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!

Requirements of Participation (ROPs) Phase 1 Update

Phase 1 of the new CMS LTC Requirements of Participation (ROPs) went into effect on November 28, 2016, which was the effective date of the final rule. CMS and state LTC surveyors are now surveying LTC facilities under the new requirements. LTC providers and their facility staff need to be aware of the new requirements and be prepared for their annual survey.

Phase 1 was implemented with new regulatory language, but no new Interpretive Guidelines. Click here for a copy of the ‘red-line’ version of the new regulations. Most of the new requirements in Phase 1 are already in place and currently being done within LTC facilities. CMS mainly reorganized and clarified many of the current regulations. It is a challenge to implement the new requirements in Phase 1 without new Interpretive Guidelines; however, the new requirements are in effect and must be implemented.

Here are some friendly reminders of several issues you should be prepared for in regard to your next annual survey:

- Make sure that all staff, residents and families have been made aware of any policy changes that you have made. This is especially important regarding new terminology that was included in the regulations, as well as reporting of abuse.

- When recording in-service hours for employees, please make sure that you indicate the time that the in-service began and ended. So instead of reporting one (1) hour for a CNA for an in-service, record 8:00 a.m. – 9:00 a.m. (1 hour). Times need to be indicated on in-service records.

- Exploitation needs to be spelled out in your abuse policies. Review the regulations regarding abuse, neglect, misappropriation of resident property and exploitation as defined in F223 – F226 to ensure that you have your policies up to date (see also Survey and Certification Letter 16-33).

- Remember to in-service staff regarding the reporting requirements of abuse. Staff will be interviewed as per usual as part of the survey process and they should be able to explain the reporting of abuse requirements. Staff need to be able to differentiate between different types of abuses, so knowing definitions and examples is important.
Example: Staff may be interviewed by the surveyor and asked to identify what type abuse situation is being described; “one of your coworkers locks a resident in a closet, what type of abuse is this?”

- Remember to update your Resident Rights Poster with the appropriate phone numbers, addresses and email addresses.

- Policies should be updated and the term “resident representative” should be included as appropriate.

- Make sure that dementia management is included as needed in your policies. This is an important piece of abuse prevention and should be included at a minimum in your abuse policies as referenced in F226.

- Facilities need to be able to describe how residents receive and obtain internet access.

- Remember to have a routine maintenance schedule for side rails and mattresses and that you conduct assessments as needed. Check to make sure that mattresses are approved for the beds that are used by residents. Side rails and mattresses are mentioned several times in the new regulations and warrant attention.

- Remember to post three years of surveys in your facilities. You may also want to consider posting signs in various locations in the facility so that individuals know where the survey results are located.

- Make sure staff know what to do in case of a disaster. For example, flood, tornado, fire, etc. Staff may be interviewed and asked how to handle a disaster.

- Remember that any unusual events or issues of concern might need to be vetted through your quality assurance process. QAPI is a big focus this coming year with phase 2 so it is never too early to make sure that you are addressing issues and determining their root cause so that they might be prevented in the future.

- CMS is putting a lot of emphasis on admission and discharge policies. Review the requirements under 483.15 and make sure your policies and procedures are in compliance and that staff are made fully aware of the changes. Several deficiencies have been cited due to each resident not having a discharge summary.

- Evaluate your resident mix and acuity to make sure you have the appropriate number of direct care staff and that the staff have the training and competency to meet all of the needs of your residents.

- Review and update if necessary, your visitation policy to allow for flexibility and safety. Make sure the policy is clear on how visitation can occur during off-hours.

- Each LTC facility must identify a grievance official who is responsible for the grievance process, including:
  - Receiving and tracking;
  - Leading investigations;
  - Maintaining confidentiality;
  - Issuing official decisions to the resident;
  - Coordinating with State and Federal agencies;
  - Preventing further violations while investigations are taking place;
  - Documentation requirements; and
  - Meeting all applicable State and Federal laws and regulations.

- The new ROPs focus on resident choice and person-centered care. Make sure all of your facility policies and procedures reflect this. The focus of the new ROPs is on the resident as the locus of control and supporting the resident in making their own choices and having control over their daily lives.
• Make sure your IDT/care planning team meetings include a CNA with direct knowledge of the resident and someone from the food service section. Inclusion does not have to be in person, but their involvement is required in the development of the resident’s care plan.

• Begin work on an initial QAPI plan. The facility’s QAPI plan will be required to be given to the survey team effective 11-28-17. Documentation and demonstration evidence of an ongoing QAPI plan will be required after 11-28-19.

• LTC facilities must actively seek information and be ‘pro-active’ in assisting residents to fulfill their choices. Make sure residents’ choices are known to their caregivers.

**Tips on How to Encourage Staff Familiarity with LTC ROP Requirements**

• Facility leadership maintaining a commitment to staff development: The administrator and facility leadership should have a vested interest in ensuring that staff at all levels become familiar with the long term care regulations. Staff development/educational in-services should not just be the domain of the Director of Staff Development; it should be the responsibility of all leadership. All leadership should have accountability when their staffs do not show up for scheduled in-services.

• Facility's staffing on scheduled in-service days: There should be adequate staffing for planned in-service days. This mainly affects care areas such as nursing department. The staffing or scheduling coordinator should ensure that there is enough staff so staff members are not pulled from in-services to cover patient/resident care, except of course for emergency situations.

• Routine assessment of the staff's educational needs: Director or designee should have routine assessment of the staff’s educational needs in addition to regulated mandated in-services. This will help determine the frequency of mandatory in-services such as resident rights, prevention of abuse; dementia care, clinical competencies such as wound management, head to toe assessment, etc.; in addition to the needs of the staff based on the clinical needs of the residents.

• Staff development being an Integral Part of QAPI: Staff Development should be an integral part of Quality Assurance Performance Improvement (QAPI) program or Quality Assurance for now. Staff Development Director should report quarterly or monthly at the Quality Assurance or QAPI meetings as to the status of staff attendance and participation in in-services. This will help the facility leadership keep track of the status of staff development.

