the burden of care. It may therefore be helpful to consider hiring a
caregiver for certain tasks, such as paying bills, filling prescriptions, and organizing paperwork. However difficult it may be, family members should discuss end-of-life issues while the person with Alzheimer’s is still able to make informed decisions. A support group of friends, children, and family can make it easier to cope with the challenges of the disease.

**Article written by Jon Johnson and published in Medical News Today.**

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**Trending Statistics**

*Each issue of Regulatory Beat features an interesting statistic or trend in the long term care regulatory arena.*

**Ultra-High Therapy Tops Utilization List for Second Year, CMS Data Shows**

Ultra-High therapy billing accounted for the highest total number of therapy days in skilled nursing facilities in 2014, according to [data recently released](https://www.cms.gov) by the Centers for Medicare & Medicaid Services.

CMS' Skilled Nursing Facility Utilization and Payment Public Use File shows that Medicare beneficiaries were categorized into one of the three Ultra High resource utilization groups for more than 37.3 million total days in 2014. That's compared to nearly 36 million total therapy days reported in [last year's SNF data release](https://www.cms.gov) for 2013.

More than 1.5 million Medicare beneficiaries were designated as requiring Ultra High therapy in 2014, the data shows. Very High rehabilitation levels, the next level down, followed with roughly 5.7 million total therapy days, and slightly more than 900,000 distinct beneficiaries.

Last year’s utilization and payment file release was accompanied by the announcement that CMS, prompted by concerns over residents receiving higher levels of therapy than appropriate, was launching a Recovery Audit Contractor-led investigation into the issue.

“CMS strives to ensure that patient need, rather than payment system incentives, are driving the provision of therapy services,” said Shantanu Agrawal, M.D., deputy administrator for program integrity and director of the Center for Program Integrity at the agency, when the investigation was announced in 2016.

Click [here](https://www.cms.gov) to view the full Utilization and Payment Public Use File, which includes data broken down by individual providers, state and RUG.

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**Important Regulations, Notices & News Items of Interest**

1) No new federal **Survey and Certification (S&C) Letters** were released since the last issue of *Regulatory Beat*.

2) Federal HHS/CMS released the following notices/announcements:

   - **HHS Updates Civil Monetary Penalties Due to Inflation.** Out-of-compliance skilled nursing providers will experience slightly higher civil monetary penalties under an [update](https://www.cms.gov) recently released by the Department of Health and Human Services. The updated CMPs represent the inflation-related increases called for in the Federal Civil Penalties Inflation Adjustment Act Improvement Act of 2015, which was [finalized last September](https://www.cms.gov). The policy’s implementation marked the first time that CMPs were adjusted since 1987, resulting in maximum penalties for providers jumped from $10,000 per day to $20,628. The maximum per-day CMP for noncompliant skilled nursing facility also increased from $20,628 to $20,965. The adjusted penalty rates apply to CMPs assessed on or after Feb. 3, for violations that occurred after November 2, 2015. For violations that occurred prior to November 2, 2015, or penalties that were assessed prior to the final rule’s September 6, 2016 implementation date, the pre-adjusted penalty rates will apply.
**PBJ Update.** With the next quarter of PBJ data due February 14, now is the time to establish routine systems for daily, weekly and monthly actions that ensure smooth Payroll Based Journal (PBJ) submission to CMS each and every quarter. Following the best practice checklist below will ensure your submissions are on time and without errors.

- **Daily:** Ensure designated staff enters contract employees and related hours.
- **Weekly:** Review hours submitted by your Labor company. Their files typically go back only 21 days. Failing to verify older data required the labor company to do a custom correction costing you time and money.
- **Monthly:** Review all the data for the month and make note when you have done this verification. For operators with multiple locations it helps if your software can record by whom and when verification steps were taken.
- **CMS requirements for multi-file process,** which is required when employees are terminated and rehired in the same quarter. Errors in hire and termination dates resulted in rejected files for many providers in November.

We don’t know exactly when the PBJ data will begin to feed the Five-Star Staffing composite of your Five-Star Report. Keep PBJ submission running smoothly with proactive checkpoints each day, week and month of every quarter. Providers who implement best practices to improve the accuracy and efficiency of your PBJ data systems will be rewarded.

Please review the December update of the **PBJ Policy Manual** before finalizing your submission. PBJ 2.2.0 was released on January 22 and includes minor updates to the PBJ and CASPER reporting systems. You may also want to review the **PBJ Providers User’s Guide.** AHCA is available to help as well, just submit any of your PBJ questions to them at staffdatacollection@ahca.org.

- **CMS/PBJ Error.** An updated errata V2.00.2 has been posted for the PBJ Data Submission Specifications V2.00.0 and is now available in the **What’s New** section of the CMS PBJ webpage. This information is important for software developers, vendors and providers. One item has been added to the errata to incorporate edit -4018 which is a new special character restriction for the Employee ID field. During the January downtime weekend of January 22, 2107, Employee IDs that contain invalid special characters will be automatically updated to a character that is allowed by edit -4018, and will require user action prior to any further submissions for existing employees whose IDs contain special characters. Please see the updated errata for specifics on which characters will be updated and how to proceed with this new edit. After January 22, 2017, XML files containing Employee IDs with invalid special characters will be rejected.

