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!

**Interpretive Guidelines – CMS Emergency Preparedness Rule – Advanced Copy**

Late Friday afternoon (6-2-17), CMS released the advanced copy of the Interpretive Guidelines for the new CMS Emergency Preparedness Rule. [Click here](#) to view the related files shared with us by the Agency for Health Care Administration.

An important note or two:

- Per CMS, “for ease of understanding the guidelines, we have kept this copy as a clean copy without red italics. The final version that will be incorporated into the on-line SOM may vary slightly. The final SOM version is the final policy.”
- The guidelines, included after the S&C Memo ([click here](#)), are 72 pages long... be sure to read the memo explaining the Guidelines as it has important additional information.
- Please note that there are some differences between the SNF requirements and the ID/DD requirements (i.e., generators).

**Helpful Links:**

- Online copy of the Interpretive Guidelines, click [here](#).
- Visit the CMS webpage with all-things-emergency-preparedness (the FAQs, the IGs, etc.) click [here](#).
- Lost the links? Go to [www.LTCprepare.org](http://www.LTCprepare.org) and search for “CMS Emergency Preparedness Rule” and it will bring up the key websites and more.
- Looking for the TRACIE website? Click [here](#).
- The California Association of Health Facilities and the American Health Care Association have put together a Skilled Nursing Facility (SNF) and Intermediate Care Facility for Individuals with Intellectual and Developmental Disabilities (ICF/IID) Emergency Preparedness CMS Final Rule table summary. To review this summary and see a plethora of useable resources to implement the new emergency preparedness requirements, visit the ahcancalED website at [https://www.ahcancal.org/Pages/Default.aspx](https://www.ahcancal.org/Pages/Default.aspx) and log into the RequirED tab to see this extremely helpful document.

**IMPORTANT INFORMATION**

While the new Emergency Preparedness Final Rule Interpretive Guidelines ([click here](#)) affects all 17 CMS Providers and Suppliers, the [article linked above](#) (or [click here](#) to view it) focuses on the Interpretive Guidelines and Survey Procedures specific to LTC and ID/DD. The tags for emergency preparedness will be “E” Tags and accessible to both health and...
safety surveyors and LSC Surveyors. State survey agencies will have discretion regarding whether the LSC or health and safety surveyors will conduct the emergency preparedness surveys. **Note: Surveying for compliance with the emergency preparedness requirements does not begin before November 15, 2017.** The current survey processes and enforcement procedures for each provider and supplier type will remain the same until November 15, 2017.

**Safeguarding LTC Residents During the Summer Months**

As we have already had some warm to hot days, our thoughts need to shift to making sure our LTC facility residents are safeguarded against the coming summer heat. We all suffer in hot weather. However, for elderly and disabled people and those with chronic health conditions such as vascular disease or diabetes, the weather does not have to hit 100 degrees to cause heat stress or even deadly heat stroke. Please review your facility hot weather policies/protocols with all of your staff.

As we age, we gradually lose the ability to perspire and regulate our body temperature. This is why older people tend to overdress—they don't feel heat the same way anymore. Heart rates do not speed up or return to normal as fast during exercise. Older skin also thins and offers less protection from the sun. Poor circulation, heart, lung and kidney diseases and high blood pressure increase the risk for heat-related illness. Being overweight or underweight also increases risk.

Medications taken for a variety of diseases and symptoms can also interfere with one's ability to manage hotter weather. These medications include antipsychotic drugs commonly given to Alzheimer's patients to control agitation, anticholinergic drugs, tranquilizers, sedatives (including over-the-counter sleeping pills), amphetamines, diuretics and drugs to control blood pressure, antihistamines and some antidepressants.

A person with cognitive impairment, whether from disease or injury, may not be able to communicate distress. In some cases, they may not even "feel" the heat or discomfort because of changes in the brain's abilities to process sensory information or regulate their body's responses to heat.

**Tips for Staying Cool**

LTC facility staff can prevent a heat-related emergency (hyperthermia) by keeping residents cool, watching for signs of heat stress and following these tips for dealing with hot weather:

- **Wear cool clothing:** See that the resident is dressed in light-weight, light-colored, loose-fitting clothing, preferably of natural fabrics like cotton. Use hats and umbrellas outside. If the air conditioning appears to bother the person, offer layers, such as a long-sleeved shirt or sweater over the shoulders or a light cloth over the ankles.
- **Use air conditioning:** Keep the air conditioning between 75-80 degrees F. If you don't have air conditioning, using room fans to circulate inside air is permissible if used correctly.
- **Cover windows:** During the day, pull the curtains on all windows that are in direct sunlight.
- **Avoid direct sun:** Stay indoors during the hottest hours, 11 a.m. to 4 p.m. If the resident wants to be outside, make sure it's during cooler hours and that he or she is in the shade, on a covered porch or under an umbrella. Also check the news for information about temperatures, humidity levels and air pollution alerts.
- **Eliminate or limit physical activity:** If the resident's physician approves light exercise such as walking and movement exercises, limit them to short periods during cool hours.
- **Drink plenty of fluids:** Give the resident plenty of water and fruit or vegetable juice even if they say they're not thirsty. Seek medical help if you suspect dehydration.
- **Light meals:** Avoid hot, heavy meals.
- **Monitor medications:** Find out if the resident's medications increase his or her risk for heat stress. Be sure to ask a physician about all the medications being taken, including off-the-shelf items.
- **Take cool showers:** Help the resident take a cooling shower or bath.
- **Lay a cool, moistened towel over the forehead or back of the neck and replace often.**
- **Continually monitor all of the residents for any signs of heat related problems.**
• **Be alert:** Remember that a cognitively-impaired resident may not be able to tell you when he or she is feeling hot or ill. Also, older people tend to feel colder than younger people so they may not sense the danger of hotter weather.

**Signs of Heat-Related Problems**
All LTC facility staff should be educated to the signs of heat-related problems. Seek medical assistance for any of the following signs—and if you suspect heat stroke call 911 or medical personnel immediately.

