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!

Updated List of Required Postings for Illinois Long Term Care Facilities

After receiving several inquiries on what needs to be posted in long term care facilities with regard to state and federal mandatory labor-related requirements, Illinois Department of Public Health requirements, Department of Healthcare and Family Services requirements and Department on Aging requirements, we did some research on this issue and have accumulated a list of required postings.

The Illinois Department of Labor website (click here) lists out the required postings (state and federal labor and labor-related), gives information on each of them, and how to get a copy of each of them. There are also several other required postings as determined by various State agencies and federal CMS.

Federal Posting Requirements

1. Family Medical Leave Act
2. Equal Employment Opportunity is the Law
3. Federal Minimum Wage
4. Uniformed Services Employment and Re-employment Rights Act
5. OSHA – Job Safety and Health Protection
6. Employee Polygraph Protection Act
7. Veteran’s Employment and Training Service and VA Hotline (if your facility has a VA contract)
8. Employee Rights Under the National Labor Relations Act (NLRA)
9. Elder Justice Act Requirements (poster available on AHCA website)

Illinois State Posting Requirements

1. Illinois No Smoking
2. Emergency Care/Choking
3. Unemployment Insurance
4. Worker’s Compensation
5. Day and Temporary Labor Service Act
6. Illinois Employment Laws/Minimum Wage
7. Pregnancy Accommodation
8. Equal Pay
9. Payday Notice
10. Victim’s Economic Security and Safety Act
11. Workplace Safety and Health
12. Unemployment Insurance Benefits Notice
The above noted mandatory posters must be displayed in a conspicuous location where employees and applicants for employment can see them. Posting of these notices in other languages is not required.

There are several other required postings as determined by various State agencies and federal CMS. They are as follows:

**Illinois Department of Public Health (IDPH)**

Every facility shall conspicuously post for display in an area of its offices accessible to residents, employees and visitors, the following:

1. Its current license;
2. A description, provided by the Department of Public Health, of complaint procedures established under the Nursing home Care Act, ID/DD Community Care Act, or MC/DD Act (Hotline Poster);
3. A copy of any order pertaining to the facility issued by IDPH or a court;
4. A list of the material available for public inspection under Section 3-210 of the Nursing Home Care Act ([click here](#)), ID/DD Community Care Act or MC/DD Act;
5. If a facility has an Identified Offender residing in it, a notice must be posted stating that fact;
6. A notice that advises residents and their families of the availability of interpreters, the procedure for obtaining an interpreter and the telephone numbers to call for filing complaints concerning interpreter service problems, including, but not limited to, a TTY number for persons who are deaf or hard of hearing. The notices shall be posted, at a minimum, near the facility entrance and the admission area. Notices shall inform residents that interpreter services are available on request, shall list the languages most commonly encountered at the facility for which interpreter services are available and shall instruct residents to direct complaints regarding interpreter services to IDPH, including the telephone number to call for that purpose;
7. Visiting hours and the facility visitation policy;
8. Pursuant to Section 30 the Authorized Electronic Monitoring in Long-Term Care Facilities Act ([click here](#)) there must be posting if a resident of the facility conducts authorized electronic monitoring; and
9. Pursuant to Section 65 of the Firearm Conceal Carry Act ([click here](#)), signs stating that the carrying of firearms is prohibited shall be clearly and conspicuously posted at the entrance of the facility.

**Federal Centers for Medicare and Medicaid Services (CMS)**

Every facility shall conspicuously post for display in an area of its offices, accessible to residents, employees and visitors, the following:

1. A list of names, addresses (mailing and email), and telephone numbers of all pertinent state agencies and advocacy groups, such as the State Survey Agency, the state licensure office, adult protective services where state law provides for jurisdiction in long term care facilities, the Office of the State Long-Term Care Ombudsman program, the protection and advocacy network, home and community based services programs and the Medicaid Fraud Unit.
2. A statement that the resident may file a complaint with the State Survey Agency concerning any suspected violation of state or federal nursing facility regulations, including by not limited to, resident abuse, neglect, exploitation, misappropriation of resident property in the facility, non-compliance with the advance directive requirements (42 CFR Part 489 – Subpart I- [click here](#)) and requests for information regarding returning to the community;
3. Post notice of reports with respect to any surveys (including the most recent survey of the facility), certifications and complaint investigations made during the three preceding years and any plans of correction in effect with respect to the facility available to any individual to review upon request;
4. A posting that provides residents and applicants for admission, oral and written information about how to apply for and use Medicare and Medicaid benefits and how to receive refunds for previous payments covered under such benefits;
5. A posting, on a daily basis at the beginning of each shift, that contains the facility name, the current date, the resident census and the total number of and the actual hours worked by the following categories of licensed and unlicensed staff directly responsible for resident care per shift: registered nurses, licensed professional nurses and certified nurse aides.
6. A posting for the facility employees specifying the employee’s rights, including the right to file a complaint under Section 1150B of the Social Security Act (click here), which requires specific individuals in applicable long term care facilities to report any reasonable suspicion of crimes committed against a resident of that facility. The notice must also include a statement that an employee may file a complaint with the State Survey Agency against a LTC facility that retaliates against an employee as well as include information with respect to the manner of filing such a complaint.

**Illinois Department of Healthcare and Family Services (HFS)**

HFS stated that there was nothing in their requirements that required facility posting.

**Illinois Department of Aging**

Every facility shall conspicuously post in each wing on each floor of the facility, in each of the facility’s activity rooms/areas, and at the main entrance/exit of the facility, the following:

1. The Ombudsman Poster (click here) provided by the Illinois Department on Aging.

Please note that the listings above were our best effort in trying to acknowledge all of the various requirements for postings in Illinois long term care facilities. If you think we have missed something or if you have any questions, please contact Bill Bell at:

Bill Bell  
Regulatory Director  
Illinois Health Care Association  
1029 South Fourth Street  
Springfield, Illinois 62703-2224  
217-528-6455 or 800-252-8988  
Fax: 217-528-0452  
Cell: 217-638-7753  
bbell@ihca.com

**Recent Appellate Court of Illinois Ruling Regarding LTC Facility’s Internal Investigative Reports – Serious Concern**

Internal Investigations – What the Appellate Court Ruling Means to You.

Recently, the 2nd District Appellate Court in Illinois delivered a judgement (click here for the opinion) finding that the documents at issue from a facility investigation were not privileged and must be produced.

**Background:** A negligence lawsuit was filed by a guardian due to a resident fall. The guardian followed up with a discovery request to the facility, seeking all of the investigative reports and related documentation (including witness statements). The facility refused to hand over the requested reports, claiming that they were privileged under the Quality Assurance Act and were prepared for the facility’s Quality Assurance Committee.