- **Medicare and Medicaid Explained.** These two pieces have been updated for 2017 and can be used with your admissions packet or any way you’d like:
  - Medicaid Explained 2017
  - Medicare Explained 2017

- **HHS OCR/HIPAA.** HHS Office of Civil Rights has posted a new FAQ, which clarifies that the HIPAA Privacy Rule permits disclosures to loved ones regardless of whether they are recognized as relatives under applicable law. Specifically, the FAQ makes clear that the potential recipients of information under the relevant permissive disclosure provisions of 45 CFR 164.510(b) are not limited by the sex or gender identity of the person.

- **New I-9 form for employers.** The U.S. Citizenship and Immigration Services have an updated I-9 form, which is mandatory beginning January 22, 2017. Utilizing the old form after January 21, 2017 will be considered invalid. Please make sure all old forms have been discarded and replaced with the new form, which is available to use immediately. **Click here** to go to CIS main website.
- **CMS SNF PPS Overview Booklet Updated (NF):** CMS has released a revised version of the *Skilled Nursing Facility Prospective Payment System provider education booklet.* The 11-page booklet provides general information about:
  - Elements of the SNF Prospective Payment System
  - SNF Quality Reporting Program
  - SNF Value-Based Purchasing Program

The document also contains a list of new quality measures, and a useful reference list with links to important information about the SNF PPS that could be used as a general reference and for staff education.

- **CMS/Sepsis.** Sepsis causes more hospital readmissions than any of the conditions used by CMS to levy readmission penalties, according to a new analysis. In a recent report in the *Journal of the American Medical Association,* 12.2 percent of readmissions were caused by sepsis. The conditions tracked by CMS — heart failure, pneumonia, COPD and heart attack — clocked in at 6.7 percent, 5 percent, 4.6 percent and 1.3 percent, respectively. Sepsis was also found to cost more than the other conditions, with the average cost of readmission reaching $10,070. Pneumonia followed as the second-costliest condition, at $9,533 per readmission.

- **Advancing Excellence.** The Advancing Excellence in Long-Term Care Collaborative (AELTCC)—the group that founded Advancing Excellence Campaign (now known as the National Nursing Home Quality Improvement Campaign)—will now serve as a collective forum for all in an effort to elevate discussion of diverse perspectives, policies, regulations and environmental trends that affect post-acute and long term services and supports (LTSS). In so doing, AELTCC has transferred the operation of the National Nursing Home Quality Improvement Campaign and its [website](http://www.aeltcc.org) to CMS. AELTCC will continue to serve as a resource for organizations interested in federal agency and legislative initiatives; educate providers regarding best practices and the latest regulatory requirements; and support and share member research and education for those in the profession and for the public. For more information on AELTCC, visit [www.aeltcc.org](http://www.aeltcc.org).

- **Looking Ahead: The IMPACT Act in 2017 Call —** Thursday, February 23 from 1:30 to 3 pm ET. To register or for more information, visit [MLN Connects Event Registration](http://www.aeltcc.org). The Improving Medicare Post-Acute Care Transformation of 2014 (IMPACT Act) requires the reporting of standardized patient assessment data by Post-Acute Care (PAC) providers, including skilled nursing facilities, home health agencies, inpatient rehabilitation facilities, and long term care hospitals. During this call, CMS experts discuss goals, requirements, progress to date and key milestones for 2017. A question and answer session follows the presentation.

- **Telehealth Services Fact Sheet — Revised.** A revised [Telehealth Services](http://www.aeltcc.org) Fact Sheet is available. Learn about:
  - Originating sites
  - Distant site practitioners
  - Telehealth services
  - Billing and payment for professional services furnished via telehealth and the originating site facility fee

3) The federal [Centers for Disease Control (CDC)](http://www.cdc.gov) released the following informational reports:

- **CDC/LTC Infection Prevention and Control Assessment Tool.** They posted a [tool](http://www.aeltcc.org) intended to assist in the assessment of infection control programs and practices in long term care facilities. This may be useful for centers to use in their own self-assessment processes, particularly related to the reform of requirements of participation.

- **CDC Weekly U.S. Influenza Surveillance Report.** The CDC declared on Friday 1-27-17, that the U.S. is facing “a growing flu epidemic and we are not even in peak season yet.” Americans are suffering from the flu in epidemic numbers across 37 States.
4) The Agency for Healthcare Research and Quality (AHRQ) released the following reports:

- **AHRQ-Funded Articles Propose Strategies for Increasing Shared Decision-Making.** The January issue of *Patient Education & Counseling* includes six AHRQ-funded articles and an editorial that discuss using evidence to facilitate shared decision-making between clinicians and patients. Articles in the journal offer strategies for reducing barriers to shared decision-making, which may include low health literacy, patients’ tendencies to defer decision-making to clinicians, inadequate skills among clinicians to communicate evidence to patients and clinical environments that do not support patient involvement in making treatment choices. According to an editorial by Monique D. Cohen, Ph.D., M.P.H., health science administrator at AHRQ, the potential benefits of shared decision-making will not be realized unless policies and programs are enacted to increase participation among patients and families.