- **Headache, nausea and fatigue are signs of at least some heat stress.**
- **Heat fatigue:** Cool, moist skin, a weakened pulse, feeling faint.
- **Heat syncope:** Sudden dizziness, pale, sweaty looking skin that is moist and cool to the touch, weakened pulse and rapid heart rate but normal body temperature (98.6 degrees, taken with a thermometer).
- **Heat cramps:** Muscle spasms in the abdomen, arms or legs after exercise. (Note that these may be caused by lack of salt, but do not give salt or salt tablets without consulting a physician.)
- **Heat exhaustion:** This is warning that the body is getting too hot. Watch for thirst, giddiness, weakness, lack of coordination, nausea and profuse sweating. Cold, clammy skin. Body temperature may be normal (98.6 degrees). Pulse is normal or raised slightly. Pupils may contract. Urination decreases and the person may vomit.
- **Heat stroke:** This is life-threatening. Immediate medical attention is required. Death can occur quickly when heat stroke occurs. Body temperature rises above 100 degrees F (some sources say 104 degrees F), and the person may become confused, combative, behave bizarrely, feel faint or stagger. Pulse is rapid. Skin is dry, flushed and may feel hot. Lack of sweating. Breathing may be fast and shallow. Pupils may widen or dilate. Delirium, seizures or convulsions, and coma are possible.

To alleviate symptoms for any heat-related problem and while waiting for medical help:

- Have the person lie down in a cool place.
- Elevate the feet.
- Apply cool, wet cloths or water to the skin, especially the head, groin and armpits, which cool quickly.
- Fan by hand or with an electric fan.
- If possible, give small sips of cool water (no salt without a doctor's approval)
- Do not use rubbing alcohol.

And remember—if you suspect heat stroke, call 911 or summon medical personnel immediately. Following a heat stress episode, a person will likely feel tired and weak for several days. Continued monitoring is important. The Illinois Department of Public Health (IDPH) has also posted their hot weather advisory bulletin on their website. The link is [http://dph.illinois.gov/topics-services/environmental-health-protection/hot-weather](http://dph.illinois.gov/topics-services/environmental-health-protection/hot-weather).

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**Trending Statistics**

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

**Why Do So Many Managers Avoid Giving Praise?**
One of the most difficult parts of a manager’s job is giving feedback. In a survey of 7,631 people, we asked whether they believed that giving negative feedback was stressful or difficult, and 44% agreed. When talking with managers about giving feedback we often hear comments such as, “I did not sleep the night before,” “I just wanted to get it over quickly,” “My hands were sweating and I was nervous,” and “They don’t pay me enough to do this job.” We find that because of this anxiety, some managers resist giving their direct reports any kind of critical feedback at all: when we
asked a different group of 7,808 people to conduct a self-assessment, 21% admitted that they avoid giving negative feedback.

Given how unpleasant giving critical feedback can be, perhaps that isn’t surprising. But what we were surprised to see is that even more people admitted that they avoided giving positive feedback! 37% of the people who took our self-assessment conceded that they don’t give positive reinforcement.

We can only conclude that many managers feel that it’s their job to tell their direct reports bad news and correct them when they make a mistake, but that taking the time to provide positive feedback is optional.

We think this is a mistake. Our research suggests that colleagues place a great deal of emphasis on receiving positive feedback – and that it colors their relationship with one another even more than does negative feedback.

We compared 328 managers’ self-assessments with results from 360-degree feedback surveys. Each leader was rated by an average of 13 respondents on a variety of behaviors, including “Gives honest feedback in a helpful way.” The raters who thought a person was effective in giving feedback were most influenced by the leader’s comfort and willingness to give positive reinforcement. Whether the manager gave negative feedback did not make a big difference — unless the leader avoided giving positive feedback. This was also true when we looked only at the ratings of direct reports.

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When we looked only at the managers’ self-assessments, however, we saw a different story. There was a strong correlation between people who believe they give “honest, straightforward” feedback and those who give negative feedback, regardless of whether they also give positive feedback.
Leaders obviously carry some incorrect beliefs about the value and benefits of different forms of feedback. They vastly underestimate the power and necessity of positive reinforcement. Conversely, they greatly overestimate the value and benefit of negative or corrective feedback. In all, they misjudge the impact negative feedback has on how they are perceived by their colleagues, bosses, and direct reports. Giving only negative feedback diminishes a leader’s effectiveness in the eyes of others and does not have the effect they believe it has.

Perhaps in an effort to provide employees with what they believe is direct, honest feedback, managers who prefer giving negative feedback may come across as only looking for what’s wrong. Some employees have described this as, “Quick to criticize and slow to praise.” While our findings don’t tell us why managers are so hesitant to give positive feedback, our work with leaders suggests that there could be a variety of reasons. Perhaps it starts with the perception that the really good managers are the tough graders who are not afraid to tell people what’s wrong. Possibly they believe that giving people positive feedback will encourage a subordinate to let up or coast. Maybe they are emulating their prior bosses who gave little praise, but who pointed out any mistake or weakness. Some may believe it a sign of weakness to praise subordinates. Maybe they just don’t know how to effectively deliver appreciation or praise. Or maybe they intend to give kudos, but feel so busy that the days slip by and they never quite remember to send out that note of praise for a job well done.

Giving positive feedback is really quite simple. It’s OK if it’s brief – it just needs to be specific, rather than a general remark of “good job,” and ideally occurs soon after the praise-worthy incident. Of course it’s also best when it’s sincere and heartfelt.

Our findings suggest that if you want to be seen as a good feedback-giver, you should proactively develop the skill of giving praise as well as criticism. Giving positive feedback shows your direct reports that you are in their corner, and that you want them to win and to succeed. Once people know you are their advocate, it should also make giving criticism less stressful and more effective.

**Article written by Jack Zenger and Joseph Folkman for Harvard Business Review.**
1) The following new federal Survey and Certification (S&C) Letters were released since the last issue of Regulatory Beat:


- **S&C 17-30 – NHs, Hospitals, CAHs** - Requirement to Reduce Legionella Risk in Healthcare Facility Water Systems to Prevent Cases and Outbreaks of Legionnaires’ Disease (LD). Legionella Infections: The bacterium Legionella can cause a serious type of pneumonia called LD in persons at risk. Those at risk include persons who are at least 50 years old, smokers, or those with underlying medical conditions such as chronic lung disease or immunosuppression. Outbreaks have been linked to poorly maintained water systems in buildings with large or complex water systems including hospitals and long-term care facilities. Transmission can occur via aerosols from devices such as showerheads, cooling towers, hot tubs, and decorative fountains. Facility Requirements to Prevent Legionella Infections: Facilities must develop and adhere to policies and procedures that inhibit microbial growth in building water systems that reduce the risk of growth and spread of legionella and other opportunistic pathogens in water.

