Join Us for IHCA’s 69th Annual Convention & Expo!

Just a few weeks left until the 69th Annual Convention & Expo. Join us for this year’s event, Peace, Love and Quality, in Springfield and you’ll leave with some groovy new ideas to take back to your centers to continue to provide the top-quality care your residents deserve. With nearly 100 educational sessions on topics ranging from PDPM to activities, nutrition, AL, ID/DD and more you are sure to find sessions that will fit your needs. And, don’t forget to check out the expo to see what’s new in products and services in LTC. There are still sponsorship opportunities available. Contact Debbie Jackson at djackson@ihca.com if you are interested!

Attendees: To find out more, visit www.ihca.com/convention or view the Preliminary Program (click here). The program offers readers an overview of what they can expect in September—descriptions of educational sessions and events, a full agenda, location information etc. If you are ready to sign up, you can register online (and save $50!) by clicking here and using the discount code “50Savings”. If you have any questions, please contact the IHCA office.

Badges for attendees registered for convention by August 27, 2019 will be mailed to the facilities to the attention of the convention contact listed on the registration form. Those who have pre-registered can pick up their convention materials (all you have to do is show your badge!) at the IHCA Registration Desk anytime during convention or outside of the Ballroom at the Wyndham hotel prior to Opening General Session on Tuesday, September 10.

Exhibitors: There is still time to reserve your booth space for the 2019 Expo! View the prospectus to find out more and to access the exhibitor contract. If you have already reserved your booth space, be sure to check the exhibitor page on the IHCA website for updates as they become available. Exhibitor Kit information has been posted online and you can now order whatever extras you may need for your booth. Exhibitor Badges should also be ordered online by August 30, 2019. Contact IHCA’s Expo Manager Kelli Showalter at kshowalter@ihca.com if you have any questions about the expo.
Special Events: You won't want to miss out on any of our special events at this year's convention. Registration for our annual PAC golf outing and the Oksnevad 5K run/1 mile walk is open, tickets are being sold for our new Bourbon Tasting event and you can purchase your tickets for Ovations: A Celebration of Long Term Care Nurses when you register for convention or when you get to convention.

**IHCA PAC/The Center-PAC Golf Outing** | Monday, September 9, 11 a.m. – 5:30 p.m. | Piper Glen Golf Club. Join us for a great day of golf at Piper Glen Golf Club before all of the hustle and bustle of convention begins. Registration opens at 10:00 a.m. Shotgun start at 11:30 a.m. Contact Ashley Snavely at 800.252.8988 or asnavley@ihca.com for sponsorship opportunities. Click here for registration and sponsorship information.

**IHCA PAC Bourbon Tasting** | Monday, September 9, 6:30 – 9:30 p.m. | Cigars for Aficionados | 727 North Grand Ave. East, Springfield. A new addition to this year’s line-up is the IHCA PAC Bourbon Tasting. The event will feature an exclusive bourbon tasting, fine cigars and hors d’oeuvres in an intimate setting. It’s a perfect opportunity to network and mingle with fellow convention goers prior to the opening of the main event on Tuesday. It is open to all attendees, but registrations will be limited. Click here for the registration form. Contact Matt Hartman at mhartman@ihca.com if you have any questions.

**Oksnevad 5K Run/1 Mile Walk** | Tuesday, September 10, 5:30 – 7:30 p.m. | Oak Ridge Cemetery. This year's event will take place at Oak Ridge Cemetery. As you run or walk through this historic site you will notice the beautiful oak trees that gave the cemetery its name and pass by The Lincoln Tomb where Abraham Lincoln and most of his family have been laid to rest. Click here for more information. Register online here.

**Ovations** | Wednesday, September 11, 7:30 – 9:30 a.m. | DoubleTree Ballroom. This annual celebration of long term care nurses will include a keynote address by Terry Foster, long-time nurse and sought-after speaker on nursing humor. Following the address, the LTCNA Nursing Awards will be presented.