**Investigations and the Law:** As you know, CMS and the state of Illinois require that all alleged incidents/accidents are thoroughly investigated and that the facility must take measures to prevent further incidents while the investigation is on-going. The facility must ensure that all alleged violations involving mistreatment, neglect or abuse, including injuries of unknown source, and misappropriation of resident property are reported immediately/as soon as possible to the administrator of the facility and to other officials in accordance with state law (click here to view the state law) through established procedures (see also CMS S&C 05-09). The results of all investigations must be reported to the administrator or his/her designated representative and to other officials in accordance with state law (including to the state survey and certification agency) within 5 working days (or 7 calendar days) of the incident in accordance with state and federal requirements.
From the CMS perspective, the facility must report the results of all investigations. The state requires that a narrative summary of each reportable accident or incident be sent.

What This Means To You: First, let’s start with what it doesn’t mean...it doesn’t mean you have to go out and hire a team of private investigators and document with photos and witness statements everything that you think happened. Second, it doesn’t mean that you must write everything down and memorialize it.

What it does mean is that you MUST investigate the incident, take the necessary steps to avoid further harm AND report it. So start by checking your Risk Management Policy and see what it says. Then ask your legal counsel if it conforms to state and federal regulations. The Lindsey case does not necessarily change the nature of the long term care quality assurance and peer review privilege. Seek advice of legal counsel to determine how your facility might protect certain areas of your quality assurance committee. Remember, anything that you put in writing is discoverable by others including attorneys and the courts. CMS and the state don’t say you have to write things down...it just says to investigate and report. Moreover, protection and safety of your residents is the prime concern!

Thank you to Duane Morris for their assistance with this article.

Special Focus Facility (SFF) Update

In memorandum S&C: 17-20-NH (March 2, 2017), the Centers for Medicare and Medicaid Services (CMS) provides an update on the 2017 Special Focus Facility (SFF) Program. The memo describes the SFF program background, process for initial selection and notification of SFF, progressive enforcement, graduation from the SFF program, authority to terminate, and operational procedures. The memo notes the following:

The State Survey Agency (SA) must notify the provider in writing of their SFF selection and conduct a meeting with the provider’s accountable parties and the CMS regional office (RO) - if the RO wants to be included.

- The memorandum specifies that the SA must send a letter (see Appendix B) to the facility and all accountable parties about its SFF selection.
- All communications to SFF facilities should include copies to the following accountable parties: administrator, Chairperson of the Governing Body, holder of the provider agreement, any party who owns more than a 5 percent interest in the facility, the management company (if applicable), the facility landlord(s), the mortgage holder and corporate owner(s) for chain-operated nursing centers.

Once an SFF has completed two consecutive standard surveys with no deficiencies cited at a scope and severity of "F" or greater (or "G" or greater for Life Safety Code deficiencies), and has had no complaint surveys with deficiencies at "F" or greater (or "G" or greater for Life Safety Code deficiencies) in between those two standard surveys, the facility will graduate from the SFF program.

- However, if the only deficiency preventing graduation is an "F" level deficiency for food safety requirements (42 CFR §483.60(i) Tag F371), the RO has discretion to allow the facility to graduate from the SFF program. F371 deficiencies at a "G" level or greater will prevent the facility from graduating from the SFF program.

Consistent with longstanding authority, the CMS ROs may use discretionary termination for SFFs (or any facility) if necessary to protect resident health and safety.

In addition:

- Under Section III: Progressive Enforcement, CMS incorporates provisions of S&C: 16-31-NH on the immediate imposition of remedies with no opportunity to correct.
- Under Section VI: Operational Procedures, CMS specifies other operational procedures that must be completed by the SA and CMS RO for facilities that have not graduated after two standards surveys.
Contact the CMS SFF mailbox with questions about the program.

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**Trending Statistics**

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

**CDC Report: Emergency Department Visits for Injury and Illness Among Adults Aged 65 and Over: U.S. 2012-2013**

The percentage of the U.S. population aged 65 and over has grown, and it is projected to continue rising, from 14 percent in 2012 to 20 percent in 2030. The emergency department (ED) plays a critical role in treating acute medical problems in older adults, and injury visits make up an important subset of this care. This report utilizes nationally representative data from the National Hospital Ambulatory Medical Care Survey (NHAMCS) to describe and compare characteristics of ED visits resulting from injury and illness in older patients.

**Key findings**

Data from the National Hospital Ambulatory Medical Care Survey

- During 2012–2013, adults aged 65 and over had an emergency department (ED) visit rate of 12 per 100 persons for injury and 36 per 100 persons for illness.
- Among adults aged 65 and over, women had a higher ED visit rate for injury (14 per 100 women) compared with men (10 per 100 men). There was no difference between women and men in the visit rate for illness.
- The percentage of injury visits resulting in hospital admission (17 percent) was lower than for illness visits (32 percent) among adults aged 65 and over. The same pattern held for critical care admissions (2 percent compared with 5 percent).
- Imaging was ordered at 75 percent of injury visits among adults aged 65 and over, which was higher than for illness visits (63 percent).

[Click here](#) to view the report.

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

1) The following new federal Survey and Certification (S&C) Letters were released since the last issue of *Regulatory Beat*:

- **S&C 17-19 – NH** - Revision to State Operations Manual (SOM) Appendix PP. Revised Regulations: On September 28, 2016, CMS released revised requirements for participation under the Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities rule. Many of the regulations were re-designated and have new numbers. Revisions to SOM Appendix PP: CMS has revised regulation text into the SOM Appendix PP to correct identified technical errors and correct the numerical order of tags. The revised version was released on February 10, 2017. The regulation text is effective November 28, 2016; the Interpretive Guidance has not been updated. Interpretive Guidance will be revised at a later date.

- **S&C 17-20 – NH** - Fiscal Year (FY) 2017 Special Focus Facility (SFF) Program Update (see article above for more information). Total SFF slots and candidates for each state: The number of designated slots and candidates for FY 2017 (see Appendix A) will not change from those effective since May 1, 2014. Initial selection notice: The State Survey Agency (SA) must notify the provider in writing of their SFF selection and conduct a meeting (either onsite or via telephone) with the nursing home’s accountable parties, and the CMS Regional Office (RO), if the RO wants to be included. Graduation from the SFF program: Once an SFF has completed two consecutive standard surveys with no deficiencies cited at a scope and severity of “F” or greater (or “G” or greater for Life
Safety Code (LSC) deficiencies), and has had no complaint surveys with deficiencies at “F” or greater (or “G” or greater for Life Safety Code (LSC) deficiencies) in between those two standard surveys, the facility will graduate from the SFF program. However, if the only deficiency preventing graduation is an “F” level deficiency for food safety requirements (42 CFR §483.60(i) Tag F371), the RO has discretion to allow the facility to graduate from the SFF program. F371 deficiencies at a “G” level or greater will prevent the facility from graduating from the SFF program. Authority for termination: Consistent with longstanding authority, the CMS ROs may use discretionary termination for SFFs (or any facility) if necessary to protect resident health and safety.