- **S&C 17-31 – ESRD** - End Stage Renal Disease (ESRD) Facilities: Filling Saline Syringes at the Patient Treatment Station. Revised 06.06.17 """" Revised to Reflect a New Effective Date of July 2, 2017"""" Preparation of Medications: ESRD facilities must follow aseptic technique when preparing and administering intravenous medications; including the filling of syringes with sterile saline for use during the dialysis procedure. Pursuant to current recommendations from the Centers for Disease Control (CDC), ESRD facilities may not fill syringes with saline from the single dose saline bag or IV tubing connected to the patient at the dialysis station. To comply with recommended safe injection practices, the facility may acquire pre-filled syringes or may prepare saline syringes for an individual patient in a clean area away from the patient treatment area.

- **S&C 17-32 – ESRD** - End Stage Renal Disease (ESRD) Facilities: Cleaning the Patient Station. The Centers for Disease Control and Prevention (CDC) has recommended that a dialysis station, in order to prevent cross contamination, be completely vacated by the previous patient before the ESRD staff may begin cleaning and disinfection of the station and set up for the next patient. Precaution: CMS reiterates that patients should not be moved from the dialysis station until they are clinically stable.

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

- **Hospitals and SNFs: Reduce Legionella Risk in Water Systems** (See S&C 17-30 above) - Legionnaires’ disease kills 25 percent of those who are infected while getting treatment or residing in a health care facility. The bacterium Legionella can cause a serious type of pneumonia called Legionnaires’ Disease (LD) in persons at risk. In CDC investigations, 33 percent of US LD outbreaks occur in health care facilities. Outbreaks have been linked to poorly maintained water systems, including those of hospitals and Skilled Nursing Facilities (SNFs). These providers must develop and implement procedures that inhibit microbial growth and reduce the risk of spread of Legionella and other opportunistic pathogens. The CDC and its partners developed a toolkit to help health care facilities implement environmental and clinical standards for water systems. State surveyors will verify that hospitals and SNFs:
  - Conduct a risk assessment
  - Implement a water management program
  - Specify testing protocols
For More Information:
- CDC Resources
- Survey and Certification Memorandum

- **Hospices: Review First Provider Preview Reports by June 30.** Provider Preview Reports for the Hospice Item Set (HIS) are available with October 1, 2015, to September 30, 2016, data. If you believe your quality measure results are inaccurate, you can request a CMS review until June 30. This summer, CMS will release Hospice Compare data for the first time. You may continue to submit corrections to your HIS data for 36 months beyond the target date on a given assessment; corrections will be reflected in subsequent quarterly preview reports and Compare refreshes.

For More Information:
- Hospice Quality Public Reporting webpage
- Preview Report Access Instructions
- Hospice Public Reporting helpdesk: HospicePRquestions@cms.hhs.gov

- **Proposed Revisions to Long Term Care Facilities’ Arbitration Agreements.** CMS issued proposed revisions to arbitration agreement requirements for long term care facilities. These proposed revisions would help strengthen transparency in the arbitration process, reduce unnecessary provider burden and support residents’ rights to make informed decisions about important aspects of their health care. You may comment on the proposed rule until August 7. The Reform of Requirements for Long-Term Care Facilities Final Rule published on October 4, 2016 listed the requirements facilities need to follow if they choose to ask residents to sign agreements for binding arbitration. The final rule also prohibited pre-dispute agreements for binding arbitration. The American Health Care Association and a group of nursing homes sued for preliminary and permanent injunction to stop CMS from enforcing that requirement. The court granted a preliminary injunction on November 7, 2016. After that decision, CMS reviewed and reconsidered the arbitration requirements in the 2016 Final Rule. Complete text of this excerpted Fact Sheet (issued June 5, 2017).

- **New Medicare Cards Offer Greater Protection to More Than 57.7 Million Americans.** New cards will no longer contain Social Security numbers, to combat fraud and illegal use. CMS is readying a fraud prevention initiative that removes Social Security numbers from Medicare cards to help combat identity theft and safeguard taxpayer dollars. The new cards will use a unique, randomly-assigned number called a Medicare Beneficiary Identifier (MBI), to replace the Social Security-based Health Insurance Claim Number currently used on the Medicare card. CMS will begin mailing new cards in April 2018 and will meet the congressional deadline for replacing all Medicare cards by April 2019. On May 30, CMS kicked-off a multi-faceted outreach campaign to help providers get ready for the new MBI. “We’re taking this step to protect our seniors from fraudulent use of Social Security numbers which can lead to identity theft and illegal use of Medicare benefits,” said CMS Administrator Seema Verma. “We want to be sure that Medicare beneficiaries and healthcare providers know about these changes well in advance and have the information they need to make a seamless transition.” Providers and beneficiaries will both be able to use secure look up tools that will support quick access to MBIs when they need them. There will also be a 21-month transition period where providers will be able to use either the MBI or the HICN further easing the transition CMS is committed to a successful transition to the MBI for people with Medicare and for the health care provider community. CMS has a website dedicated to the Social Security Removal Initiative (SSNRI) where providers can find the latest information and sign-up for newsletters. CMS is also planning regular calls as a way to share updates and answer provider questions before and after new cards are mailed beginning in April 2018. See the full text of this excerpted CMS Press Release (issued May 30).

- **Hospices: Submit Adjustments to Correct Payment Errors.** Medicare has corrected most of the system errors associated with 2016 hospice service intensity add-on and routine home care payments; however, Medicare cannot accurately re-process claims for two issues. Hospices should submit claims adjustments as specified in MLN Matters® Special Edition Article SE17014.
• National Partnership to Improve Dementia Care and QAPI Call — Thursday, June 15 from 1:30 to 3 pm ET. To register or for more information, visit MLN Connects® Event Registration. During this call, learn about appropriate assessment and evaluation for the accurate diagnosis of schizophrenia and other mental disorders. Also, find out about the work of the Quality Innovation Network-Quality Improvement Organizations (QIN-QIOs) and how their efforts align with the National Partnership to Improve Dementia Care in Nursing Homes and Quality Assurance and Performance Improvement (QAPI). Additionally, CMS experts share updates on the progress of the National Partnership and QAPI. A question and answer session follows the presentations.