• Monthly general staff meetings: Most or all facilities have general staff meetings for all shifts, when the administrator and other leadership meet with the staff to receive and share information. The general staff meeting is another important avenue that should be utilized for brief educational presentations. During monthly general staff meetings, department directors can do a short presentation about parts of the regulations that relate to their departments. This provides opportunities for staffs to hear from different department directors, not the staff development director only.

ACHA/NCAL ED has several action briefs, tools and webinar presentations on the new ROPs that may be useful to you. Check them out!

**Sprinkler System Inspection, Testing, and Maintenance**

The NFPA 25 (2011) Water-Based Fire Protection Systems Handbook, referenced under the NFPA 101 Life Safety Code, requires LTC facilities to meet certain inspection, testing and maintenance requirements with regard to water-based fire protection systems. Recently, several LTC facilities (including some ICF/DDs) with dry fire sprinkler systems, have received citations regarding K353 which requires, in part, documentation that the facility sprinkler heads have been tested at least every 10 yrs.
K353 does not require all sprinkler heads to be tested every 10 years, but rather a sampling. The Code requires that a minimum of 4 sprinkler heads or 1 percent of the total number of sprinklers in the facility must be tested based on the size of the facility.

Section 5.3.2 of NFPA 25 requires a representative sample of sprinklers for testing per 5.3.1.1 shall consist of a minimum of not less than four sprinklers or 1 percent of the number of sprinklers per individual sprinkler sample, whichever is greater.

The requirement in 5.3.1.2 for a minimum sample of 4 sprinklers or 1 percent of the total of sprinklers installed is intended to balance the cost of testing with the likelihood of identifying a possible problem. The sample should be somewhat random and should be representative of the sprinklers installed in the system. For example, sprinklers should be selected from different floors or areas of the building and not selected simply because they are more accessible than other sprinklers. In addition, the selection should take into consideration the age and types of sprinklers as well as environmental conditions to which they are subjected. The inspector and/or the owner can determine which groups of sprinklers the sprinkler sample represents. Keep in mind that if a single sprinkler from the sample fails the plunge test, all the sprinklers that the sample represents must be replaced. The sample can represent an entire system or one floor of a multi-story building. Note that only sprinklers that have been exposed to service conditions must be tested. The sprinklers in the spare sprinkler cabinet, for example, have not been exposed to service conditions and may not reveal any deficiencies.

Table 5.1.2 is a summary (click here) of the entire sprinkler system inspection, testing and maintenance requirements. Please review the different items that need to be inspected, the frequency and the reference number back to NFPA 25.

If deficiencies are found with regard to the sprinkler system, a fire watch may be necessary. Depending on the size of the facility, a fire watch may require a person 24/7 with their only responsibility/duty being the fire watch.

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**Trending Statistics**

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

**Administration on Aging – Profile of Older Americans**

The electronic version of the Administration on Aging’s popular report with the latest statistics on older Americans in key subject areas is available to view online – click here. It includes both narrative and statistical charts. The 2016 edition is only available online. This annual summary of the latest statistics on the older population covers 15 topical areas, including population, income and poverty, living arrangements, education, health and caregiving.

**The Older Population**

The population ages 65 years or older numbered 47.8 million in 2015 (the most recent year for which data are available). They represented 14.9 percent of the U.S. population, about one in every seven Americans. The number of older Americans increased by 11.1 million, or 30 percent, since 2005, compared to an increase of 5.7 percent for the under-65 population.

Between 2005 and 2015, the number of Americans aged 45-64 (who will reach age 65 over the next two decades) increased by 14.9 percent and the number of Americans age 60 and over increased by 34.2 percent from 49.8 million to 66.8 million.

In 2015, there were 26.7 million older women and 21.1 million older men, or a sex ratio of 126.5 women for every 100 men. At age 85 and over, this ratio increases to 189.2 women for every 100 men.
Since 1900, the percentage of Americans 65+ has more than tripled (from 4.1 percent in 1900 to 14.9 percent in 2015), and the number has increased over fifteen times (from 3.1 million to 47.8 million). The older population itself is increasingly older. In 2015, the 65-74 age group (27.6 million) was more than 12 times larger than in 1900 (2,186,767); the 75-84 group (13.9 million) was more than 17 times larger (771,369), and the 85+ group (6.3 million) was 51 times larger (122,362).

In 2015, persons reaching age 65 had an average life expectancy of an additional 19.4 years (20.6 years for females and 18 years for males). A child born in 2015 could expect to live 78.8 years, more than 30 years longer than a child born in 1900 (47.3 years). Much of this increase occurred because of reduced death rates for children and young adults. However, the period of 1990-2007 also has seen reduced death rates for the population aged 65-84, especially for men – by 41.6 percent for men aged 65-74 and by 29.5 percent for men aged 75-84. Life expectancy at age 65 increased by only 2.5 years between 1900 and 1960, but has increased by 4.2 years from 1960 to 2007. Nonetheless, some research has raised concerns about future increases in life expectancy in the US compared to other high-income countries, primarily due to past smoking and current obesity levels, especially for women age 50 and over (National Research Council, 2011).

In 2015, 3.5 million persons celebrated their 65th birthday. Census estimates showed an annual net increase between 2014 and 2015 of 1.6 million in the number of persons age 65 and over.

Between 1980 and 2015, the centenarian population experienced a larger percentage increase than did the total population. There were 76,974 persons aged 100 or more in 2015 (0.2 percent of the total 65+ population). This is more than double the 1980 figure of 32,194.

