

**Florida's Agency for Health Care Administration**

# **2015 Joint Training for Assisted Living Facilities**



Approved for Six (6) hours of continuing  
education – Provider Number 50-689:  
Florida Board of Nursing Home  
Administrators, Florida Board of Nursing,  
Florida Board of Clinical Social Work

**February 4 – Orlando**  
**February 6 – Tampa**  
**February 17 – Miami**  
**February 20 – Tallahassee**



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## Event Overview

2015 Joint Training for Assisted Living Facilities is a forum for the Agency for Health Care Administration and leading long-term care experts to brief providers, advocates and state surveyors on regulatory compliance with enforcement provisions. This training will highlight the implementation of managed care, critical compliance topics and problematic care areas with guidance for quality outcomes.

## Schedule of Events

7:30 a.m.	<b>Registration</b>
8:30 to 8:45 a.m.	<b>Welcome and Introductions</b>
8:45 to 10:30 a.m.	<b>Medicaid Program Update for Assisted Living Facilities</b>  An update on the Statewide Medicaid Managed Care Long-Term Care program, including the State's efforts to ensure managed care plan compliance. In addition, she will discuss several policy updates related to the new federal home and community-based care services (HCBS) rule requirements including development of a statewide transition plan across all HCBS waivers, Long-Term Care program waitlist requirements, and level of care determination and eligibility form changes.  <i>Shevaun Harris and Devona Pickle, AHCA</i>
10:30 to 10:45 a.m.	<b>Break</b>
10:45 a.m. to Noon	<b>Ombudsman Update</b>  The mission of the Ombudsman program is to improve the quality of life for all Florida LTC residents by advocating for and protecting their health, safety, welfare and rights.  <i>Leigh Davis, State Ombudsman</i>
Noon to 1:00 p.m.	<b>Lunch</b>
1:00 to 2:00 p.m.	<b>Reporting of Infectious Disease to Department of Health (DOH)</b>  Hear from the Florida Department of Health on disease control and health protection in your facility.  <i>A.C. Burke, DOH</i>
2:00 to 2:15 p.m.	<b>Break</b>
2:15 to 4:15 p.m.	<b>Hot Topics in Assisted Living</b>  The Agency for Health Care Administration will provide the most recent Top Ten Health Deficiencies and examples for specific findings. In addition, the agency will provide an overview of the ALF specialty licenses, the requirements for Adverse Incident reporting to the agency and the difference between a plan of correction and directed plan of correction. The agency will provide an overview of the April 2014 ALF Rule update changes and lastly an update on the progress of the Online Licensing process and Background Screening status.  <i>Polly Weaver, Kimberly Smoak, Laura Manville and Catherine Anne Avery, AHCA</i>

Six (6) total contact hours can be earned.

## Target Audience:

Assisted Living facility executive directors, administrators, nurse leaders, charge nurses, social workers, therapists, activity directors, consultants, education trainers and state surveyors.

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## Faculty:

**Catherine Anne Avery** is a Registered Nurse with 23 years' experience in Acute Care and State Government regulatory oversight of Nursing Homes, Assisted Living Facilities, Intermediate Care Facilities for Individuals with Intellectual Disability (ICF/IID) Hospitals, and numerous other licensed and certified entities. She is a Legal Nurse Consultant and has been involved in rule making activities for Assisted Living Facilities and Adult Day Care Centers. Currently she is the Agency's Assisted Living Unit Manager and over-see the licensing process for ALFs, AFCHs, and ADCC.

**A.C. Burke** is the health care-associated infection prevention program manager for the Florida Department of Health, Division of Disease Control and Health Protection, Bureau of Epidemiology. In her current position, she has been working with acute and long-term care facilities participating in prevention collaboratives focused on preventing *Clostridium difficile* infections, catheter-associated urinary tract infections, *carbapenem-resistant Enterobacteriaceae*, and antibiotic stewardship.

**Shevaun Harris** is the Bureau Chief of Medicaid Services at the Agency for Health Care Administration. She has worked at the Agency since 2005, holding several progressively responsible positions since. Her bureau is responsible for developing all policies under the Medicaid program, including maintenance of all federal authorities needed to operate the program and development of the contracts with the managed care plans. Ms. Harris represents the Agency on the Florida Developmental Disabilities Council and the Governor's Panel on Excellence in Long-Term Care.