• Improvements to the Medicare Claims Appeal Process and Statistical Sampling Call — Thursday, June 29 from 1 to 3 pm ET. To register or for more information, visit MLN Connects Event Registration. Are you aware of recent regulatory changes to the Medicare claims appeal process? During this call, CMS and the Office of Medicare Hearings and Appeals (OMHA) discuss the HHS Medicare Appeals Final Rule, published on January 17, 2017. Learn about changes intended to streamline the administrative appeal processes, reduce the backlog of pending appeals, and increase consistency in decision making across appeal levels. For an overview of the Final Rule, see the HHS fact sheet. Did you know that certain appeals pending at OMHA may be eligible for more efficient adjudication through statistical sampling? Learn about the expansion of this program based on feedback from the pilot phase and how your participation may advance the adjudication of your appeals. A question and answer session follows the presentation.

• Required Workaround for Hospices Submitting RHC and SIA Payments at the End of Life MLN Matters Article — New. An MLN Matters Special Edition Article on Required Workaround for Hospices Submitting Routine Home Care (RHC) and Service Intensity Add-On (SIA) Payments at the End of Life is available. Learn about corrections to two errors for hospice payments that could result in overpayments.

• Medicare Basics: Parts A and B Claims Overview Video — Reminder. The Medicare Basics: Parts A and B Claims Overview video is available. Learn about Medicare claims, what you need to know before filing a claim, and how to submit a claim.

• Medicare Fraud & Abuse: Prevention, Detection, and Reporting Booklet — Reminder. The Medicare Fraud & Abuse: Prevention, Detection, and Reporting Booklet is available. Learn about:
  o Fraud and abuse definitions
  o Laws used to fight fraud and abuse
  o Government partnerships engaged in fighting fraud and abuse
  o Where to report suspected fraud and abuse

• Quality Payment Program Overview Web-Based Training Course — New. With Continuing Education Credit. A new Quality Payment Program Overview Web-Based Training course is available through the MLN LMS. Learn about:
  o Origin and goals of the Quality Payment Program (QPP)
  o Four performance categories within the Merit-based Incentive Payment System
  o Three criteria to be considered an Advanced Alternative Payment Model
  o Resources available for QPP

• Medicare Secondary Payer Booklet — Reminder. The Medicare Secondary Payer Booklet is available. Learn about:
  o Common situations when Medicare may pay first or second
  o Medicare conditional payments
  o Coordination of Benefits rules
  o The role of the Benefits Coordination & Recovery Center

Department and the Congress on the activities of the office during the 6-month periods ending March 31 and September 30. The semiannual reports are intended to keep the Secretary and the Congress fully and currently informed of significant findings and recommendations by the Office of Inspector General. This spring edition of the Semiannual Report to Congress covers OIG activities from October 2016 through March 2017. Historically, about 80 percent of OIG’s resources are directed to work related to Medicare and Medicaid. This is mirrored in the organization and content of the report.

- [Download the Spring 2017 Semiannual Report to Congress](#)
- [508-Compliant Version](#)

4) The Agency for Healthcare Research and Quality (AHRQ) reports:

- **New AHRQ Publications Summarize Evidence on the Diagnosis, Prevention and Treatment of Clostridium difficile.** New evidence-based publications from AHRQ can help clinicians and patients make informed decisions about the diagnosis, prevention and treatment of Clostridium difficile infections (C. diff), a type of bacteria that infects the large intestine. Anyone can get C. diff, but risks may increase for people who have taken antibiotics in the past 30 days, have a weak immune system from an ongoing illness or have been in the hospital or a long term care facility. *Diagnosis, Prevention, and Treatment of C. difficile: Current State of the Evidence* is a publication for clinicians that summarizes findings of an AHRQ-funded research review and identifies the strength of evidence supporting diagnostic tests, treatment options and prevention techniques. A companion plain-language publication, *Treating and Preventing C. difficile Infections*, can help patients and caregivers talk about C. diff treatment opt.

- **Backup Procedures Vital When Electronic Health Records Systems Go Down.** An analysis of more than 80,000 patient safety event reports at a large mid-Atlantic health system found 76 were caused by electronic health record systems that had stopped working, according to a recent AHRQ-funded study in *Journal of the American Medical Informatics Association*. In nearly three-quarters of those instances, however, correct downtime procedures either were not followed or did not exist. The most common safety incidents, recorded over a three-year period ending in January 2016, involved patient misidentification, the miscommunication of clinical information when ordering labs tests or seeking lab results and ordering incorrect medications. Study authors concluded that all facilities should reduce patient risks by developing and practicing procedures for downtimes that may occur during regular maintenance or due to equipment failures, power outages or cyber attacks. Access the [abstract](#).

- **A National Implementation Project to Prevent Catheter-Associated Urinary Tract Infection in Nursing Home Residents.** Catheter-associated urinary tract infections are considered preventable never events. This pre–post implementation project conducted in long term care facilities employed a multimodal intervention, similar to the *Keystone ICU project*. This sociotechnical approach included checklists, care team education, leadership engagement, communication interventions and patient and family engagement. The project was conducted over a 2-year period across 48 states. In adjusted analyses, this effort led to a significant decrease in catheter-associated urinary tract infections, despite no change in catheter utilization, suggesting that needed use of catheters became safer. A related editorial declares this project "a triumph" for AHRQ’s Safety Program for Long-term Care.

