Emergency Preparedness Update

As you may know from previous AHCA/IHCA communications, the Emergency Preparedness Final Rule was released on Friday, September 16, 2016. The rule impacts skilled nursing facilities (SNFs) and intermediate care facilities for individuals with intellectual disabilities (ICF/IIDs), but does not apply to assisted living providers.

On June 2, 2017, the Centers for Medicare & Medicaid Services (CMS) released the Emergency Preparedness Interpretive Guidance (IG), which can be found here. AHCA/IHCA members are highly encouraged to look through the IG. Providers will need to comply with the final rule by November 2017.

Click here for a summary AHCA put together of the IG for your use.

AHCA has an Emergency Preparedness Final Rule Webinar Series that can be found here. The next webinar will be on Thursday, July 13, 2:00 - 3:00 p.m. Eastern, with guest speaker J. David Weidner, MPH, REHS, MEP, CEM, Director of Emergency Management at the Health Care Association of New Jersey, and will focus on emergency exercise design in 60 minutes or less.

The Advanced Copy of the final interpretive guidelines and survey procedures released by CMS support the adoption of the all-hazards emergency preparedness program for all certified providers and suppliers. The CMS guidelines will be incorporated in your organization's State Operations Manual (SOM). In addition to what you can access through CMS, here is a link to the updated ASPR TRACIE CMS EP Rule: Resources at Your Fingertips document that includes links to resources applicable to a variety of providers and suppliers.

Developing a LTC Facility Fire Door Inspection Program

The adoption of the 2012 edition of the Life Safety Code® resulted in some new requirements for health care facilities, and the annual fire door inspection requirement certainly leads the list. This article will attempt to clarify what the requirements are. The clock is ticking. The first “annual” inspection should be accomplished by July 5, 2017 to be in compliance with CMS. Make your plans now to ensure compliance.
Section 5.2 from NFPA 80-2010, *Fire Door and Other Openings Protective*, identifies the minimum features and functions that should be documented on the inspection of fires doors. This language is pretty straightforward and is a good starting point for this new documented inspection requirement.

Fire door assemblies shall be inspected and tested not less than annually, and a written record of the inspection shall be signed and kept for inspection by the life safety code surveyor. The functional testing of fire door and window assemblies shall be performed by individuals with knowledge and understanding of the operating components of the type of door being subject to testing. Before testing, a visual inspection shall be performed to identify any damaged or missing parts that can create a hazard during testing or affect operation or resetting.

**Swinging Doors with Builders Hardware or Fire Door Hardware**

Fire door assemblies shall be visually inspected from both sides to assess the overall condition of the door assembly. As a minimum, the following items shall be verified:

- No open holes or breaks exist in surfaces of either the door or frame.
- Glazing, vision light frames and glazing beads are intact and securely fastened in place, if so equipped.
- The door, frame, hinges, hardware and noncombustible threshold are secured, aligned and in working order with no visible signs of damage.
- No parts are missing or broken.
- Door clearances do not exceed clearances listed in 4.8.4 and 6.3.1.7. Door edge to frame no more than 1/8 inch. The door undercut is no more than 3/4 inch.
- The self-closing device is operational; that is, the active door completely closes when operated from the full open position.
- If a coordinator is installed, the inactive leaf closes before the active leaf.
- Latching hardware operates and secures the door when it is in the closed position.
- Auxiliary hardware items that interfere or prohibit operation are not installed on the door or the frame.
- No field modifications to the door assembly have been performed that void the label.
- Gasketing and edge seals, where required, are inspected to verify their presence and integrity.

**Horizontally Sliding, Vertically Sliding and Rolling Doors**

Fire door assemblies shall be visually inspected from both sides to assess the overall condition of the door assembly. The following items shall be verified:

- No open holes or breaks exist in surfaces of either the door or frame.
- Slats, endlocks, bottom bar, guide assembly, curtain entry hood and flame baffle are correctly installed and intact.
- Glazing, vision light frames and glazing beads are intact and securely fastened in place, if so equipped.
- Curtain, barrel and guides are aligned, level, plumb and true.
- Expansion clearance is maintained in accordance with manufacturer’s listing.
- Drop release arms and weights are not blocked or wedged.
- Mounting and assembly bolts are intact and secured.
- Attachments to jambs are with bolts, expansion anchors or as otherwise required by the listing.
- Smoke detectors, if equipped, are installed and operational.
- No parts are missing or broken.
- Fusible links, if equipped, are in the location: chain/cable, s-hooks, eyes and so forth, are in good condition (i.e., no kinked or pinched cable, no twisted or inflexible chain) and links are not painted or coated with dust or grease.
- Auxiliary hardware items that interfere or prohibit operation are not installed on the door or the frame.
- No field modifications to the door assembly have been performed that void the label.

Inspection shall include an operational test for automatic-closing doors and windows to verify that the assembly will close under fire conditions.
Assembly shall be reset after a successful test.

Resetting of the release mechanism shall be done in accordance with manufacturer’s instructions.

Hardware shall be examined, and inoperative hardware, parts or other defects shall be replaced without delay.

Tin-clad and kalamein doors shall be inspected for excessive wears and stretching.

Chains or cables employed shall be inspected for excessive wear and stretching.

**Lubrication and Adjustments**
- Guides and bearings shall be kept well lubricated to facilitate operation.
- Chains and cables on biparting, counterbalanced doors shall be checked, and adjustments shall be made, to ensure latching and to keep the doors in proper relation to the opening.

**Prevention of Door Blockage**
- Door openings and the surrounding areas shall be kept clear of anything that could obstruct or interfere with the free operation of the door.
- Where necessary, a barrier shall be built to prevent the piling of material against sliding doors.
- Blocking or wedging of doors in the open position shall be prohibited.