**Leigh A. Davis** has over 30 years of experience in health care, geriatrics and long-term care residential facilities. Pursuing her passion, she is committed to enriching the lives of elderly residents and to their families and caregivers. Her dedication to improving the quality of life for long-term care residents has afforded her the opportunity to work with the long-term care ombudsman and various other volunteer groups. Ms. Davis held a nursing home administrator's license for 25 years in Missouri.

**Laura Manville** began her career with the State of Florida in 1998 and has worked for the Agency for Health Care Administration since March 2012. She works for the Survey & Certification Support Branch and is the manager of the Assisted Living Enforcement Team. Prior to joining AHCA, she worked for the Department of Children and Families as an investigator and supervisor for both children and vulnerable adults.

**Devona "DD" Pickle** is the AHC Administrator for Managed Care Policy and Contract Development in the Bureau of Medicaid Services at the Agency for Health Care Administration. She has worked at the Agency for 6 years. Prior to joining the Agency, Ms. Pickle gained experience working with individuals with developmental disabilities and in community and institutional behavioral health settings.

**Kimberly Smoak, QIDP, MSH** has been with the Agency for Health Care Administration since 1995. She is the Manager of the Survey & Certification Support Branch located in the Division of Health Quality Assurance. She is responsible for monitoring quality improvement/quality assurance indicators for the Division, training of survey staff and other Division staff, data management and support functions. She is a Certified CMS QIS Instructor for the QIS Survey Process and the Federal Basic Long-Term Care.

**Polly Weaver** has over 30 years of regulatory experience and has served as the Chief of Field Operations for the Division of Health Quality Assurance, Agency for Health Care Administration since 1995. Her responsibilities include management of the eight field offices located throughout Florida, which are responsible for the certification, survey functions and enforcement activities of the health care facilities licensed by the Agency. In addition, she oversees the staff training and quality assurance program as well as complaint administration activities.

### Feb. 4 - Orlando

Florida Hotel/Conference Ctr  
1500 Sand Lake Rd  
Orlando, FL 32809  
(407) 859-1500  
Room rate: \$109/Night plus tax  
Cut-off: Jan. 12, 2015  
Self-parking is complimentary

### Feb. 6 - Tampa

Holiday Inn Tampa Westshore  
700 N Westshore Blvd  
Tampa, FL 33609  
(888) 465-4329  
Room rate: \$139/Night plus tax  
Cut-off: Jan. 20, 2015  
Self-parking is complimentary

### Feb. 17 - Miami

Embassy Suites Intern'l Airport  
3974 NW South River Dr  
Miami, FL 33142  
(305) 634-5000  
Room rate: \$169/Night plus tax  
Cut-off: Jan. 19, 2015

### Feb. 20 - Tallahassee

Westminster Oaks/Maguire Ctr  
4449 Meandering Way  
Tallahassee, FL 32308  
Contact LeadingAge Florida  
for hotel availability at  
(850) 671-3700



## Agency for Health Care Administration Joint Training for ALFs

**February 4, 6, 17 & 20 2015 — Orlando, Tampa, Miami, Tallahassee**

Registration begins at 7:30 a.m. and the program runs from 8:30 a.m. to 4:15 p.m. (lunch and breaks included)

Registration questions, please call (850) 671-3700

### ATTENDEE REGISTRATION FORM

Two Ways to Register

#### INTERNET

[www.LeadingAgeFlorida.org](http://www.LeadingAgeFlorida.org)

Registration online

#### MAIL

LeadingAge Florida

1812 Riggins Rd, Tallahassee, FL 32308

#### FACILITY INFORMATION:

Facility/Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Select your member affiliation: ☐ LeadingAge Florida ☐ FLALFA ☐ FALA ☐ FHCA ☐ Not a Member  
☐ AHCA State Surveyors

#### PARTICIPANT INFORMATION

Choose from one of the following seminar locations/dates and write your choice in the site location field below:  
Orlando (2/4); Tampa (2/6); Miami (2/17); Tallahassee (2/20)