- **New AHRQ Publications Summarize Evidence on the Management of Gout.** New evidence-based publications from AHRQ can help clinicians and patients make informed decisions about managing gout, a common form of arthritis that results from excessive uric acid in the blood and causes severe pain, swelling, redness and joint stiffness. *Diagnosis and Management of Gout: Current State of the Evidence* is a publication for clinicians that summarizes findings of two AHRQ-funded systematic reviews that examined the evidence about the accuracy and safety of diagnostic tests and the effectiveness of treatments for patients with acute gout attacks. The clinician publication cites a strong body of evidence supporting the effectiveness of several treatments and therapies for gout, but emphasizes the importance of clinicians and patients working together to decide which approach might be best. Also available is a continuing education module based on the evidence review, as well as a plain-language publication for patients, *Managing Gout – A Review of the Research for Adults*. Call (800) 358-9295 or email AHRQPubs@ahrq.hhs.gov for printed copies of the patient publication.

- **AHRQ Training Modules Available For Improving Informed Consent.** Two new training modules developed by AHRQ are available to help hospital executives and other health care professionals improve the informed consent process. The modules aim to support better communication with patients, who often do not understand the risks, benefits and alternatives of their treatments even after signing consent forms. The Joint Commission is offering free continuing education credits (continuing education and continuing medical education) for taking AHRQ’s Making Informed Consent and Informed Choice modules. Learn more about the modules and how organizations that do not participate in Joint Commission accreditation may obtain them from AHRQ, and access a guide to implementing the modules.

5) The Illinois Department of Healthcare and Family Services (HFS) posted the following notices since the last issue of *Regulatory Beat*:


- **HFS posted information regarding 271 Eligibility Response Special Messages.** You may view the new information here.

- **HFS noted the following with regard to Technical Assistance Calls.** The TA calls will predominately be a Q&A format to discuss issues providers are having with the submission of their monthly billings. Although the Department initially held claims while the system was going live, all claims have been released and are being processed. Providers can access the claims status of adjudicated claims through the Claims Status Inquiry link in the MEDI Internet Electronic Claims (IEC) system. In addition, the Frequently Asked Questions, Common Billing Issues and Medicare/TPL Billing Requirements documents have been updated.”
HFS noted the following with regard to **HFS Secure Electronic Web-Based Portal**. This is to inform providers that the Department of Healthcare and Family Services (HFS) has launched a secure electronic web-based portal to assist providers statewide in resolving issues with Illinois Medicaid Managed Care Organizations (MCOs).

HFS recognizes the importance of providers having a mechanism for reporting and resolving issues encountered with an individual Medicaid MCO when these issues cannot be resolved using existing processes designated by the MCO. A major goal of the new MCO provider complaint portal is to facilitate prompt and fair resolution of disputes between MCOs and providers. Issues impacting immediate access to care will be expedited.

The new MCO provider complaint portal does not replace issue reporting and escalation processes already in place between providers and an MCO. Prior to submitting a complaint through the new online portal, issues must already have been submitted to and reviewed by the MCO in question. If HFS determines a complaint was submitted to the Department prior to the MCO being afforded an opportunity to resolve it directly with the provider, the complaint will be immediately closed.

Providers should carefully identify which representatives within their provider organizations will be designated to use this complaint system for unresolved issues. The name of the provider representative submitting the complaint will be shared with the MCO, and outcomes will be reported only to the provider representative whose email is entered into the system with the complaint. HFS will collect and publically report the volume of complaints received and resolved by provider type, MCO, and other categories.

HFS staff will follow **Health Insurance Portability and Accountability Act of 1996 (HIPAA)** privacy procedures when using this secured site and providers must do so as well as a condition of use. Providers are able to upload protected health information to the secure provider complaint portal. If the complaint relates to a specific individual or claim, or group of related claims, providers must share the relevant member name(s), HFS 9-digit Recipient Identification Number(s), and date(s) of service. Each complaint should be for a single topic for a single MCO; please do not combine several issues or designate more than one MCO on the same complaint.

The link to the complaint portal may be found on **HFS’ Care Coordination Webpage**, or may be accessed directly from the **HFS Managed Care Provider Complaints webpage**. The portal is available for immediate use.

Please note that this new system is designed specifically for issues enrolled providers have with Illinois Medicaid MCOs. Provider complaints regarding the resolution of Medicaid Fee-for-Service issues should continue to be directed to HFS at 877-782-5565.