**Maintenance of Closing Mechanisms**
- Self-closing devices shall be kept in working condition at all times.
- Swinging doors normally held in the open position and equipped with automatic-closing devices shall be operated at frequent intervals to ensure operation.
- All horizontal and vertical sliding and rolling fire doors shall be inspected and tested annually to check for proper operation and full closure.
- Resetting of automatic-closing devices shall be done in accordance with the manufacturer’s instructions.
- A written record shall be maintained and made available to the LSC surveyor.
- When the annual test for proper operation and full closure is conducted, rolling steel fire doors shall be drop-tested twice.
  - The first test shall check for proper operations and full closure. The second test shall be done to verify that the automatic-closing device has been reset correctly.
- Fusible links or other heat-actuated devices and release devices shall not be painted.
- Paint shall be prevented from accumulating on any movable part.

**Repair of Fire Doors and Windows**
- Damaged glazing material shall be replaced with labeled glazing.
- Replacement glazing materials shall be installed in accordance with their individual listing.
- Any breaks in the face covering of doors shall be repaired immediately.
- Where fire doors, frame or any part of its appurtenances is damaged to the extent that it could impair the door’s emergency function, the following actions shall be performed:
  - The fire door, frame, door assembly or any part of its appurtenances shall be repaired with labeled parts or parts obtained from the original manufacturer;
  - The door shall be tested to ensure emergency operation and closing upon completion of the repairs.
- If repairs cannot be made with labeled components or parts obtained from the original manufacturer retrofitted in accordance with Section 5.3, the fore door frame, fire door assembly or appurtenances shall be replaced.
- When holes are left in a door or frame due to changes or removal of hardware or plant-ons, the holes shall be repaired by the following methods:
  - Install steel fasteners that completely fill the holes.
  - Fill the screw or bolt holes with the same material as the door or frame.
Retrofit Operators

- The operator, governor and automatic-closing device on rolling steel fire doors shall be permitted to be retrofitted with a labeled retrofit operator under the conditions specified below:
  - The retrofit operator shall be labeled as such.
  - The retrofit operator shall be installed in accordance with its installation instructions and listing.
  - The installation shall be acceptable to IDPH or federal CMS.
  - The retrofit operator shall be permitted to be provided by a manufacturer other than the original manufacturer of the rolling steel fire door on which it is retrofitted, provided its listing allows it to be retrofitted on that manufacturer’s doors.

Do not hesitate to contact the IDPH Life Safety Code Division if you have any questions 217-782-7412.

Navigating the New Rule: Infection Prevention and Control Program

The addition of the word “PREVENTION” into the previous regulation for a nursing center’s infection control program signals an important evolution in the regulations aimed at the new challenges nursing centers face in reducing morbidity and mortality from infection.

These new requirements, recently outlined by the Centers for Medicare & Medicaid Services (CMS) in the revised appendix PP of the SOM for regulation 483.80, are the topic of this second installment in the series.

This emphasis on prevention has come about in all health care settings because of the challenges we face in effectively treating many acute infections, and controlling transmission of communicable diseases. Two challenges make this harder to achieve today in nursing centers.

First, infections in today’s health care institutions are increasingly caused by organisms that are resistant to standard antibiotic therapy (MRSA, for example). Second, in today’s nursing centers, we care for frailer elders who are at greater risk for infection in many cases, and when they have a severe infectious disease, they are less able to overcome the sustained physiological consequences.

Thus, it is not surprising that recently published work has shown that sepsis is the major cause of hospital admissions for elderly nursing center residents and hospital discharges, and is associated with high mortality rates.

The Centers for Disease Control and Prevention (CDC) has been focused on this challenge in recent years, with numerous publications, tools, and pathways related to prevention and antibiotic stewardship in all health care settings.

While regulations for nursing centers have always addressed these topics, the current updates represent a more aggressive and proactive approach to infection. For example, new regulations are provided about the need for a surveillance system designed to both report and minimize spread of communicable disease, alcohol-based hand rub and handwashing policies and other standard and transmission-based precautions.

In addition, policies are required on restricting employees with a communicable disease or infected lesions from direct contact with residents or food, and documenting how such risk to residents is minimized.

CDC also highlights the importance of restrictions on visitors with potentially communicable diseases.

Influenza and pneumococcal vaccination are also highlighted in the new regulations. The regulation includes education of residents and their representatives about the benefits and risks of vaccination. At the same time, the regulation acknowledges resident or resident representative choice, as well as situations when immunizations are contraindicated, and includes a requirement for documentation of vaccinations given or refused.
According to CDC, studies have found that less than 50 percent of health care workers and organizations consistently meet the known best-practice guidelines. This is consistent with a point I made in a last year’s column: F441, Infection Control, was the most frequently cited F tag in close to 50 percent of surveys.

While the fully developed infection prevention and control program, along with antibiotic stewardship regulations, are included in Phase 2 of the new rule, starting now to ensure you are developing and implementing the compliant and effective policies and procedures will ensure you are on track.

The new RoPs also require that each facility must designate one or more individuals as the Infection Preventionist(s)/(IP)(s) who is responsible for the facility’s Infection Prevention and Control Program (IPCP). The IP must: have primary professional training in nursing, medical technology, microbiology, epidemiology or other related fields; be qualified by education, training, experience or certification; work at least part-time at the facility; and have completed specialized training in infection prevention and control. The IP must also be a member of the facility’s quality assessment and assurance committee and report to the committee on the IPCP on a regular basis. The IP requirement is to be implemented in Phase 3 on November 28, 2019.

IHCA and AHCA have partnered to bring you a new quality improvement resource that will meet the new Infection Preventionist specialized training requirement finalized by CMS in the RoPs for long term care centers. The Infection Preventionist Specialized Training (IPCO) course provides specialized training for health care professionals who seek to serve as Infection Preventionists. Through this course, individuals will be specially trained to effectively implement and manage an Infection Prevention and Control Program at their nursing center. This course is an online, self-study program with 23 hours of training. It includes online lectures, case studies and interactive components taught by an array of experts from around the country. To learn more, see the Infection Preventionist Specialized Training (IPCO) slides. To register, just click here.