Name \_\_\_\_\_

Title \_\_\_\_\_

Email \_\_\_\_\_

License # \_\_\_\_\_

Site Location \_\_\_\_\_

Fee (see description below): ☐ \$150 – 1<sup>st</sup> Registrant

Name \_\_\_\_\_

Title \_\_\_\_\_

Email \_\_\_\_\_

License # \_\_\_\_\_

Site Location \_\_\_\_\_

Fee (see description below): ☐ \$130– 3<sup>rd</sup> Registrant

Name \_\_\_\_\_

Title \_\_\_\_\_

Email \_\_\_\_\_

License # \_\_\_\_\_

Site Location \_\_\_\_\_

Fee (see description below): ☐ \$130– 2<sup>nd</sup> Registrant

Name \_\_\_\_\_

Title \_\_\_\_\_

Email \_\_\_\_\_

License # \_\_\_\_\_

Site Location \_\_\_\_\_

Fee (see description below): ☐ \$130– 4<sup>th</sup> Registrant

**TOTAL PAYMENT \$** \_\_\_\_\_

**REGISTRATION FEES:** (Includes six (6) contact hours, handouts, breaks, and lunch)

\$150 – 1<sup>st</sup> registrant \$130 – Additional registrant, same facility. *On-site registration fees increase \$50 in each category.*

#### POLICIES

Advanced registration ends five (5) business days prior to the seminar date. All registrations after that date must be made onsite for an additional \$50 fee. Registrations without payment will not be processed. Registration cannot be taken by phone.

**Confirmation:** Registration confirmations for our programs are available online. Go to [www.LeadingAgeFlorida.org](http://www.LeadingAgeFlorida.org), click on "Calendar," then Register for the location you would like to attend.


**Cancellation Policy:** All cancellations must be in writing. A \$50 administrative fee will be charged for each cancellation. No refunds will be given for cancellations received less than five (5) business days prior to the seminar.



## The Statewide Medicaid Managed Care Program & Assisted Living Facilities

Presented at the 2015 Joint Training for Nursing Facilities and Assisted Living Facilities

Shevaun Harris, Bureau Chief  
Devona Pickle AHC Administrator  
Agency for Health Care Administration



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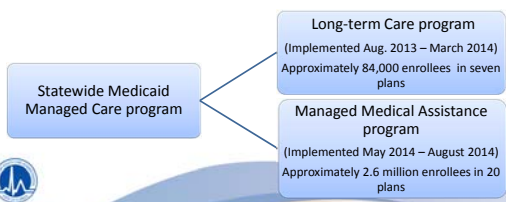
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### Why were changes made to Florida's Medicaid program?

- Because of the Statewide Medicaid Managed Care (SMMC) program, the Agency changed how a majority of individuals receive most health care services from Florida Medicaid.



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graph LR; A[Statewide Medicaid Managed Care program] --> B[Long-term Care program  
(Implemented Aug. 2013 – March 2014)  
Approximately 84,000 enrollees in seven plans]; A --> C[Managed Medical Assistance program  
(Implemented May 2014 – August 2014)  
Approximately 2.6 million enrollees in 20 plans];
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### The SMMC program does not/is not:

- The program **does not** limit medically necessary services.
- The program **is not** linked to changes in the Medicare program and does not change Medicare benefits or choices.
- The program **is not** linked to National Health Care Reform, or the Affordable Care Act passed by the U.S. Congress.
  - It does not contain mandates for individuals to purchase insurance.
  - It does not contain mandates for employers to purchase insurance.
  - It does not expand Medicaid coverage or cost the state or federal government any additional money.



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### General Eligibility and Enrollment Information

- All Medicaid recipients will be enrolled in a managed care plan unless specifically exempted under Chapter 409, Florida Statutes
  - Approximately 85% of Medicaid recipients receive their services through a managed care plan in the SMMC program
  - The majority of the remaining 15% of Medicaid recipients who are exempted from enrollment are only eligible for limited Medicaid benefits
- Each Medicaid recipient has a choice of plans and may select any available plan unless that plan is restricted by contract to a specific population that does not include the recipient.



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### Refresher on the Statewide Medicaid Managed Long-term Care (LTC) Program



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### Who is Required to Participate?

- **Individuals who fit into one of the following categories may be eligible for the LTC program:**
  - 65 years of age or older **AND** need nursing facility level of care (LOC)\*
  - OR
  - 18 years of age or older **AND** are eligible for Medicaid by reason of a disability **AND** need nursing facility level of care.\*

– \* Nursing facility level of care means that someone meets the medical eligibility criteria for Institutional Care Programs (ICP), as defined in Florida Statute.