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

- HFS posted new public notices regarding HCBS Waivers. You may view the notices [here](#).
- HFS posted a new provider notice regarding Due Date for Payment of the Quarterly Licensed Bed Assessment. You may view the notice [here](#).
The Illinois Department of Public Health (IDPH) reports:

- The 2017 IDPH Town Hall Meeting schedule. Letters will be sent to the individual facilities in the regions prior to each meeting. Instructions for responding (will be included in the letter) or you can RSVP (at least three days before the scheduled meeting) to Lisa Reynolds via email at: lisa.reynolds@illinois.gov. Please include the date and location of the meeting in the Subject Line.
  - July 13, 1-3 PM | CCNH/Brookens Building-Champaign | 500 South Art Bartell Drive, Urbana, IL 61802
  - August 30, 1-3 PM | Willows Health Center | 4054 Albright Lane, Rockford IL 61103
  - September 19 or September 21 (PENDING) | Friendship Village | 350 W. Schaumburg Road, Schaumburg, IL 60194
  - September 28, 1-3 PM | Washington County Hospital | 705 South Grand Ave, Nashville, IL
  - October 24, 1-3 PM | Knox County Nursing Home
  - November 30, 1-3 PM | Dupage Convalescent Center | 400 North County Road, Wheaton IL 60817

7) The Illinois Department on Aging soon will be releasing a Questionnaire for Consumer Choice Website. The IL Dept on Aging will soon be sending out a letter and questionnaire to all long term care centers in Illinois. Filling out this form is mandatory and meets the requirement of the Illinois Act on the Aging 20 ILCS 105/1) (from Ch. 23, par. 6101) (c-5). This information will be housed on the Consumer Choice Website in an effort to provide consumers with information when making a choice for a long term care setting. Click here to see the initial version of the site. The website has many amenities that provide you the opportunity to explain all of the services and activities provided. Plus, you’ll be able to link your own website to it. Questions about the website may be directed to Chuck Miller, Deputy State Long-Term Care Ombudsman.

8) The American Health Care Association (AHCA) recently reported:

- Update on Pre-Dispute Arbitration Agreements. The U.S. Court of Appeals for the Fifth Circuit granted a motion to dismiss the pending preliminary injunction (PI) hearing in AHCA v Price (previously Burwell). This is good news. It means nursing facilities may continue to use pre-dispute arbitration agreements until the litigation is decided on its merits at the district court.

- CMS Reverses Arbitration Ban. AHCA/NCAL is pleased that the CMS has issued proposed revisions to the current arbitration agreement requirements for long term care facilities, that eliminate the ban on nursing care facilities entering into pre-dispute arbitration agreements with their residents (that ban has not taken effect because of the preliminary injunction entered by the federal court in the lawsuit brought by AHCA challenging the ban). AHCA will be submitting comments by the deadline of 60 days after the proposed rule is published in the Federal Register. For a summary of the proposed rule, see CMS fact sheet.

9) The Illinois Health Care Association has announced its CMS/RoP Education Series - for IHCA members only! The initial phase-in of RoP has already begun. Phases 2 and 3 of the new Requirements of Participation (RoP) are quickly approaching – November 27, 2017 and 2018 respectively. IHCA has put together an interactive workshop that will help you prepare to make the necessary changes to comply with the new RoP. Topics to be covered include an overview of the rule, person-centered care and care planning, discharge planning, infection control as well as tips and tools developed by AHCA to help you successfully implement new policies and procedures that are now required. To view complete brochure click here or register online by clicking on one of the following links:

- June 27—Valley Hi Nursing and Rehab, 2406 Hartland Rd., Woodstock Register Online-Woodstock
- July 13—Lexington Corporate Offices, 665 W. North Ave., Lombard Register Online-Lombard
- July 18—Infinity Healthcare Management, 240 Fenc Lane, Hillside Register Online-Hillside
- July 25—Holy Family Villa, 12220 Will Cook Rd., Palos Park Register Online-Palos Park
- August 1—Courtyard Estates, 117 N. Western Ave., Peoria Register Online-Peoria
- August 3—Mason Point, 1 Masonic Way, Sullivan Register Online-Sullivan
- August 10—Aviston Countryside Manor, 450 W. 1st St., Aviston Register Online-Aviston
States Struggle With Housing Aging Sex Offenders

The Atlantic reports that States Struggle With Housing Aging Sex Offenders. The Atlantic reports the case of William Cubbage, an octogenarian sex offender who committed additional sex offenses after being released from the Iowa Mental Health Institute in 2010 when state officials thought he was too sick to hurt anyone, has "forced Iowa legislators to consider how to handle a growing population of sex offenders in long term care facilities." The article adds that there are no federal regulations dictating how long term care facilities should handle sex offenders, and that lawmakers in various states are struggling to find solutions for maintaining safety in long term care facilities while also finding ways to place aging sex offenders in the least restrictive settings possible.
17) Senior Housing News reports on NIC: The Best and Worst Markets for Senior Living Occupancy. Senior Housing News reports, "Occupancy rates for assisted and independent living communities are either red hot or freezing cold, depending on where you look," according to a National Investment Center for Seniors Housing & Care (NIC) analysis of 31 primary markets. According to the NIC data, "Seattle, St. Louis, Chicago and Dallas reached near-record high occupancy rates for majority independent living properties in the first quarter, while two—Houston and San Antonio—saw record lows." As for assisted living occupancy rates over the last year, many experienced slowdowns, with 24 of the metro areas seeing occupancy declines in the first quarter of 2017 versus eight seeing gains when compared with last year’s totals. In the assisted living category, Cincinnati, St. Louis, Washington, D.C., Riverside, California, and Denver ranked among the cities faring the worst, with Houston, Phoenix, New York City, and San Diego faring the best.

18) Medscape reports:

- **Aerobic Exercise Reverses Alzheimer Symptoms.** Aerobic exercise can reverse the cognitive decline typical of Alzheimer’s disease, at least in the short term, a new meta-analysis suggests. "It’s not a huge improvement, but to be able to say there is any improvement is a pretty big deal," said Gregory Panza, a PhD candidate from the University of Connecticut in Hartford. This meta-analysis is the first to suggest that aerobic activity is more effective in reversing Alzheimer’s disease than resistance training. "What this can do is target the types of intervention that need to be given," Panza told Medscape Medical News.

