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

IDPH Quarterly LTC Provider Association Meeting
On Wednesday 7-12-17, IDPH hosted their Quarterly LTC Provider Association Meeting. Attending for IHCA/The Center were Mike Bibo, Marie Rucker, Matt Hartman and Bill Bell. Items discussed included:

1) Update Status:

- **LTC Electronic Incident Report Form.** IDPH reported that their Incident Report Form is available for use (see article from the March 21, 2017 issue of Regulatory Beat). Use of the IDPH Incident Report Form is not mandatory, however, IDPH strongly urges its use. The form was developed with LTC provider input and helps promote consistency, accuracy and completeness in reporting serious incidents. For purposes of reporting, ‘serious’ means any incident or accident that results in physical harm or injury to a resident. The IDPH form is electronic and can be emailed to the respective IDPH Regional Offices.

- **Subpart S Rulemaking.** This rulemaking, which was part of PA 96-1372 (SB 326) effective 7-29-2010, is still being discussed internally within IDPH. IDPH was not able to give a timeframe for when this rulemaking will appear in the Illinois Register as a proposed rulemaking for public comment.

- **Distressed Facility Rulemaking.** This provision was also part of PA 96-1372. IDPH provided a draft of this proposed rulemaking recently at both the ID/DD Advisory Board and the LTC Advisory Board Meetings. The language was hotly debated and IDPH is waiting for comments from the various Board members to re-draft the rulemaking and bring back to the two Boards for review before officially proposing the rule.

- **Informed Consent Rulemaking.** This provision was also part of PA-96-1372. At the last LTC Advisory Board Meeting, IDPH provided a draft Consent Form. However, they did not provide any instructive rulemaking to go along with the form. The Board members agreed to form a workgroup and work on the form and rules/guidelines for using the form. This will be discussed at a future LTC Advisory Board.

- **Behavioral Health Unit Rulemaking.** This provision was also part of PA-96-1372. This section was to be developed between IDPH and DHS pursuant to the legislation. To date, nothing has happened with this rulemaking. It was suggested that since federal CMS added a new section to the RoPs dealing with behavioral health, that IDPH should consider adopting their guidance by reference. IDPH stated they will consider this suggestion.

- **Electronic POCs.** IDPH stated that because of all the new federal requirements they are tasked with implementing, electronic POCs are not a priority at this time. They also stated that it would require each LTC facility to designate a facility specific email address that would not change. IHCA will continue to push this issue because we believe it would be more efficient and helpful to our members.
• **PA 99-0822 – New Dementia Requirements.** This Act requires IDPH publish rules on this issue by September 1, 2017. IDPH stated that they are working on this and hope to have the rules published as proposed rules by the deadline date. They stated no draft was available for our review at this time.

• **Electronic Monitoring Devices.** IDPH stated that they have not received limited requests for the use of electronic monitoring devices. They stated they will not consider rulemaking (which the LTC industry strongly believes is necessary to implement this legislation) until they receive a larger number of requests. IHCA will continue to pursue this issue.

• **Medical Marijuana.** Similar to Electronic Monitoring Devices, IDPH has not proposed any rulemaking with regard to the use of medical marijuana in health care facilities. Until IDPH give clarification/guidance on this issue, LTC providers should be very cautious in this area and seek legal guidance if a decision is made to allow the use of medical marijuana in an LTC facility.

2) **IDR Response.** Effective June 1, 2017, IDPH should be providing a brief summary as to why any IDR was denied. IDPH was only providing a response to a denied IDR for licensure and outside IDRs and not the federal IDRs they did. With the threat of legislation to mandate this, IDPH agreed to do a brief summary for any denied IDR. IHCA has been pushing this issue and finally got an acceptable result.

3) **IDPH Legal Review of Section 483.12(a)(3) of the New RoPs.** IHCA asked IDPH to review this section of the new RoPs and give us direction on this provision. This section seems to state that waivers are not allowed for workers who have a criminal background. This is in direct conflict with our current state regs with regard to waivers under the Health Care Worker Background Check Program. IDPH Legal is reviewing this issue and contacting federal CMS to get direction.

4) **What to do if the Identified Offender Program/Sex Offender Website is Not Functioning.** We have heard from several of our members that, at times, they attempted to access the various Identified Offender/Sex Offender websites and have found them not functioning. The question is, what is the facility to do in that case? IDPH stated that the facility should document the date and time they tried to access the sites. The facility should also follow-up and try contacting the websites at a later time. Documentation is the key in this case.

5) **Imposed Plans of Correction.** IDPH has made changes to their process with regard to imposed plans of correction. IDPH will give every LTC provider an opportunity to submit a plan of correction no matter how serious the deficiency. IDPH will only impose a plan of correction if a POC is not received in the proper timeframe or the provider submitted POC is not acceptable.

6) **No Deficiency Surveys.** All surveys, including those with no deficiencies, should receive a letter from IDPH. If a facility doesn’t receive a letter or there is a long delay, you are asked to call IDPH.

7) **Contact Information with Licensure.** IDPH Legal is reviewing the need for certain information with regard to the licensure process. Social Security numbers are to be removed and other identifying/personal information is being reviewed to see if it is necessary. If determined necessary, better ways to protecting and sharing that information will be developed.

8) **Emergency Preparedness.**

• The new emergency preparedness requirements will be reviewed during the annual facility survey, beginning in November 2017. IDPH has not made a decision on whether the nursing or life safety code staff will be conducting the emergency preparedness portion of the annual survey.

• A question was asked as to how the new E-deficiencies will impact 5-Star and other quality measures. IDPH stated that they have not been given any guidance on that issue yet.

• Also, several facilities have stated that they have tried to reach out to their local EMS agencies and have been told they are too busy to meet with them or help them with the required trainings/exercises. What is a facility to do in this case? IDPH stated that the facility should document who was contacted and what the result was. We
are not sure yet if two facility-specific exercises are acceptable. IHCA is working through AHCA to find answers to these exercise questions.