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What Services are Covered?	
Adult companion care	Hospice
Adult day health care	Intermittent and skilled nursing
Assisted living services	Medical equipment and supplies
Assistive care services	Medication administration
Attendant care	Medication management
Behavioral management	Nursing facility
Care coordination/Case management	Nutritional assessment/Risk reduction
Caregiver training	Personal care
Home accessibility adaptation	Personal emergency response system (PERS)
Home-delivered meals	Respite care
Homemaker	Therapies, occupational, physical, respiratory, and speech
Transportation, non-emergency	

*Each recipient will not receive all services listed. Recipients will work with a case manager to determine the services they need based on their condition.*

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### Care Coordination and Case Management in the LTC Program

- Every LTC program enrollee has a case manager who works with the enrollee, their family, authorized representative or others to establish a care plan based on the enrollee's needs.
- Case manager contact requirements include:
  - At least monthly telephone contact with the resident to verify satisfaction and receipt of services
  - At least every 90 days, the case manager must meet with the recipient face-to-face:
    - Update the plan of care, if needed
    - Evaluate and document the home and community based characteristics for assisted living facility and adult family care home residents
  - Annual face-to-face visit with the enrollee to complete the annual reassessment and determine the enrollee's functional status, satisfaction with services, changes in service needs and develop a new plan of care.

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Region	LTC Plans						
	American Eldercare, Inc. (PSN)	Amerigroup Florida, Inc.	Coventry Health Plan	Humana Medical Plan, Inc.	Molina Healthcare of Florida, Inc.	Sunshine State Health Plan ("Tango")	United Healthcare of Florida, Inc.
1	X					X	
2	X						X
3	X					X	X
4	X			X		X	X
5	X				X	X	X
6	X		X		X	X	X
7	X		X			X	X
8	X					X	X
9	X		X			X	X
10	X	X		X		X	
11	X	X	X	X	X	X	X

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Enrollment by Plan As of November 2014	
American Eldercare, Inc.	13,202
Amerigroup Florida, Inc.	4,618
Coventry Health Plan	4,536
Humana Medical Plan, Inc.	4,393
Molina Healthcare of Florida, Inc.	5,458
Sunshine State Health Plan	32,375
United Healthcare of Florida, Inc.	20,134
<b>Total</b>	<b>84,716</b>

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## LTC Program Waitlist, Eligibility and Enrollment Process

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### How Does Enrollment Begin?

There are two categories of recipients:

1. Recipients actively receiving Medicaid nursing facility (NF) services
  - Recipients receiving NF services for 60 consecutive days will be transitioned into the LTC program.
2. New individuals seeking NF or HCBS.
  - Individuals seeking NF follow the same process as they do currently. There is no waitlist for NF services.

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### Enrollment of Individuals Newly Seeking HCBS

- Individuals seeking home and community based services must contact the Aging and Disability Resource Center (ADRC) for placement on the waitlist.
- ADRC staff will conduct intake, screen individuals using the 701 S screening form, and will place individuals on the waitlist.
- When additional funding is available, individuals are released from the waitlist and may complete eligibility and enroll in the LTC program.



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### LTC Program Waitlist

- Ch. 2014-53, Laws of Florida, gives the Agency rulemaking authority to develop a process for placing individuals on and releasing individuals from the LTC program waitlist.
- The Agency is currently in the process of developing this rule.



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### Enrollment Process Following Release from the Waitlist

- ADRC staff help the individual file their Medicaid application with DCF for financial eligibility and obtain the physician-completed 3008 form.
- ADRC staff refer the case to CARES for a level of care assessment.
- CARES completes the 701B level of care assessment and authorizes level of care.
- DOEA sends daily list of approved individuals to AHCA to start LTC program enrollment.



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### Choice Counseling

- Choice counseling is a service offered by the Agency, through a contracted enrollment broker, to assist recipients in understanding:
  - managed care
  - available plan choices
  - plan differences
  - the enrollment and plan change process.
- Counseling is unbiased and objective.