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

- **Reporting Changes in Ownership** - A 2016 Office of the Inspector General (OIG) report noted that providers may not be informing CMS of ownership changes. Providers must update their enrollment information to reflect changes in ownership within 30 days. Owners are individuals or corporations with a 5 percent or more ownership or controlling interest. Failure to comply could result in revocation of your Medicare billing privileges. Resources:
  - [Timely Reporting of Provider Enrollment Information Changes](#) MLN Matters® Article
  - [42 CFR 424.516](#)
  - [Medicare: Vulnerabilities Related to Provider Enrollment and Ownership Disclosure](#) OIG Report
  - [PECOS Enrollment Tutorial - Change of Information for an Individual Provider](#)
  - [PECOS Enrollment Tutorial - Change of Information for an Organization/Supplier](#)

- **SNF VBP: Understanding Your Facility’s Confidential Feedback Report Call** - Wednesday, March 15, from 1:30 to 3 pm ET. To register or for more information, visit [MLN Connects Event Registration](#). During this call, CMS experts present on the Skilled Nursing Facility (SNF) Value-Based Purchasing (VBP) Program, including confidential quarterly feedback reports and implementation guidance. Gain an understanding of the significance of readmissions and how SNF risk-standardized readmission rates are computed. Learn how to navigate through the Quality Improvement and Evaluation System (QIES) and the Certification and Survey Provider Enhanced Reporting (CASPER) application systems to report SNF quality performance. A question and answer session follows the presentation. The [SNF VBP Program](#) rewards SNFs with incentive payments for quality of care, promoting better clinical outcomes for SNF patients. The program will begin in FY 2019.

- **National Partnership to Improve Dementia Care and QAPI Call** — Tuesday, March 21, from 1:30 to 3 pm. To register or for more information, visit [MLN Connects Event Registration](#). During this call, learn about the [Creating a Culture of Person-Directed Dementia Care](#) project grant award. The Lake Superior Quality Innovation Network will share information about the new [QAPI Written Plan How-To Guide](#) that can assist long term care providers with performance improvement efforts. Additionally, CMS experts share updates on the progress of the [National Partnership to Improve Dementia Care in Nursing Homes](#) and [Quality Assurance and Performance Improvement](#) (QAPI). A question and answer session follows the presentation.

- **Comparative Billing Report on Physical Therapy Webinar** — Wednesday, March 29, from 3 to 4 pm ET. Join us for a discussion of the Comparative Billing Report on Physical Therapy (CBR201702), an educational tool for physical therapists in private practice billing for physical therapy services using Current Procedural Terminology (CPT®) codes 97001, 97002, 97035, 97110, 97112, 97140, 97530 and Healthcare Common Procedure Coding System (HCPCS) code G0283. During the webinar, providers interact directly with content specialists and submit questions about the report. See the [announcement](#) for more information and find out how to participate.

- **Collecting Data on Sexual Orientation and Gender Identity in Health Care Settings Web-Based Training Course** — New (With Continuing Education Credit). A new [Catching Everyone in America’s Safety Net: Collecting Data on Sexual Orientation (SO) and Gender Identity (GI) in Health Care Settings Web-Based Training (WBT)](#) course is available through the [MLN Learning Management and Product Ordering System](#). Learn about:
  - Basic terminology for Lesbian, Gay, Bisexual and Transgender (LGBT) people
  - LGBT health needs and disparities
  - The importance of asking people about their SOGI in clinical settings
Why SOGI data should be collected and different ways to collect it in the clinical setting
Ways to implement SOGI questions into work flows with and without electronic health records

Medicare Outpatient Observation Notice (MOON) Instructions MLN Matters Article — Revised. An MLN Matters Article on Medicare Outpatient Observation Notice Instructions is available. Learn how to use the Medicare Outpatient Observation Notice to inform Medicare beneficiaries when they are an outpatient receiving observation services in a hospital or Critical Access Hospitals.

CMS – Payroll Based Journal (PBJ) Update. CMS released information regarding two important changes to the PBJ system that will make it easier for providers to successfully submit hire, termination and rehire information for employees. On March 19, the following updates will go into effect:
Both hire and termination dates will be optional items in the system
The same employee ID will be allowed to be used more than once in a single PBJ submission XML file

CMS – Jimmo Update. A federal court approved the overall statement put forth by CMS, which is intended to clarify the Jimmo case results. The statement explains that a therapy program “to maintain the patient's current condition or to prevent or slow further deterioration is covered so long as the beneficiary requires skilled care for the safe and effective performance of the program.” The approved statement also rejected the “Improvement Standard” by noting the Jimmo settlement “may reflect a change in practice for those providers, adjudicators, and contractors who may have erroneously believed that the Medicare program covers nursing and therapy services under these benefits only when a beneficiary is expected to improve.” More on this will be forthcoming.

IRS and ACA Compliance. The IRS has set the deadlines for mandatory forms that must be completed by an applicable large employer, which are employers with 50 or more full-time employees, including full-time equivalents. For calendar year 2016, Forms 1094-C and 1095-C are required to be filed with the IRS by February 28, 2017 or March 31, 2017 (if filing electronically). An applicable large employer also must furnish the Form 1095-C to each full-time employee on or before March 2, 2017. This due date reflects a 30-day extension from the general due date (January 31 of the year immediately following the calendar year to which the information relates). This extension was provided by the IRS in Notice 2016-70 on November 18, 2016. These reporting requirements apply regardless of whether health coverage was offered to employees. As a refresher, the two IRS forms that are used for ACA reporting are:
Form 1094-C, Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Return: Used to report to the IRS summary information for each employer and to transmit Forms 1095-C to the IRS
Form 1095-C, Employer-Provided Health Insurance Offer and Coverage: Used to report required information to your employees and to report information about each employee to the IRS

The IRS has a Frequently Asked Questions document about these two mandatory forms. Visit Reporting of Offers of Health Insurance Coverage by Employers on IRS.gov/aca for more information about these reporting requirements.

Medicare Home Health Benefit Booklet — Revised. A revised Medicare Home Health Benefit Booklet is available. Learn about:
Qualifying for home health services
Consolidated billing
Therapy services
Physician billing and payment.