- The emergency requirements also require an emergency food supply. Are there any specific requirements? The emergency preparedness requirements do not stipulate specific requirements. The facility must plan to meet the needs of the residents (and staff) in an emergency and be able to show and explain the process/methodology they used to determine how much emergency food/water they will need in the beginning of any emergency and then the plan for future deliveries if the emergency is ongoing.

9) **Involuntary Discharge Issues.**

- IDPH stated that they are NOT doing any special focus involuntary discharge (IDT) surveys. The surveys that they are doing with respect to IDT are being done based on a complaint. However, federal CMS surveyors/contractors are doing IDT focused surveys through one of their projects through December of 2017 in several states.

- A question was asked with regard to care planning for non-payment involuntary transfers/discharges. IDPH stated that whatever the reason for a transfer/discharge, the new federal discharge planning process is required for all certified LTC facilities.

- Federal CMS is requiring IDPH to send, for their review, any deficiency written under F201 – F206.

10) **Notification of Bed Hold Policy.** IDPH stated that the facility must give notification of the facility’s bed hold policy at the time of transfer. It can be part of the facility’s admission packet, but must also be given at time of transfer.

The next IDPH Quarterly LTC Provider Association Meeting is scheduled for October 11, 2017. If you have any questions or issues you would like us to raise with IDPH, please let us know.

**How Can I Simplify the Policies and Procedures at my Facility to Make Them More User-Friendly?**

Policies and procedures (P&Ps) can be user-friendly and also support compliance on a daily basis. When performing your policy review, consider these:

1. **A policy identifies issues and scope.** You and your staff will be held accountable for adhering to your P&Ps, as written, in day-to-day operations, during both survey and litigation processes.

2. **It's not necessary to include workflows.** You don’t need a P&P for every action in the facility, and certainly not for all workflows. In fact, many workflows can be taken out of policies and included in protocol documents. Examples include ordering labs and completing a requisition form for medical equipment.

3. **A policy should not be too exclusive.** Sometimes policies stipulate that only an RN can perform certain tasks, when, in fact, under the state’s nurse practice act, a trained LPN also would be appropriate.

4. **Procedural manuals are helpful resources.** Instead of writing out each P&P to exhaustion, it is sometimes appropriate to refer to a current, evidence-based resource, such as Lippincott procedures for LTC.

5. **Short-and-simple is better than all-encompassing.** Policies should be one to two pages long. If a policy has more than two pages, it likely needs to be divided into separate policies, or a workflow needs to be removed.

Effective policies and procedures are crucial for compliance, as you and your staff will be held to them. Policies that lead to better outcomes are those that are accurate, clear, concise and flexible enough that your team can adjust workflows to best meet the care needs of residents.

*Reprinted out of McKnight’s and authored by Amy Franklin, RN, DNS-MT, QCP MT.*
Each issue of Regulatory Beat features an interesting statistic or trend in the long term care regulatory arena.

**Gallup: Percentage of Americans Naming Health Care as No. 1 Problem Surges**

Concern over the national health care system is rising, according to a recent Gallup poll.

The latest Gallup poll, which found 18 percent of Americans believe health care is the biggest problem facing the country, was administered May 3-7 amid the House vote on the American Health Care Act. About a quarter (24 percent) of Democrats rate health care as the most important problem, compared to 17 percent of Republicans.

This rate represents the highest percentage mentioning health care since November 2013, on the heels of the issue-riddled rollout of the ACA exchanges. The same rate (18 percent) of survey respondents said "dissatisfaction with government/poor leadership," was America's biggest problem, according to the poll.

The percentage of Americans who named health care as the nation's biggest problem rose to 26 percent in August/September of 2009 amid a series of angry town hall meetings around the U.S. regarding the ACA. That rate dropped to an average of 20 percent from August 2009 through March 2010, when President Barack Obama signed the ACA into law, according to Gallup. After that, fewer Americans pointed to health care as the country's biggest problem until the disastrous rollout of the exchanges in fall 2013, when 19 percent of Americans cited health care as the biggest problem.

Prior to the ACA era, Americans' concerns over health care were highest in the mid-1990s during the Hillary Clinton-led push for universal healthcare, peaking at 31 percent in January 1994.

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

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

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

- **New Medicare Cards with New Numbers: 3 Changes You May Need to Make.** The Medicare Access and CHIP Reauthorization Act of 2015 requires CMS to remove Social Security Numbers (SSNs) from all Medicare cards by April 2019. CMS will begin mailing new Medicare cards with a new Medicare number (currently called the Medicare Claim Number on cards) to your patients in April 2018. You may need to change your systems to:
  - Accept the new Medicare number (Medicare Beneficiary Identifier or MBI). Use the MBI format specifications if you currently have edits on the current Health Insurance Claim Number (HICN).
  - Identify your patients who qualify for Medicare under the Railroad Retirement Board (RRB). You will no longer be able to distinguish RRB patients by the number on the new Medicare card. You will be able to identify them by the RRB logo on their card, and we will return a message on the eligibility transaction response for a RRB patient. The message will say, “Railroad Retirement Medicare Beneficiary” in 271 Loop 2110C, Segment MSG. If you use the number only to identify your RRB patients beginning in April 2018, you must identify them differently to send Medicare claims to the RRB Specialty Medicare Administrative Contractor, Palmetto GBA.
  - Update your practice management system’s patient numbers to automatically accept the new Medicare number or MBI from the remittance advice (835) transaction. Beginning in October 2018, through the transition period, CMS will return your patient’s MBI on every electronic remittance advice for claims you submit with a valid and active HICN. It will be in the same place you currently get the “changed...
If you use vendors to bill Medicare, contact them if they haven’t already shared their new Medicare card system changes with you; they can also tell you how they will pass the new Medicare number to you. Visit the New Medicare Card Provider webpage for the latest information.

- **OIG Video: Reporting Fraud to the Office of the Inspector General.** Do you suspect someone is submitting fraudulent claims to Medicare? Watch a brief video on [How to Report Fraud to the OIG](#) and learn how you can report these activities anonymously to The Office of the Inspector General (OIG). Help protect the Medicare Program and your patients. This video is part of the OIG Health Care Fraud Prevention and Enforcement Action Team (HEAT) Provider Compliance Training initiative to prevent fraud, waste, and abuse. The video originally aired in 2011, but the information is current.