**Let Us Feature Your Resident Artists! ICAL’s Art for the Ages is Looking for Entries!**

ICAL’s Art for the Ages program is intended to be a way to recognize the unique talents of the seniors residing in our assisted and supportive living centers.

We are on the lookout for more great artists to feature from our Assisted/Supportive Living Centers. Do you have an artist or craftsperson living in your AL/SLF community? We would love to display a piece of their work at our annual ICAL Art for the Ages Show, which will take place at the 69th Annual IHCA Convention and Expo, and in our online gallery. For more information, view the Program Rules below. Entry Forms must be completed and returned to IHCA/ICAL, along with the Art Show/Online Display Authorization Form and other required materials, by August 23, 2019. You can submit your forms online by clicking here. If you have any questions, please contact Ashley Caldwell, IHCA Communications Director at acaldwell@ihca.com.

**2019 Art for the Ages Information**
- Program Rules
- Entry Form
- Authorization Form

**IHCA Member Alert – Rate Calculations Breakdown & Staffing Component**

IHCA sent out the following alert last week. As a reminder, please review the information below.

IHCA would like to inform members about the rate calculation break down and one of the pieces that has the most unanswered questions at this time, the staffing component. As mentioned in other IHCA publications, the rate increase consisted of a support rate increase and money allocated to use for staffing. The July 1, 2019 rates that HFS posted last week included both, here is the breakdown:

**Staffing**
- A $4.55 per diem add-on to your direct care per diem rate based off of a weighted formula of Medicaid bed days.
"It is important to note that this portion of the increase was legislated for the purpose of addressing a facility's staffing needs through a provider initiated, annually approved, staff spending plan."

IHCA is currently working with the Department on obtaining details of what the staffing plan requires as well as clarification on how a facility may spend the money. Until we have answers, we strongly advise facilities to carefully track any dollars spent on staffing issues, including recruitment and media. The following are questions to consider and posed to HFS:

- Once the new money is placed into the rate can a facility begin to spend it on staffing?
- Do providers need to set this money aside until an approved plan is received back from HFS, then move forward with their plan?
- If a provider does not meet the specifics in their staffing plan in a certain timeframe (asking for timeframe), what will recoupment look like?

**Support Rate**

- Each facility’s support rate in effect on June 30, 2019 was updated using the latest cost report on file March 31, 2015, which in most cases is the 2014 cost report.
- The newly calculated support rate was then capped at 90.8% to spend 80% of the $170 million annually.
- After applying the cap, if a facility’s rate was less than what was in effect on June 30, their rate was restored to that June 30 rate.
- Once the above calculations were complete, each facility's rate was increased by 3.45%.

To have a more detailed explanation of the rate calculations, click here to view the rate calculation handbook. If you have yet to receive your support rate calculation you may contact Nancy.Becker@illinois.gov and send her your provider ID and fax number. Click here to see the Medicaid Rate List for Nursing Facilities as of July 1, 2019. Facilities will continue to be paid their old rate until the newest rate increase is approved by CMS. Once approved, facilities will see the increase backdated to July 1, 2019 under fee-for-service and managed care.

We will continue to keep members updated as the Department releases clarification on the above items.

**Illinois Offers Heat Safety Tips as Temperatures Rise**

AP News reports that Illinois officials say heat kills more people each year than other weather-related hazards and are offering the public safety tips.

The Illinois Emergency Management Agency recommends staying hydrated by drinking up to two quarts of fluids a day and taking advantage of cooling centers, public pools and air-conditioned spaces.

IEMA Acting Director Alicia Tate-Nadeau says one of the most important safety tips is to never leave children, the elderly, disabled individuals or pets in parked cars as temperatures in vehicles rise faster than people realize.

The National Weather Service says that heat led to an average of 101 deaths each year from 2009 to 2019. In the same time period, floods led to an average of 95 deaths while tornadoes caused an average of 89 deaths.

