IHCA Communications Disruption

As you may know, IHCA communications director, Ashley Caldwell, has announced that she has accepted a new position and will be leaving the association. Her last day will be October 4, 2019. We are currently in the process of finding and hiring a new communications director to take over her duties. In the meantime, please be aware that there may be some disruption to your regularly scheduled communications. We will do our best to make this transition as smooth as possible. Thank you for your patience and understanding!

Department of Labor Raises Overtime Threshold for Exempt Employees

The Department of Labor (DOL) finalized its proposed rule to increase the salary threshold under which “white collar” exempt staff would be guaranteed time-and-a-half pay when they work more than 40 hours in a given week. Effective January 1, 2020, the threshold will rise to $684 per week or $35,568 per year for a full-year worker. The current threshold, which has been in place since 2004, is $455 per week or $23,660 per year. Providers should review their exempt salaried staff to identify those who could become newly eligible for overtime.

By way of background, in 2016, the Obama administration finalized a rule that would have doubled this threshold. That rule faced subsequent litigation, during which a judge issued a preliminary injunction and the Trump administration ultimately declined to argue in support of the new threshold. The Trump administration issued a Request For Information to hear from stakeholders before publishing its own threshold.

*Article from AHCA/NCAL Blog, the Long Term Care Leader. Written by Lilly Hummel.*

HFS Provider Notice Issued - NF Resident Assessment Instrument Effective Oct. 1

This Notice informs Nursing Facilities (NF) shall continue to submit the comprehensive item set form quarterly pursuant to 89 Illinois Administrative Code Section 147.315.

- The nursing facility should conduct and electronically submit a Minimum Data Set (MDS) assessment that conforms with the assessment schedule and guidance defined in the 42 Code of Federal Regulations §483.20 Resident Assessment Instrument;
- The nursing facility should complete the MDS Comprehensive Item Set form that includes all items Section A-Z, for each resident quarterly;
Bill to Ease Skilled Nursing Staffing Woes Receives Another Chance in Congress

A bipartisan pair of lawmakers on Wednesday introduced a bill that its supporters say would ease persistent staffing strains on the nation’s nursing home operators.

The Nursing Home Workforce Quality Act would remove a mandatory two-year ban on certified nursing assistant (CNA) training that the federal government currently levies on skilled nursing facilities that have received a civil monetary penalty (CMP) greater than $10,000.

Industry advocates argue that the automatic training ban, also known as a lockout, is too punitive, as it removes a key avenue for workforce development even if the facility proves that it has rectified the issues that led to the penalty.

The bill, introduced by Republican Rep. Ron Estes of Kansas and Democratic Rep. Dwight Evans of Pennsylvania, would allow state surveyors to reinstate SNFs’ training privileges at their own discretion, with no mandatory waiting period — while also authorizing the Centers for Medicare & Medicaid Services (CMS) to increase oversight of poorly performing buildings.

“This common-sense legislation would help nursing homes to fix problems that are identified, which would be a win for everyone affected — the patients, their families and the nursing homes,” Evans said in a statement. “It’s important to work across party lines on points of agreement so we can make progress for the people we represent.”

The effort marks the second such proposed law in less than a year: Former Rep. Sean Duffy of Wisconsin, a Republican who resigned this month, introduced a similar bill last fall.

At the time, the administrator of a facility that had received a two-year training ban — after one of its residents was able to leave the building — told SNN that the restriction had a direct impact on its staffing and operations.

“[The training ban] is so punitive, and it doesn’t do anything for your direct care,” Nate Glendening of Prairie Wind Villa Assisted Living/Phillips County Retirement Center in Phillipsburg, Kan., said. “We’ve been paying overtime, and we’ve been dealing with burned-out staff going on for two years. It just blatantly makes sense for a facility to be able to provide this training.”

LeadingAge, a national trade group that represents non-profit nursing homes, applauded the new bill’s introduction in a statement.

“Workforce development is the number one issue facing our members throughout the country,” president and CEO Katie Smith Sloan said. “We have advocated for changes to this aspect of federal law for many years. These bills are a critical linchpin in our continued effort to increase the number of well-trained staff available to care for aging older adults.”

*Article from Skilled Nursing News. Written by Alex Spanko.*

Telepsychiatry Can Help Reduce Antipsychotic Use in Nursing Homes, Analysis Finds

Encounter Telehealth, a telehealth company that enables psychiatric providers to treat patients using a secure video-conferencing platform, recently performed an analysis of 40 skilled nursing facility partners in Iowa that revealed a nearly 7 percent reduction in the use of antipsychotic medications following 14 months of psychiatric telehealth services.

According to the McKnight’s Long-Term Care News article that discussed the analysis, the national average during that period was a reduction of less than 4 percent.