- **ICD-10-CM Errata Available.** The Centers for Disease Control and Prevention issued an errata, which makes a minor change to the ICD-10-CM diagnosis code title of new diagnosis code O00.212 (Left ovarian pregnancy with intrauterine pregnancy). Visit the ICD-10-CM and GEMs website for more information.

- **ESRD QIP: Proposed Rule for Payment Year 2021 Listening Session — Wednesday, July 26 from 2 to 3 pm ET.** [Register](#) for Medicare Learning Network events. During this call, learn about provisions in the CY 2018 End-Stage Renal Disease (ESRD) Prospective Payment System (PPS) [proposed rule](#), including plans for the program in Payment Years (PY) 2019, 2020 and 2021. Topics include:
  - ESRD QIP legislative framework
  - Proposed measures, standards, scoring method and payment reduction scale for PY 2021
  - Proposed modifications to PY 2019 and PY 2020 activities
  - Methods for reviewing and commenting on the proposed rule

If time allows, we will open the lines for feedback. Note: feedback received during the listening session will not be considered formal comments on the rule. See the proposed rule for information on submitting these comments by the close of the 60-day comment period on August 28.

- **Appeals Call: Audio Recording and Transcript — New.** An [audio recording](#) and [transcript](#) are available for the [June 29](#) call on Improvements to the Medicare Claims Appeal Process and Statistical Sampling. During this call, CMS and the Office of Medicare Hearings and Appeals discuss the HHS Medicare Appeals Final Rule.

- **Skilled Nursing Facility Prospective Payment System Booklet — Reminder.** A revised [Skilled Nursing Facility Prospective Payment System](#) Booklet is available. Learn about:
  - Elements of the Skilled Nursing Facility (SNF) Prospective Payment System
  - SNF Quality Reporting Program
  - SNF Value-Based Purchasing Program

- **Suite of Products & Resources for Billers & Coders Educational Tool — Reminder.** A revised [Medicare Learning Network Suite of Products & Resources for Billers & Coders](#) Educational Tool is available. Learn about:
  - Claims submission
  - Federal initiatives and incentive programs

- **Home Health Agency CoP Final Rule: Effective Date Extended to January 13, 2018.** CMS extended the effective date of the Home Health Agency (HHA) Conditions of Participation (CoP) [final rule](#) by an additional 6 months from July 13, 2017, to January 13, 2018. This extension does not make any changes to the policies in the HHA CoP final rule. Send questions about the requirements to [NewHHACoPs@cms.hhs.gov](mailto:NewHHACoPs@cms.hhs.gov).

- **Hospice Quality Reporting Program: Non-Compliance Letters.** CMS notified hospice providers that are non-compliant with Hospice Quality Reporting Program (HQR) requirements for CY 2016. Any hospice determined...
to be non-compliant may be subject to a two percentage point reduction in their FY 2018 annual payment update. Non-compliance letters were dated July 18, 2017, and sent by mail and via the Quality Improvement and Evaluation Systems (QIES) - Certification and Survey Provider Enhanced Reporting (CASPER) system. Check your CASPER folder to determine if your hospice received this letter. If so, you may submit a request for reconsideration to CMS no later than 11:59 pm PST on August 17. See the instructions in your notification letter and on the Hospice Reconsideration Requests webpage. Failure to submit a reconsideration by the deadline means acceptance of your non-compliance with HQRP requirements.

- **SNF Quality Reporting Program: Non-Compliance Letters.** CMS notified Skilled Nursing Facility (SNFs) that are non-compliant with SNF Quality Reporting Program (QRP) requirements for Quarter 4 of CY 2016, which will affect their FY 2018 annual payment update. CMS mailed non-compliance letters and placed them in the Quality Improvement and Evaluation System (QIES) - Certification and Survey Provider Enhanced Reporting (CASPER) system on July 14. Providers that received a letter of non-compliance may submit a request for reconsideration to CMS via email no later than 11:59 pm PST, August 17. Providers that receive a letter of non-compliance may submit a request for reconsideration to CMS via email no later than 11:59 pm PST, August 13. See the instructions in your notification letter and on the SNF Quality Reporting Reconsideration and Exception & Extension webpage.

- **IRF, LTCH and SNF Quality Reporting Program Data due August 15.** Quality Reporting Program (QRP) data for Inpatient Rehabilitation Facilities (IRFs), Long Term Care Hospitals (LTCHs) and Skilled Nursing Facilities (SNFs) is due August 15 for the first quarter of 2017:
  - IRF-PAI, LTCH CARE Data Set, and SNF Minimum Data Set assessment data
  - IRF and LTCH data submitted to CMS via the Center for Disease Control and Prevention’s National Healthcare Safety Network for discharges

Run validation/output reports prior to each quarterly reporting deadline to ensure you submitted all required data. For a list of measures required for this submission deadline, visit the QRP websites:

- **IRF Quality Reporting Data Submission Deadlines**
- **LTCH Quality Reporting Data Submission Deadlines**
- **SNF QRP Measures and Technical Information**

- **New PEPPER Available for Home Health Agencies and Partial Hospitalization Programs.** New Program for Evaluating Payment Patterns Electronic Reports (PEPPERS) through CY 2016 are available for Home Health Agencies (HHAs) and Partial Hospitalization Programs (PHPs). PEPPERS are distributed by TMF® Health Quality Institute under contract with CMS. These reports summarize provider-specific data statistics for Medicare services that may be at risk for improper payments. Providers can use the data to support internal auditing and monitoring activities. Access your PEPPER files:
  - HHAs and free-standing PHPs: PEPPER Resources Portal
  - Hospital-based PHPs: QualityNet secure file exchange to hospital QualityNet Administrators and user accounts with the PEPPER recipient role

For More Information:
- Visit the Distribution Schedule - Get Your PEPPER webpage
- Visit PEPPERresources.org to learn about upcoming training sessions and access user’s guides, recorded training sessions, frequently asked questions, and examples of how other* providers are using PEPPER
- If you have questions or need help obtaining your report, visit the Help Desk
- Send us your feedback or suggestions