• **Home Health Care: Proper Certification Required.** Physicians or non-physician practitioners are required to have face-to-face encounters with beneficiaries before they certify eligibility for the home health benefit. One aspect of the certification is for the certifying physician to certify (attest) that the face-to-face encounter occurred and document the date of the encounter. For medical review purposes, Medicare requires documentation in the certifying physician’s medical records and/or the acute/post-acute care facility’s medical records to be used as the basis for certification of patient eligibility. This documentation must include the clinical note or discharge summary for the face-to-face encounter. Avoid home health claims payment denials or improper payment recoveries by understanding Medicare's requirements.

Resources:
- CY 2015 Home Health Prospective Payment System Final Rule
- Medicare Benefit Policy Manual, Chapter 7, Section 30.5.1
- National Provider Call: Certifying Patients for the Medicare Home Health Benefit

MLN Matters® Articles:
- Certifying Patients for the Medicare Home Health Benefit
- Manual Updates to Clarify Requirements for Physician Certification and Recertification of Patient Eligibility for Home Health Services

• **Home Health Quality Reporting Program Provider Training — Wednesday, May 3 and Thursday, May 4.** CMS is hosting a 2-day, in person training event on the Home Health (HH) Quality Reporting Program in Baltimore, MD. Visit the HH Quality Reporting Training webpage for more information and to register.

• **Transitional Care Management Services Fact Sheet — Revised.** A revised Transitional Care Management Services Fact Sheet is available. Learn about:
  - Health care professionals furnishing these services and supervision
  - Services settings, components, and billing
  - Frequently asked questions on billing

• **HIPAA Basics for Providers: Privacy, Security, and Breach Notification Rules Fact Sheet — Reminder.** The HIPAA Basics for Providers: Privacy, Security, and Breach Notification Rules Fact Sheet is available. Learn about:
  - Who must comply with Health Insurance Portability and Accountability Act (HIPAA) rules
  - Covered entities

• **PECOS Technical Assistance Contact Information Fact Sheet — Reminder.** The PECOS Technical Assistance Contact Information Fact Sheet is available. Learn about:
  - Common problems and who to contact
  - Provider Enrollment, Chain and Ownership System (PECOS) resources

• **CMS Market Saturation and Utilization Data Tool** (click here). Market saturation, in the present context, refers to the density of providers of a particular service within a defined geographic area relative to the number of beneficiaries receiving that service in the area. The Market Saturation and Utilization Data Tool includes an interactive map and a data set that shows national-, state-, and county-level provider services and utilization data for selected health service areas. The data can be used by the Centers for Medicare & Medicaid Services (CMS) to monitor market saturation as a means to prevent fraud, waste, and abuse. The data can also be used to reveal the degree to which use of a service is related to the number of providers servicing a geographic region. Provider services and utilization data by geographic regions are easily compared using the interactive map below. There are a number of research uses for these data, but one objective of making these data public is to assist health care providers in making informed decisions about their service locations and the beneficiary population they serve.

• **CMS Quarterly Listing of Program Issuances – October through December 2016.** This quarterly notice (click here) lists CMS manual instructions, substantive and interpretive regulations, and other Federal Register notices that were
published from October through December 2016, relating to the Medicare and Medicaid programs and other programs administered by CMS.

3) The U.S. Food and Drug Administration (FDA) reports:

- **FDA Clears Test to Help Manage Antibiotic Treatment for Lower Respiratory Tract Infections and Sepsis.** The U.S. Food and Drug Administration today cleared the expanded use of the Vidas Brahms PCT Assay to help health care providers determine if antibiotic treatment should be started or stopped in patients with lower respiratory tract infections, such as community-acquired pneumonia, and stopped in patients with sepsis. This is the first test to use procalcitonin (PCT), a protein associated with the body’s response to a bacterial infection, as a biomarker to help make antibiotic management decisions in patients with these conditions.

- **FDA Encourages More Participation, Diversity in Clinical Trials.** Clinical trials are voluntary human research studies designed to answer specific questions about the safety and effectiveness of drugs, vaccines, devices and other therapies—or to study new ways of using existing treatments. The FDA does not ordinarily conduct clinical trials. But the FDA relies on the data from these trials to determine whether medical products are safe and effective. Overall, few people actually sign up for in and participate in trials, and those who do participate don’t always represent the U.S. population. Participation is especially low for certain populations, including adults age 75 or older and people from certain racial and ethnic groups. That’s why the FDA is encouraging more patients to participate in clinical trials, especially people of different ages, races, ethnic groups, and genders. Read on to learn more about why.


5) The federal Agency for Healthcare Research and Quality (AHRQ) reports on **Decline in Adverse Drug Events Linked to Use of Health Information Technology.** Adverse drug events fell by 67,000 between 2010 and 2013 as the result of the federal “meaningful use” program that offered financial incentives to hospitals for using certified electronic health records, according to a new AHRQ study. Adverse drug events are harms experienced by a patient as a result of exposure to a medication. They affect nearly 5 percent of hospitalized patients and can be deadly. To minimize such harms, the CMS initiated the meaningful use program in 2010, awarding financial incentives to hospitals and physicians who adopted specific information technology (IT) capabilities, such as computerized prescriber order entry. The new AHRQ study in *Journal of the American Informatics Association* found that the growth in meaningful use-related IT explained 22 percent of the observed reduction in adverse drug events in the first three years of the program. Access the abstract.

6) The Illinois Department of Healthcare and Family Services released the following notices since the last issue of **Regulatory Beat:**

- The Illinois Department of Healthcare and Family Services has posted a new provider notice regarding the **Electronic Health Records (EHR) Incentive Program Attestation extension.** You may view the notice [here](#).

- This is to provide registration information for Prescribers and Pharmacists to register for the Department’s new **Point of Sale (POS) Pharmacy Benefits Management System (PBMS) Webinar/s.**

  Illinois Provider Portal Overview – Prescriber  
  Wednesday, March 8, 2017, 10:00 a.m. – 11:00 a.m. Central Standard Time (CST)  
  Host Hyperlink: [Start Meeting Hyperlink](#)  
  Host Key: 593441 Password: Physician  
  [Click here](#) to register for the Webinar.

  Illinois Provider Portal Overview – Pharmacist  
  Wednesday, March 8, 2017, 2:00 p.m. – 3:00 p.m. Central Standard Time (CST)
Host Hyperlink: **Start Meeting Hyperlink**  
Host Key: 342995  
Password: Pharmacist  
Click here to register for the Webinar.

**Illinois Provider Portal Overview – Pharmacy**  
Tuesday, March 14, 2017. 10:00 a.m. – 11:00 a.m. Central Standard Time (CST)  
Host Hyperlink: **Start Meeting Hyperlink**  
Host Key: 137124  
Password: PharmacyRx  
Click here to register for the Webinar.