Highlights
- Over the past 10 years, the population 65 and over increased from 36.6 million in 2005 to 47.8 million in 2015 (a 30 percent increase) and is projected to more than double to 98 million in 2060.
- Between 2005 and 2015 the population age 60 and over increased 34 percent from 49.8 million to 66.8 million.
- The 85+ population is projected to triple from 6.3 million in 2015 to 14.6 million in 2040.
- Racial and ethnic minority populations have increased from 6.7 million in 2005 (18 percent of the older adult population) to 10.6 million in 2015 (22 percent of older adults) and are projected to increase to 21.1 million in 2030 (28 percent of older adults).
- The number of Americans aged 45-64 -- who will reach 65 over the next two decades -- increased by 14.9 percent between 2005 and 2015.
- About one in every seven, or 14.9 percent, of the population is an older American.
- Persons reaching age 65 have an average life expectancy of an additional 19.4 years (20.6 years for females and 18 years for males).
- There were 76,974 persons aged 100 or more in 2015 (0.2 percent of the total 65+ population).
- Older women outnumber older men at 26.7 million older women to 21.1 million older men.
- In 2015, 22 percent of persons 65+ were members of racial or ethnic minority populations--9 percent were African-Americans (not Hispanic), 4 percent were Asian or Pacific Islander (not Hispanic), 0.5 percent were Native American (not Hispanic), 0.1 percent were Native Hawaiian/Pacific Islander, (not Hispanic), and 0.7 percent of persons 65+ identified themselves as being of two or more races. Persons of Hispanic origin (who may be of any race) represented 8 percent of the older population.
- Older men were much more likely to be married than older women---70 percent of men, 45 percent of women. In 2016, 34 percent older women were widows.
- About 29 percent (13.6 million) of noninstitutionalized older persons live alone (9.3 million women, 4.3 million men).
- Almost half of older women (46 percent) age 75+ live alone.
- The median income of older persons in 2015 was $31,372 for males and $18,250 for females. Median money income (after adjusting for inflation) of all households headed by older people increased by 4.3 percent (which was statistically significant) between 2014 and 2015. Households containing families headed by persons 65+ reported a median income in 2015 of $57,360.
The major sources of income as reported by older persons in 2014 were Social Security (reported by 84% of older persons), income from assets (reported by 62 percent), earnings (reported by 29 percent), private pensions (reported by 37 percent), and government employee pensions (reported by 16 percent).

Social Security constituted 90 percent or more of the income received by 33 percent of beneficiaries in 2014 (21 percent of married couples and 43 percent of non-married beneficiaries).

Over 4.2 million older adults (8.8 percent) were below the poverty level in 2015. This poverty rate is statistically different from the poverty rate in 2014 (10.0 percent). In 2011, the U.S. Census Bureau also released a new Supplemental Poverty Measure (SPM) which takes into account regional variations in living costs, non-cash benefits received, and non-discretionary expenditures but does not replace the official poverty measure. In 2015, the SPM shows a poverty level for older persons of 13.7 percent (almost 5 percentage points higher than the official rate of 8.8 percent). This increase is mainly due to including medical out-of-pocket expenses in the poverty calculations.

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

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

   - **S&C 17-23 - NH/HHA/CLIA** - Notice of Final Rule Adjusting Civil Monetary Penalties (CMPs) for Inflation. The Department of Health and Human Services (HHS) published in the *Federal Register* on February 3, 2017, a final rule which adjusts for inflation CMP amounts authorized under the Social Security Act. The final rule lists the new CMP amounts and ranges that became effective on February 3, 2017. The CMPs, under the authority of HHS, affect multiple areas, but we are highlighting only on those CMPs assessed for Skilled Nursing facilities (SNFs), Nursing Facilities (NFs), SNFs/NFs, Home Health Agencies (HHAs) and Clinical laboratories effective February 3, 2017.

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

   - The April 2017 issue of the **CMS Midwest Division Provider Update** can be found [here](#).

   - **HHS Launches Webpage on Patient Empowerment.** Health and Human Services Department launched a [new page](#) on HHS.gov highlighting the regulatory and administrative actions the Department is taking to relieve the burden of the current health care law and support a patient-centered health care system.

   - **Home Health and LTCH Quality Reporting Program Review and Correct Reports Available.** The Home Health and Long-Term Care Hospital (LTCH) Quality Reporting Program review and correct reports are now available on demand in the Certification and Survey Provider Enhanced Reporting (CASPER) application. Providers can access these reports within the CMS QIES Systems for Providers webpage. This is the same webpage where providers access the link to submit their OASIS or LTCH CARE data to the QIES Assessment Submission and Processing (ASAP) system. These reports:

     - Contain quality measure information at the facility level
     - Allow providers to obtain aggregate performance for the past four full quarters (when data is available)
     - Include data submitted prior to the applicable quarterly data submission deadlines
     - Display whether the data correction period for a given CY quarter is “open” or “closed”

   - **April Quarterly Provider Update** Available. The April [Quarterly Provider Update](#) is available. Find out about:

     - Regulations and major policies currently under development during this quarter
     - Regulations and major policies completed or cancelled
     - New or revised manual instructions
Home Health Services Pre-Claim Review Demonstration Pause. As of April 1, 2017, the Pre-Claim Review demonstration for home health services is paused in Illinois and it didn’t expand to Florida. They will process claims under normal processing rules. CMS will notify providers at least 30 days in advance of further developments related to the demonstration. For more information, see the Pre-Claim Review Demonstration webpage and FAQs.

Emergency Preparedness Requirements Final Rule Training Call — April 27 - Thursday, April 27 from 2:30 to 3:30 pm ET. To register or for more information, visit MLN Connects Event Registration. Is your facility prepared to meet the new emergency preparedness requirements by the November 15, 2017, compliance date? During this call, learn about implementation of the final rule, including an overview of the regulation and training and testing requirements. A question and answer session follows the presentation.

Hospice Quality Reporting Program: Public Reporting Webinar — Thursday, April 27 from 1:30 to 3 pm ET. Register for this webinar on the Hospice Quality Reporting Program. CMS will discuss the new hospice Preview Reports that will be available soon. Learn how to access your report, interpret the contents and what to do if you believe that your report contains an error.

Denial of Home Health Payments When Required Patient Assessment Is Not Received: Additional Information MLN Matters® Article — New. An MLN Matters Special Edition Article on Denial of Home Health Payments When Required Patient Assessment Is Not Received – Additional Information is available. Learn about denial of claims when the condition of payment for submitting patient assessment data has not been met.