- **IMPACT Act: Drug Regimen Review Measure Overview for the Home Health Quality Reporting Program Call — Thursday, August 17, 1:30-3 pm ET.** Register for Medicare Learning Network events. The Improving Medicare Post-Acute Care Transformation of 2014 (IMPACT Act) requires reporting of standardized patient assessment data by post-acute care (PAC) providers (including skilled nursing facilities, home health agencies, inpatient rehabilitation facilities and long term care hospitals) for specified domains. During this call, CMS and measure
developers will present the Drug Regimen Review (DRR) quality measure which was adopted to fulfill the medication reconciliation domain requirement of the IMPACT Act. This call will focus on the home health measure. A question and answer session follows the presentation. Agenda:

- Review the goals of the DRR measure
- Review guidance and walk through scenarios for coding the Outcome and Assessment Information Set (OASIS) items used to calculate the measure

You may email questions in advance of the call to PACQualityInitiative@cms.hhs.gov. Questions received in advance of the call may be addressed during the call or used for other materials following the call.

- **Medicare Quarterly Provider Compliance Newsletter [Volume 7, Issue 4] Educational Tool — New.** A new Medicare Quarterly Provider Compliance Newsletter Educational Tool is available. Learn about:
  - How to avoid common billing errors and other erroneous activities
  - How to address and avoid the top issues of this quarter

- **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 Parts A and B claims
  - What you need to know before filing a claim
  - How to submit a claim

- **Chronic Care Management Services Fact Sheet — Reminder.** The Chronic Care Management Services Fact Sheet is available. Learn about:
  - Separately payable services for patients with multiple chronic conditions
  - Codes and Physician Fee Schedule billing requirements
  - Practitioner and patient eligibility
  - Service elements

- **CMS Midwest Division Provider Update (click here).** Information on:
  - When is a Facility Required to Provide Notice to the Ombudsman of a Transfer or Discharge?
  - Recent S&C Letters
  - Recent Federal Register Announcements
  - Fire Alarm Inspection, Testing and Maintenance
  - FDA Recalls

- **DEA Publishes Drugs of Abuse Resource Guide.** The Drug Enforcement Administration has released its latest edition of Drugs of Abuse, A DEA Resource Guide, which has become the definitive guide to the most commonly abused drugs in the US.

- **AHRQ Publishes Data on Hospital Stays.** The Healthcare Cost and Utilization Project (HCUP) has posted a new statistical brief on the following: Trends in Hospital Inpatient Stays in the United States, 2005-2014. The brief can be found here.

- **FDA on Pace for Record Approvals.** MedCity News reports that the FDA has approved 23 drugs so far this year and is on pace to break its 2015 approval record of 45 approvals. Among the major new drugs approved is edaravone, a novel treatment for ALS, which was approved without any US clinical trials.

- **ONC Publishes Certified EHR Database.** The National Coordinator for Health IT published an updated list of certified health IT products, including electronic health records. The agency's plan is to maintain the accuracy of the database and note where corrective action has been ordered. See Healthcare IT News.

- **Dementia Care Call: Audio Recording and Transcript — New.** An audio recording and transcript are available for the June 15 call on the National Partnership to Improve Dementia Care in Nursing Homes and Quality Assurance
and Performance Improvement (QAPI). During this call, learn about appropriate assessment and evaluation for the accurate diagnosis of schizophrenia and other mental disorders.

- **Medical Privacy of Protected Health Information Fact Sheet — Revised.** A revised [Medical Privacy of Protected Health Information](#) Fact Sheet is available. Learn about:
  - How the Privacy rule applies to customary health care practices
  - Tips for securing health information when using a mobile device
  - HHS HIPAA webpage resources

3) The **Occupational Safety and Health Administration (OSHA)** released the following:

- **OSHA Launches Application to Electronically Submit Injury and Illness Data on August 1, 2017.** The Occupational Safety and Health Administration will launch on August 1, 2017, the Injury Tracking Application (ITA). The Web-based form allows employers to electronically submit required injury and illness data from their completed 2016 OSHA Form 300A. The application will be accessible from the [ITA webpage](#).

  Last month, OSHA published a [notice of proposed rulemaking](#) to extend the deadline for submitting 2016 Form 300A to December 1, 2017, to allow affected entities sufficient time to familiarize themselves with the electronic reporting system, and to provide the new administration an opportunity to review the new electronic reporting requirements prior to their implementation.

  The data submission process involves four steps: (1) Creating an establishment; (2) adding 300A summary data; (3) submitting data to OSHA; and (4) reviewing the confirmation email. The secure website offers three options for data submission. One option will enable users to manually enter data into a web form. Another option will give users the ability to upload a CSV file to process single or multiple establishments at the same time. A third option will allow users of automated recordkeeping systems to transmit data electronically via an application programming interface.

  The ITA webpage also includes information on reporting requirements, a list of frequently asked questions and a link to request assistance with completing the form.

  Under the Occupational Safety and Health Act of 1970, employers are responsible for providing safe and healthful workplaces for their employees. OSHA’s role is to ensure these conditions for America’s working men and women by setting and enforcing standards, and providing training, education and assistance. For more information, visit [www.osha.gov](#).

4) The **United States Government Accountability Office (GAO)** released the following report:

- **Medicare Advantage Program Integrity – CMS’s Efforts to Ensure Proper Payments and Identify and Recover Improper Payments.** CMS estimated that about $16 billion—nearly 10 percent—of Medicare Advantage (MA) payments in fiscal year 2016 were improper. To identify and recover MA improper payments, CMS conducts risk adjustment data validation (RADV) audits of prior payments. These audits determine whether the diagnosis data submitted by Medicare Advantage organizations (MAOs), which offer private plan alternatives to fee-for-service (FFS) Medicare, are supported by a beneficiary’s medical record. CMS pays MAOs a predetermined monthly amount for each enrollee. CMS uses a process called risk adjustment to project each enrollee’s health care costs using diagnosis data from MAOs and demographic data from Medicare. In its 2016 report, GAO found several factors impeded CMS’ efforts to identify and recover improper payments.