**Authored in part by Andy Kramer, MD and printed in Provider Magazine.**

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### Trending Statistics

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

**Report: Seniors Healthier, But Retirement Savings Will Matter For Future Results**

- America’s seniors are enjoying better healthcare than ever before, but rising costs and health savings shortfalls could put seniors’ health at risk in the future, according to UnitedHealth Group’s 2017 America’s Health Rankings Senior Report.

- Since 2013, preventable hospitalizations among Medicare beneficiaries 65 and older have fallen by 25% and hospital readmissions are down by 7%. The report also shows declines in hospital deaths (30%) and visits to the ICU in the last six months of life (9%).

- However, 62% of retired seniors over 65 and nearly three-fourths of working adults age 50 to 64 have not built up adequate health savings to meet future needs.

Over the past 50 years, the number of Americans over age 65 has more than doubled, according to an August 2016 report by the Congressional Budget Office. Medicare outlays are expected to remain at about 3% of the Gross Domestic Product until 2018 and then increase on an annual basis through 2026. The result will be an uptick in the annual federal budget shortfall of $1.2 trillion in 2026, mainly due to spending on healthcare and retirement programs.
The size of a person’s retirement savings can predict future health, according to the report, which was released in collaboration with the Alliance for Aging Research. Seniors and future retirees with $20,000 or less in savings are more likely to have chronic diseases and other health problems than those with larger savings.

But half of retired seniors and 36% of those in the younger age group said they didn’t know how much money they’d need to pay for anticipated and unexpected healthcare costs.

Still, for those who can afford it, clinical care is improving outcomes and longevity. A 2016 study in *JAMA Internal Medicine* found the incidence of dementia among Americans 65 and older dropped from 11.6% in 2000 to 8.8% in 2012, in part due to better education and control of cardiovascular risk factors.

But while older Americans have more health issues, they lag behind their younger counterparts in seeking medical information on the internet. A report last year in the Journal of the American Medical Association found that just 18% of Medicare beneficiaries in a national aging study used symptom checkers and other online sources to improve their health.

Minnesota topped the states as the healthiest place for seniors, followed by Utah, Hawaii, Colorado and New Hampshire. California and South Dakota showed the most improvement, moving from 28th to 15th place in the rankings and 25th to 15th place, respectively. The report cites reductions in obesity, smoking and physical inactivity for the golden state’s uptick.

Notably, all but one of the lowest-ranked states were in the south: Mississippi, Kentucky, Oklahoma, Louisiana, Arkansas and West Virginia.

“Though clinical care for our nation’s seniors is improving, new data in this report show that seniors are facing higher social and economic barriers that are putting their overall health at risk,” Rhonda Randall, senior adviser to United Health Foundation and chief medical officer and executive vice president of UnitedHealthcare Retiree Solutions, said in a statement. “Rising rates of obesity and food insecurity, especially when paired with the potential shortfalls in health care savings of many current and future seniors, underscores the need for action to help seniors live healthier lives.”

**Reprinted out of Healthcare Dive.**

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

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

- **S&C 17-34 – All** - New Guidance for the Formatting of the Plans of Correction. Providers/Suppliers and Clinical Laboratory Improvement Amendments (CLIA) Laboratories will no longer be required to write their PoC (for CLIA, this includes AOCs) on the right side of the CMS Form 2567. Providers/Suppliers or CLIA Laboratories may submit their PoC/AOC as a separate document attachment or may continue to document the PoC on the right side of the CMS Form 2567. The Laboratory Director or Provider/Supplier Representative’s signature is still required on the first page of the CMS Form 2567 for the PoC/AOC. The PoC/AOC can be sent as an attachment to the signed first page of the CMS Form 2567.

- **S&C 17-35 – All** - Reasonable Assurance Will Apply to Providers and Suppliers Who Voluntarily Terminate and Seek New Certification If a Termination Action by the State Agency Had Been Initiated. Reasonable assurance will be applied to providers and suppliers once a termination action has been initiated by a State Survey Agency...
and the entity was allowed to terminate Medicare participation voluntarily before the termination action was made effective. See Section 2016 and 2017 of the State Operations Manual (SOM).

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

- **McKnight’s** reported that Evan Shulman, CMS Deputy Director in the Division of Nursing Homes, Survey and Certification Group, speaking at the AADNS Show in Leesburg, VA, announced that the Interpretive Guidelines for the new RoP survey process could be released over the next few weeks. Surveyors will likely begin training in July. Under the new computer-based survey process, which combines elements of the traditional survey process and the Quality Indicator Surveys, all F-tags will be changed. The new F-tags will start at 540 and go up. But they should not be assumed to correspond with the old tags. There will be a cross-reference check, likely released in the fall, called a ‘cross-walk’ for those deciphering the new tags.

- **CMS Extends Comment Period For SNF Payment Revisions.** On Thursday (6-22-17) at a SNF Open Door Forum hosted by the CMS, "Federal regulators announced...they are extending the comment period for a proposal to revise the skilled nursing facility prospective payment system case-mix methodology." Stakeholders have "an additional 60 days to submit comments," which will "revise the case-mix methodology" and "replac[e] the RUG-IV with the RCS-I case mix model." CMS said in a statement that the "organizations stated that by providing all stakeholders additional time to review and comment upon the ANPRM, they will be able to conduct a more comprehensive review of the refinements we are considering to the SNF PPS payment methodology and provide more meaningful comments."

- **HHS publishes the ASPR TRACIE Express Newsletter.** This issue of The Express includes: links to the recently published EMS Infectious Disease Playbook (and related webinar recording); information on recent and upcoming ASPR TRACIE webinars; links to new resources; reminders regarding the CMS Emergency Preparedness rule and draft interpretive guidelines; and a link to the newest report published by the Health Care Industry Cybersecurity Task Force.