**Illinois Provider Portal Overview – Prescriber**  
Tuesday, March 14, 2017, 2:00 p.m. – 3:00 p.m. Central Standard Time (CST)  
Host Hyperlink: **Start Meeting Hyperlink**  
Host Key: 484628  
Password: PrescriberRx  
Click here to register for the Webinar.

After the request has been approved, a notification will be sent with instructions for joining the meeting. Questions regarding this notice should be directed to the Bureau of Professional and Ancillary Services at 877-782-5565.

- This is a reminder that at the end of March, the Department of Healthcare and Family Services will implement the new **Pharmacy Benefit Management System (PBMS)**, which will require pharmacy providers to update information currently submitted for NCPDP D.0 claim transactions. Proactive testing and training can keep claims from rejecting. An updated payor sheet can be found on the Department's webpage. Specific programming instructions for submittal of NCPD D.0 format transactions are contained in the payor sheet.

In addition, the Bank Identification Number/Processor Control Number (BIN/PCN) will change effective with implementation of the new PBMS. Pharmacies are encouraged to pay particular attention to the Coordination of benefits/Other Payments Segment questions section of the payor sheet.

In order to ensure software updates (for addressing the payor sheets) are operative, the Department is offering the opportunity for interested pharmacy providers to participate in Pilot Testing in conjunction with our PBMS vendor Change Healthcare (CH). **Pilot testing** started on February 17, 2017, and will continue through March 13, 2017.

Provider notices were issued on February 7, 2017 and February 8, 2017 explaining enrollment and participation opportunities in pilot testing.

The Department encourages pharmacy providers to participate in the PBMS Pharmacy Pilot Testing. Information was also sent via email on Friday, February 24, encouraging prescribers and pharmacists to register for PBMS Webinar/s.

For questions regarding this information, please contact a Department billing consultant at 877-782-5565. Questions regarding pilot testing can be addressed via email at: PBA_POSTechSupport@changehealthcare.com or by calling 877-553-8455.

- Effective February 16, 2017, the **Healthy Start/MPE Income Standard** amounts are increased due to 2017 Federal Poverty Level statistics. Please use these revised income guidelines when determining eligibility for MPE. For providers who are completing MPE applications in the ABE system, these guidelines have been updated and are automatically applied in calculating the applicant’s financial eligibility for MPE coverage.
### Monthly Gross Income Eligibility Limit

<table>
<thead>
<tr>
<th>Family Size</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
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<tbody>
<tr>
<td>Income Limit</td>
<td>$2,883</td>
<td>$3,625</td>
<td>$4,367</td>
<td>$5,108</td>
<td>$5,850</td>
<td>$6,592</td>
<td>$7,334</td>
</tr>
</tbody>
</table>

For families larger than 8, add $742 for each additional person.

**7) The Illinois Department on Aging (DOA) conducted two advisory board meetings. The following are summaries from those meetings:**

- The Illinois Department on Aging (DOA) conducted their **Quarterly Illinois Long Term Council Meeting** on Thursday, February 23, 2017. The Director of the DOA, Ms. Jean Bohnhoff chaired the meeting. Among the items discussed included:
  - The required annual report of the LT Council has not been completed for several years. DOA staff are working to get the 2016 report finalized and then they will work back from there to finalize the other missing reports.
  - DOA provided the 2017 Senior Illinois Hall of Fame Nomination Forms for distribution ([click here](#)). The Senior Hall of Fame is for adults age 65 and older and is open to those that excel in one of the four categories of; community service, performance and/or graphic arts, education or labor force.
  - Jennifer Reif, Deputy Director for DOA, presented on The Community Reinvestment Program (see attached), which is a new initiative targeted to older adults who are not eligible for CCP who need assistance to live independently in the community. The initiative represents a long term strategy to maintain community-based supports for our current aging population as well to address the anticipated growth in the population its first year at a funding level of $225 Million.
  - LaRhonda Williams of Aging gave a brief summary of the new Home Care Ombudsman Program which provides advocacy on behalf of consumers who receive home and community based care.
  - Lora McCurdy of Aging discussed the Choices for Care Program ([click here](#)). The Elder Care Services’ **CHOICES FOR CARE** program provides state-mandated nursing home pre-screens for adults prior to their admission to nursing home or institutional care. Any individual seeking admission to a nursing facility, whether for long-term placement, or short-term rehabilitation, must be screened to determine if his or her need for nursing facility services are appropriate. The pre-screen is designed to ensure adults are aware of community resources that may present a safe alternative to placement, enabling the individual to remain or return home and/or in the community. These assessments may occur in the hospital or in a home setting. DOA is working hard to have as many pre-screens as possible be done in the hospital prior to discharge. New changes effective January 1, 2017, also require that the CCU provide **weekend** coverage for pre- and post-screens and changes the 10 day timeframe for post-screens from 10 days to two days.
  - Jamie Freschi, Illinois LTC Ombudsman, reported on the following:
    - After some problems in filling the ombudsman vacancies in various parts of the state, all areas of the state are now covered by an ombudsman program
    - The Ombudsman Program is revising their Level 1 and Level 2 training
    - The Ombudsman Program is in the process to updating their posters and brochures
    - The Ombudsman Program is setting required benchmarks for the various ombudsman programs across the state
    - The Ombudsman program is developing a new consumer website for LTC services that they hope will be a “one stop shop” for all LTC services. To accomplish this, each LTC facility will get a very comprehensive questionnaire to fill out in the near future. Failure to fill out the questionnaire or providing false or misleading information will remove the facility from the website.

- The Illinois Department on Aging’s (DOA) **Older Adult Services Advisory Committee** met on Monday, February 27, 2017. Items discussed included:
- Michele Arling, President of the APC Corporation, presented on the DOA Medication Management Demonstration Project [click here]. The Medication Management Demonstration seeks to fill the gap left by the current delivery system that providers, pharmacies and hospitals do not have the capacity to address. The program will proactively identify and engage at-risk populations that meet eligibility criteria. A certified pharmacist will conduct an in-home assessment and design an individualized plan for each client. Additionally, DOA will assess how the use of experienced pharmacists employing proven methodologies can improve clinical outcomes for participants in a more economical way.

- Lora McCurdy of DOA presented on the Choices for Care and PASRR Screening Process [click here] and also information in the DOA LT Council Report.

- HFS reported on the status of the Universal Assessment Tool development. The Tool is still under development with a rollout expected in early summer 2017. They are doing pilot testing now and will develop a web-based training protocol when the new Universal Assessment Tool is ready.

- Jennifer Reif, Deputy Director of Aging, gave an update on the Community Reinvestment Program [click here] or see information in the DOA LT Council Report.