- **Modified Version of Evidence-Based Delirium-Prevention Intervention Cut Risk for Postoperative Delirium in Elderly Surgical Patients by More Than Half.** Medscape reports, "A modified version of an evidence-based delirium-prevention intervention cut the risk for postoperative delirium in elderly surgical patients by more than half and significantly shortened median hospital stays," researchers found in a 377-patient study, the findings of which were published online in *JAMA Surgery*. The authors of an accompanying invited commentary observed, "This study highlights not only a feasible and effective intervention but also notably outcome measures that are most important to patients."

19) U.S. News and World Report reports on:

- **Depression Linked to Falls Among Elderly People, But Medication Can Offset.** U.S. News & World Report reports that depression may raise the risk of falls among elderly people, "but the proper dose of psychiatric medication may eliminate that risk, a new study suggests." In the study, a moderate rise in symptoms of depression among older people was linked with a 30 percent increase in falling within two years. "But when the researchers added medication use into the mix, the strength of the association between depressive symptoms and falls dropped to insignificant levels."

- **Studies Suggest Depression Not Inevitable When Growing Older.** U.S. News & World Report reports depression should not be considered part of growing older. The National Institutes of Health’s Senior Health website says "studies show that most older adults feel satisfied with their lives, despite having more illnesses or physical problems." Seniors may face difficult or sad life events, but "after a period of adjustment, many older adults can regain their emotional balance." Nevertheless, some older adults do develop depression, and it "may affect seniors differently than younger adults." Dr. Susan W. Lehmann, clinical director of the division of geriatric psychiatry and neuropsychiatry and director of the Geriatric Psychiatry Day Hospital at Johns Hopkins University School of Medicine, said, "The relationship between cognitive impairment and late-life depression is complex, because up to 20 percent of individuals with Alzheimer’s disease develop depression, and often depression is an early sign of the beginning of Alzheimer’s dementia." She adds that "these cognitive changes typically improve as the depression is treated."

20) The Washington Post reports:

- **Continuing Coverage: CDC Says Alzheimer’s Deaths on the Rise in U.S.** The Washington Post reports in continuing coverage that "a grim report" by the Centers for Disease Control and Prevention indicates that "death rates from Alzheimer’s climbed 55 percent from 1999 to 2014...and the number of Americans afflicted is
likely to rise rapidly in the coming years." According to the article, the CDC report "is based on state- and county-level death certificate data from the National Vital Statistics System, and CDC researchers said the sharp increase in death rates may be due to the aging population, earlier diagnosis and greater reporting by physicians."

- **U.S. Health Inequality Gap is Among World’s Largest.** The *Washington Post* reports that a new study published in Health Affairs says that the "divide between health outcomes for the richest and poorest Americans is among the largest in the world." According to the study, 38 percent of people in households making less than $22,500 a year "reported being in poor or fair health in a survey taken between 2011 and 2013." Meanwhile, only 12 percent of "individuals in households making more than $47,700 a year," reported being in "poor to fair health." The *Post* adds that among "the 32 rich and middle-income countries studied, only Chile and Portugal had a wider gulf."

21) **Provider Magazine** reports:

- **Multi-Tasking Among People With Cognitive Difficulties May Indicate Higher Risk of Falling in the Future.** *Provider Magazine* reported that a study published in the journal *Neurology* found that people who face cognitive difficulty while attempting to walk and speak simultaneously may present a higher risk of falling than those who do both with ease. Researchers found that for participants who walked, recited alternating letters of the alphabet while standing, and recited the letters while walking at a normal pace, "oxygen levels rose when the brain worked harder." The article suggests that this study "appears to be the first...to link brain activity changes that precede behavioral changes to risk of falls," and includes means for long term and post-acute care (LT/PAC) providers to apply the findings to health care services.

- **Medicare Changes Require Providers’ Immediate Attention.** *Provider Magazine* reports, in a 2523 word cover story, that long term and post-acute care (LT/PAC) providers must quickly familiarize themselves with new Medicare rules and regulations as Medicare moves "away from fee-for-service (FFS) reimbursement methods to those under the wide umbrella of value-based purchasing (VBP)." The story cites the American Health Care Association in reporting that data collection for some VBP programs, such as the Skilled Nursing Facility, has already started and will require providers’ immediate focus, even if those programs do not affect payment until 2018. The story adds, "AHCA said providers should know how they are trending and put plans in place to improve their scores" by following guidelines provided by AHCA.

- **Efficient Finance Department Crucial to Long-Term Care Provider Success.** In a *Provider Magazine* op-ed, attorneys Nancy Levitin, Jeffrey Neuman, and Katie Barbieri write, "In the skilled nursing care center world, all paths to getting paid emanate from the finance department." The trio describe "eight critically important features of an efficient finance department," including carefully designed admissions packets, "timely representative payee applications," "precautionary Medicaid applications," and limiting Growing Net Available Monthly Income (NAMI) debts.

22) **HealthDay** reports:

- **Proactive Bedbug Detection Best.** According to *HealthDay*, a new report concludes, "Preventing bedbugs in multi-unit housing is cheaper and more effective than dealing with pests after they’ve settled in." *HealthDay* states that the report’s authors analyzed "dozens of field studies on bedbug management" in concluding that proactive bedbug detection efforts and attempts to eliminate populations before spreading "stand the best chance at succeeding." *HealthDay* adds that the lead author of the study acknowledged that prevention efforts are expensive, but believes they are still likely worthwhile in the long run.

- **Roughly One Quarter of Nursing Home Residents Have Multi-Drug Resistant Bacteria.** *HealthDay* reports that an analysis reviewing eight previous studies conducted between 2005 and 2016 found that roughly one quarter of nursing home residents have some kind of multi-drug resistant bacteria. The findings were published in the American Journal of Infection Control. Dr. David Gifford, senior vice president of quality and regulatory affairs
for the American Health Care Association, said of the findings, "Everyone likes to point fingers, but we really don’t know where the bacteria came from. Some probably originated in the nursing homes, some in hospitals and some in the community. Ninety percent of admissions to nursing homes come from a hospital." He added, "The findings from this study reflect the fact that – in the U.S. in particular – we administer antibiotics much more frequently than is necessary. As you give out more and more antibiotics, you’re going to develop more antibiotic resistance."