- **Coming in April 2018: New Medicare Card – New Number.** Medicare is taking steps to remove Social Security numbers from Medicare cards. In April 2018, people with Medicare will begin receiving new Medicare cards, replacing all cards by April 2019. These cards will have a Medicare Beneficiary Identifier (MBI) number that is randomly generated with “non-intelligent” characters that do not have any hidden or special meaning. If you currently send Railroad Retirement Board (RRB) Medicare claims to the RRB Specialty Medicare Administrative Contractor, Palmetto GBA, you will notice a change with the new cards:
  - You will no longer be able to distinguish people with Railroad Medicare by the number on the card
  - The RRB will continue to send cards with the RRB logo to people with Railroad Medicare.
  - We will return a message on the eligibility transaction response for a Railroad Medicare patient. The message will say, “Railroad Retirement Medicare Beneficiary” in 271 Loop 2110C, Segment MSG.
  - If you use eligibility service vendors to check patient Medicare eligibility, contact them to find out how to get this and other information.

Keep your colleagues up to date on the transition to the MBI by posting a widget to your webpage.

- **SNF QRP Review and Correct Reports Available.** Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) Review and Correct reports are available on demand in the CMS Certification and Survey Provider Enhanced Reporting (CASPER) application. Log into the CMS Network using your CMSNet user ID and password to access the “Welcome to the CMS QIES Systems for Providers” webpage, then select the CASPER Reporting link to locate your reports.

  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 calendar year quarter is “open” or “closed”

Note: Quality measure data for Quarter 1, 2017 has been recalculated and providers are encouraged to request the corrected report to view updated measure results.

- **Hospice QRP: Clarifying Coding Guidance for Hospice Item Set.** CMS is clarifying coding guidance for Response option J, Self-pay for Item A1400 on V2.00.0 of the Hospice Item Set. For more instruction, review the updated guidance as well as the master guidance on A1400 located on the Hospice Item Set (HIS) webpage.

- **Hospices: Reminder to Review 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

- **Hospice Election Statements Lack Required Information or Have Other Vulnerabilities.** After a stratified random sample review of hospice election statements and certifications of terminal illness, the Office of the Inspector General (OIG) reports that more than one-third of hospice General Inpatient (GIP) stays lack required information or had other vulnerabilities.
  - Hospice election statements did not always mention – as required – that the beneficiary was waiving coverage of certain Medicare services by electing hospice care or that hospice care is palliative rather than curative
  - In 14 percent of GIP stays, the physician did not meet requirements when certifying that the beneficiary was terminally ill and appeared to have limited involvement in determining that the beneficiary’s condition was appropriate for hospice care

  Hospices should improve their election statements and ensure that physicians meet requirements when certifying beneficiaries for hospice care. Resources:
  - Hospice Payment System Booklet: Includes a section on the hospice election statement
  - Hospices Should Improve Their Election Statements and Certifications of Illness OIG Report
  - Documentation Requirements for the Hospice Physician Certification/Recertification MLN Matters® Article
  - Sample Hospice Election Statement MLN Matters Special Edition Article

- **Improvements to the Medicare Claims Appeal Process and Statistical Sampling Call — Thursday, June 29 from 12 to 2 pm CST.** Register for Medicare Learning Network events. 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.

- **Creating and Verifying Your National Provider Identifier Call — Wednesday, July 12 from 1 to 2:30 CST.** Register for Medicare Learning Network events. It is now easier to create, verify or look up your National
Provider identifier (NPI) using the National Plan and Provider Enumeration System (NPPES). During this call, CMS experts provide step–by-step details on the improved NPPES process. A question and answer session follows the presentation.

- **Complying with Medical Record Documentation Requirements — Revised.** A revised [Complying with Medical Record Documentation Requirements](#) Fact Sheet is available. Learn about:
  - Proper medical record documentation requirements
  - How to provide accurate and supportive medical record documentation

- **2018 ICD-10-CM Code Files Available.** The 2018 ICD-10-CM code files are now available on the [2018 ICD-10 CM and GEMs](#) webpage. This includes the 2018 tabular and index, as well as code descriptions and addendum files:
  - 2018 General Equivalence Mappings (GEMs) will be posted in August
  - 2018 ICD-10-CM guidelines, present on admission exempt codes, and conversion table will be posted later, once they are finalized and received from the Centers for Disease Control and Prevention.

- **Diagnosis and Treatment of Parkinson’s Disease Webinar — Wednesday, June 28 from noon to 1:30 pm ET.** [Register](#) for a webinar on the recognition of Parkinson’s disease, treatment options, importance of an interdisciplinary care team treatment and impact of the illness on affected older adults, including Medicare-Medicaid enrollees and their caregivers. Continuing Medical Education (CME) and Continuing Education (CE) credit may be available at no additional cost to participants; see the registration page for more information.

- **My Entity Just Experienced a Cyber-Attack! What Do We Do Now?** [A Quick-Response Checklist from the HHS, Office for Civil Rights (OCR)](#). Has your entity just experienced a ransomware attack or other cyber-related security incident and you are wondering what to do now? This guide explains, in brief, the steps for a HIPAA covered entity or its business associate (the entity) to take in response to a cyber-related security incident.

- **Special Focus Facility Initiative.** This webpage offers a list of nursing homes that (a) have had a history of serious quality issues and (b) are included in a special program to stimulate improvements in their quality of care. Please take a minute to review this background information on our “Special Focus Facility” initiative. The background here will help you be as informed as possible when you discuss your long term care options with any nursing home that is listed here — and what they are doing to improve their quality of care.

3) The [U.S. Office of the Inspector General (OIG)](#) recently reported on Change of Ownerships. A 2016 OIG report noted that providers may not be informing CMS of ownership changes. Providers must update their enrollment information to reflect changes in ownership within 30 days. Owners are individuals or corporations with a 5 percent or more ownership or controlling interest. Failure to comply could result in revocation of a provider/supplier’s Medicare billing privileges. Most providers and suppliers must report any changes of ownership, including a change in an authorized or delegated individual, within 30 days; and all other informational changes within 90 days (42 CFR 424.516e). If a provider/supplier has any questions, they should contact their MAC at the toll-free number. That number is available at [http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLNMattersArticles/index.html](http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLNMattersArticles/index.html).