SNF Value-Based Purchasing Call: Audio Recording and Transcript — New. An audio recording, transcript, and post-call transcript clarification are available for the March 15 call on the Skilled Nursing Facility (SNF) Value-Based Purchasing Program: Understanding Your Facility’s Confidential Feedback Report. During this call, learn about the program, including confidential quarterly feedback reports and implementation guidance.

Dementia Care Call: Audio Recording and Transcript — New. An audio recording and transcript are available for the March 21 call on the National Partnership to Improve Dementia Care in Nursing Homes and Quality Assurance and Performance Improvement (QAPI). During this call, learn about a project grant award and new QAPI Written Plan How-To Guide that can assist long-term care providers with performance improvement efforts.

Mapping Medicare Disparities Tool: Identify Disparities in Chronic Disease. The Mapping Medicare Disparities Tool is an interactive website that can help you identify and visualize disparities among Medicare Fee-For-Service beneficiaries. The Tool displays health-related measures from Medicare claims by sex, age, dual eligibility for Medicare and Medicaid, race, ethnicity, state and county. Use the Mapping Medicare Disparities Tool to target interventions for populations with special health needs:
  - Visualize prevention quality indicators, disease prevalence, readmissions and cost at the state or county level
  - Compare measures by race, ethnicity, dual-eligibility, age and sex
  - Analyze geographic needs, including rural and urban counties and the U.S. territories

Questions about Medicare Enrollment Revalidation? What's ahead for your next Medicare enrollment revalidation? View CMS resources to help you stay on top of the process every step of the way:
  - MLN Connects® Video slideshow
  - Frequently Asked Questions
  - Revalidations website
  - Find Your Revalidation Due Date

Administrative Simplification: New Fact Sheet and Infographic. Administrative Simplification standards apply to entities who exchange health care information electronically, including health plans, health care providers, and clearinghouses. New CMS resources:
Fact sheet explains how these standards streamline day-to-day tasks like billing; verifying patient eligibility; and sending and receiving payment.

Infographic explains how health care providers can streamline paperwork.

Billing for Ambulance Transports. In a September 2015 report, the Office of the Inspector General (OIG) released results of a study of Medicare Part B ambulance claims. According to the report, almost 20 percent of ambulance suppliers had inappropriate and questionable billing for ambulance transport, creating vulnerabilities to Medicare program integrity. The OIG identified a number of key problems, including:

- Ambulance transports for beneficiaries who did not receive any Medicare services at the point of origin or destination
- Transports to non-covered destinations
- Excessive mileage reported on claims for urban transports
- Medically unnecessary transports to partial hospitalization programs
- Inappropriate transport service levels

Review the following resources to bill correctly for this service:

- OIG Report: Inappropriate Payments and Questionable Billing for Medicare Part B Ambulance Transports
- Medicare Benefit Policy Manual: Chapter 10 – Ambulance Service
- 42 CFR 410.40: Coverage of Ambulance Services
- 42 CFR 410.41: Requirements for Ambulance Suppliers
- 42 CFR 410.41: Definitions
- 42 CFR 414.610: Basis of Payment
- Ambulance Fee Schedule website
- Ambulance Fee Schedule Fact Sheet
- Medicare Ambulance Transports Booklet
- CMS Transmittal 9620

IRF, LTCH, SNF QRP Review and Correct Reports Provider Training Webcast — May 2 - Tuesday, May 2 from 2 to 3 pm ET. During this webcast, find out how Review and Correct Reports fit within the Quality Reporting Programs (QRPs) for Inpatient Rehabilitation Facilities (IRFs), Long-Term Care Hospitals (LTCHs), and Skilled Nursing Facilities (SNFs). Additionally, learn about re-submitting data to correct errors prior to the quarterly submission deadlines to ensure that accurate data is publicly displayed. For more information and to register, visit:

- IRF Quality Reporting Training webpage
- LTCH Quality Reporting Training webpage
- SNF Quality Reporting Training webpage

April 2017 Catalog Available. The April 2017 Catalog is available. Learn about:

- Products and services that can be downloaded for free
- Web-based training courses; some offer continuing education credits
- Helpful links, tools and tips

2017 Medicare Part C and Part D Reporting Requirements and Data Validation Web-Based Training Course - New (With Continuing Education Credit). A new 2017 Medicare Part C and Part D Reporting Requirements and Data Validation Web-Based Training course is available through the Learning Management System. Learn how to plan, perform and complete validation activities.


- How to address and avoid the top issues of this quarter
• **IMPACT Act Call:** Audio Recording and Transcript — New. An audio recording, transcript, updated presentation, and post-call presentation clarification are available for the March 29 call on the Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act): Standardized Patient Assessment Data Activities. During this call, find out about efforts to develop, implement, and maintain standardized post-acute care patient assessment data, including pilot testing results and plans for the upcoming national field test.

• **Home Health Prospective Payment System Booklet — Revised.** A revised Home Health Prospective Payment System Booklet is available. Learn about:
  - Consolidated billing requirements
  - Criteria to qualify for home health services
  - Therapy services
  - Physician billing and payment
  - Home Health Quality Reporting Program

3) The federal **Agency for Healthcare Research and Quality (AHRQ)** reports on:

• **New AHRQ Grantee Profile Highlights Work of Boston University’s Brian Jack, M.D., To Help Prevent Avoidable Hospital Readmissions.** A new grantee profile explores how the AHRQ-funded work of Brian Jack, M.D., a professor of family medicine at Boston University School of Medicine, lowered rates of return trips to the hospital. He developed the Re-Engineered Discharge, or RED, protocol, which uses strategies to promote safer patient care and reduce avoidable hospital readmissions. AHRQ also worked with Dr. Jack to develop an implementation-ready toolkit and guide for patients (in English and Spanish) to extend his work so that health providers can apply RED and address language barriers in health care communications. Check out the profile of Dr. Jack and other AHRQ grantees who have made major advances in health services research.