23) Medical News Today reports:

- **New Antibiotic Packs a Punch Against Bacterial Resistance.** Scientists at The Scripps Research Institute (TSRI) have given new superpowers to a lifesaving antibiotic called vancomycin, an advance that could eliminate the threat of antibiotic-resistant infections for years to come. The researchers, led by Dale Boger, co-chair of TSRI's Department of Chemistry, discovered a way to structurally modify vancomycin to make an already-powerful version of the antibiotic even more potent. "Doctors could use this modified form of vancomycin without fear of resistance emerging," said Boger, whose team announced the finding in the journal *Proceedings of the National Academy of Sciences*. The original form of vancomycin is an ideal starting place for developing better antibiotics. The antibiotic has been prescribed by doctors for 60 years, and bacteria are only now developing resistance to it. This suggests bacteria already have a hard time overcoming vancomycin's original "mechanism of action," which works by disrupting how bacteria form cell walls.

- **One in Several American Adults Estimated to Have Chronic Kidney Disease.** The number of Americans affected by chronic kidney disease (CKD) is higher than previously estimated and affects 15 percent of the U.S. adult population, this according to new data analyzed by the Centers for Disease Control and Prevention (CDC). One in seven American adults, or 30 million people, are estimated to have CKD. However, 96 percent of those with early kidney disease (stages 1 and 2) don’t even know they have CKD. And of those with severely reduced kidney function, (stage 4) but not on dialysis, 48 percent, are not aware of having the disease.

24) Eurekalert reports:

- **Are Friends Better For Us Than Family?** The power of friendship gets stronger with age and may even be more important than family relationships, indicates new research by a Michigan State University scholar. In a pair of studies involving nearly 280,000 people, William Chopik found that friendships become increasingly important to one’s happiness and health across the lifespan. Not only that, but in older adults, friendships are actually a stronger predictor of health and happiness than relationships with family members.

- **New App to Help Improve Environments for People Living With Dementia.** The University of Stirling's Dementia Services Development Centre (DSDC) has today (Thursday, June 1) announced the development of a groundbreaking new app to help improve workplaces, public buildings and homes for people living with dementia. Working in collaboration with construction experts Space Group, the team is creating the first app of its kind in the world to digitally assess how suitable a residence, care facility or other environment is for older people and those living with dementia. The dementia database, called IRIDIS, will make a simple assessment of a person's home and recommend changes that can be made to the building.

- **For Older Adults, Antibiotics May Not be Appropriate Treatment for Some Urinary Tract Infections.** In a new research paper published in the *Journal of the American Geriatrics Society*, Thomas E. Finucane, MD, of the Johns Hopkins Geriatrics Center at Johns Hopkins in Baltimore, suggests that prescribing antibiotics for urinary tract infections (or "UTIs") may often be avoided among older adults.

25) MedlinePlus reports:

- **Sleepless Nights Could Pose Heart Risk Dangers.** Getting less than six hours of sleep a night may double the odds of dying from heart disease or stroke for people who already have risk factors for heart disease and diabetes, new research suggests. Known as metabolic syndrome, this cluster of risk factors can include high blood
pressure, high levels of LDL ("bad") cholesterol, high blood sugar, obesity, high levels of blood fats known as triglycerides and low levels of HDL ("good") cholesterol. Someone with at least three of these conditions has metabolic syndrome. "It is possible that improving sleep in people with metabolic syndrome may lead to a better prognosis, which means not worsening into cardiovascular disease or stroke that could ultimately lead to early death," said study lead researcher Julio Fernandez-Mendoza. He is a sleep psychologist at the Sleep Research and Treatment Center at Penn State’s Milton S. Hershey Medical Center.

- **New Combo Pill Offers Hope to Hepatitis C Patients Who Fail Other Treatments.** A pill that contains three powerful antiviral drugs might offer a cure for many hepatitis C patients who have failed other treatments, researchers report. The pill -- which contains the antiviral drugs sofosbuvir (Sovaldi), velpatasvir and voxilaprevir -- was nearly 100 percent effective in curing hepatitis C in patients whose disease returned after treatment with other antiviral drugs, the researchers said. "Currently, we have very good treatments for hepatitis C, and we are able to achieve a cure in over 90 percent of patients. So globally, although only a few patients relapse, it is still a significant number," said lead researcher Dr. Marc Bourliere, from the Hospital Saint Joseph in Marseilles, France. This new pill is being developed as a rescue treatment for patients who have failed other therapy, he said. When it was used as an initial treatment in another study, the combination pill fared no better than the usual treatment, he added.

- **5 Essential Tips for Hospital/LTC Patients and Their Visitors.** Infections picked up in the hospital can be serious, even life-threatening. But patients and their visitors can help prevent the spread of dangerous germs by keeping their hands clean, health care professionals say. The American Association of Nurse Anesthetists recommends the following five tips for all hospital patients and their visitors: Don't touch your face, eyes, nose, mouth or any open cuts or wounds after touching anything in the hospital room, such as bed rails, tables, doorknobs, TV remotes or the phone; Sanitize your cell phone before using it in the hospital; Wash your hands with soap or use an alcohol-based hand sanitizer before holding the hand of a patient or loved one; (This can help reduce -- but not eliminate -- germs such as *C. difficile*, which can cause diarrhea); Avoid eating with unclean hands (The U.S. Centers for Disease Control and Prevention advises patients and visitors to wash their hands before eating or preparing food. It's also important to sanitize your hands before and after changing bandages, using the restroom, blowing your nose or touching any surfaces): and Remind health-care providers to wash or sanitize their hands before performing a physical exam.

26) *McKnight’s* reports:

- **Quality Improvement Measures Reducing Readmission Rates, Not Costs.** *McKnight’s Long Term Care News* reports, "Quality improvement measures are working at reducing hospital readmissions, but they are not necessarily cutting costs for health care systems, according to a new study. Cedars-Sinai Department of Medicine researchers performed a systematic review on 50 quality improvement programs and more than 16,700 patients."

- **Medicare Beneficiaries Enrolling in Medicare Advantage Plans Increasing.** *McKnight’s Long Term Care News* reports a study by the Kaiser Family Foundation found that one-third of Medicare beneficiaries are currently enrolled in a Medicare Advantage plan as part of an increase in enrollment that has risen 71 percent since the institution of the Affordable Care Act in 2010. The authors wrote that the "trend...is continuing in 2017, and has occurred despite reductions in payments to plans enacted by the Affordable Care Act," adding, "As Medicare Advantage takes on an even larger presence in the Medicare program, careful stewardship and oversight by policymakers is needed to make sure that plans provide value to the Medicare program, and the 57 million beneficiaries it covers."

