

**OHCA District II & Miami Valley Long Term Care Association**

**State Budget Update  
Federal - ROP Phase III**

June 25, 2019  
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**District Update**

- CEUs for today's program is 2 hours
- Certificate of attendance at table



**Upcoming Programs**

• **July 23 (2 hours)**

Reconstructing a Humanity within Medicine™, The Intersection of Medicine and Humanism

- Dr. Tim Ihrig, MD, Chief Medical Officer, Cross Roads Hospice

• **August 15 (2 hours)**

The Millennial in the Backseat

- April Murray, Director of Interim Executives, LeaderStat Premier

• **September (2 hours)**

2020 Final Medicare PPS and PDPM


- Kim Saylor, Vice President, Business Development, Concept Rehabilitation



**Annual Golf Outing  
August 22<sup>nd</sup> at Pipestone Golf Club**

- Brochures will be sent to all members and supporting vendors in March
- Supports the MVLTCAs scholarship funds
- Educational Foundation of OHCA





**OHCA Regional Meeting**

**October 18 - Marriott University of Dayton**

Regularly-Scheduled, Regional Education & Information Events on Today's Most Critical Issues

**Agenda**  
 11:30 am Check In, Networking & Luncheon  
 12:00 pm Updates & Conversation  
 1:30 p.m. Adjourn


**Fees**  
 Members \$25  
 Non-members \$45  
 (Moving the OHCA Dist. II/MVLTCA meeting to Oct 31<sup>st</sup>)

**Home Care and Hospice Membership**

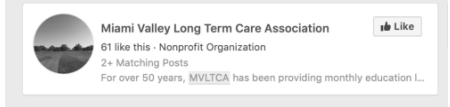


- OHCA board of trustees has created a new membership - Home Care and Hospice
- Lead by recently hired - Erin Begin
- Services Provided:
  - Medicare Home Health
  - Medicare Hospice
  - Medicaid State Plan
  - Medicaid Waiver
  - Aging

**Social Media**



- MVLTCA has launched a LinkedIn group site
- Start a conversation
- Post a job



**State Budget Update**

- Senate bill relative to the market basket:
  - The Senate sub bill added language and appropriations assuring that SNFs, in aggregate, will receive increases equal to the amount generated by the market basket for both years of the biennium.
  - In the first half of SFY20, the pure market basket will apply to all providers.
  - In the second half of SFY20, the same amount of money will be allocated among centers on the basis of their quality points under the 4 quality measures listed in the bill.
  - In SFY21, the sum of the SFY20 amount plus an additional amount based on the SFY21 market basket (so, roughly 4.9% of the average rate) will be allocated using the quality points plus the occupancy threshold specified in the bill.
  - The market basket language will remain in the statute and apply to future years, although starting SFY22 (in reality, SFY23 because SFY22 is a rebasing year), the tax component of the rate and the \$16.44 add-on will not be included in the market basket adjustment. The remaining rate components will be included.



### New Resident Right

Adds a provision to the patient bill of rights:  
 "The right, if the resident has requested the care and services of a hospice care program, to choose a hospice care program licensed under Chapter 3712. of the Revised Code that best meets the resident's needs.

### Funding Items

- Funding increases for the ODH surveyors and ODA ombudsman remain in both approved budgets
- Increases the House-passed 2.7% rate increase for the Assisted Living and PASSPORT waivers to 5.1%. (2.7% + 2.4% market basket)
- Senator Burke amendment because to "base rates" using funding from changing how the market basket is calculated.
- Beginning July 1, 2021, applies the SNF market basket (minus the budget reduction adjustment factor, if any) to personal care services delivered under a NF-based HCBS waiver. This is part of the Burke amendment as well. It is not clear to what extent the ALW would be considered personal care services

RoP  
 Phase III  
 November 28, 2019

### Phase III Focus Areas

- Quality Assurance and Performance Improvement -
  - Implementation of QAPI
- Infection Control - Infection Control Preventionist
- Trauma-informed care
- Compliance and Ethics
- Bed-side Call Lights
- Comprehensive Training requirements

## QAPI

- Each facility must develop, implement, and maintain an effective, comprehensive, data-driven QAPI program that focuses on indicators of the outcomes of care and quality of life
- Maintain documentation and demonstrate evidence of ongoing QAPI program
  - Systems and reports demonstrating systematic identification, reporting, investigation, analysis, and prevention of adverse events
  - Documentation demonstrating development, implementation, and evaluation of corrective actions or performance improvement activities
- Present QAPI plan to a State Survey Agency or Federal surveyor at each annual recertification survey and upon request during any other survey and to CMS upon request
  - Present documentation and evidence of its ongoing QAPI program's implementation and compliance with requirements to a State Survey Agency...