• **AHRQ Toolkit Designed To Reduce Urinary Tract Infections in Long Term Care.** A new evidence-based toolkit from AHRQ can help long term care facilities reduce catheter-associated urinary tract infections (CAUTIs). The toolkit uses strategies from AHRQ’s Comprehensive Unit-based Safety Program (CUSP), which has reduced CAUTI as well as central line-associated bloodstream infections in hospitals. The toolkit is based on the experiences of more than 450 long term care facilities nationwide and resulted in a significant reduction of CAUTI rates. Toolkit modules, which are customizable to local needs, include Using the Comprehensive Long Term Care Safety Toolkit; Senior Leader Engagement; Staff Empowerment; Teamwork and Communication; Resident and Family Engagement; and Sustainability. Access the toolkit and a new AHRQ Views blog, “Help for Nursing Homes in Fighting HAIs.”

• **Highlights From AHRQ’s Patient Safety Network.** AHRQ’s Patient Safety Network (PSNet) highlights journal articles, books and tools related to patient safety. Articles featured this week include:
  - Comparing catheter-associated urinary tract infection prevention programs between Veterans Affairs nursing homes and non–Veterans Affairs nursing homes
  - Addressing the opioid epidemic in the United States: lessons from the Department of Veterans Affairs

• **AHRQ Data Highlights Out-of-Pocket Health Spend for Seniors.** The Agency for Healthcare Research and Quality posted a statistical brief outlining what non-institutionalized seniors paid out-of-pocket for health care services between 2000-2014. Data show a steady decrease from more than $1000 in 2000 to less than $500 in 2014.

4) The federal **Centers for Disease Control and Prevention (CDC)** reports on the **Weekly U.S. Influenza Surveillance Report** (click here).

5) The federal **Food and Drug Administration (FDA)** reports that the **2016 Annual Report for the Office of Generic Drugs Now Available.** The Food and Drug Administration’s Office of Generic Drugs (OGD) has now posted its 2016 annual report. 2016 marked the highest number of generic drug approvals and tentative approvals ever awarded by OGD—more than 800. These generic drug products have the potential to provide more affordable care to thousands of patients with serious and life-threatening diseases. OGD continues to improve its review infrastructure, meet all Generic Drug User
Fee Amendments (GDUFA) commitments, and promote consistency across all applications. Direct link to the report: https://go.usa.gov/xXqRz.

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

- HFS posted a new notice regarding the **EHR Medicaid Incentive Payment Program Toolkit**. You may view the notice [here](#).

- HFS posted a new document regarding **Institutional Systems Issues to assist providers in rebilling rejected claims**. You may view the document [here](#).

- HFS posted a new provider notice regarding the **Disproportionate Hospital Share Program**. You may view the notice [here](#).

- HFS posted a new public notice regarding **MFTD Waiver Renewal**. You may view the notice [here](#).

- HFS posted a new provider notice regarding the **Medicaid Managed Care Transformation**. You may view the notice [here](#).

- HFS posted a new notice regarding **Practitioner Fee Schedule**. You may view the notice [here](#).

- HFS posted a new provider notice regarding **Family Health Population (FHP) Program - Central Illinois Region Suspension of Mandatory Managed Care Updates**. You may view the notice [here](#).

- HFS posted a new provider notice regarding **Medicare-Medicaid Alignment Initiative (MMAI) - Central Illinois Region Managed Care Updates**. You may view the notice [here](#).

- HFS posted a new provider notice regarding **Integrated Care Program (ICP) - Central Illinois Region Suspension of Mandatory Managed Care Updates**. You may view the notice [here](#).

- HFS posted a new provider notice regarding an **Extension in Due Date for Payment of the Monthly Occupied Bed Provider Assessment**. You may view the notice [here](#).

7) News items from the Illinois Department of Public Health (IDPH):

- The Life Safety Division of IDPH recently announced a 2nd **NFPA 101, Life Safety Code Seminar** (limited to 45 attendees) on the new 2012 Life Safety Code (LSC). Again, the seminar filled up within the first hour of the announcement of the seminar. The seminar is 3 days long and very intensive. IDPH stated that they will try to offer a few more seminars later in the year. **However**, IHCA is working on offering a webinar on the changes to the 2012 LSC that are specific to LTC. The IDPH 3-day seminar is focused on various health care institutions/operations and is not specific to LTC. We will inform our members of the IHCA 2012 LSC - LTC webinar as soon as all the details are worked out. Stay tuned.

- The latest **IDPH State fines** report ([click here](#)).

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

9) The **Wall Street Journal** reports **CMS Announces Medicare Advantage Rates to Go Up 0.45 percent in 2018**. The **Wall Street Journal** reports that CMS will increase its payments to Medicare Advantage plans by 0.45 percent on average in 2018, amounting to a net change of 2.95 percent in revenues for the programs after changes to reporting of medical conditions are accounted for. Although CMS Administrator Seema Verma says that Medicare Advantage (MA) programs
"have been successful in allowing innovative approaches," the trade group known as America’s Health Insurance Plans said, among other concerns, that there should be fewer regulatory hurdles and more flexibility in the MA programs.

10) **Provider Nation** reports “Person-Centered Nursing Centers Allow Residents to Participate in Advisory Groups. Senior research adviser at NRC Health, V. Tellis-Nayak, PhD, writes at Provider Nation about long term care homes that allow residents to serve on advisory groups. In some, the residents "have the final say in CNA hiring," or "plan menus and improve layout, décor, and furnishings," or even participate in outreach programs. Tellis-Nayak details some of the other activities residents are a part of, and suggests this kind of "person-centered agenda" has "opened different pathways to compassion,"

11) **U.S. News & World Report** reported that Experts: Artificial Intelligence Could ‘Revolutionize’ Senior Care. U.S. News & World Report reported that many tech and health care industry experts believe artificial intelligence "has the potential to revolutionize how care is delivered to a senior population that is about to explode in number." In particular, AI shows great promise "in applications to help people stay in their homes longer." Al "smart sensors" can track movements, monitor vital signs, and alert a nurse or family member "if anything abnormal should occur."