HFS noted the following with regard to **Supportive Living Program Proposed Waiver Renewal**. The state of Illinois seeks public input into the renewal of the Home and Community Based Services (HCBS) Waiver for the Supportive Living Program operated by the HFS. The document can be viewed [here](#). The Notice of Public Information can be found on the HFS [webpage](#).

HFS noted the following with regard to **Patient Roster Report**. The Patient Roster Report for December 2016 is now available for providers to download through the MEDI system. A document titled, “Patient Roster Report Instructions” has been added to the Billing Information section of the **LTC Direct Billing webpage**. This document will walk through the process of downloading the report. Hospice information is not currently included in the report, but we expect to have it available in the next monthly report.

HFS posted a new public notice regarding **Weekend Rates for Community Care Unit Screening Services**. You may view the notice [here](#).

HFS posted a new notice regarding the **IMRP Quarterly Report for Quarter 2 FY 2017**. You may view the notice [here](#).

HFS posted the **2016 Children’s Health Insurance Program (CHIP) Annual Report**. It can be viewed [here](#).
• HFS posted the **HFS Provider Notice/Spousal Impoverishment Standards.** This Notice lets you know that the standards for the prevention of spousal impoverishment effective January 1, 2017 will remain the same as those in 2016. Facilities may print brochure, **HFS 3191, Nursing Home Services and Information for Couples**, which gives additional information relating to the prevention of spousal impoverishment.

• HFS updated the **Statewide Transition Plan webpage** to include a Revised Statewide Transition Plan.

6) The Illinois Department of Public Health recently released the **IDPH Fines Summary for 2016.** Total state fines were tallied ([click here to view the report]). You’ll notice a 9 percent increase from 2015, yet they are still 71 percent lower than the highest year (2007).

7) The **American Health Care Association (AHCA)** released the following news items:

• **President Trump issued an Executive Order (EO) on Reducing and Controlling Regulatory Costs.** As of yet, there is not a full and complete understanding as to how all aspects of this order will be implemented. An initial analysis and understanding is below. AHCA will continue to provide updates on the implementation of this EO as details are available. The EO's stated purpose was to help manage the costs associated with federal regulations. Toward that end, the EO states: "for every one new regulation issued, at least two prior regulations be identified for elimination, and that the cost of planned regulations be prudently managed and controlled through a budgeting process." For the full AHCA summary [click here].

• **ACA Compliance in 2017.** With all the discussion in Washington about the "repeal and replacement" of the Affordable Care Act (ACA), some members have asked whether they need to continue to be compliant with the ACA in 2017. At this time, the simple answer is yes. Members should continue to comply with the law. Congress is considering legislation to repeal and replace the ACA, but its outcome is still uncertain.

• **Anticipated Proposed Rule on Medicaid FFS Supplemental Payments Withdrawn.** Over the course of 2016, AHCA provided you with updates regarding an anticipated proposed rule on Medicaid supplemental payments that would have applied to services paid under fee-for-service Medicaid. We have received word today that this rule has been officially withdrawn. Click [here](#) to view this notice on the OMB website. **Please note that the final rule prohibiting new or increased pass through payments under Medicaid managed care, which came out last week, is still currently in effect.** ([Click here](#) for more information).

8) **Telligen reports:**

• The latest Telligen events/announcements can be found at [https://www.telligenqinqio.com/](https://www.telligenqinqio.com/).

• **QAPI and Telligen.** Quality Assurance Performance Improvement (QAPI) plans can help you manage readmissions, staff stability and improving publicly reported quality measures. What’s more, RoP regulations will soon require written QAPI plans for every facility by November 2017. So join the Telligen Nursing Home Quality Care Collaborative and you will be part of a free network of supportive experts and peers and receive tools and resources designed to help you develop or refine your own QAPI plan. Other initiatives are designed to improve or sustain Nursing Home Compare Five-Star Ratings. **Apply today to join the Illinois group.** Please visit TelligenQINQIO.com or contact Lisa Bridwell, Nell Griffin for more information.

• **Telligen Announces new QIN-QIO Executive Director.** Susan Stefan, DNP, MBA, MSN, CPHQ, RN, has been named executive director for the Telligen Quality Innovation Network-Quality Improvement Organization (QIN-QIO). With this appointment, Stefan will oversee QIN-QIO initiatives in Colorado, Illinois and Iowa as well as Telligen's work with CMS Transforming Clinical Practice Initiative (TCPI) in Maryland and Virginia.

9) **Medpage Today** reports on **Sepsis Is A Major Factor In Unplanned Hospital Readmissions, Study Finds.** MedPage Today reports that sepsis "accounted for more unplanned hospital readmissions than any of the four conditions included..."
in a national quality monitoring program" by CMS. Of the over one million hospitalizations "associated with unplanned readmission," 12.2 percent involved sepsis, compared to heart failure at 6.7 percent. The findings were published in the Journal of the American Medical Association.