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

- HFS posted a new provider notice regarding **2017 Long Term Care (LTC) Cost Report Forms and Instructions.** You may view the notice [here](#).

- HFS posted a new notice regarding **a System Issue for Place of Service Code 02.** You may view the notice [here](#).

- HFS posted a new provider notice regarding the **Annual Provider Blood Lead Screening Report.** You may view the notice [here](#).
5) 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

6) The American Health Care Association (AHCA) and Illinois Health Care Association (IHCA) recently reported:

- Senate Introduces Draft Repeal and Replace Bill. Today, the Senate released its draft proposal to repeal and replace the Affordable Care Act. Unfortunately, the proposed bill includes deep Medicaid cuts that will be catastrophic to the already-underfunded long term care profession and threaten the quality care we provide every single day. It is disappointing that this bill takes significant funding away from those whom Medicaid is designed to protect. This memo will provide an overview of the draft bill, outline the next steps we expect in the legislative process, and discuss how you can help. Also, click here to view an AHCA/NCAL Summary document.

- CMS/Training for RoP Infection Preventionist Requirement. IHCA and AHCA have partnered to bring you a new quality improvement resource that will meet the new Infection Preventionist specialized training requirement finalized by CMS in the Requirements of Participation (RoP) for long term care centers. The Infection Preventionist Specialized Training (IPCO) course provides specialized training for healthcare professionals who seek to serve as Infection Preventionists. Through this course, individuals will be specially trained to effectively implement and manage an Infection Prevention and Control Program at their nursing center. IHCA and AHCA are committed to ensuring nursing centers are fully prepared to meet the rigors of the new RoP requirements. This course is an online, self-study program with 23 hours of training. It includes online lectures, case studies and interactive components taught by an array of experts from around the country. To learn more, see the Infection Preventionist Specialized Training (IPCO) slides. To register, just click here.

- CMS/RoP Education. IHCA has put together an interactive workshop that will help you prepare to make the necessary changes to comply with the new RoP Phase 2, which has a deadline of this November. 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 the complete brochure, click here or you may register online by clicking on the links for the various locations listed below. We hope to see you there!
  - July 13—Lexington Corporate Offices, 665 W. North Ave., Lombard Register Online-Lombard
  - July 18—Infinity Healthcare Management, 240 Fencl 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
  - August 11—Franklin Hospital, 201 Bailey Lane, Benton Register Online-Benton
AARP Scorecard Measuring State Long Term Services and Support (LTSS). Earlier this week AARP issued the third report since 2011 updating its State LTSS Scorecard to measure progress on rebalancing. It measures states across five dimensions of LTSS performance: affordability and access, patient choice, quality, family care giver support, and transitions (http://www.longtermsscorecard.org/). We are bringing this to your attention in case you receive any media inquiries about your states' rankings.

AHCA Your Top-Line Publication, Produced by Trend Tracker. On June 27, you will receive in your email inbox the latest Your Top-Line publication, produced by LTC Trend Tracker. The report will be sent with the subject line Trend Tracker Publication. This resource highlights metrics and graphics outlining your facility’s progress on Five-Star performance, the AHCA/NCAL Quality Initiative, and other necessary data to help you achieve your desired goals. In order to keep the email from being sent to your clutter or spam folder, be sure to add the address the report will be sent from, join.support@ltctrendtracker.com, to your Safe Sender list. If you misplace the email containing the link to Your Top-Line, don’t worry because LTC Trend Tracker keeps these publications saved in your account. After logging in, click on Manage Publications and then View and Download Publications. It will then allow you to select the publication you wish to view. We look forward to continuing to provide Your Top-Line publications on a quarterly basis with the latest benchmarking data. If you have any questions, please email help@ltctrendtracker.com, and add the address to your Safe Sender list.

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

11) Medscape reports on Nurses and the Recognition of Delirium in Hospitalized Patients. The detection of delirium is essential in the care of the hospitalized older patient. Although delirium can pose life-threatening risks, documentation of its occurrence is often inadequate and must be standardized. A recent retrospective study reviewed the documentation of patients with known diagnoses of delirium. Among all reviewed charts, only one patient’s medical record contained a delirium diagnosis; all others contained only various descriptors associated with delirium. The terms used most often by physicians were confusion and mental status changes, and disorientation was used most often by nurses. Discharge and transfer summaries lacked any mention of the diagnosis of delirium. This study demonstrates the great need for common terminology, documentation, and communication with respect to delirium among hospitalized older adults. Furthermore, instruments to measure delirium must be available to all staff.

12) The American Alzheimer’s Association spotlights Caretaker Fatigue and Resources. Most of the 15 million Americans who are providing unpaid care for someone with Alzheimer’s or another form of dementia feel they could use more help, according to a new survey from the Alzheimer’s Association. Two-out-of-three caregivers felt isolated or alone in their situation, and 84 percent of them would like more support with care-giving tasks, particularly from their family, according to the survey. The Alzheimer’s Association released the survey in conjunction with June’s Alzheimer’s & Brain Awareness Month. The organization is taking advantage of the national spotlight to provide fresh resources for those battling the disease, such as caregiver workshops, a video series that features insights from those living with Alzheimer’s, and a new infographic with tips on tackling family tension.

13) The Scientific American reports that a Smell Test May Sniff Out Oncoming Parkinson’s and Alzheimer’s. Sight and hearing get all the glory, but the often overlooked and underappreciated sense of smell—or problems with it—is a subject of rapidly growing interest among scientists and clinicians who battle Alzheimer’s and Parkinson’s diseases. Impaired smell is one of the earliest and most common symptoms of both, and researchers hope a better understanding will improve diagnosis and help unlock some of the secrets of these incurable conditions. The latest offering from the burgeoning field is a paper published this month in Lancet Neurology. It proposes neurotransmitter dysfunction as a possible cause of smell loss in a number of neurodegenerative diseases, including Alzheimer’s and Parkinson’s.