12) **Senior Housing News** reports:

- **Nursing Homes Embrace Technology in Wellness-Centered Care.** Senior Housing News reports senior housing "providers are embracing hot technologies such as wearables and voice-activated devices" as homes move to a "wellness-centered model" of care. The piece goes on to detail some of the tools being used, such as Fitbits for creating "personalized health and fitness plans" and virtual reality for "field trips" to remote locations.

- **Senior Housing Occupancy Down to Lowest Point Since 2013.** Senior Housing News reports, "The first-quarter 2017 senior housing annual inventory growth rate increased 0.2 percentage points from the fourth quarter of 2016 to 3.4 percent...according to data released Wednesday by the National Investment Center for Seniors Housing & Care (NIC)." However, "demand for senior housing slowed, resulting in lower senior housing occupancy nationwide."

13) **Sunrise Senior Living** reports **What is Sundowning and How Does it Affect Dementia?** A complicated and poorly understood symptom of dementia, sundowning can make evening activities and sleep difficult for those living with memory loss. As the Alzheimer’s Association reported, there is a link between memory loss and sleep patterns, but it's not exactly clear to scientists how the two interact. Regardless, individuals living with dementia often have greater difficulties and more pronounced symptoms later in the day and into the night. Called sundowning, this can be an added stress to older adults and their families. Around 1 in 5 individuals living with memory loss experience sundowning. This is marked by increased feelings of confusion or anxiety later in the day. It’s also linked to poor sleep, which unfortunately can exacerbate memory loss overall. The Alzheimer’s Foundation of America stated that sundowning usually affects older adults in the mid to late stages of dementia.

14) **Regenstrief Institute** reports on a study conducted in conjunction with Indiana University Exploring Adherence and Tolerability to Alzheimer’s Medications. Researchers from the Indiana University Center for Aging Research and the Regenstrief Institute have performed the first study conducted in the United States under real-world conditions comparing patient adherence and tolerability to a class of drugs known as cholinesterase inhibitors. Although there are no known cures for Alzheimer’s disease or other dementias, drugs in this class may delay or slow the progression of symptoms in some individuals. All three cholinesterase inhibitor medications approved by the US Food and Drug Administration require titration with patients working up from an initial dose to a target dose to receive full benefit. According to the manufacturers this can be achieved in 4 to 8 weeks. Yet, surprisingly, the new study, published online ahead of print in the Journal of the American Geriatrics Society, found that by 18 weeks, only one-half of individuals on any of the three drugs were continuing to take them.

15) **Becker's Hospital Review** reports on a Study: To Reduce Readmissions, Involve Caregivers in Discharge Planning. Integrating caregivers into the planning process of the discharge of elderly patients can significantly reduce 90-day readmission rates, the findings of a new study published in the Journal of the American Geriatrics Society suggest. For
the study, researchers conducted a systemic review of previous research designed to assess the effect of caregiver integration in discharge planning on healthcare costs. Across three databases containing 10,715 abstracts of studies related to patient discharge planning, researchers identified 15 that met criteria for inclusion. In total, the 15 studies included 4,361 patients. Analysis of the studies revealed integrating informal caregivers — often times spouses or family members — into the discharge planning practice was associated with a 25 percent reduction in the likelihood of an elderly patient being readmitted to the hospital within 90 days of discharge and a 24 percent reduction in the possibility of readmission within 180 days of discharge.

16) **Kaiser Health News** reports on a study that Medicaid Expansion Didn’t Cost States. *Kaiser Health News* reports a study published recently in *Health Affairs* found, by analyzing data from the National Association of State Budget Officers for fiscal years 2010 to 2015, states that expanded Medicaid under the ACA had their increased health care costs covered with federal funding and "didn't have to skimp on other policy priorities – such as environment, housing and other public health initiatives – to make ends meet." The study's first author, Benjamin Sommers, an associate professor of health policy and economics at Harvard University's public health school, said, "This is a potential big benefit, not only to people who get coverage, but to state economies." That may be what has some states that haven't expanded Medicaid considering doing so. While conservatives argue that states will eventually assume a greater share of the costs, expansion supporters say "expanding Medicaid brings in other potential economic benefits that this paper doesn't account for – less uncompensated care in hospitals, for instance – that could offset the expenditures states ultimately take up." Some experts say states’ greatest budget concern about expanded Medicaid comes from GOP proposals to change Medicaid funding to a block grant or per-capita cap, which would reduce the federal funds the states receive.

17) **Modern Healthcare** reports that Medicare Spending, Utilization and Quality Vary Across States, Reason Unknown. *ModernHealthcare* reports that, in a "longstanding but...poorly understood" phenomenon, "Medicare spending, utilization and quality vary widely across states" but, according to CMS the differences do "not seem to reflect beneficiaries’ health." Experts and policymakers, who "have been grappling with this issue for decades, to little avail," also "disagree over what accounts for this variation and how to implement payment reform accordingly."

18) **Reuter's** reports on a study that Nursing Home Residents Often Untreated, Undertreated for Chronic Pain. *Reuter's* reports a recent study published in the journal *Pain* found that "many nursing home residents suffering from chronic pain don’t get any medication or don’t get enough to fully relieve their symptoms." Researchers looked at "data on almost 1.4 million residents in nursing homes nationwide from 2011 to 2012 and found that overall, roughly two in five had either intermittent or chronic pain." Among those with chronic pain, "about 6 percent received no medication at all and another 32 percent didn’t get enough drugs to properly address their symptoms, the study found."

20) **HealthDay News** reports:

- On a study that Suggests Smokers at Greater Risk for Infections Following Joint Replacement Surgeries. *HealthDay* reports that a study published in *The Journal of Bone & Joint Surgery* finds that hip or knee replacement recipients who smoke are more likely to experience infections following their surgeries that require additional medical attention. Data from a 15,000-patient survey found that the risk for infection was 1.2 percent for current smokers versus 0.56 percent for nonsmokers. According to study author Dr. Matthew Austin and colleagues, the findings suggest smokers should consider enrolling in smoking-cessation programs before undergoing such procedures.