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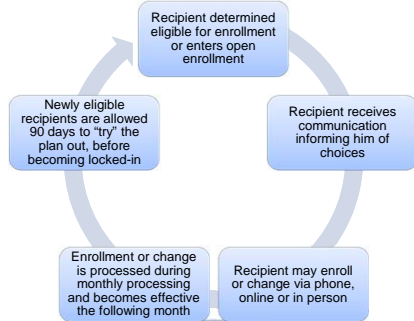
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### The Choice Counseling Cycle



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### Helping your Residents Make Choices

- When individuals call to make a managed care choice or change plans they must first be able to verify information about themselves to confirm their identity.
- If you are calling on behalf of your residents, you must:
  - Have recipient's identifying information.
  - Explain how you are authorized to make a choice or change on their behalf.
  - Submit proof of authorization after the choice is made.
    - An optional form is at <http://ahca.myflorida.com/smmc>
    - Select LTC tab, then Recipients tab



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### A Closer Look at the Choice Counseling Cycle

Individuals may enroll or change their plans  
using one of the following methods:

- Online at: [www.flmedicaidmanagedcare.com](http://www.flmedicaidmanagedcare.com)
- By contacting the call center at **1-877-711-3662**  
and speaking with a counselor to complete  
enrollment or to request a face-to-face meeting.



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### Quality Measures for Assisted Living Facilities



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### Quality Measures for Assisted Living Facilities

*Each managed care plan shall monitor the  
quality and performance of each  
participating provider using measures  
**adopted by and collected by the agency** and  
any additional measures mutually agreed  
upon by the provider and the plan.*

-s. 409.982(3), Florida Statutes



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### Quality Measures for Assisted Living Facilities

- LTC plans were required to offer a contract to any ALF that was billing for Medicaid Waiver services as of July 2012. This requirement ended on September 30, 2014.
- After the first year of contract, LTC plans may exclude ALFs from their networks for not meeting credentials, price, quality or performance standards. (409.982(1), F.S.).



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### Home & Community-Based Characteristics and ALFs



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### Home and Community-Based Services Settings Final Rule (CMS 2249-F/2296-F)

- Federal Centers for Medicare and Medicaid Services announced its final rule on January 10, 2014:  
“The rule enhances the quality of HCBS, provides additional protections to HCBS program participants, and ensures that individuals receiving services through HCBS programs have full access to the benefits of community living.”
- The rule requires providers (ALFs and AFCHs) that serve Medicaid recipients in the community to maintain home and community-based characteristics, which includes person-centered services and a home-like environment.



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### Programs Affected

- All Medicaid waiver programs providing services in Assisted Living Facilities and Adult Family Care Homes are expected to provide a home-like environment and community integration to the fullest extent possible:
  - Long-term Care program
  - Program of All-inclusive Care for the Elderly (PACE)
  - Any other Medicaid waiver program that offers HCBS services.



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### HCB Characteristics

HCB characteristics include:

- **Home-like environment**
  - "A homelike environment is one that de-emphasizes the institutional character of the setting."
- **Community Inclusion**
  - Participation by individuals receiving Medicaid HCBS in the greater community to the same extent as those not receiving Medicaid HCBS.
- **Person-Centered Care Planning**
  - A process that results in a plan of care with individually identified goals and preferences, including those related to community participation, employment, income and savings, health care and wellness, education and others.



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### Characteristics of a Home-Like Environment

- Each resident must be assured privacy in sleeping and personal living areas:
  - Entrance doors must have locks, with appropriate staff having keys to the doors
  - Freedom to furnish and/or decorate sleeping or personal living areas
  - Choice of private or semi-private rooms (Individuals must have the **option** of choosing a private room, but this does not mean that providers must offer or provide private rooms. Individuals must have "resources available for room and board.")
  - Choice of roommate for semi-private rooms
  - Access to telephone service, as well as length of use
  - Freedom to engage in private communications at any time



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### Characteristics of a Home-Like Environment (continued)

- Freedom to control daily schedule and activities (physical and mental conditions permitting)
- Visitation options of the resident's choosing
- Access to food and preparation areas in the facility at any time (physical and mental conditions permitting)
- Personal sleeping schedule
- Participation in facility and community activities of the resident's choice
- Ensuring that residents are allowed to participate in unscheduled activities of their choosing



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### Modifying the Application of HCB Characteristics to an Individual

- CMS has developed a set of criteria that must be met when there are "modifications" to the settings requirements for an individual.
- Restrictions such as limiting access to food or concerns about furnishings must be justified and documented in the waiver recipient's plan of care.