- **Majority of 2015 Legionnaires’ Disease Cases Traced to Health Care Facilities, CDC says.** *McKnight’s Long Term Care News* reports that on Tuesday, Centers for Disease Control and Prevention researchers "announced results of a study that found 76 percent of Legionnaires’ cases reported in 2015 could be traced to health care facilities," 80 percent of which "were linked back to long-term care facilities, followed by 18 percent at hospitals and 2 percent to both." Three days prior, "the Centers for Medicare & Medicaid Services issued a memo (see S&C 17-30 above) to surveyors explaining that health care providers soon will be expected to have policies in
place to reduce the risk of Legionnaires’." According to CDC Acting Director Anne Schuchat, MD, "Legionnaires’ disease in health care facilities is widespread, deadly and preventable."

- **LTC Providers Seen as Focus of Health Care Regulatory Enforcement.** Matt Curley, a partner at law firm Bass Berry & Sims, writes in a blog post at McKnight’s Long Term Care News that long term care providers remain in the regulatory spotlight, having "been involved in numerous closely-watched, high-profile legal battles involving government regulators and whistleblowers." According to Curley, the cases "often put years’ worth of claims at issue under the False Claims Act, the government’s primary civil enforcement statute in cases involving allegations of fraud in the submission of claims to government health care programs." Curley identifies key issues including medical necessity and individual liability, and advises that "by closely tracking the allegations in the enforcement actions brought against this sector of the health care industry, long-term care providers can take significant steps toward identifying risk areas and appropriately evaluating and addressing potential compliance issues when those issues arise."

- **Palliative Care: A Pathway to Value-Based Care for Nursing Homes.** Nursing homes are under mounting pressure to improve quality of care. The Centers for Medicare & Medicaid Services last year introduced new quality measures that hold nursing homes accountable for preventing or reducing hospital readmissions or emergency department visits for short-stay residents. This year, CMS is designing a value-based purchasing program for skilled nursing facilities, which will adjust reimbursement rates based on the quality of care they deliver. The program is scheduled for launch in 2019. As nursing homes work to adapt to the new payment and quality landscape, one compelling solution is to integrate palliative care, a form of person-centered interdisciplinary care focused on quality of life for the seriously ill.

- **OIG: Fraud Recoveries Drop to $2 Billion in Early 2017.** Bolstered by settlements from nursing home providers, federal health officials collected more than $2.04 billion in fraud and waste recoveries in the first half of fiscal year 2017, the Department of Health and Human Services Office of Inspector General said in a report to Congress. The agency’s semiannual report to lawmakers showed the OIG recovered less from healthcare providers in 2017 than the $2.77 billion it collected in the first half of FY 2016. The OIG also racked up 468 criminal actions, 461 civil actions and 1,422 exclusions of individuals or groups that violated federal healthcare programs. During the reporting period, the OIG also concluded investigations that resulted in more than $26.3 million in civil monetary penalties.

- **Home Gaining on LTC as Final Residence for Those With Alzheimer’s.** The majority of people with Alzheimer’s disease die in long term care facilities, although the percentage is decreasing, whereas the number of people with the disease who die at home is increasing, according to a new report released by the Centers for Disease Control and Prevention. Of those who died with Alzheimer’s disease in 2014, the most recent year studied:
  
  - 54.1% died in a nursing home or other long term care facility, compared with 67.5% in 1999;
  - 24.9% died at home, compared with 13.9% in 1999;
  - 6.6% died in a hospital, compared with 14.7% in 1999; and
  - 6.1% died in a hospice.

- **Dementia Care Toolkit Released.** The Long Term Care Community Coalition has released the Dementia Care Advocacy Toolkit. The project reflects two years of work supported by the Fan Fox and Leslie R. Samuels Foundation to help engage families and ombudsmen with information and tools to improve care. “Approximately 40 percent of people who reach age 65 will need nursing home care at some point,” said Richard Mollot, LTCCC’s executive director. “The majority of those residents are people with dementia.” The goal is to continue to reduce off-label use of antipsychotics for those with dementia. The toolkit is available in the Learning Center at www.nursinghome411.org. It includes user-friendly fact sheets that include Appropriate Dementia Care Practices, Resident & Family Recordkeeping, Standards for Nursing Home Services, and Resident Dignity & Quality of Life.

- **OIG Nursing Home Video Lacks Context.** McKnight’s Long Term Care News senior editor Elizabeth Leis Newman writes about an "Office of Inspector General video discussing nursing homes," titled "Eye on Oversight: Nursing
Home Abuse," that the OIG posted on Thursday. Newman states she wishes the three-minute video were longer, and says, "It tells, at best, about half of the story around the OIG and nursing homes." Newman states that the video lacks "context" in many areas, such as where it touts a reduction in the use of antipsychotics, without mentioning that much of this achievement is due to a "partnership between AHCA, CMS and LeadingAge, along with dozens of experts and thousands of individual providers."

- **NIC Report Shows Continued Decline in Skilled Nursing Occupancy.** McKnight’s Long Term Care News reports that a new study from the National Investment Center for Seniors Housing & Care shows that current trends suggest a decline in occupancy rates at skilled nursing homes. "Average occupancy over the last year was 82.9 percent, NIC reported, compared to 84.3 percent for the prior 12 months and 85.7 percent for the year before that. If those year-over-year decreases continue, ‘a new low will be expected later in 2017,’ the report reads."

27) **Interesting Fact:** On June 14, 1777 the Second Continental Congress adopted the United States flag. It wasn't until 1916 that Flag Day was officially declared, by Woodrow Wilson who was the United States president at the time. In 1949 National Flag Day was established in Congress, but it is not a federal holiday.

*If you have any questions or comments on any of the information contained in this publication, or to suggest content for future editions, please don’t hesitate to contact Bill Bell. If you’d like to be removed from this mailing list, simply reply to let us know. And as always, we welcome your feedback!*