- Urologists Dispute That Enablex, Other Drugs Have Lower Dementia Risk Than Ditropan for Older Patients. *HealthDay News* says researchers including urologist Dr. Daniel Pucheril at Detroit’s Henry Ford Hospital found that the drug Ditropan (oxybutynin) is being prescribed to "millions of older Americans" for the treatment of overactive bladder despite the drug's demonstrated connection to increased risk for dementia. Pucheril said that while the drug is "great and effective...for younger patients," it is "a particularly poor drug for overactive bladder in elderly patients." *HealthDay* says a "2011 paper in Current Urology Reports described darifenacin (Enablex), tolterodine (Detrol), trospium (Sanctura) and solifenacin (Vesicare) as 'having little or no risk' of...
oxybutynin-like effects on the brain," but some specialists believe those drugs, including Enablex, have not in fact been shown to be safer than Ditropan.

- **HealthDay News** reports on [Drug Tied to Dementia Risk Overprescribed to Seniors: Study]. A drug linked to a raised risk of dementia is taken by millions of older Americans who have an overactive bladder, researchers say. More than one-quarter of patients with the urinary problem had been prescribed the drug oxybutynin (Ditropan), an international team of investigators found. Yet, "oxybutynin is a particularly poor drug for overactive bladder in elderly patients," said study lead author Dr. Daniel Pucheril, a urologist at Henry Ford Hospital in Detroit. Prior studies have linked the drug to thinking problems and increased risk of dementia in older people, possibly because of the way it affects brain chemicals, he said.

21) **Eurekalert** reports on:

- [Hospital Care Standards Released for Delivering High-Quality Surgical Care to Older Adults](https://www.eurekalert.org/news-releases/84355). The first comprehensive set of hospital-level surgical care standards for older adults has been released and published on the Annals of Surgery website in advance of print publication. The report, "Hospital Standards to Promote Optimal Surgical Care of the Older Adult," is the culmination of a two-year evaluation, performed as a modified RAND-UCLA Appropriateness Methodology by the Coalition of Quality in Geriatric Surgery (CQGS), a multidisciplinary coalition representing the American College of Surgeons (ACS) and 58 diverse stakeholder organizations committed to improving the quality of geriatric surgical care with support from the John A. Hartford Foundation. These preliminary standards reflect the shift toward interdisciplinary care of surgical patients, while taking into account the unique physiological changes related to aging and chronic diseases that can sometimes leave older surgical patients at risk for complications after an operation.

- [Common Sedatives Linked to Increased Risk of Pneumonia in People With Alzheimer’s Disease](https://www.eurekalert.org/news-releases/84355). Commonly used sedatives called benzodiazepines are associated with an increased risk of pneumonia when used in people with Alzheimer disease, according to a study published in *Canadian Medical Association Journal*. "An increased risk of pneumonia is an important finding to consider in treatment of patients with Alzheimer disease," writes Dr. Heidi Taipale, Kuopio Research Centre of Geriatric Care, University of Eastern Finland, Kuopio, Finland, with coauthors. "Benzodiazepines and Z-drugs are frequently prescribed for this population, and long-term use is typical. Pneumonia often leads to admission to hospital, and patients with dementia are at increased risk of death related to pneumonia." Dementia, of which 60-70 percent of cases are Alzheimer’s disease, is a risk factor for pneumonia, and many people with dementia are prescribed benzodiazepines and non-benzodiazepines (called Z-drugs), both of which have sedative effects.

22) **Medical News Today** reports:

- [Five of the Best Alzheimer’s Blogs](https://www.medicalnewstoday.com/articles/559364). Alzheimer’s disease is the most common form of dementia and affects more than 5 million people in the United States. After a diagnosis, many people with Alzheimer's and their families turn to the Internet for information on what to expect in the upcoming years. We have searched the web for the most helpful blogs for people affected by Alzheimer’s.

- [Cancer Mortality Rates Continue to Drop, According to National Report](https://www.medicalnewstoday.com/articles/559364). The latest Annual Report to the Nation on the Status of Cancer finds that, with the exception of two forms of cancer, 5-year survival rates for almost all cancer types have increased significantly.

- [A New Treatment for Antibiotic Resistant Bacteria and Infectious Disease](https://www.medicalnewstoday.com/articles/559364). A study, published in the *American Journal of Respiratory and Critical Care Medicine*, describes a new treatment pathway for antibiotic resistant bacteria and infectious diseases with benefits for patients and health care providers. Researchers from the University of Birmingham and Newcastle University found that the unusual approach of removing antibodies from the blood stream reduced the effects of chronic infections, the requirement for days spent in hospital and the use of antibiotics.
23) **MedlinePlus** reports:

- **As Weight Goes Up, So Does Death Risk.** Adults who become overweight or obese have a higher risk of dying from heart disease, cancer or other illnesses, a new study suggests. Further, the risk of dying increases in proportion to the amount of excess weight you gain, the researchers found. The results undercut the so-called "obesity paradox" -- a theory that obesity could protect the health of some people and even give them a survival advantage, said senior study author Andrew Stokes. He's an assistant professor of global health with the Boston University School of Public Health.

- **Good Sleep Does Get Tougher With Age.** Most people see their sleep habits shift as they age, but a new review suggests that some seniors lose the ability to get deep, restorative rest. And that can come with health consequences, said review author Bryce Mander, a sleep researcher at the University of California, Berkeley. Sleep "fragmentation" has been linked to a number of medical conditions, including depression and dementia, Mander said. People with fragmented sleep wake up multiple times during the night, and miss out on the deep stages of sleep. It is true that medical conditions, or the treatments for them, can cause sleep problems, according to Mander. But poor sleep can also contribute to disease, he added.

24) **Provider Magazine** reports:

- **ASU Research Project Studies How Music Affects Alzheimer’s Patients.** Provider Magazine reports an "innovative research project by Arizona State University...in conjunction with the Maravilla Care Center and the Phoenix Symphony" is bringing music to nursing home’s patients with Alzheimer’s disease. By doing so, researchers learn how music "affects persons with cognitive and behavioral impairments," by testing the saliva of selected residents to compare their anxiety levels "when listening to the music versus their most stressful regular activity: bathing." According to the "initial results of nurse ratings," patients are exhibiting "positive changes" in mood and behavior.