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### Community Integration

- Access to the greater community is facilitated by the ALF or AFCH based on the resident's abilities, needs and preferences
- The ALF or AFCH setting must offer meaningful community participation opportunities for their residents at times, frequencies and with persons of their choosing
  - **Example:** The recipient wishes to visit the senior center to participate in social activities
  - **Barrier:** The resident does not have access to transportation
  - **Intervention:** The case manager works with the ALF or AFCH to ensure that transportation, such as Dial-a-Ride, is available to transport the resident to and from the senior center and to ensure that the resident is dressed and ready to depart



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### Person-Centered Care Planning

- Creation of an individualized and inclusive person-centered plan of care that addresses services, supports, and goals based on the recipient's preferences
- The person-centered plan of care is based on a comprehensive assessment that includes the recipient and participation by any other individuals chosen by the recipient
- The plan of care must support the resident's needs in the most integrated community setting possible
- The waiver recipient's plan of care must include personal preferences, choices, and goals to achieve personal outcomes



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### Personal Goals

- Examples of personal goals a recipient may choose:
  - Deciding where and with whom to live
  - Making decisions regarding supports and services
  - Choosing which activities are important
  - Maintaining relationships with family and friends
  - Deciding how to spend each day



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### Promoting a Home-Like Environment

- All ALFs/AFCHs participating in the LTC program must continuously meet these requirements.
- LTC plans must verify during the credentialing and re-credentialing process that home-like environment and community integration exist in all facilities under contract.



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### Remediation

- If an LTC plan discovers that an ALF/AFCH is not maintaining a home-like environment or supporting full community integration, it must:
  - Report that finding to the State immediately
  - Propose a remediation plan within three business days of discovery
- AHCA and DOEA will ensure the LTC plans contract only with ALFs/AFCHs providing and supporting a home-like environment and community integration.



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### HCB Characteristics – Ongoing Monitoring

- The LTC plans will conduct re-credentialing activities and on-going on-site verification to ensure that home and community-based characteristics exist in their contracted facilities.
- DOEA compliance staff will:
  - Conduct annual reviews of the LTC plans' credentialing files.
  - Review a representative sample, organized by region, of current enrollee files of each LTC plan.
  - Conduct on-site visits with enrollees in ALFs and AFCHs.
- If DOEA staff determine that an enrollee is residing in an environment that does not meet HCB characteristics, the State will follow up with the LTC plan.
  - LTC plans will remediate the deficiencies and submit a corrective action plan to the State within 15 business days.



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### Disenrollment Reason

- ALFs or AFCHs that do not and will not conform to HCB characteristics, must be excluded from the LTC plan's network.
- Enrollees may choose to move to another ALF or AFCH in the plan's network.
- Enrollees who choose to stay in an ALF/AFCH that does not meet HCB characteristics will be disenrolled from the LTC program.



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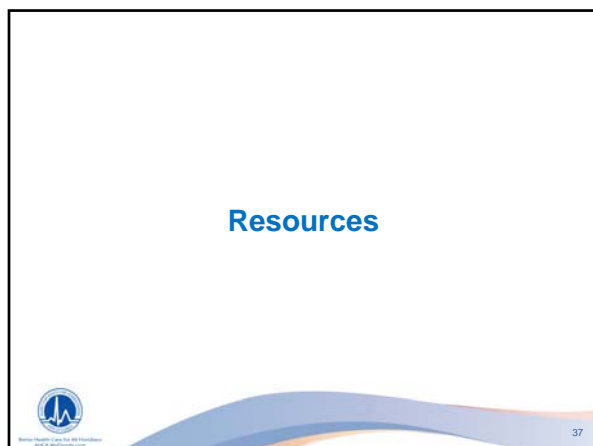
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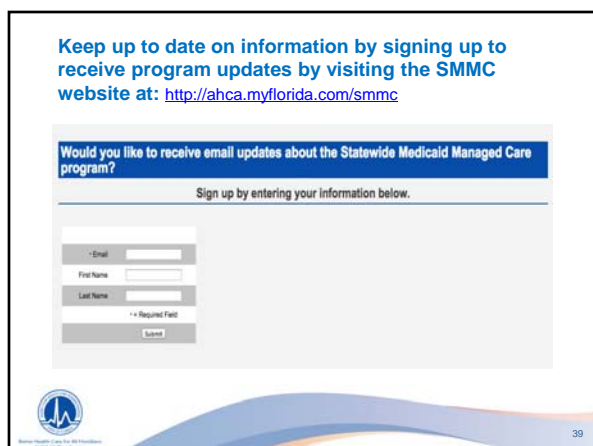
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**Florida Statewide Medicaid Managed Care Program Complaint Reporting**