8) The Illinois Health Facilities and Services Review Board’s (HFSRB) Long Term Care Facility Advisory Subcommittee conducted a meeting on Tuesday, February 28, 2017. Items discussed included:

- Several members of the LTC Subcommittee attended the most recent full HFSRB meeting and discussed the role of the committee and the issues it is working on to update the Board. There are several new members on the Board and the Subcommittee wanted to bring them up to speed on what the Subcommittee is working on including revising the Bed Need Formula, the Bed Buy, Sell, Transfer concept and revising the HFSRB rules with respect to LTC. It was decided by the HFSRB that they would like the LTC Subcommittee to present at each full HFSRB meetings for updates and educational purposes.

- Jeannie Mitchell, HFSRB staff, discussed the changes to the Certificate of Need LTC Application [click here]. The LTC application had not been updated since 2012. The changes are mostly cosmetic in nature, move some sections around and correct errors. The HFSRB program staff hopes to have the new application on their website sometime in late March 2017.

- Jeannie Mitchell also discussed the draft rule changes to the HFSRB LTC rules [click here]. These changes were the result of the passage of HB 3510 (PA 99-0277). It mainly deals with the travel time or mileage between facilities for planning purposes. The rules, when finalized and approved by the full HFSRB, will be published in the Illinois register for public comment. IHCA will monitor and report on this when published.

9) The Illinois State Police (ISP) – Medicaid Fraud Control Unit. Medicaid Fraud can take on a variety of appearances. From purely a fraud perspective, it can be described as any effort to defraud the Medicaid system by billing for services not delivered, or under delivered. It can also manifest itself in cases where physical abuse or neglect has occurred. This includes, but is not limited to, battery, sexual assault and failure to deliver services or medications. In either case, in order for there to be Medicaid Fraud, Medicaid money must be involved. The ISP MCFU is willing to do training on Medicaid fraud for LTC facilities. They do a 1-hour presentation and it can go towards the 12 hour IDPH in-service training requirement. Contact Phil Miller at 217-785-3322.

10) News for the American Health Care Association (AHCA). In your email inbox you should have received the latest publication, Your Top-Line, produced by LTC Trend Tracker on Tuesday, February 21 with subject line Trend Tracker Publication. This new resource highlights metrics and graphics outlining your facility’s progress on Five-Star performance, the AHCA/NCAL Quality Initiative, and other necessary data to help you achieve your desired goals. Do not worry if you did not see this email. LTC Trend Tracker keeps all of these publications saved in your account. After logging in, click on Manage Publications and then View and Download Publications. It will then allow you to select the publication you wish to view. Please search your clutter or spam folder if you did not receive the latest tool on the above mentioned date in your inbox. If you have any questions or concerns regarding this publication, please email help@ltctrendtracker.com.

11) The Illinois Health Care Association (IHCA) recently released the latest edition of the IHCA Clinical Solutions entitled, “Pain Assessment and Management in Long Term Care,” [click here] to view it.
Understanding how older adults' bodies, minds, and lives differ from middle-aged people is vital for palliative and end-of-life care planning. Comprehensive medical professionals, especially geriatricians, are crucial in optimizing older adults' functioning and well-being.

Dr. Rosanne Leipzig, a professor of geriatrics at the Icahn School of Medicine at Mount Sinai in New York City, defined in a 2015 article how geriatricians are better understood how multiple medical problems interact in older people and affect their quality of life than other physicians. Leipzig reports that "no one better understands how multiple medical problems interact in older people and affect their quality of life than" geriatricians.

The latest Telligen events/announcements can be found at https://www.telligenqinqio.com/

13) Medical News Today reports that Dementia Risk Reduced by Eating 'Five-a-Day'. Dementia is estimated to affect around 47.5 million people worldwide, and this number is expected to more than triple by 2050. But according to new research, there is one simple thing older adults can do to help reduce their risk of dementia: eat their "five-a-day." In a study published in the journal Age and Ageing, researchers found that eating at least three portions of vegetables and two servings of fruits daily was associated with lower risk of dementia in older adults.

14) Medscape reports that Patient Videos Clarify End-Of-Life Documents. Adding a patient-made video to information in end-of-life forms helps correctly physicians interpret patients' directives, according to a study published online February 17 in the Journal of Patient Safety.

15) Neurology Today reports that Antipsychotics Found Ineffective for Patients With Delirium in Palliative Care: Strategies Offered for Better Management. Two commonly prescribed antipsychotic medications, risperidone (Risperdal) and haloperidol (Haldol), were found ineffective for treating behavioral, communication and perceptual symptoms of delirium for patients in palliative care, according to the results of a randomized controlled trial published online on December 5 in JAMA Internal Medicine. The two drugs performed no better than placebo, and they worsened both distress-related delirium symptoms and patient survival. Previous randomized controlled trials, which found that antipsychotics may improve delirium severity, had major limitations, such as a lack of placebo control or inadequate statistical power. The study authors wrote. The findings from the current trial, which included placebo controls, confirmed that antipsychotics should not play a role in the management of these patients.

16) JAMDA – The Journal of Post-Acute and Long-Term Care Medicine did a study entitled Are Hospital/ED Transfers Less Likely Among Nursing Home Residents With Do-Not-Hospitalize Orders? This study aimed to examine whether an advance directive "Do Not Hospitalize" (DNH) would be effective in reducing hospital/emergency department (ED) transfers. Similar effects in residents with dementia were also examined. The conclusion was that residents with DNH orders had significantly fewer transfers. This suggests that residents' end-of-life care decisions were respected and honored. Efforts should be made to encourage nursing home residents to complete DNH orders to promote integration of the resident's values and goals in guiding care provision toward the end of life.

17) Bloomberg News reports that Dementia Unseats AIDS As One of the World's Top Killers. Bloomberg News reports, "Dementia has unseated AIDS as one of the world’s top killers, new figures from the World Health Organization show." In 2015, "Alzheimer's disease and other forms of dementia killed 1.54 million people...more than twice the number of deaths from the disease in 2000, according to documents posted on the WHO website" in January. Dementia "replaced HIV/AIDS as No. 7 on the global health watchdog’s list of the 10 biggest causes of death worldwide."

18) The South Florida Sun Sentinel reports that Chair Yoga May be Beneficial for Seniors. The South Florida Sun Sentinel reports that new research suggests that "chair yoga" may be a good exercise for seniors. Researchers found that "elders with chronic arthritis reported having less pain and fatigue after regularly attending a yoga class where they used chairs for support." The 131-senior study was funded by the National Institutes of Health and the National Center for Complementary and Integrative Health. The findings were published in the current issue of the Journal of the American Geriatrics Society.