14) Marcus and Millichap Research Services release a National Report on Seniors Housing Research. Elevated Home Prices Invigorate Seniors Housing Demand But Prospects of Healthcare Reform Raise New Questions. The aging U.S. population is a major driver in today’s senior housing segment. A weakened housing market as a result of the Great Recession encouraged many older Americans to extend stays in residences, and the homeownership rate of those older than age 75 peaked in the years that followed. A strengthened housing market, however, is prompting many seniors to
sell homes and move into seniors housing communities, where broader access to care is available. While this has increased demand for seniors housing properties today, the segment is also preparing to receive an influx of residents over the next several years as baby boomers head into retirement and require the services of seniors housing communities, prompting a rise of new units. Majority assisted and independent living facilities are set to receive the bulk of deliveries for the foreseeable future, though the construction of memory care units is on the rise to meet increased demand that supports the care of seniors with dementia.

15) VOA News reports Aspirin Linked to Higher Risk of Serious Bleeding in the Elderly. People who are aged 75 or older and take aspirin daily to ward off heart attacks face a significantly elevated risk of serious or even fatal bleeding and should be given heartburn drugs to minimize the danger, a 10-year study has found. Between 40 percent and 60 percent of people over the age of 75 in Europe and the United States take aspirin every day, previous studies have estimated, but the implications of long-term use in older people have remained unclear until now because most clinical trials involve patients younger than 75.

16) CBS News reports on Who’ll be There When Boomers Need Elder Care? The resulting higher ratio of parents to children suggests a potentially bigger burden for the baby boomer generation's children," according to a study by the Center for Retirement Research (CRR) at Boston College. "To the extent that this burden is too much to handle, it will likely fall on formal care providers and insurers, particularly public programs like Medicaid.

17) Drug Topics reports on Elder Troubles With Med Management Increasing. A study cited in Drug Topics suggests that difficulty managing medications is not confined to the "very old," but may include significant numbers of seniors below age 80. The aging of America will demand more attention be paid to helping seniors better manage medications.

18) Statistic Brain reports on Nursing Home Statistics. Ever wonder what the average nursing home costs are in the US? How about the average age of admission to a nursing home, or the number of licensed beds in the US? Well, wonder no more. Statistic Brain has a handy statistical list of all things nursing home at the click of a mouse.

19) HealthDay reports that Centenarians Often Healthier Than Younger Seniors. According to HealthDay, American centenarians are often healthier than younger seniors, according to a study published online in the Journal of the American Geriatric Society. Researchers found that centenarians "have lower rates of chronic illness than younger seniors."

20) Healio reports that Researchers Find Long Term Care Facilities Lack Resources For Infection Prevention. Healio reports "public health officials reported at the Association for Professionals in Infection Control and Epidemiology annual conference that long term care facilities in Tennessee and Washington state continue to lack resources needed to adequately prevent health care-associated infections, which result in approximately 400,000 deaths among residents each year." Healio says "researchers found that many infection control officers in long term care facilities (LTCFs) had minimal training, and that the facilities struggle to maintain qualified staff to manage infection control programs." According to a press release, 2017 APIC President Linda Green said, "The findings presented here are concerning and should prompt immediate efforts to increase education and support for infection prevention programs in all types of LTCFs. ... Nursing home residents often have multiple, chronic diseases, transfer frequently between the hospital and the long-term care setting and are overexposed to antibiotics, all of which place them at higher risk for developing infections with antibiotic-resistant organisms."

21) The San Diego Union-Tribune reports on a Study Finds Alzheimer’s Disease Begins Years Before Mental Deterioration Appears. The San Diego Union-Tribune reports on a study published in the Journal of the American Medical Association, led by Paul Aisen, MD, director of the University of Southern California’s Alzheimer’s Therapeutic Research Institute, in San Diego, finding that “Alzheimer’s disease begins destroying the brain years before mental deterioration is detected,” which could mean that twice as many as is "currently believed" may have the disease. Aisen said the discovery and its link to "amyloid accumulation" means that "screening for amyloid abnormalities is going to be part of health care, when we have effective therapy for Alzheimer’s disease."
22) Consumer Affairs reports on Increasing Number of People Planning to ‘Age In Place’. According to Consumer Affairs, an increasing number of people are planning to "age in place," meaning they will live at home as long as possible instead of moving into a nursing home. However, the aging person "must remain in reasonably good health and certain modifications may need to be made to the home to make it safer and easier for an older person to navigate." Citing an AARP study showing that "90% of people 65 or older expressed a preference to age in place," the piece says "builders and remodeling contractors have begun to specialize in elder-friendly designs." AARP director of livability thought leadership Rodney Harrell is paraphrased saying that "only 1% of the nation’s housing stock currently meets the needs of individuals who are aging in place. In some cases it was a shortcoming as easily corrected as improving lighting."

23) Modern Healthcare reports that CMS Yet to Provide Clear Guidance to Physicians Regarding Upcoming Medicare ID Changes. Modern Healthcare reports that as "medical practices around the country" prepare for a new law requiring the removal of social security numbers from Medicare cards beginning April 2018, causing "60 million beneficiaries" to receive replacement cards by April 2019, CMS has yet to "give providers clear guidance on their responsibilities to ensure their Medicare billing privileges aren’t affected by the ID change." The article says that the American Medical Association "and others have said in letters to the CMS" that implementing the card "change with little transparency and no stakeholder input could create scenarios where providers won’t be paid in a timely fashion, potentially impacting access to care."