Click here to view health safety tips offered by the Illinois Department of Public Health.

**The 'Bottom' Blood Pressure Number Matters, Too**

When it comes to blood pressure readings, the "top" number seems to grab all the attention.

But a large, new study confirms that both numbers are, in fact, critical in determining the risk of heart attack and stroke.

Blood pressure measurements are given as a "top" and "bottom" number. The first reflects systolic blood pressure, the amount of pressure in the arteries as the heart contracts. The second reflects diastolic blood pressure, the pressure in the arteries between heart muscle contractions.

For years, systolic blood pressure has been seen as the one that really matters. That's based on studies -- including the famous Framingham Heart Study -- showing that high systolic blood pressure is a stronger predictor of heart disease and stroke.
At the same time, though, doctors measure both systolic and diastolic blood pressure, and treatment guidelines are based on both. So just how important is that diastolic number?

"The idea behind this new study was to address the confusion," said lead researcher Dr. Alexander Flint, an investigator with Kaiser Permanente Northern California's division of research.

Using medical records from 1.3 million patients, his team confirmed that, yes, high systolic blood pressure was a stronger risk factor for heart attack and stroke. But those risks also climbed in tandem with diastolic pressure; and people with normal systolic readings were still at risk if their diastolic pressure was high.

"There's been a common belief that systolic blood pressure is the only one that matters," Flint said. "But diastolic definitely matters."

He and his colleagues reported the findings in the July 18 issue of the New England Journal of Medicine.

The definition of high blood pressure has gotten a revamp in recent years. Guidelines issued in 2017 by the American College of Cardiology (ACC) and other heart groups lowered the threshold for diagnosing the condition -- from the traditional 140/90 mm Hg to 130/80.

The fact that treatment guidelines include a diastolic pressure threshold implies that it's important. And indeed it is, said Dr. Karol Watson, a member of the ACC's prevention section and leadership council.

In fact, she said, doctors once thought that diastolic blood pressure was the more important one -- based on research at the time. Then came the studies showing that systolic pressure was generally a better predictor of people's risk of heart disease and stroke.

In addition, Watson said, high systolic blood pressure is more prevalent, because of natural changes in blood pressure as people age.

"As we get older, systolic blood pressure keeps marching up," she explained. Diastolic blood pressure, on the other hand, generally peaks when people are in their 40s to 60s -- and then it declines.

But it's clear, Watson said, that while systolic and diastolic blood pressure are different, they both deserve attention.

In the latest study, cardiovascular risks rose with each "unit increase" in systolic pressure above 140, by about 18% on average. Meanwhile, each increase in diastolic blood pressure above 90 was tied to a 6% increase in heart disease and stroke risk.

The researchers saw a similar pattern when they looked at blood pressure increases above the 130/80 threshold. That, Flint said, supports the 2017 guideline shift.

The findings are based on over 1.3 million patients in the Kaiser Permanente health system who had roughly 36.8 million blood pressure readings taken from 2007 through 2016. Over eight years, more than 44,000 patients had a heart attack or stroke.

According to Flint, it's the largest study of its kind to date.

The bottom line for patients, Watson said, is that they should care about both blood pressure numbers. In her experience, she noted, patients often point to the number that's in the normal range and say, "But look how good this is."

Flint agreed, saying that no one should "ignore" the diastolic number. "It's important not only in blood pressure treatment, but on the side of diagnosis, too," he said.

More information
The American Heart Association has a guide on high blood pressure.

*This article was taken from HealthDay News.*
Medicaid’s Shifting of Residents From SNFs to Home Settings Shown to be Overrated

Elderly, dual-eligible Medicaid beneficiaries in long-term care settings aren’t more likely to be hospitalized than those receiving community-based care, even though long-term care residents tend to be older and have more chronic conditions.

Those are the findings of a group of researchers at the University of Chicago, who noted that care intensity and duration are more likely to suffer at the hands of untrained caregivers in non-facility settings.