5) 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 the [Official FY 18 Hospital Access Improvement Payments Schedule](#). You may view the notice [here](#).
• HFS posted a new provider notice regarding “Updates to Critical Access Hospital EAPG Standardized Amount.” You may view the notice here.

• HFS posted a new provider notice regarding Pharmacy Influenza Vaccine Administration Fee - Billing Instructions Update. You may view the notice here.

• HFS posted a new provider notice regarding Vaccines for Children (VFC) program - Private Stock Vaccines (Title XXI) Funding Extended Through June 30, 2018 for Title XXI and State-funded Enrollees. You may view the notice here.

6) 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.

  o August 30, 1-3 PM | Willows Health Center | 4054 Albright Lane, Rockford IL 61103
  o September 19 or September 21 (PENDING) | Friendship Village | 350 W. Schaumburg Road, Schaumburg, IL 60194
  o September 28, 1-3 PM | Washington County Hospital | 705 South Grand Ave, Nashville, IL
  o October 24, 1-3 PM | Knox County Nursing Home
  o November 30, 1-3 PM | Dupage Convalescent Center | 400 North County Road, Wheaton IL 60817

• The Illinois Department of Public Health has published their 2017 LTC Annual Report—click here.

7) The Illinois Department on Aging (DOA) – Illinois State Long-Term Ombudsman Office recently announced the launching of the Consumer Choice Website.

• By now all facilities should have received a letter from the Office of the State Long-Term Care Ombudsman explaining the Consumer Choice Website. The Illinois Department on Aging has developed a website for consumers to use when seeking a long term care facility. The intent of the website is to provide consumers with information about facilities in their preferred area with regards to medical care, services and treatment, special services and amenities, staffing, facility statistics and demographics, ownership and administration, meals, nutrition, rooms, furnishings, equipment and family, volunteer and visitations provisions. The consumer will be able to filter their search based on location, needs and preferences.

Facilities licensed under the Nursing Home Care Act (210 ILCS 45/2-214), the MC/DD Act (210 ILCS 46/2-214), and the ID/DD Community Care Act (210 ILCS 47/2-214) are all mandated to complete the electronic questionnaire provided by the Office. Instructions for doing so and the deadline for completion will be emailed to the facilities once the Office receives email addresses from the facilities. The Office strongly suggests submitting a general email address in the event that the person responsible for updating the questionnaire is unavailable or no longer employed. The questionnaire must be updated annually or when changes occur within the facility. If you have questions or concerns, please feel free to reach out to Chuck Miller, Deputy State Long-Term Care Ombudsman or to Jamie Freschi, State Long-Term Care Ombudsman at chuck.miller@illinois.gov and jamie.freschi@illinois.gov.

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

• Memo from CMS on Revision of CMP Policies and Analytic Tool. On July 7, the Survey and Certification Group (S&C) at CMS issued a memorandum, "Revision of Civil Money Penalty (CMP) Policies and CMP Analytic Tool." CMS is releasing a new CMP Analytic Tool, which is included in the memo document, that all CMS Regional Offices (ROs) must use to choose the appropriate CMP type and amount to impose when the RO
determines that a CMP is the appropriate remedy to impose. CMS notes that statute and regulations outline a variety of federal enforcement remedies to address compliance and encourages the use of the remedy that will best achieve swift and sustained compliance. The S&C memo provides a summary of revisions to the CMP Analytic Tool, including how CMPs are applied in instances of past noncompliance, the use of Per Instance versus Per Day CMPs, the timing of the revisit survey to certify compliance, and CMS Central Office (CO) review of high CMPs. The new CMP guidance goes into effect July 17, 2017, for all enforcement cases where the CMS RO determines that a CMP is an appropriate enforcement remedy.

- **Tour Top-Line Publication Produced by LTC Trend Tracker.** On June 27, you should have received the latest Your Top-Line publication, produced by LTC Trend Tracker, in your email inbox with subject line Trend Tracker Publication. This resource uses your latest benchmarking data and 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.

- **IDPH revised their Interview Form (click here to view it).** This is used in conjunction with investigations. Nick Lynn, partner with Duane Morris, IHCA’s General Counsel, says your staff should be informed of this process and reminded that they are NOT legally required to sign the IDPH Interview Form. Staff are also permitted to have another staff member be a witness with them while IDPH is conducting an interview (as long as that staff is not being investigated or going to be interviewed), but the witness staff cannot speak or intercede in the interview. Staff also have the right to request, and receive, a copy of the IDPH Interview Form pertaining to their interview. Management cannot require the staff provide the facility/home a copy, but nothing prohibits the staff from voluntarily providing a copy to management personnel.

- **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!
  
  o August 1 —Courtyard Estates, 117 N Western Ave. Peoria Register Online - Peoria
  o August 3—Mason Point, 1 Masonic Way, Sullivan Register Online-Sullivan
  o August 10—Aviston Countryside Manor, 450 W. 1st St., Aviston Register Online-Aviston
  o August 11—Franklin Hospital, 201 Bailey Lane, Benton Register Online-Benton

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

10) The San Diego Union Tribune reports that Alzheimer’s Diagnosis Often Mistaken, But New Blood Test May Improve Accuracy. A large number of people taking medications for Alzheimer’s actually might not have the disease, according to early evidence from a study presented recently. But detection may become easier if an experimental blood test ultimately proves accurate, said another report released on the same day. Both announcements were made during the Alzheimer’s Association International Conference in London. Together, they could help doctors provide more accurate diagnoses and eventually find effective treatments. Existing drugs for Alzheimer’s disease only temporarily slow down the loss of cognitive function; they have no effect on the underlying course of the condition, which causes brain degeneration.