If you have a complaint about Medicaid Managed Care services, please complete the information below.

**Report a Complaint**

Report Info  
 To report a complaint, please provide:  
 Your Name \_\_\_\_\_  
 Your Email \_\_\_\_\_  
 Your Phone Number \_\_\_\_\_  
 Your Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_  
 Zip \_\_\_\_\_  
 How is the complaint about?  
 Name of provider/contract \_\_\_\_\_  
 Did you call, visit, or contact the provider? \_\_\_\_\_  
 Did you call, visit, or contact the provider? \_\_\_\_\_  
 What is the complaint about?  
 Please provide a brief description of the complaint below:  
 What action has been taken to resolve the issue?  
 Please describe:  
 Is anything requested?  
 Submit Cancel

Only Florida Medicaid Managed Care providers are eligible to report. If you are not a provider, please report a complaint to the local Medicaid office. If you are a provider, please report a complaint to the local Medicaid office. If you are a provider, please report a complaint to the local Medicaid office. If you are a provider, please report a complaint to the local Medicaid office.

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**Frequently Asked Questions**

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Review the SMMC  
*Frequently Asked  
 Questions* document  
 which is posted at:  
<http://ahca.myflorida.com/smmc>

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FLORIDA  
OMBUDSMAN PROGRAM

ADVOCATING FOR QUALITY LONG-TERM CARE

# Annual Update

Leigh Davis, State Ombudsman  
February 2015

LONG-TERM CARE OMBUDSMAN PROGRAM | Department of Elder Affairs



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## The Program’s Mission



FLORIDA  
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ADVOCATING FOR QUALITY LONG-TERM CARE

- The mission of the Florida Long Term Care Ombudsman Program is to improve the quality of life for all Florida long-term care residents by advocating for and protecting their health, safety, welfare and rights.





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## Responsibilities

Ombudsman Program requirements in the federal Older Americans Act include:


- Identify, investigate and resolve complaints made by or on behalf of residents
- Provide information to residents about long-term care services
- Provide technical support for the development of resident and family councils
- Advocate for changes to improve residents’ quality of life and care
- Represent resident interests before governmental agencies
- Ensure residents have regular and timely access to the LTCOP

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## Review of Core Functions



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- The Long-Term Care Ombudsman Program (LTCOP) has four primary functions:
  1. Case/Complaint Investigations
  2. Administrative Assessments
  3. Resident Visits
  4. Consultations

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## 1. Case/Complaint Investigations



- A **case** is composed of one or more specific complaints brought to, or initiated by, the ombudsman on behalf of a resident or group of residents which requires the opening and assignment of a case number and includes obtaining consent, investigation, strategy to resolve, and follow-up.



## 2. Administrative Assessment



- An **administrative assessment** is a review of conditions in a long-term care facility which impact the health, safety, welfare, and rights of residents with the purpose of noting needed improvement and making recommendations to enhance the quality of life for residents.
  - Conducted annually on each facility.
  - Is a public document.
  - Frequently used by potential residents and family members to help determine facility choice.





### 3. Resident Visit



- A **resident visit** is considered “facility coverage” and occurs when a facility is visited to provide program information in lieu of being visited in response to a case or complaint investigation. During a visit, an ombudsman may:
  - Introduce themselves to residents or staff.
  - Enter into general discussion with residents.
  - Provide information about the program.
  - Provide information on other aspects of long-term care.



### 4. Consultation



A **consultation** is providing information and assistance to an individual or a facility (similar to traditional information and referral type services).

- It does not involve investigating and working to resolve complaints (i.e., a consultation is not a case).
- When an ombudsman is not actively involved in investigating and working to resolve a concern and is just providing information to promote self-help, this is considered a consultation.