*Article from Skilled Nursing News. Written by Alex Spanko.*
Some of the 40 facilities in Iowa made substantial reductions, said the article, including one facility that went from 28.6 percent in 2015 to a low of 7.3 percent in 2018 — nearly half of the current national average.

Facilities that prove a reduction in the use of antipsychotics are eligible for a maximum Medicare reimbursement bonus of 1.6 percent.

Encounter Telehealth provides evaluations and psychiatric medication management services through psychiatric mental health nurse practitioners, who ensure proper diagnoses and medication management from the facility. They also offer talk therapy, which has been proven beneficial to patients with dementia and cognitive decline. Additionally, Encounter provides staff training on the use of alternative, non-pharmacological interventions.

Catching Vision Issues Early Could Mean More Healthy Years

According to a recent article posted on Futurity.org, “Detecting and managing hearing and vision impairments early could prolong healthy living for older adults.” The article discusses a new study from Duke-NUS, a government-led partnership between Duke University and the National University of Singapore (NUS).

The article notes that of the five physical senses, “impairment in vision and hearing, especially simultaneously, may have the greatest impact on the health of older adults. These impairments are associated with poor health outcomes, such as limitations in physical function and activities of daily living (ADLs), social isolation, cognitive decline, depression, poor self-rated health (SRH), communication difficulties, and even mortality.”

Researchers at Duke-NUS chose to study the effect of vision and hearing impairment on life expectancy and health expectancy (the duration of remaining life expected to be spent with, or without, health problems) because these impairments affect both the quality and quantity of life. And, to allow providers and policy makers, as well as older adults and their families, to thoroughly understand the impact of these common, yet often treatable, impairments.

For the study, they asked participants to rate their own vision and hearing abilities and to report whether they had trouble with tasks involving their arms and legs, like walking, climbing 10 steps without resting or raising their arms above their head. They also asked participants whether they had trouble completing basic ADLs.

The researchers found that, at ages 60, 70, and 80, people with either or both vision and hearing impairments could expect more years of remaining life with limited physical function as well as with limitations in ADLs, compared to those without impairments.

They also found that those individuals with both hearing and vision impairments had the greatest reduction in health expectancy, and an overall life expectancy. These individuals could expect to spend more than 60 percent of their remaining life with limitation to physical function, while those without either impairment faced an estimated 38 percent. Additionally, the researchers found that those with both impairments could expect to spend approximately 30 percent of their remaining life with limitation in ADLs, compared to only 16 percent for those with neither impairment.

“Vision and hearing impairments are often perceived as an unfortunate but inconsequential part of aging, and in many cases, remain undetected or untreated. This important study by our researchers shows that early detection and timely management of vision and hearing impairments by older adults, their families and health systems are key to increasing the quality of life for older adults,” said Patrick Casey, senior vice dean for research.

The team is planning to compare this study’s findings, which was based on self-reported vision and hearing impairment, with objectively measured impairment status by other groups in Singapore and around the world.

The research appears in Journal of the American Geriatrics Society. To find out more, click here to read the full article from Futurity.
Seniors With Hearing Aids Less Likely to Confront Dementia, Depression and Falls

Older adults who get hearing aids soon after a hearing loss diagnosis are less likely to face a host of debilitating health problems than their unaided peers, a new study has found. Yet only 12% of diagnosed seniors get the devices – even when insurance covers part of the cost.

The study, which tracked Medicare HMO recipients with hearing loss coverage, found that the seniors who got hearing aids had a lower risk of dementia, depression and anxiety, and less chance of experiencing fall-related injuries in the three years following a hearing loss diagnosis.

The evidence suggests that timely diagnosis and early intervention has a substantial, near-term effect on important health outcomes, and signals a need to support increased hearing aid use, wrote lead study author Elham Mahmoudi, MBA, Ph.D., University of Michigan.

“We already know that people with hearing loss have more adverse health events and more co-existing conditions, but this study allows us to see the effects of an intervention and look for associations between hearing aids and health outcomes,” Mahmoudi said in a statement. “Though hearing aids can’t be said to prevent these conditions, a delay in the onset … could be significant both for the patient and for the costs to the Medicare system.”

More than 27 million Americans aged 65 years and older live with hearing loss, and that number is growing. The condition is associated with social isolation and reduced quality of life, but the use of hearing aids remains low. This has been attributed to multiple factors, including lack of perceived need, limited apparent benefit, uncomfortable fit, a complex system of hearing care, stigma, and cost, reported Mahmoudi and colleagues.

In the United States, no or low insurance coverage may contribute to disuse, Mahmoudi wrote. But the devices may soon be more accessible to more people. In 2020, over-the-counter hearing aids for people with mild to moderate hearing loss will become available following a Federal Drug Administration regulatory process. How many people take advantage of these devices remains to be seen.

The study findings are published in the Journal of the American Geriatrics Society.