11) Science Daily reports Hospitalized Older Adults May Need More Help Selecting Skilled Nursing Facilities. More than 20 percent of all hospitalized older adults who use Medicare will be admitted to a skilled nursing facility following a stay in the hospital (also known as “post-acute care”). However, these men and women may be given too little information when it comes to choosing a post-acute care facility: sometimes they may receive just a list of addresses for local facilities. What's more, hospitalized older adults typically don't plan for care at a skilled nursing facility ahead of time. This can lead to making important decisions too quickly or during a time of particular stress.
12) The Society for Post-Acute and Long-Term Care Medicine reports on New Frailty CPG Recommendations Released. Experts on frailty from 13 countries around the world have convened to develop clinical practice guideline (CPG) recommendations for the management of frailty, published in the July issue of JAMDA. Frailty is defined as “a reduced strength and physiologic malfunctioning that increases an individual’s susceptibility to increased dependency, vulnerability, and death” by the International Association of Gerontology and Geriatrics Frailty Consensus. In “The Asia-Pacific Clinical Practice Guidelines for the Management of Frailty,” the researchers highlight the needs for CPG recommendations specific to frailty, which include: to provide evidence-based information to providers; to help health care providers better recognize and manage frailty; and to improve quality of life and outcomes for those living with frailty. The participants grouped CPG recommendations into categories of “strong,” “conditional,” and “no recommendation.” Each category refers directly to the strength of its supporting evidence base.

13) Newsday reports that The Elderly Experience Depression Differently. Geriatric psychiatrist Charles Reynolds III has for decades been one of the nation’s leading scholars and clinicians focused on depression and other mental disorders affecting the older population. Reynolds has focused his voluminous research on sleep disorders and suicide as well as depression, among various mental health issues that can impact the elderly differently from the younger population.

14) Woman’s Day reports that Shingles May Raise Your Risk of Health Attack and Stroke. We all know that diet, exercise, and genetics can affect our heart health, but it turns out shingles can, too. A new study shows that herpes zoster, or shingles, does more than just cause painful rashes—it can also increase your chances for a heart attack or stroke, according to a research letter published in the Journal of the American College of Cardiology. South Korean researchers found that people with shingles had a 60 percent higher risk of heart attack and a 35 percent higher risk of stroke. They also found that the risk was the highest in the first year after experiencing shingles. With about one out of every three Americans contracting shingles, according to the Centers for Disease Control and Prevention (CDC), this is one development worth noting.

15) AP reports that PET Scans May Change Treatment for Some People with Memory Loss. The AP recently posted an article regarding new research that suggests that PET scans "may lead to changes in treatment" for a "surprising number of patients whose memory problems are hard to pin down." The findings are part of a "huge study under way to help determine if Medicare should start paying for specialized PET scans that find a hallmark of Alzheimer’s — a sticky plaque called amyloid." The IDEAS study is testing the impact of amyloid-detecting PET scans in over 18,000 Medicare beneficiaries. Researchers will check if "doctors’ initially recorded treatment plans — medications, counseling or additional testing — were altered by patients’ PET results." Preliminary findings from nearly 4,000 patients suggest that happened in about two-thirds of the cases. "We all hope for a day when this will be critically important," said Dr. Richard Hodes, director of the National Institute on Aging, who wasn’t involved with the IDEAS study.

16) Kaiser Health News reports Some Nursing Homes Are Selling Their Own Insurance Plans. According to an article from Kaiser Health News, several "nursing home companies" across the nation have started "selling their own private Medicare insurance policies." According to the article, these policies tout "close coordination" and "often place a nurse in the skilled nursing facility or retirement village, where they can talk directly to staff and assess patients’ conditions." Some critics allege, however, the arrangement creates a conflict of interest, where nurses are unwilling to "challenge decisions about coverage" made by their employer, giving the insurer "an unfair advantage" over its beneficiaries.

17) U.S. News & World Report reports on Diabetes Patients May be More Likely to Suffer from Dementia or Cognitive Decline. U.S. News & World Report released an article in which Luke Stoeckel, the director of the National Institute of Diabetes and Digestive and Kidney Diseases’ Division of Diabetes, Endocrinology and Metabolic Diseases, says that some research suggests that the risk of all-cause dementia may be two or 2.5 times higher for patients with diabetes. Stoeckel also said that the NIH is conducting more research on the link between diabetes and cognitive decline.

18) Reuters reports that U.S. Nursing Home Health Care Increasingly Provided by Non-Doctors. Reuters reported that "the number of doctors in nursing homes has dropped as the number of 'skilled nursing facility specialists' has almost doubled," according to a new study published in JAMA Internal Medicine. The study’s authors said they are uncertain if the development is a positive one, adding that Medicare was built four decades ago "around farmers who had problems with access to hernia care," whereas now its focus has changed to "frail older women with chronic illnesses."
19) **Healio** reports on Antimicrobial Stewardship Programs May Reduce Clostridium Difficile Infections, Colonization With Antibiotic-Resistant Bacteria. Healio featured an article that reports that a meta-analysis indicates "antimicrobial stewardship programs substantially reduced Clostridium difficile infections and colonization with antibiotic-resistant bacteria." The findings were published in The Lancet Infectious Diseases.

20) The **Baltimore Sun** reports that Many Older Americans Experience Oral Health Challenges, Struggle to Afford Care. Despite the importance of maintaining oral health as people age, the Baltimore Sun that reports health officials have found that "many elderly people aren’t getting appropriate care." According to the Sun, concerns that older people in Maryland are foregoing dental care due to costs have "prompted the state Department of Aging and Department of Health to explore ways to expand senior citizens’ access to dental care." The article adds, the Maryland General Assembly passed legislation this year that calls for studying "the possibility of expanding insurance coverage for dental care through Medicaid," and "supporters say the legislation signals that oral health is an important component of overall health care." MouthHealthy.org provides additional information on oral health for adults over 60.

21) The **Washington Post** reports that Nearly One-Third of Dementia Cases Preventable Based on Lifestyle Factors. A recent article in the Washington Post discusses a study presented at the Alzheimer’s Association International Conference in London that found that nearly one-third of the world’s dementia cases are preventable through managing "factors such as education, hypertension, diet, hearing loss and depression over the course of a person’s lifetime." Researchers found that controlling the factors could reduce one’s risk of developing dementia by 35 percent. The National Institute on Aging sponsored the report.