19) Kaiser Health News reports that Geriatricians Help Aging Patients With Multiple Ailments. Kaiser Health News reports that "no one better understands how multiple medical problems interact in older people and affect their quality of life than" geriatricians. Dr. Rosanne Leipzig, a professor of geriatrics at the Icahn School of Medicine at Mount Sinai in New York City, defined in a 2014 article with co-authors 12 essential competencies for geriatricians, "including optimizing older adults’ functioning and well-being; helping seniors and their families clarify their goals for care and shaping care plans accordingly; comprehensive medication management; extensive care coordination; and providing palliative and end-of-life care, among others skills." Furthermore, underlying geriatricians’ "skills is an expert understanding how older adults’ bodies, minds, and lives differ from middle-age adults."
20) Reuters reports on a Study Associates Nursing Home Residents Engagement in Activity Programs With Thriving. Reuters reports a Swedish study suggests nursing home residents who enjoy "a range of activity options may be more likely to thrive than their peers who don't have as many choices of things to do." Study author Sabine Bjork of the University of Umeå said, "The key issue to support resident thriving seems to be that residents have a selection and variety in activities, and that the activities are meaningful to the residents." Common everyday activities included "receiving hugs and physical touch, talking to friends and relatives, talking to staff about issues unrelated to care and personal grooming," researchers report in the Journal of Advanced Nursing.

21) Fox News reports that Alzheimer’s Disease if the Most Expensive Disease in US. Fox News reports Alzheimer’s disease is "the most expensive medical condition in America" and "threatens to bankrupt Medicare, Medicaid and the life savings of millions of Americans." Dr. Rudolph Tanzi, a professor of neurology at Harvard Medical School says that currently one of every five dollars of Medicare and Medicaid funding is spent on the care of patients with Alzheimer’s disease, and the proportion could increase to one of every three dollars in the next decade.

22) The New York Times reports that a Study Finds Frequent, Brisk Walks May Slow Early Alzheimer’s Patients’ Memory Loss. The New York Times reports that, according to a study published in PLoS One, "for some people with early-stage Alzheimer’s disease, frequent, brisk walks may help to bolster physical abilities and slow memory loss." Researchers at the University of Kansas recruited about 70 men and women with Alzheimer’s and while one group "began a supervised walking program," the second control group began stretching and toning classes "that would not increase aerobic endurance." The Times says "the toning had not slowed the progression of their disease" but "some of the walkers were thinking and remembering much better." Researchers found that "walkers who had increased their aerobic fitness had also improved their ability to remember and think and bulked up the volume of their brains." However, researchers were surprised "how few of the walkers...had actually gained endurance" with the findings suggesting that "there may be physiological differences between people with and without Alzheimer’s that reach to the cellular level."

23) Modern Healthcare reports:

- GAO Report Says HHS Should Push EHRs in Post-Acute Care. ModernHealthcare reports that a GAO report says HHS is not "doing enough to boost the use of electronic health records and digital information sharing in post-acute care." In the report released Monday, the GAO "determined HHS has failed to measure how effectively it has encouraged the use of EHRs in post-acute care," and said the department has no "comprehensive plan" to boost the number of post-acute care providers that exchange electronic health data. The GAO recommended that HHS Sec. Tom Price "instruct the CMS and the Office of the National Coordinator for Health Information Technology, or ONC, to measure whether post-acute care providers use EHRs and share information digitally based on HHS’s work and plan on how to expand those efforts." The report also said HHS "could better promote adoption" by requiring post-acute care providers to go through its certification process, which is currently optional.

- HHS Spokesman Clarifies That Several New Bundled-Payment Models Under Medicare Will Not be Delayed by Executive Order. ModernHealthcare reports that a spokesman for the Department of Health and Human Services confirmed that an executive order issued by the Trump Administration that froze new rulemaking for 60 days will not slow down the scheduled launch of several new "bundled-payment models under Medicare." The spokesman explained that the models were set to begin on July 1, and therefore fall outside the 60-day period affected by the order.

24) Argentum reports that Researchers Develop Free Mobile App to Help Dementia Patients and Their Families. Researchers at the University of Illinois at Chicago College of Nursing have developed a free mobile app for individuals suffering from dementia, their families and caregivers, as a way to improve the quality-of-life, well-being and knowledge of the disease that affects nearly 48 million people worldwide. The "Dementia Guide Expert for Families" app, available through Apple iTunes and Android Google Play, was developed by Valerie Gruss, clinical associate professor of biobehavioral health science; Memoona Hasnain, professor and associate head of faculty development and research in the UIC College of Medicine; and Mike Koronkowski, clinical assistant professor of pharmacy practice, to use information technology that provides evidence-based information that is convenient and affordable.
25) **HealthDay** reports:

- **Elderly Who Increase Sleep May be at Greater Risk for Dementia.** *HealthDay* reports the study suggests "the risk of dementia grew by almost 2.5 times for those who found themselves recently needing extra sleep" and "sixfold for people without a high school degree who suddenly needed to sleep nine hours or more." Co-author Matthew Pase, a neurology fellow at the Boston University School of Medicine, said that dementia "is by no means a certain fate" for those needing more sleep as they age, though he also suggested "If someone reported recently becoming a longer sleeper, they could undergo a memory assessment." Data was from seniors in the Framingham Heart Study. Pase also pointed out, "There are no implications for treatment based on our findings."

- **Socializing With Relatives, Friends May Help Keep People Mentally Sharp as They Age, Report Claims.** *HealthDay* reports, "Socializing with lots of relatives and friends may help you stay mentally sharp as you age, a new report co-sponsored by AARP" and the Global Council on Brain Health reveals. In addition, the report discusses "the social benefits of having pets, how age-friendly communities boost social ties, how close relationships benefit both physical and mental health, and how social media (including Facebook and Skype) helps older adults maintain social connections."

- **Study Analyzes Risk of Death Associated With Hip Fractures.** *HealthDay* reports a study of approximately 123,000 men and women throughout Europe, the U.S. and the United Arab Emirates "found that the risk of death among people over 60 nearly tripled during the first year following a hip fracture." The injury was "also still linked to a nearly twofold increased risk of dying eight years or more after the injury," which the authors noted could be related to "post-operative complications, such as cardiac and pulmonary ones." While the research "can't definitively show a cause-and-effect relationship," the authors believe older patients with hip fractures "are unlikely to remain physically active and more likely to experience functional decline and disability," particularly for patients with chronic diseases at the time of the fracture, who "faced the highest overall death risk."

26) **MedlinePlus** reports:

- **More Evidence Ties Gum Health to Stroke Risk.** Adults with gum disease may be twice as likely as people with healthy gums to suffer a stroke, new research suggests. It's not the first study to link gum disease and brain attacks caused by blood clots. However, the new findings expand on that knowledge by demonstrating a "dose-response" relationship. "The higher the level of gum disease, the worse the risk," explained study author Dr. Souvik Sen, chair of neurology at the University of South Carolina School of Medicine, in Columbia. Stroke risk rose with the level of gum disease; it was 1.9 times, 2.1 times and 2.2 times higher for people with mild, moderate and severe gum disease, respectively, the findings showed.