24) The Connecticut Post reports that Older Medicare Patients Increasingly Relying on Observational Stays for Care. According to a study from Yale University, as many as one in five older Medicare patients return to hospitals after observational stays, with 48.6 percent of such return visits resulting in patients being admitted to the hospital. The article likens the observational stay to "a sort-of purgatory in which a patient can sit after being seen in the emergency department and before a decision is made to either dismiss or admit the patient," which the lead author said "is really something that’s been increasing in use over the past decade, but it’s sort of been a barren area as far as improvements." Approximately 1.5 million Medicare beneficiaries use the stays per year, often to seek treatment for cardiovascular conditions.

25) Kaiser Health News reports that Up To 28% of Patients Reject Offer of Home Health Services When Being Discharged From a Hospital. The article states that up to 28 percent of patients who are offered home health care services while being discharged from a hospital reject the offer, according to a new report from a Roundtable sponsored by the United Hospital Fund and the Alliance for Home Health Quality and Innovation. The article also reports that many of the patients who refuse such offers are seniors, and suggests several reasons why seniors may reject such offers.

26) Today's Geriatric Medicine newsletter reports that Methadone May Reduce Need for Opioids Following Surgery. Patients undergoing spinal fusion surgery who are treated with methadone during the procedure require significantly less intravenous and oral opioids to manage postoperative pain, according to a new study published in the May issue of the journal Anesthesiology. "This is a new application for an old pain medication that offers hope for reducing the development of acute pain in the first few days after surgery, as well as chronic postoperative pain and the need for opioid medications following discharge from the hospital," says Glenn S. Murphy, MD, lead study author and physician anesthesiologist at NorthShore University Health System in Evanston, Illinois. “There is currently an opioid crisis in the United States, and intraoperative methadone offers promise as a drug that can reduce the need for these pain medications during recovery.” Methadone is a unique long-acting opioid that is typically used to relieve severe pain in people who are in need of medication around the clock for extended periods of time, and in those who cannot be treated with other medications. It is also used to prevent withdrawal symptoms in patients addicted to opiates; such as oxycodone.

27) Medline Plus reports:

- Nearly 10 Million U.S. Adults Suffer From Mental Illness. Nearly 10 million American adults have a serious mental illness, and a similar number have considered suicide during the past year, according to a new government report on the nation's behavioral ills. The report also said that 15.7 million Americans abuse alcohol and 7.7 million abuse illicit drugs. The nation's growing opioid epidemic was also a focus in the report. The researchers found that 12.5 million people are estimated to have misused prescription painkillers such as oxycodone.
(OxyContin, Percocet) or hydrocodone (Vicoprofen). Despite the growing number of Americans with mental health problems, about a third of those who need help aren't getting it, said researcher Dr. Beth Han. She's from the Center for Behavioral Health Statistics and Quality at the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA).

- **FDA Asks Maker of Opioid Painkiller Opana ER to Pull Drug From Market.** Sales of reformulated Opana ER, a prescription opioid painkiller, should be halted in the United States, the U.S. Food and Drug Administration says. In its request recently for Endo Pharmaceuticals to voluntarily withdraw the drug, the FDA said the benefits of the drug may no longer outweigh the risk of abuse. It's the first time the FDA has moved to take an opioid pain medication off the market due to the public health threat of abuse. The FDA's analysis of data gathered after the drug was approved showed that injection abuse of reformulated Opana ER (oxymorphone hydrochloride) was linked with a serious outbreak of HIV and hepatitis C, as well as cases of a serious blood disorder called thrombotic microangiopathy. In March 2017, an FDA advisory committee concluded that the benefits of reformulated Opana ER no longer outweigh its risks.

- **U.S. Hospitals Still Prescribe Too Many Antibiotics.** About 20 percent of U.S. hospital patients who receive antibiotics experience side effects from the drugs, researchers report. The new study included nearly 1,500 hospitalized adults who were prescribed antibiotics. The findings revealed that one-fifth of those who experienced antibiotic-related side effects didn't require the drugs in the first place. The results add to growing evidence that antibiotics are overused, according to the Johns Hopkins Hospital researchers. "Too often, clinicians prescribe antibiotics even if they have a low suspicion for a bacterial infection, thinking that even if antibiotics may not be necessary, they are probably not harmful. But that is not always the case," said Dr. Pranita Tamma. She is director of the hospital's Pediatric Antimicrobial Stewardship Program. Antibiotics can cause real harm and doctors should always consider if they are necessary, said Tamma.

28) **McKnight’s reports:**

- **Many Elder Care Facilities With Animal-Assisted Intervention Programs Lack Policies, Health Records.** McKnight’s Long Term Care News reports that according to a study scheduled to be published in the American Journal of Infection Control, nearly one quarter – 22 percent – of eldercare facilities have no policy pertaining to animal-assisted intervention programs, while "40% of eldercare facilities required a minimal written health record for the therapy animal." Of the 45 facilities studied, 74 percent required therapeutic animals to be examined by a veterinarian before participating in therapies while one-third "indicated they tested basic obedience skills or asked for an American Kennel Club's Canine Good Citizen certificate." Researchers warned that such programs can expose residents to the potential dangers of allergies and the increased risk of zoonotic disease.

- **FDA Considering Asking Additional Opioids Be Pulled from the Market.** McKnight’s Long Term Care News reports that the Food and Drug Administration, which requested Endo Pharmaceutical to pull Opana ER (oxymorphone), is also considering asking that other opioid products be pulled from the market. These include "oxymorphone extended release and oxymorphone immediate release, according to Bloomberg BNA." FDA Commissioner Scott Gottlieb, MD, said, "We must take all necessary steps to reduce the scope of opioid misuse and abuse."