The researchers reported that among people with dementia, home- and community-based service users actually had higher rates of hospitalizations than nursing home residents.

The study could be taken as proof that Medicaid’s shift toward community-based services — at the sacrifice of skilled nursing providers — may actually be detrimental to patients. Such practices may also underscore health disparities. Beneficiaries in certain racial and ethnic groups and sicker patients also were more likely to be hospitalized, according to the full study published in July’s issue of Health Affairs.

In 1996, only 19% of Medicaid long-term care expenditures were for HCBS, with the remaining 81% for nursing facilities, but by 2016, 57% went to HCBS, the researchers noted. To understand how that shift could be impacting patients, the team examined national claims data from 2012, the last year for which the Medicaid Analytic eXtract includes all states.

“The benefits of expanding funding for Medicaid long-term care home and community-based services relative to institutional care are often taken as self-evident,” the researchers wrote. “Our findings suggest that home and community-based services need to be carefully targeted to avoid adverse outcomes and that the racial/ethnic disparities in access to high-quality institutional long-term care are also present in (home-care settings).

“Policy makers should consider the full costs and benefits of shifting care from nursing facilities to home and community settings and the potential implications for equity.”

Home care overextension harm

The team found beneficiaries who used either institutional services or HCBS alone had similar rates of overall hospitalizations, even with the skilled nursing populations higher chronic conditions and higher mortality rates. Among people with dementia, hospitalization rates were higher among home-care users.

Also among home-care users, blacks were more likely to be hospitalized than non-Hispanic whites. Medicaid HCBS spending was also higher for whites than for nonwhites, and higher Medicare and Medicaid hospital spending for blacks and Hispanics did not offset this difference, the team reported.

“Home and community-based services generally entail lower-intensity care relative to the round-the-clock care available in a nursing facility,” said lead author Rebecca Gorges, a Ph.D. candidate in the Harris School of Public Policy. “Furthermore, they shift some of the care burden from trained, paid staff to largely untrained family members or friends, who must fill the critical gaps in care intensity.

“Home environments might not be safe or appropriately designed to accommodate needs, home care workers may face challenges implementing high-intensity treatments in the home environment, and informal caregivers might not be well trained to handle clinical issues. Thus, home and community-based services could lead to worse health outcomes relative to nursing facility care.”

*This article was taken from McKnight’s Long Term Care News.*

A New and Better Way to ‘Stage’ Alzheimer’s Patients?

When discussing Alzheimer’s disease, the accumulation of beta-amyloid plaques in the brain is a hot topic. Though it is one of the hallmarks of the disease, the part that the buildup of those plaques play in the development of Alzheimer’s isn’t clear.
A recent article from HealthDay News discusses steps researchers have taken to trace the progression of plaque buildup in living patients. "This way of 'staging' the disease," the article stated, "has implications for research and one day may help doctors treat this debilitating, fatal disease."

"It is possible to stage individuals in terms of how advanced their beta-amyloid deposition is, using PET scans," said lead researcher Dr. Niklas Mattsson, an associate professor of clinical neuroscience at Lund University in Sweden.

When beta-amyloid appears, it follows certain stages, explained Mattsson. Some of the regions of the brain are involved early in the disease, some later in the intermediate stage and others in the late stage.

Alzheimer’s disease takes years to develop, as well as to diagnose. By the time it is typically diagnosed, it has already had a chance to ravage the individual's brain, which makes early diagnosis an important goal for doctors and researchers.

"This staging system can be used both to improve research and perhaps also in clinical trials, to see if certain drugs are likely to be most effective in certain stages of Alzheimer's," said Mattsson.

For this study, Mattsson and his team used PET scans from the Alzheimer's Disease Neuroimaging Initiative database. Among the 741 participants, 304 had no cognitive impairment, 384 had mild cognitive impairment, and 53 had Alzheimer's disease. Patients were followed up at two, four and six years.