- **Tellis-Nayak: Compassion is Necessary to Long-Term Care.** In a piece for Provider Magazine, V. Tellis-Nayak, PhD, a senior research advisor at NRC Health, writes about the role of compassion, "the most divine of human virtues," in long term care. Tellis-Nayak notes, "It is rare that the person-centered agenda specifically caters to the noblest human instinct that yearns to transcend, to serve, and to give," adding it is in fact "a glaring deficiency in many well-funded programs. However, compassion thrives in innovative practices at many nursing centers." Tellis-Nayak insists that "kindness and compassion are deeply felt urges that seek fulfillment even as our body ages," and stresses the necessity of compassionate caregiving.

- **Experts Discuss Skilled Nursing Center Employee Safety.** Provider Magazine reports that focusing on employee safety at skilled nursing centers may "be a catalyst to recruit and retain younger workers," according to experts. Lyn Bentley, American Health Care Association vice president of quality and regulatory affairs explains that "sometimes unexpected things can happen" when caring for residents that "can’t provide assistance in their movements." She adds, workers "risk contracting bloodborne pathogens when coming into contact with a patient’s bodily fluids, or get irritated eyes from exposure to household cleaners and other chemicals." To solve the issue, some experts suggest addressing workflow to "reduce one-on-one handling to a minimum" and avoid long "frontline" work shifts for employees. Other solutions include improving communication between employees and safety managers, establishing employee safety programs, and rewarding staff for teamwork.

25) **McKnight’s** reports:

- **Price Tells House Members Medicaid is ‘Broken,’ Needs Focus on Fraud.** McKnight’s Long Term Care News reports that HHS Secretary Tom Price "criticized the Medicaid program as ‘broken’ and needing a stronger focus on fighting fraud and waste during a House subcommittee hearing Wednesday." Price testified at the hearing to "discuss the impact of President Donald Trump’s proposed budget plan on health programs," which calls for substantial cuts to the National Institutes of Health.
- **Flu Vaccination Rates for LTC Workers Lag Behind Other Health Care Facilities.** *McKnight’s Long Term Care News* reports, "People who work in health care facilities are nearly twice as likely to get a flu vaccine than people working in other industries, although long term care continues to lag, according to new research" published in the *American Journal of Infection Control*. The study, conducted by researchers at the Centers for Disease Control and Prevention, "found workers in the health care field to have the highest vaccination rate, at 62.3 percent of those surveyed," but "when the findings were broken down further to look at long term care settings, vaccination coverage dropped to 48.4 percent."

- **Long Term Care Providers Unlikely to See HIPAA Audit Changes Under Trump.** *McKnight’s Long Term Care News* reports industry experts say that long term care "providers are unlikely to see any major changes to Health Insurance Portability and Accountability Act audits" under the Trump Administration. Roger Severino, who was chosen to head HHS’ Office of Civil Rights, is expected to maintain the current level of audits. However, experts are unsure of "how the new administration’s stance on rolling back regulations will impact HIPAA audits."

- **More Targeted Medicare Claims Reviews Coming.** *McKnight’s Long Term Care News* reports that Jaclyn Warshauer, PT, national clinical director for Aegis Therapies, warned that a changing Medicare integrity program and improved data analytics will increase scrutiny for providers and lead them to receive more targeted claims reviews. Warshauer advised providers to improve their documentation and check they’re responding to development requests with quick, accurate document packets.

- **SNF Employment Growth Below National Average.** *McKnight’s Long Term Care News* reports, "The skilled nursing industry has shown the slowest average employment growth among health care sectors over the last 16 years, according to a new report" by Deloitte University Press. Data outlined in the report show "nursing care facilities had an 8.6 percent increase in job growth between 2000 and 2016, with a total of 130,500 jobs created." It was the only sector ranking below the national average. "The increases in the proportions of registered and licensed practical nurses from 2000 to 2015 were the biggest changes among skilled nursing titles, the report found." Registered nurses accounted for 13.6 percent of the SNF workforce in 2015, versus 10.8 percent in 2000, and "jumped from 10.1 percent to 11.9 percent." Nursing aides comprised "the biggest proportion of SNF workers at both mileposts, reaching 33.3 percent in 2015."

- **Nearly Half of Nursing Home Residents, Received ‘Questionable’ Medication in the Months Before Death.** *McKnight’s Long Term Care News* reports "nearly half of nursing home residents with dementia received at least one medication with limited benefits or unnecessary risks shortly before their death," researchers found in a study of Canadian nursing home residents. In total, they "found that more than 86 percent received at least one ‘medication of questionable benefit’ in their last 120 days of life," dropping to 66 percent in the last two weeks and 45 percent in the final week. The findings were published in the *Journal of the American Geriatrics Society*.

- **Researchers Urge Trump to Keep Medicare Bundled Payment Program Participation Mandatory.** *McKnight’s Long Term Care News* reports on a Health Affairs blog post by Brookings Institution researchers that urged President Trump not to allow "health care providers to opt out of testing bundled payment models." They warned that doing so "could deal a ‘severe blow’ to payment reform efforts and the future of the bundled payment program," adding that the move could also "have ripple effects for private payment reform efforts that attempt to complement CMS programs."

- **GAO Says CMS Must Improve Provider education on Improper Medicare Billing.** *McKnight’s Long Term Care News* reports that the Government Accountability Office said that CMS "missed out on opportunities to improve provider education as a way to combat improper Medicare payments." According to the GAO, "sufficient data is critical to making sure the MACs’ education efforts are targeting the areas most prone to improper billing." The agency "also took issue with the lack of education efforts for providers who refer patients for durable medical equipment and home health services."

26) **Interesting Fact:** “Facebook Addiction Disorder” is a mental disorder identified by Psychologists.
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