- **ACOs Prospering But High Start-Up Costs, Regulations Hurt.** McKnight’s Long Term Care News reports that, according to Bloomberg BNA, waving "the current three-day inpatient hospital stay required for beneficiaries in Accountable Care Organizations to qualify for Medicare skilled nursing coverage could help reduce regulatory burdens for the organizations." The report "found that the number of ACOs is growing – 480 in the Medicare Shared Savings Program as of 2017, compared to 220 in 2013" and "also cited a May Health Affairs study that showed ACOs participants had a $14, or 2%, reduction in Medicare spending per beneficiary each month." According to Allison Brennan, Vice President of Policy at the National Association of ACOs, "Coming up with these funds is difficult for a lot of organizations, especially rural ACOs and smaller ones." She added that the "Centers for Medicare & Medicaid Services could improve ACOs by limiting their regulatory burdens and boosting transparency around program methodologies."
• **Nursing Homes’ Use of Antipsychotics Drops Through CMS Initiative, But Sustainability Questions Remain.** *McKnight’s Long Term Care News* reports that according to an article published in *JAMA*, researchers examined "CMS' initiatives to curb antipsychotic use in nursing homes" and found that, "At the end of 2011, prior to the start of CMS' National Partnership to Improve Dementia Care in Nursing Homes, nearly 24% of long-stay residents received an antipsychotic medication." Since then, the rate "dropped by more than a third, reaching a national prevalence of 16% at the end of 2016." Researchers noted the CMS initiative could "provide a blueprint for addressing other quality of care issues in nursing homes, as well as other health care settings," but they introduced "unanswered" questions about how sustainable surrounding antipsychotic reduction plans are.

• **Per Capita Spending Among Medicaid Expansion, Non-expansion States Similar, CMS Report Says.** *McKnight’s Long Term Care News* reports an analysis by the Centers for Medicare & Medicaid Office of the Actuary, states that opted not to expand Medicaid in 2014 showed similar per capita spending to those that did expand Medicaid. Total spending in expansion states increased by 12.3 percent in 2014 compared to 6.2 percent among non-expansion states, although "in expansion states there were more beneficiaries who cost less, leading to a decrease of 5.1% per enrollee," while non-expansion states saw per-enrollee spending increase the same amount.

• **Frailty Can Be Reversed.** *McKnight’s Senior Living* reports on a study from the National University of Singapore Yong Loo Lin School of Medicine that found diet, exercise, and stimulating activities may be able to reverse frailty in seniors. Said Ng Tze Pin, M.D., leader of the research team, "The important message from our studies is that frailty is not an inevitable part of aging. There is much that older people can do for themselves to avoid becoming frail and disabled, so it is vital that they pay attention to good-quality diet and nutrition, engage in physical exercise and participate in socially and cognitively stimulating activities."

• **Training Pays Off When Looking at Retention in LTC.** Employees feel more rewarded when they have tools to do a great job, which leads to higher retention rates, a long term care education expert said recently. With a 10-year low for unemployment rates (4.3 percent for May 2017) and the possibility of rising minimum wages, staffing throughout the post-acute care industry has become a more urgent priority than usual. “Winning Staffing Strategies for Post-Acute Providers,” a well-attended session at the Post-Acute Link conference tackled both challenges and opportunities. “We are feeling the pressure in a lot of different areas,” said Randy Richardson, the president of Vi Living in Chicago. “When you are starting to compete with McDonald's for $15 an hour, you have got to do some things differently to make your organization sticky.” In order to combat these issues, Richardson emphasized training and development.

• **Understanding Chiropractic Care in LTC.** Those who work in long term care settings are on the front line of health care for a population most deserving of excellence in care. LTC health professionals know all too well that musculoskeletal pain is a common patient complaint. A review of six studies of LTC settings found musculoskeletal pain rates among patients range from 49 percent to 83 percent. Even more specifically, a study of nursing home patients found that the most common source of pain was low back pain or LBP. Thanks to recently released guidelines on low back pain treatment from The American College of Physicians, LTC professionals now have expert guidance. According to ACP, non-drug treatments, including Spinal Manipulative Therapy or SMT, should be tried before drug therapies. Patients with LBP (and their doctors) are increasingly selecting conservative care, including manual therapies, over surgery or opioids/other medications, based on their concerns with side effects, treatment safety, healthcare costs and clinical outcomes.

• **Ditching Certificate-of-Need Laws Will Improve SNF Access and Quality.** Nursing home certificate-of-need laws should be jettisoned in order to boost care quality and encourage innovation within the sector, one expert argued last week. In a blog post for the Health Affairs Blog, Duke economics professor Henry Grabowski, Ph.D., said that certificate-of-need laws that restrict bed growth would be “unfathomable” for other industries such as hotels, but are still widely used under the belief that they help rein in Medicaid spending. Currently 34 states have such laws in place. “The rationale underlying this regulation has always struck me as somewhat dubious,” Grabowski wrote. “The notion that public nursing home spending would greatly increase in the absence of a bed constraint simply does not make sense.” Grabowski pointed to previous research that found certificate-of-need
laws to negatively impact access and quality of care, while pushing up private-pay prices. He also argues that providers are driving the retention of CON laws due to their concerns about keeping occupancy levels high.

- **388,000 Residents Die Each Year of HAIs With Infection Control Practices Lacking.** Long term care providers are falling behind when it comes to training for infection control personnel, leaving gaps that may be to blame for at least some of the 380,000 annual resident deaths linked to healthcare-associated infections, new research shows. Investigators with health departments in Tennessee and Washington set out to gauge nursing home providers' infection prevention proficiency, a topic that has heated up following the release of the Centers for Medicare & Medicaid Services' final rule for long term care. That rule, published in September, includes provisions requiring providers to improve their infection prevention and control programs.

29) **Interesting Fact:** Author Kenneth C. Davis has revealed that the 2nd of July may actually be the more appropriate date to mark the nation's special day. "The fact is that John Adams wrote home to Abigail on the 3rd that this day, July 2nd will go down in history," Davis said during an appearance on "CBS This Morning." "We'll celebrate it with parades and pomp and bells ringing and fireworks, and it was because Congress actually ruled it in favor of independence on July 2. But it was two days later, of course, that Congress then accepted Jefferson's declaration, explaining the vote two days before that really got fixed in the America's imagination as our birthday. July 2nd should be Independence Day."

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