When the study began, nearly 98% of the scans weren’t staged. For those in the earliest stage of plaque development, about 15 percent were likely to progress to a more advanced stage. More than 70 percent of individuals at stage 1 and 53 percent of those at stage 2 were also likely to progress to a later stage.

Researchers noted that as patients moved from stage 1 to stages 2 and 3, amyloid plaque developed in more vital areas of the brain. They also noted that interestingly enough, nearly 1 percent of the study participants reverted to a lower stage. Higher stages were linked to higher concentrations of tau in cerebral spinal fluid. More tau in stage 2 indicated a more rapid progression to cognitive decline. The researchers were able to confirm their findings in a different group of 474 patients.

"I think that it is clear from these data that the earlier the diagnosis of Alzheimer's is supported by amyloid imaging, the earlier clinicians are likely to initiate drug therapy," said Dr. Sam Gandy, chair of Alzheimer's Disease Research and director of the Mount Sinai Center for Cognitive Health and NFL Neurological Care in New York City. Gandy had no part in the study.

This information could change the way Alzheimer's disease is currently handled, Gandy pointed out, which is not to start drug therapy until patients have advanced beyond mild cognitive impairment and are well into the early stages of the disease. However, Gandy also noted that he isn’t sure if beginning drug therapy earlier would benefit all or only some patients and that he would like to see if the staging system would work the same way among patients with and without gene mutations that are linked to Alzheimer’s.

To find out more, check out the full article from HealthDay News.

**August 2019 Observances**

**August 6 is National Night Out**: Starting in 1984, National Night Out has been celebrated in order to promote involvement in crime prevention activities, community partnerships with police, neighborhood camaraderie and to send a message to criminals letting them know that communities are organized and fighting back. Visit www.natw.org for more information.

**August 4-10 is National Health Care Center Week**: National Health Center Week is an annual celebration with the goal of raising awareness about the mission and accomplishments of America’s health centers over the past five decades. This year, the National Association of Community Health Centers and the Health Center Advocacy Network invites you to celebrate the ways that health centers are “Rooted in Communities.” Click here for more information.

**August is National Immunization Awareness Month**: This national observance provides the opportunity to highlight the need for improving national immunization coverage levels. Activities are focused on encouraging everyone to protect their health by being immunized against infectious diseases. Click here for more information.
August is Medic Alert Awareness Month: In order to raise awareness of the benefits of medical identification tags, the Medic Alert Foundation hosts Medic Alert Awareness Month each August. To find out more, click here.

AHCA/NCAL Information

2020 AHCA/NCAL Quality Award Applications and Criteria Series Now Available
Become the best in quality and get ready for the 2020 AHCA/NCAL National Quality Award Program! Applications and the criteria series are now available.

Participating in the Quality Award Program has so many benefits:
- It provides a proven framework that organizations can use to make improvements in any clinical, quality or other operational issue (i.e. staff engagement, customer satisfaction, hospital readmissions).
- It prepares organizations to meet regulatory requirements and navigate a changing market.
- It serves as a team building activity to engage staff across all levels of the organization.
- And more…

Visit ahcancal.org/qualityaward for more information.

National Assisted Living Week 2019 – Planning Guide & Product Catalog Now Available
Get those creative juices going on activities for National Assisted Living Week® (September 8-14, 2019) with this year’s Planning Guide and Product Catalog. The planning guide offers ideas to help your residents explore their creative side, improve your assisted living community, and celebrate your staff. All suggested activities and official products highlight this year’s theme, “A Spark of Creativity.”

Additionally, you can now access the NALW 2019 Media Toolkit on the NALW webpage. The toolkit offers ideas on how to spread the word about your unique residents, your dedicated staff, and your contributions to the larger community. It also includes sample social media posts, so you can engage with the public directly. Share pictures or videos of your activities, powerful resident stories (with their permission), or amazing staff. Check it out today!