*Article from McKnight's Long-Term Care News. Written by Alicia Lasek.*

September 2019 Observances

**September 21-27 is National Rehabilitation Awareness Week:** This week is National Rehabilitation Awareness Week, which was created to educate the public at large about the benefits and impact of rehabilitation. Visit [www.nraf-rehabnet.org](http://www.nraf-rehabnet.org) for more information.

**September is Healthy Aging Month:** Healthy Aging month is celebrated in order to encourage taking personal responsibility for one’s health—physically, socially, mentally and/or financially. [Click here](http://www.fema.gov) for more information.

**September is National Cholesterol Education Month:** High cholesterol is one of the main risk factors for heart disease and stroke—two of the leading causes of death in the US. Celebrate this month by learning how to prevent these diseases. [Click here](http://www.fema.gov) for more information.

**September is National Preparedness Month:** Organized by the Federal Emergency Management Agency (FEMA), National Preparedness Month was created in order to educate the public about how to prepare for emergency situations. To find out more, visit [www.fema.gov](http://www.fema.gov).

September is also Leukemia, Lymphoma and Myeloma Awareness Month, National Ovarian Cancer Awareness Month, National Prostate Cancer Awareness Month and National Alcohol & Drug Addiction Recovery Month. To find out more about these observances please view the [AHCA/NCAL Observances Calendar](http://www.fema.gov).
AHCA/NCAL Information

2020 AHCA/NCAL Quality Award Intent to Apply is Now Open!
Become the best in quality and get ready for the 2020 AHCA/NCAL National Quality Award Program!

The Intent to Apply (ITA) for the 2020 AHCA/NCAL National Quality Award application cycle is now open in the Quality Award Portal.

Why should I submit an Intent to Apply Payment?
While not mandatory, applicants who submit an ITA will save money on their overall application fee and receive extra educational resources. No paperwork or application is needed to submit the Intent to Apply.

ITA Payments by Award Level
Bronze - $75  |  Silver - $150  |  Gold - $300

To find out more about the Intent to Apply, click here. Applications and the criteria series are also available. Visit ahcanecal.org/qualityaward for more information.

AHCA/NCAL Announces 2020 Quality Initiative Recognition Program
The Quality Initiative Recognition Program is back to honor member skilled nursing centers and assisted living communities for their work in achieving the goals of the AHCA/NCAL Quality Initiative.

Let’s celebrate the hard work you have done to measurably improve the lives of your residents and patients. All achievers will be recognized at the AHCA/NCAL Quality Summit in Grapevine, Texas, March 9-11, 2020.

Skilled nursing centers must achieve at least one of the AHCA Quality Initiative goals to be eligible for recognition and Assisted living communities must achieve at least one NCAL Quality Initiative goals to be eligible.

How to Participate
By November 21, 2019, nursing centers must submit customer satisfaction data in LTC Trend Tracker. All other data is automatically uploaded by LTC Trend Tracker.

Assisted living members must submit data for all NCAL goals in LTC Trend Tracker by November 21, 2019.

If you need assistance with LTC Trend Tracker, please visit the Resource Center or email help@ltctrendtracker.com.

For more information, please click here or visit the respective websites for skilled nursing centers and assisted living communities.

Nominations Now Open for AHCA and NCAL Committees
Now through October 21, AHCA members in good standing may nominate themselves or another member to serve on an AHCA committee for the 2020/2021 appointment term. Please submit your nomination for up to three committees by completing the Survey Monkey form. AHCA appreciates your willingness to serve in any capacity and are committed to do everything we can to honor your committee selections.

All 2020/2021 committee appointments will be for a two-year term beginning January 1, 2020. Appointments are finalized by the AHCA Board of Governors Chair. In order to keep committee sizes at optimal levels, applicants are likely to be assigned to just one committee. Please visit the AHCA website for a list of committee descriptions.

Please contact Christy Herle with questions about the process.

Additionally, NCAL is also accepting nominations for committees. In an effort to create diverse and widespread representation, appointments to specific committees may be limited to one participant per state and company. To assist in the process, individuals should choose two committees and rank their selections in order of preference. To submit your nominations, please complete the Survey Monkey form. We hope you will take this opportunity to be an active member!
AHCA/NCAL Offers Emergency Preparedness Resources
This month marks, among other observances, National Preparedness Month. National Preparedness Month, recognized each September, provides an opportunity to remind us that we all must prepare ourselves and our families now and throughout the year. This month the focus will be on planning, with an overarching theme: “Prepared, Not Scared.” Take this time to review your facility and community-based risk assessment/hazard vulnerability. AHCA/NCAL has an emergency preparedness website with helpful information and resources you might be interested in.

AHCA/NCAL Convention & Expo – Advance Registration Ends Tomorrow
The AHCA/NCAL Preliminary Program is available 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.

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
Certificates for IHCA educational events are available on our CE Central system. 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.