10) **NBC News** reports on Norovirus Cases “Spreading Nationwide.” **NBC Nightly News** reported that the norovirus, a "brutal stomach bug," is "hitting communities across the country" and “even closing schools.” The virus can affect up to 20 million Americans each year, has no vaccine, and is "extremely contagious." To prevent the spread, correspondent Rehema Ellis advised people to "wash hands with hot soap and water at least 30 seconds" because "hand sanitizers aren’t enough," and noted that "the virus can live on dishes and in bedding too."

11) **NPR** reports that **GOP Governors Worried About Impact of ACA Repeal of Medicaid.** NPR’s "Morning Edition" reports "many of the nation’s governors want to make sure that their state budgets don’t take a hit during the dismantling process" as Republican lawmakers move to repeal and replace the Affordable Care Act. These GOP governors, including Ohio Gov. John Kasich, are very worried about federal funding for Medicaid. Some 14 million people gained access to health care coverage because several states expanded Medicaid under the ACA.

12) **Senior Housing News** reports that Wages for Assisted Living Employees Increased Across the Board in 2016. **Senior Housing News** reports that "assisted living wages went up across the board in 2016" due to labor shortages in the senior housing industry, according to a "report from the Hospital and Health care Compensation Service." The report which analyzed survey responses from 1,300 assisted living communities found that hourly wages increased up to 3.75 percent and salaries increased 3.67 percent last year.

13) **The New Your Times** reports that When People Get Up and Move, They Tend to be Happier Than When Still. The New York Times reports in "Well" that "when people get up and move, even a little, they tend to be happier than when they are still," researchers found in a large study after using "cellphone data to track activities and moods." Overall, investigators found that "people who move are more content than people who sit." The Times also points out, "Epidemiological studies have found...that people who exercise or otherwise are active typically are less prone to depression and anxiety than sedentary people." The findings were published online January 4 in PLOS One.

14) **Medscape** reports that a Survey Reveals Multiple Reasons for What Nurses Like Best About Their Career. Medscape has released its Nurse Career Satisfaction Report for 2016 in which it "surveyed 10,026 practicing nurses in the United States, including licensed practical nurses (LPNs), registered nurses (RNs), and advanced practice registered nurses (APRNs)." The majority of nurses surveyed gave "multiple reasons" for "what they liked best about their career," including "relationships with patients, being good at what they do, and having a job they liked." Still, "nurses of all stripes indicated frustration with what they viewed as a lack of respect from administrators, physicians, patients, and even peers."

15) **Modern Healthcare** reports that the Trump Administration’s Executive Order Freezes Rules Affecting Medicaid and Medicare. **ModernHealthcare** reported President Trump’s executive order freezing new federal rules has delayed a rule that would have banned health care providers from Medicare and Medicaid "if they fail to disclose that they are working with individuals who may be barred from billing the programs or who may owe money to the government." The executive order also halted the development of a rule "to establish new reporting requirements for states that pay bonus payments to Medicaid providers."

16) **Reuters** reports on Elderly Patients Face Increased Disability Risk Following Emergency Room Visits. Reuters reports that elderly patients who visit the emergency department to get treated for illnesses or injuries "are at risk of increased disability for up to six months afterward," according to a study published in the Annals of Emergency Medicine. Study co-author Dr. William Fleischman, an emergency medicine researcher at the University of Maryland in Baltimore, commented on the finding, saying, "The higher risk of disability following emergency department visits is likely related to the illness or injury that led these patients to seek care in the emergency department. ... This does not mean that these patients should have avoided the emergency department or that they should have been hospitalized. Rather, it suggests that older adults who are medically appropriate for discharge from the emergency department may benefit from the kind of discharge planning that often occurs in the inpatient setting."
17) Kaiser Health News reports on Alzheimer’s Researchers Continue Search for Treatment. Kaiser Health News reports "researchers are plowing ahead with hundreds of experiments" to try to better understand and treat Alzheimer’s disease. The article reports the 21st Century Cures Act set aside billions of dollars for biomedical research, and also included "prize money to encourage Alzheimer’s experiments." The article mentions that the National Institutes of Health allocated almost $1 billion to Alzheimer’s research in fiscal year 2016, which was an increase of $350 million compared to fiscal 2015, according to Laurie Ryan, the chief of NIH’s Dementias of Aging Branch.

18) The Los Angeles Times reports on a New Study Finds Link Between Air Pollution and Dementia, Alzheimer’s Disease. The Los Angeles Times reports "a study published Tuesday" in the journal Translational Psychiatry has found that "for older women, breathing air that is heavily polluted by vehicle exhaust and other sources of fine particulates nearly doubles the likelihood of developing dementia." In addition, "the cognitive effects of air pollution are dramatically more pronounced in women who carry a genetic variant, known as APOE-e4, which puts them at higher risk for developing Alzheimer’s disease."