22) **MedicalXpress** reports on:

- Scientists Develop New Supplement That Can Repair, Rejuvenate Muscles in Older Adults. Whey protein supplements aren’t just for gym buffs according to new research from McMaster University. When taken on a regular basis, a combination of these and other ingredients in a ready-to-drink formula have been found to greatly improve the physical strength of a growing cohort: senior citizens. The deterioration of muscle mass and strength that is a normal part of aging—known as sarcopenia—can increase the risk for falls, metabolic disorders and the need for assisted living, say researchers. "Older people who do little to prevent the progression of sarcopenia drift toward a state where they find activities of daily living, like rising from a chair or ascending stairs very difficult or maybe impossible," says lead scientist Stuart Phillips, professor in the Department of Kinesiology and member of McMaster’s Institute for Research on Aging. While a number of isolated nutritional ingredients have been shown to fight sarcopenia, this is the first time such ingredients—which include whey protein, creatine, vitamin D, calcium and fish oil - have been combined and tested for this purpose.

- Early Home Health Worker Visit Lowers Risk of Hospital Readmission. A visit by a home health worker, such as a nurse or physical therapist, within a week of an older adult's discharge from a skilled nursing facility appears to lower the risk of hospital readmission within 30 days by nearly half according to a new Indiana University Center for Aging Research and Regenstrief Institute study. Appointments with physicians, physician assistants or nurse practitioners at the clinician’s office—more expensive and a greater burden to the patient as well as the caregiver—did not have as strong an association with reduced risk of 30-day hospital readmission.

23) **Provider Magazine** reports that Senior Housing Occupancy Rates Decline in Second Quarter 2017, NIC Data Shows. In a recent article, Provider Magazine states that "the occupancy rate for senior housing properties in the second quarter" fell to 88.8 percent, 0.5 percentage points below the previous quarter and a 0.9 percentage point drop from "year-earlier levels," according to a new National Investment Center for Seniors Housing & Care (NIC) report.

24) **Medscape** reports:

- Structured Exercise Programs Reduce Mobility Disability Among Older Adults. Medscape reports that a study and an accompanying research letter published in JAMA found that structured exercise programs "based on walking, strength, balance, and flexibility training reduced major mobility disability by 18 percent among adults
aged 70 to 89 years compared with those who received a simple health education program." The National Institutes of Health funded the study.

- **Physicians Express Unease Around De-prescribing, Suggest Changes.** Most physicians sampled in new research agreed that although de-prescribing among older adults is important, there are substantial barriers for doing so, and little incentive for making the changes. Primary care physicians do most of the regular prescribing, and high-risk prescribing in older patients is common: 1 in 5 prescriptions is potentially inappropriate in this population, the authors write. They add, "Up to 10 percent of hospital admissions result from drug-related problems, two-thirds of which are considered preventable through safer prescribing." Appropriate prescribing involves regular review of indicated medicines and tapering and withdrawing them when the potential harms outweigh the benefits. But de-prescribing comes with risks, including possible medical harm and potential harm to the relationships with patients and their families, according to the analysis of physician interviews.

- **Almost Half the U.S. Population Has Diabetes or its Precursor.** Almost one in 10 US adults has diabetes, while more than one in three has prediabetes, indicates the latest National Diabetes Statistics Report by the Centers for Disease Control (CDC). As of 2015, 30.3 million adults living in the United States or 9.4 percent of the population have diabetes, according to the new report. Moreover, nearly one in four adults living with diabetes, or 7.2 million American adults, are not aware that they have it. Another 84.1 million have prediabetes, the report indicates. And nine in 10 adults with prediabetes are not aware they have a condition that places them at high risk to progress to type 2 diabetes within 5 years, according to a statement by the CDC.

25) **Medical News Today** reports:

- **Your Daily Coffee Could Help You Live Longer.** If you're a regular coffee drinker, a new study might brighten your day. Researchers have found that consuming the popular beverage may increase longevity, and it doesn't even need to be caffeinated. More than half of adults in the United States drink coffee on a daily basis, with three cups being the average amount consumed each day. Numerous studies have documented the potential health benefits of coffee consumption. One study reported by Medical News Today, for example, suggested that drinking coffee daily may halve the risk of liver cancer, while an earlier study linked the beverage to reduced dementia risk. Now, in what is being hailed as the largest study of its kind, researchers have identified a link between daily coffee intake and reduced risk of death from numerous diseases, including cancer, stroke, diabetes and kidney disease.

- **Strawberry Compound May Prevent Alzheimer’s.** A natural compound found in strawberries and other fruits and vegetables could help to prevent Alzheimer’s disease and other age-related neurodegenerative diseases, new research suggests. Researchers from the Salk Institute for Biological Studies in La Jolla, CA, and colleagues found that treating mouse models of aging with fisetin led to a reduction in cognitive decline and brain inflammation. Senior study author Pamela Maher, of the Cellular Neurobiology Laboratory at Salk, and colleagues recently reported their findings in The Journals of Gerontology Series A. Fisetin is a flavanol present in a variety of fruits and vegetables, including strawberries, persimmons, apples, grapes, onions and cucumbers. Not only does fisetin act as a coloring agent for fruits and vegetables, but studies have also indicated that the compound has antioxidant properties, meaning that it can help to limit cell damage caused by free radicals. Fisetin has also been shown to reduce inflammation.

- **Bad Sleep Increases Alzheimer’s-Related Brain Proteins.** A study of healthy, middle-aged adults has found that poor sleep can raise levels of two proteins associated with Alzheimer’s disease: amyloid beta and tau. Just one night of disrupted deep, slow wave sleep raised levels of amyloid beta, while a week of poor-quality sleep raised levels of tau. The researchers - from Washington University School of Medicine in St. Louis, MO, Stanford University in Palo Alto, CA, and Radboud University Medical Centre in the Netherlands - describe their study in the journal Brain. The team believes that the findings support the idea that chronic poor sleep in midlife could raise the risk of developing Alzheimer’s disease later on.
Seniors’ Well-Being May Depend More on Psychological Factors Than Physical Ones. Old age often comes with physical discomfort and health problems. But new research points to psychosocial, not physical, factors as the main culprit for lower well-being in later life. Aging-induced physical ailments are not the primary source of lower quality of life and decreased well-being among older men and women, new research suggests. Rather, it is psychosocial factors that have the highest influence, according to the new findings.