## QAPI



- QAPI is at the level of the Board of Trustees (or governing body). The governing body is responsible and accountable for QAPI
- QAPI must review allegations/incidences of abuse, neglect and exploitation

## Trauma-informed Care - F699

- Appears in multiple areas of F tags
- Trauma-informed care: the facility must ensure that residents who are trauma survivors receive culturally competent, trauma-informed care in accordance with professional standards of practice and accounting for residents' experiences and preferences in order to eliminate or mitigate triggers that might cause re-traumatization of the resident.
- Facilities must be able to assess for past trauma and develop care plans to address past trauma
- Assure staff competency in recognizing and caring for trauma survivors

## Infection Preventionist

- Person(s) designated by the facility to be responsible for the infection prevention and control program
  - Have primary professional training in nursing, medical technology, microbiology, epidemiology or other related field
  - Be qualified by education, training, experience or certification
  - Work at least part-time at the facility and
  - Have completed specialized training in infection prevention and control
- The individual designated as the IP, or at least one of the individuals if there is more than one IP, must be a member of the facility's quality assessment and assurance committee and report to the committee on the IPCP on a regular basis.

### AHCA IPCO Certificate Program



- 23 hour online, self-study
  - 9 modules with guides, quizzes and final test
- 80% test pass requirement
- Certificates
  - ANCC contact hours credit
  - Specialized training, 3 year expiration (renewal option)

<https://educate.ahcancal.org/p/ipco>



### Resident Call System F 919

Facilities must be adequately equipped to allow residents to call for staff assistance through a communication system which relays the call directly to a staff member or to a centralized staff work area including at resident bed-side as well as toilet and bathing facilities.



### Compliance & Ethics

- Each facility must have in operation a compliance and ethics program.
- Each facility must develop, implement, and maintain an effective compliance and ethics program

### Compliance and Ethics Program

Required components for all facilities must contain, at a minimum, the following eight components:

- (1) Established written compliance and ethics standards and policies
- (2) Assignment of specific individuals to oversee compliance with the program
- (3) Sufficient resources and authority to reasonably assure compliance with the program.
- (4) Due care not to delegate substantial discretionary authority to individuals who you knew, or should have known had a propensity to engage in criminal, civil, and administrative violations.
- (5) Steps to effectively communicate the C&E standards, policies, and procedures to the operating organization's entire staff; individuals providing services under a contractual arrangement; and volunteers.
- (6) Takes reasonable steps to achieve compliance with the C&E program including monitoring and auditing systems reasonably designed to detect criminal, civil, and administrative violations
- (7) Consistent enforcement of the operating organization's standards, policies, and procedures
- (8) After a violation is detected, the operating organization must ensure that all reasonable steps identified in its program are taken to respond appropriately to the violation and to prevent further similar violations.

### C&E for Organizations $\geq$ 5 SNFs

CE must also include the following components in their compliance and ethics program:

1. A mandatory annual training program on C&E program
2. A designated compliance officer for whom C&E program is a major responsibility. This individual must report directly to the operating organization's governing body and not be subordinate to the general counsel, chief financial officer or chief operating officer.
3. Designated compliance liaisons located at each of the corporation's facilities

### Staff Training

- A facility must develop, implement, and maintain an effective training program for all consistent with their expected roles.
- A facility must determine the amount and types of training necessary based on a facility assessment
- Training topics must include but are not limited to—
  - Communication;
  - Resident rights;
  - Abuse, neglect, and exploitation;
  - QAPI;
  - Infection control;
  - Compliance & ethics
  - Behavioral Health; and
  - Any other topics guided by facility assessment

### STNA Training

- Required in-service training for **nurse aides**. In-service training must—
- Be sufficient to ensure the continuing competence of nurse aides, but must be no less than 12 hours per year.
- Include dementia management training and resident abuse prevention training.
- Address areas of weakness as determined in nurse aides' performance reviews and facility assessment and may address special needs of the residents by the facility staff
- For nurse aides providing services to individuals with cognitive impairments, also address the care of the cognitively impaired.