19) Health In Aging reports a research study regarding Older Adults Who Take Many Medications Have a Higher Risk for Becoming Frail. As we age, we tend to develop a number of chronic health conditions and concerns. Often, managing health problems can mean that older adults may take many different medications. When older adults take five or more medicines (a scenario called “polypharmacy” by health experts), it can increase the risk for harmful side effects. Frailty is a problem associated with aging. Someone who is frail can be weak, have less endurance, and be less able to function well. Frailty increases the risk for falls, disability, and even death. Interestingly, taking more than five medications is linked to frailty, perhaps because the medications interact to affect our ability to function well as we age.

20) Managed Healthcare Connect reports on Meeting the Growing Mental Health Needs of Seniors. A new pocket guide addressing elder mental health issues has been published, with the goal of rapidly teaching all health care professionals the basics of diagnosing and treating mental health disorders in adults over 65 years of age. Nearly 20 percent of older Americans experience depression and the highest rate of suicide is among older adult Caucasian males. Despite the anticipated growth of mental health needs due to the growing geriatric population in the United States, there is currently only one geriatric psychiatrist for every 23,000 older Americans.

21) HealthDay reports Continuity of Care May Reduce Hospital Admissions Among Seniors. HealthDay reports research suggests that seeing the same physician over a long period of time "may help keep older people out of the hospital." Researchers from the Health Foundation in London 'analyzed about two years' worth of medical records for more than 230,000 patients, aged 62 to 82, in England." They found that admission rates were 9 percent lower among older adults with medium continuity of care and 12 percent lower in those with high continuity. The findings were published in the journal BMJ.

22) Argentum reports:

- People with Dementia Need More Support to Manage Their Medication. New research published in Health Expectations finds that people with dementia may struggle with managing their medication, exposing them to side-effects, medication errors, and an increased risk of non-adherence to drug treatment. The research found that as dementia develops, the person struggles to manage their own medication and increasingly relies on support from family members. The family member is often their spouse, who may also be taking many medicines and finding the caregiver role stressful, thus increasing the risk of medication error, reports Medical News Today. Learn more.

- The Dementia Action Alliance Releases Toolkit to Support Living With Dementia. The DAA’s Caring Conversations Toolkit provides supportive information and resources including two booklets, "Living with Dementia: An Unexpected Journey," for people living with early to moderate dementia symptoms and "Living with Dementia: The Indispensable Handbook for Family and Friends" for those who care about them. The toolkit also includes Caring Conversation Cards that encourage conversations about dementia and “Person-Centered Matters,” a DVD produced by a former National Geographic filmmaker. Learn more.
23) *Provider Magazine* reports:

- **CMS Analysis Shows Increase In Avoidable Hospitalizations Among Dual Eligibles Living in Long-Term Care Centers.** *Provider Magazine* reports, "The rate of potentially avoidable hospitalizations among Medicare beneficiaries eligible for full Medicaid benefits (dual eligibles) living in long term care centers has fallen sharply in recent years, according to an analysis released by CMS." CMS "says that the overall rate of hospitalizations declined by 13 percent for dually eligible Medicare and Medicaid beneficiaries between 2010 and 2015." The agency "attributes the decrease to a number of factors, including the agency's Initiative to Reduce Avoidable Hospitalizations among Nursing Facility Residents and the AHRQ Safety Program for Long Term Care." CMS also spotlighted efforts by the American Health Care Association, which "promotes a Quality Initiative for its members in which reduction of avoidable hospital readmissions is a key objective."

- **NQF Endorses AHCA-Sponsored, Long-Stay Hospitalization Metric.** *Provider Magazine* reports, "The National Quality Forum (NQF) has endorsed a metric designed to measure hospitalization rates among long-stay residents who have been in a skilled nursing center's care for more than 100 days." Sponsored by the American Health Care Association (AHCA) and PointRight, "the Minimum Data Set-based, risk-adjusted measure helps providers monitor conditions that may increase a long-stay resident’s chance of being sent to the hospital from a nursing care center." It is "the first measure of its kind to receive NQF recognition," the article says. AHCA President and Chief Executive Officer Mark Parkinson said, "This endorsement is another example of how we are improving lives by delivering solutions for quality care." He added, "This also speaks to the importance of strong partnerships. Together with PointRight, we have been able to provide the profession with a measure to improve quality care and reduce hospital admissions for the long-stay population."

24) *Medline Plus* reports:

- **Safeguards May be Reducing Serious Catheter Infections.** Improved catheter safety measures in hospitals significantly reduce bloodstream infections and health care costs, a new study indicates. "Safety interventions are a win-win for both patients and hospitals," said study leader Dr. Teryl Nuckols of Cedars-Sinai Medical Center in Los Angeles. She is director of the center's division of general internal medicine. More than 60,000 primary bloodstream infections related to central venous catheters occur each year in the United States. About 12 percent of these infections end in death, according to background notes with the study. These catheters, also known as central lines, are widely used in intensive care units. They're placed in large veins in the arm, chest, neck or groin to deliver medications, fluids or blood to patients. To prevent serious infections, hospitals have introduced new safety procedures in recent years. They include using sterile gloves, covering catheters with antimicrobial dressings and checking catheters daily for signs of movement or infection. Many hospitals have also added extra training, equipment and supplies.