26) McKnight’s reports:

- New Test Helps Assisted Living Providers Assess Interventions. McKnight’s Senior Living reports on the Physical and Cognitive Performance Test for Residents in Assisted Living Facilities (PCPT ALF), which "was tested in a 116-bed assisted living facility and appeared to be a valid and reliable way to determine the success of interventions designed to prevent or slow the decline of residents’ performance of activities of daily living and instrumental activities of daily living, according to researchers."

- Pay Cuts Coming for SNFs That Don’t Submit Quality Data. McKnight’s Long Term Care News reports that CMS issued a new memo reminding skilled nursing providers that those who submit quality data after October 1 will face two percent payment rate cuts beginning in FY 2018 and each year after for subsequent failures.

- Providers Must Ramp-Up Staff Competency, Fortify Partnerships to Reduce Readmissions. According to an article in McKnight’s Long Term Care News, Susan LaGrange, RN, a consultant with Pathway Health, told the National Association of Directors of Nursing Administration’s annual conference that long term health care providers should be prepared to examine staff competencies and communication with acute care partners to succeed amid pending regulatory changes. Citing CMS’ value-based purchasing program for skilled nursing facilities, which will withhold two percent of Medicare payments in 2018, LaGrange recommended providers "take a look at our systems" and maximize facilities’ efficiency and "our employees’ best assets and put them in the right place." She also recommended strategies for "providers to help work on their hospital readmission rates."

- ACHCA Rejects Holding Nursing Home Administrators Accountable for Individual’s Violations. McKnight’s Long Term Care News reports that the American College of Health Care Administrators recently issued "a firm policy statement" saying that while nursing homes ought to be held accountable for their violations, administrators should not be held criminally, personally or professionally responsible for the actions of others. It said in a statement that it "does not now, nor will it ever, support the concept of strict liability for the individual nursing home administrator," and distinguished the CEO as one who does not provide direct medical care and therefore should not be held responsible for those who do. The board adopted the policy position on July 13.

- CMS Revises CMP Analytic Tool To Foster "National Consistency." McKnight’s Long Term Care News reports that CMS issued a memo including revisions to its CMP Analytic Tool in hopes of equalizing the application of civil monetary penalties. According to the memo, the revisions intend to "increase national consistency" with regard to imposing CMPs. The revisions also include changes to previous issues of noncompliance, and "will make per-instance CMPs the default for non-compliance that existed before the survey."

- CMS Proposes New Guidance On Joint Replacement Surgeries, SNF Waivers. According to an article in McKnight’s Long Term Care News, CMS released two proposals that could change where program beneficiaries receive joint replacements, and how care organizations would address the CMS three-day stay waiver. The first would permit Medicare to cover knee replacement surgeries at outpatient facilities, allowing beneficiaries to seek treatment "based on the beneficiary’s individual clinical needs and preferences." The second proposal would allow ACOs apply for SNF waivers without submitting documents describing financial relationships "between the organization, skilled nursing affiliates and acute care hospitals."

- Medicare Patients Receive "Extreme" Opioid Prescription Doses, OIG Says. McKnight’s Long Term Care News reports that the Health and Human Services OIG released guidance expressing its concerns regarding "extreme" painkiller use and specious prescribing practices among health care services. The
report said OIG found that one-third of Medicare Part D enrollees received prescription opioids in 2016, 500,000 of whom received large quantities. The report also found that nearly 90,000 enrollees were at "serious risk" and many of whom received extreme quantities, while about 400 providers had "questionable" prescribing practices.

- **Nursing Home Deficiencies, Staffing Levels Decreased, Report Finds**, *McKnight's Long Term Care News* reported on a study from the Kaiser Family Foundation that indicates the average number of deficiencies per nursing home dropped from 9.33 to 7.28 between 2009 and 2013, although between 2013 and 2015 it increased slightly, reaching 8.6 at the end of the period. The "Nursing Facilities, Staffing, Residents and Facility Deficiencies" report also showed "staffing levels are still falling short of what some experts recommend."

- **Facility Assessment, Emergency Preparedness and QAPI – A Service Delivery Exercise**, Your post-acute/long term care organization should be well on its way to developing its Facility Assessment, Emergency Preparedness Plan and written QAPI plan for compliance by November 2017. The best way to address these three new RoPs/CoPs is by transitioning your healthcare organization into one focused on service delivery. These three rules build upon one another and have such a substantial amount of overlap, that if you haven't started on these initiatives yet, it is best to address them in a single exercise.

- **More Than 30 New Alzheimer’s Drugs Are in the Last Stage of Clinical Trials** — [click here](#).

- **3 Ways to Strengthen Your LTPAC-Acute Care Relationship**. Appropriate coordination of care and smooth transitions between LTPAC and acute care facilities are critical to positive health outcomes for the aging population. To be seen as attractive partners, LTPAC leaders need to demonstrate that they can meet the needs of acute care providers, especially when it comes to providing resident data that is timely and accurate, both in reports and in real time.

27) **Interesting Fact**: Have you ever wondered how many cells your body is made up of? You are not alone. Scientists are still debating the exact number, which currently remains a conundrum.

The short answer is that the body of an average man contains around 30 to 40 trillion cells. The long answer is that scientists do not yet know the exact number. Plus, it depends on whether or not you include the bacteria that are present in and on our bodies. The majority of the cells in our bodies are actually red blood cells. Although they make up over 80 percent of our body in number, they constitute only around 4 percent of total body mass. This is because red blood cells only measure on average **8 micrometers** in diameter, which is 10 times smaller in diameter than an average human [hair](#). In contrast, the average size of a fat cell is **100 micrometers**. Although fat cells make up nearly 19 percent of body mass, they contribute under 0.2 percent to the total cell number.

*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!*