AHCA/NCAL Convention & Expo - Registration is Open
The AHCA/NCAL Preliminary Program is now available. You can download a copy or review it online. Get an overview of the exciting education sessions, guest speakers, networking events and Expo Hall. From PDPM to changes in Five-Star to the new Rules of Participation, you’ll get concrete solutions and strategies that will make you feel like you have super powers. Fill your toolbox with fresh ideas, inspiration, and action plans. Bring your staff and your family. There’s something for everyone. Visit the event webpage for more information.

AL Cost Calculator
The AL Cost Calculator is a web-based, enhanced resident assessment tool that assesses how costs are allocated across residents. Better understand the needs of your residents, so you can put the right staff with the right skills in the right place and at the right time. Multi-facility companies can see their company’s costs across different buildings and over time. Learn more about the features and benefits.

The AL Cost Calculator will be available to NCAL member providers at no additional cost – it’s included with your membership.

Upcoming Webinar: Competent Geriatric RNs – The New Driver of Financial Performance | August 20 | 1:00 PM CST | No Charge

IHCA Information

Check Out Our New LTC Workforce Development Initiative!
Have you seen our new website—illinois.carefortheaging.org? IHCA has joined a group of fellow AHCA/NCAL state affiliates in a workforce development initiative that we hope will prove to be a fantastic resource for our member centers. The site offers visitors a
variety of information on career opportunities available in long term care in Illinois. It also allows IHCA/ICAL and CDDACS member centers to access interest forms submitted by site visitors through the member portal (click here to register for the portal). Once you have logged in you will be able to search through submissions, and filter and export them by various search criteria, including zip codes, level of education, career area of interest, as well as set up alerts so you can receive email notifications when candidate interest forms meeting your criteria have been entered into the system.

Click here to view a flyer you can hang in your center or send to your local schools to promote the new site. If you have any questions, please contact Ashley Caldwell (acaldwell@ihca.com).

**FALSE IHCA Invoice Email Notifications**

It has come to our attention several IHCA members have received emails appearing to be from IHCA staff members, with an attachment labeled as an unpaid invoice. These are scam emails. Please be aware, while it may display as coming from an IHCA staff member, but they are not generated from the IHCA server. Please do not open any attachments on these emails, and immediately report them as spam/phishing attempts. If you question about an invoice, please call the IHCA office.

**IHCA Has New Remittance Address for Dues**

IHCA recently changed financial institutions. If you would like to send your dues payments to our lock box, please use the following address: IHCA | PO Box 6248 | Decatur, IL 62524-6248

**CE Certificates from IHCA Educational Events Available in CE Central**

Attendees can now access their Continuing Education Certificates from the 68th Annual IHCA Convention & Expo through CE Central (click here). Additionally, certificates are also available for all of our past 2018 educational sessions, as well as the 2017 convention. To access CE Central, go to www.ihca.com/education and click on the CE Central link. Once there, simply enter your first and last name into the system to retrieve your information.

**LTCNA Offering Core Competency Sessions!**

LTCNA is now offering a la carte competency training sessions with their simulation mannequin, Geri Manikin! Get your nurses the training they need right in your center! The cost will be dependent on the amount of time spent in the center. Charter Memberships are also still available for centers. The fee for the membership is $2,000 and the center will receive 24 hours (4 6-hour days) of simulation time over the course of the year. For more information contact Debbie Jackson at djackson@ihca.com or 800-252-8988.

**IHCA Member Spotlight**

Calling IHCA Members – We Want to Feature Your Company Here!!!

Are you looking for a way to reach our members? Well, this is a great way to do just that! Our Member Spotlight gives our members a space to let us know what their company (or facility) is all about! (And to brag a little too if you want to!) Your Company Information could be seen here in a future issue!!

Has your company recently celebrated a milestone? Do you have positive stories or news to share? Would you just like to get your name out there among your fellow IHCA members?

Ready to sign up for a member spotlight?! Contact Ashley Caldwell! Email acaldwell@ihca.com or give her a call today!