- **Busy Minds May be Better at Fighting Dementia.** Mentally stimulating activities can protect your brain against aging, even if you're genetically predisposed toward dementia or Alzheimer's disease, a new study reports. Activities that keep the brain busy -- using a computer, crafting, playing games and participating in social activities -- appear to lower the risk of age-related mental decline in people 70 and older, the Mayo Clinic study found. "These kinds of commonly engaged in, stimulating activities actually reduce the risk of people developing mild cognitive impairment," said co-author Dr. Ronald Petersen. He's director of the Mayo Clinic Alzheimer's Disease Research Center in Rochester, Minn. The researchers found the benefits of mental stimulation even helped people who have apolipoprotein E (APOE) E4, a genetic risk factor for dementia and Alzheimer's.

25) *Medical News Today* reports:

- **New C. Diff Treatment Reduces Recurrent Infections by 40 Percent.** A new treatment for Clostridium difficile (C.diff) infections reduces recurrent infections by nearly 40 percent, a large study has found. C.diff, a bacterium that infects the bowel, is the most common cause of infectious diarrhea in hospitalized patients. Recurrences are common after antibiotic treatment, are a cause of readmissions to hospital, and in some cases can be fatal.
Now a team of researchers have found that the addition of a drug called bezlotoxumab (Merck) to standard antibiotic treatment can reduce the risk of a repeat infection by 37 percent. Bezlotoxumab is a human monoclonal antibody and works by neutralising a toxin produced by the C.diff bacteria that damages the gut wall.

- **Scientists Step Closer to Developing New Drug in Fight Against Antimicrobial Resistance.** Scientists have for the first time determined the molecular structure of a new antibiotic which could hold the key to tackling drug resistant bacteria. The team at the University of Lincoln, UK, previously produced two synthetic derivatives of teixobactin - which has been hailed as a ‘game-changer’ in the fight against antimicrobial resistance - and the researchers have now become the first in the world to document the molecular make-up of the antibiotic. This development is an important next step in understanding how different derivatives of teixobactin function, and which building blocks are needed for it to successfully destroy drug resistant bacteria.

- **Link Between Sleep and Cognitive Impairment in the Elderly.** Daytime sleepiness is very common in the elderly with prevalence rates of up to 50 percent. Caused by sleep-disordered breathing (SDB), a disruption of normal breathing during sleep, these cause recurrent awakenings and subsequent excessive daytime sleepiness. In an editorial in the current issue of *Neurology*, a Boston University School of Medicine (BUSM) researcher stresses that it is now time for physicians to consider the association between these sleep conditions and cognitive impairment in the elderly. In the same issue of the journal, researchers of the "HypnoLaus Study" investigated an older population (over the age of 65), with and without cognitive impairment. They performed sleep studies on these groups and found that the group with cognitive impairments had more sleep disturbances attributed to SDB.

26) **McKnight’s reports:**

- **Labor Shortage Driving Up Costs for Skilled Nursing Facilities.** *McKnight’s Long Term Care News* reports, "Inflation caused by a workforce shortage continues to drive up construction costs for...skilled nursing facilities," according to an analysis by The Weitz Company for the American Seniors Housing Association. It found that "some subcontractors have resorted to adding contingency dollars to projects to cover overtime and other pay incentives to retain workers and keep projects on schedule." Additionally, "between 70 percent and 80 percent of contractors reported having issues finding qualified labor to support their projects." As a result, construction costs are expected to increase 5 percent to 6 percent in the coming year.

- **AGS Lays Out Top Health Care Priorities for Seniors.** *McKnight’s Long Term Care News* reports that the American Geriatrics Society published two articles that address aging-related health care policies that lawmakers should consider while crafting health care reform. Patient-centered care and access to long term care were the top priorities for AGS, along with evidence-based practices and a "living wage" for the senior care workforce.

- **Trump DOJ to Continue Focusing on Nursing Home Fraud.** *McKnight’s Long Term Care News* reports experts believe the Trump Administration’s Justice Department will continue to focus on nursing home fraud. Trump is expected to keep several Obama policies in place, including "the use of data analysis in fraud investigations, and the Yates plan to prosecute more individuals." Fraud in post-acute care and pharmaceutical and medical device industries will also receive scrutiny, according to industry lawyers.