- **Flu Vaccine a Pretty Good Match for Viruses This Year: CDC.** It's not perfect, but this year’s flu vaccine is a fairly good match for the circulating viruses, U.S. health officials reported Thursday. Overall, the vaccine is 48 percent effective. For the predominant circulating influenza A type H3N2 flu strain, its effectiveness comes in at 43 percent. But it’s 73 percent effective against influenza B viruses, according to the U.S. Centers for Disease Control and Prevention. "The effectiveness is a little bit lower than we would like to see, but it's similar to what we have seen for H3 viruses when the vaccine is a good match for what's circulating," said Brendan Flannery, a CDC epidemiologist.

- **Many Seniors Take Multiple Meds That Can Affect the Brain.** There has been a sharp rise in the number of American seniors who take three or more medications that affect their brains, a new study reveals. The study looked at seniors' use of opioid painkillers, antidepressants, tranquilizers and antipsychotic drugs. A review of U.S. Centers for Disease Control and Prevention data showed that the use of these drugs in people over 65 more than doubled from 2004 to 2013. The researchers estimated that approximately 3.7 million doctor visits a year are by seniors taking three or more of these drugs. The largest increase was seen among seniors in rural areas. There, the use of these drugs more than tripled. The spike in the combined use of drugs that act on the central
nervous system is cause for concern because it can lead to falls and resulting injuries, affect driving ability and cause memory and thinking problems, the study authors noted.

27) **Provider Magazine** reports:

- **Sepsis Reason Medicare Beneficiaries are Readmitted to Hospital, Study Shows.** *Provider Magazine* reports researchers from the University of Pittsburgh Medical Center and VA Pittsburgh Health Care System "found that sepsis is the reason more Medicare beneficiaries are readmitted to hospitals than for the conditions the Centers for Medicare & Medicaid Services (CMS) measures under the Hospital Readmissions Reduction Program." Researchers "said the sepsis 30-day readmission rate of 12.2 percent topped those for acute myocardial infarction (AMI) at 1.2 percent, heart failure at 6.7 percent, chronic obstructive pulmonary disease (COPD) at 4.6 percent, and pneumonia at 5.2 percent." The findings were published in the *Journal of the American Medical Association*.

- **Report: Latinos to See 'Explosive' Growth in Aging, Alzheimer’s.** *Provider Magazine* reports new research indicates that the U.S. Latino population is expected "to experience a much more explosive growth rate than" that of "non-Latino Caucasians in not only aging, but also in contracting Alzheimer’s Disease (AD)," with researchers estimating that "Latinos could see a whopping 832 percent increase in AD cases over the next four decades." The new report is by the USC Edward R. Roybal Institute on Aging and the Latinos Against Alzheimer’s network.

- **Opinion: Medical Providers Face Serious Cyber Security Threats.** In a *Provider Magazine* guest column, Prelude Services CEO Dennis Stufft warns that "health care organizations are predicted to be one of the top targets for cyber security threats" in 2017. He details how hackers can access systems, adding that a recent CMS announcement "confirms just how serious everyone needs to treat this issue." Stufft suggests that "outsourcing your IT, Cyber Monitoring, and annual Risk Assessments may be" the best way for providers to address the risk.

- **Sensor Technology Can Increase Length Of Stay In LTC.** In a nearly 2,900-word cover story, *Provider Magazine* reports on new sensor technology that experts say will advance beyond "tracking heart rates and oxygen flows" to more "precise and in-depth health monitoring for seniors living independently and in skilled nursing care or assisted living communities." Developers claim the up-front cost of buying sensors "is well worth it, as the aim is to make quality of care better and cheaper in the long run." Researchers at the University of Missouri’s Center for Eldercare & Rehabilitation Technology and Tiger Place, a real-life seniors’ health research lab, "have come together to dig into the issue of how sensors and imaging hardware can be used to keep seniors living independently for longer durations than was previously possible." According to the article, the "lessons learned at Tiger Place are that one can increase the length of stay in seniors housing by 2.5 years by adding sensor technology, along with nurse care coordination, and improve lives in the facility setting."

28) **McKnight’s** reports:

- **CNN Investigates Vulnerable Seniors in Nursing Care Facilities.** *McKnight’s Long Term Care News* discusses CNN’s coverage, which it says was based on "surveys of state health departments," as well as reviews of cases and interviews with experts. In response to the report, LeadingAge said these incidents "must never happen again," and the American Health Care Association/National Center for Assisted Living called the cases "deeply troubling," adding, "Any person who commits these heinous acts should be penalized to the fullest extent of the law ... The safety and well-being of residents and patients is a number one priority for all of our member centers and communities."

- **Report: Average Annual Cost of Skilled Nursing Care Over $100,000.** *McKnight’s Long Term Care News* reports that the "average national cost for both private and semi-private skilled nursing facility rooms has jumped again, with the average price of a private room reaching $102,900," according to Lincoln Financial Group’s annual "What Care Costs" study. The report also provides a forecast "of what the long term care landscape could look like in 2050," estimating that "a semi-private room in a nursing home" could cost up to "$206,590 by then."
Survey: Half of Health Care Professionals Want Pain Dropped as Vital Sign. McKnight’s Long Term Care News reports a recent survey of physicians and nurses, conducted by Medscape, shows that nearly half of those surveyed "are in favor of eliminating pain as the ‘fifth vital sign.’" The article notes that the survey comes after "a 2016 vote by the American Academy of Family Physicians that agreed to do away with using pain scores as a vital sign" as the measure can be considered "subjective" and "could lead to overprescribing."

SNF Compare Site to Launch Next year, Officials Say. McKnight’s Long Term Care News reports, "A Skilled Nursing Facility Compare website is scheduled for release next fall, Centers for Medicare & Medicaid officials said during a call Thursday." A CMS consultant said the website was mandated by the IMPACT Act and will include data from the SNF Quality Reporting Program.

29) Interesting Fact: The Ides of March. Most people in modern times know March 15 as the day Julius Caesar was assassinated in 44 B.C. He was stabbed to death. In Shakespeare's play "Julius Caesar," a soothsayer offers Caesar a warning, "Beware the Ides of March." The word ides comes from the Latin word "idus," which means half-division and in the Roman calendar refers to the approximate day that was the middle of the month. Ides was also used for the 15th day of May, July and October. In Roman times, March 15 was a day of celebration and festivals dedicated to Mars, the god of war.