- **Patient Satisfaction as Provider Quality Measurement is Coming, But Not Soon.** Emily Mongan writes in *McKnight’s Long Term Care News*’ "Daily Editor’s Notes" on an article in *ModernHealthcare* suggesting the "next frontier in quality measurement" for hospital-based providers will be based on "how patients feel." Mongan suggests that the same will be applied to skilled nursing providers, citing "a recent report from the Government Accountability Office concluding that adding resident satisfaction ratings to Nursing Home Compare ‘could be a more direct measure of nursing home satisfaction than other available measures.'" She details some "roadblocks" to implementation, including lagging technology and a concern over subjectivity, but concludes that the measure is "an idea whose time is coming for value-based payment than whose time has come."
Cognitively Impaired Nursing Home Residents Face Increased Risk of Death if Given Antipsychotic Medications With Other Drugs. *McKnight's Long Term Care News* reports "nursing home residents with cognitive impairment may face an increased risk of death if they receive an antipsychotic medication along with other drugs," researchers found in a "study of nearly 60 nursing homes across Europe, as well as in Israel, between 2009 and 2011." The study found that "nearly half of the residents studied were at risk for a potential antipsychotic drug interaction." The findings were published in the *Journal of Clinical Psychiatry*.

CMS Rule On Provider Affiliations Withdrawn By Administration. *McKnight's Long Term Care News* reports a rule that "would have placed more scrutiny on [health care] providers’ partnerships has been put on hold" by President Trump's regulatory freeze. More specifically, the rule "would require providers to report affiliations with individuals or organizations that 'pose risks' to the Medicare program in order to cut down on fraud within the program." The article notes that "all other pending rules from the Department of Health and Human Services also appear to have been withdrawn in the days since the [regulatory freeze] memo’s release."

GAO Report: Medicaid Still Vulnerable to Improper Payments. *McKnight’s Long Term Care News* reports that CMS "has taken steps to prevent improper Medicaid payments, but gaps still remain in making sure providers are properly vetted," according to a new report from the Government Accountability Office. The office "had previously recommended that CMS identify databases that would improve oversight of Medicaid provider eligibility, along with working with other federal agencies to explore the option of a unique provider identifier," but "the agency has not yet taken those actions...so inaccuracies may still exist when it comes to provider verification." The GAO report "also recommends that CMS conduct a review of how the government determines if a beneficiary is Medicaid eligible, and develop a plan to ensure that its existing procedures to prevent and detect overlapping coverage from Medicaid and exchanges are sufficient."

CNA Study Suggests Compassion From LTC Managers Results in Better Resident Care, Lower Liability Rates. In its "Daily Editor’s Note," *McKnight’s Long Term Care News* James M. Berklan writes, "A funny thing happened in the making of an analysis of recent insurance claims in the aging services market: a lesson broke out on how to achieve better health care and liability outcomes via better management-staff relationships." A new report from CNA suggests "the most important element for any resident safety program" is "how top managers treat the employees/caregivers on their teams." In the report, Bruce Dymtrow, CNA’s Vice President of Aging Services and National Programs, and his team "emphasized that trying to incite some sort of for-profit vs. nonprofit battle isn’t the way to go. Rather, they chose to focus on the treatment of specific conditions, namely pressure ulcers and falls."

Caregivers and Nurses: Knowing When to Get Involved in Issues of Elderly Intimacy. As caretakers of elderly people we focus on their health, comfort and emotions. We monitor their eating, bathroom routines and even their socialization. But what about intimacy and romance? At what point, if ever, does a romance in an elderly person's life warrant some sort of interference from caregivers or nurses? This is a tricky issue which requires sensitivity. Human touch is important and a need that all people are entitled to have that need fulfilled in a safe way. For all people, young and old alike, it is most important to ensure that everyone is safe and consents to everything that occurs in a relationship, romantic or otherwise. However, issues of consent can be tricky in elders when determining if two individuals are fully cognizant and competent. When dealing with residents with dementia, drawing this line can be even trickier. However, many residents with dementia still maintain the capacity to have safe and fulfilling romantic relationships.

AMDA Report Details Pneumococcal Vaccine Guidance. *McKnight’s Long Term Care News* reports that "Streptococcus pneumoniae persists as a major health threat to long term care residents despite nation-wide efforts to encourage vaccinations, according to AMDA – The Society for Post-Acute and Long-Term Care Medicine." AMDA recently published a report in the February issue of the *Journal of Post-Acute and Long-Term Care Medicine*, in which the society "detail[s] the importance of vaccinations for residents, as well as guidance for long term care providers to develop and implement pneumococcal vaccine policies in their facilities."
• Behavioral and Psychiatric Challenges in SNFs. Behavioral and psychiatric concerns are extremely common in post-acute care and offer a difficult challenge to facilities. Up to 70 percent of skilled nursing facility residents have a psychiatric diagnosis upon admission, most commonly: adjustment disorder, major depression, bipolar disorder, personality disorders, schizophrenia, dementia and/or anxiety disorder. An acute change in medical condition — like a stroke, hip fracture, loss of limb or peripheral neuropathy — or an exacerbation of a chronic condition can produce a secondary psychiatric disorder. There are no easy solutions, but it is vital that SNF leaders come to understand how these various conditions can affect each resident’s daily functioning and, when concerning behaviors and symptoms manifest, that they endeavor to identify and address the underlying cause. This can best be accomplished by integrating psychological care into the SNF’s comprehensive treatment programs.

27) Interesting Fact: Teachers receive the most Valentines, followed by kids, mothers, wives and sweethearts.