# Year in Review


- Highlights and accomplishments that the Ombudsman Program’s dedicated staff and volunteers achieved:

- 321 Number of Volunteers
- 6,077 Facility Assessments and Visitations Statewide
- 91,790 Estimated Unpaid Hours Worked
- 360,741 Miles Traveled (by Staff and Volunteers)



6,622  
Complaints  
Investigated

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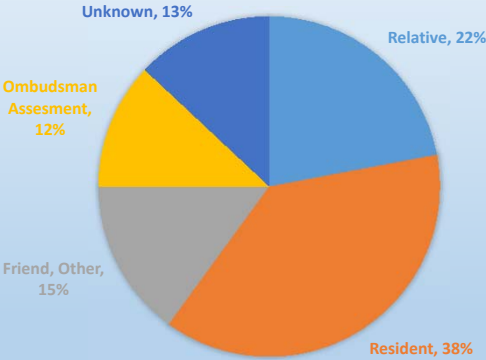
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# Complaints Involving ALFs and AFCHs

Number of ALFs/AFCHs – 3,379


Number of Beds - 89,061

Number of Complaints - 3,248



Relationship	Percentage
Resident	38%
Relative	22%
Unknown	13%
Friend, Other	15%
Ombudsman Assessment	12%


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## Top 5 Complaints in Assisted Living Facilities



NUMBER	SUBJECT MATTER OF COMPLAINT
#5	Equipment/Building (disrepair, hazard, poor lighting)
#4	Cleanliness, Pests, General Housekeeping
#3	Dignity, Respect, Staff Attitudes
#2	Medications (administration, organization)
#1	Food Service (quantity, quality, variation, choice, condiments)

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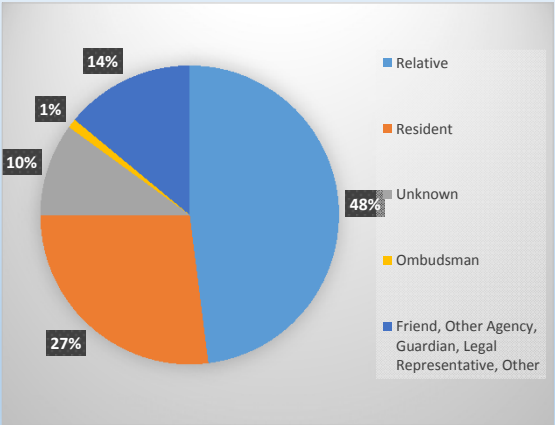
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## Complaints Involving Nursing Homes

Number of Nursing Homes – 679


Number of Beds - 83, 199

Number of Complaints - 3,230



Source	Percentage
Relative	48%
Resident	27%
Unknown	14%
Ombudsman	10%
Friend, Other Agency, Guardian, Legal Representative, Other	1%


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# Top 5 Complaints in Nursing Homes



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<u>NUMBER</u>	<u>SUBJECT MATTER OF COMPLAINT</u>
#5	Failure to Respond to Requests for Assistance
#4	Personal Hygiene
#3	Discharge/Eviction
#2	Medication Administration, Organization
#1	Dignity, Respect, Staff Attitudes

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# Revised Administrative Assessment



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- The Ombudsman Program is statutorily mandated to perform a review of the conditions in each long-term care facility that impact on resident quality of life and care. The assessment is required to be performed annually, resulting in approximately 4100 assessment in FFY 2013-2014.
- The assessment form and process were revised in 2011 from a “check the box” type of process to a narrative format. After 3 years it was clear the narrative format was not working as intended and changes had to be made.

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## Revised Administrative Assessment




Issues considered in revising the Assessment:

- Statutory
  - May not duplicate agency surveys.
  - Must be resident centered.
  - May not unreasonably interfere with facility operations and resident activities.
- User friendly for ombudsmen
- Objective
- Targeted format encompassing top five complaint areas



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### ADMINISTRATIVE ASSESSMENT

#### OMBUDSMAN INFORMATION

Date:	Ombudsman Name:		
Additional Ombudsmen:			
District:	Council:	Total Mileage:	
Time In:	Time Out:	Total Time for completion:	

#### FACILITY INFORMATION

Facility Name:	
Address:	Administrator:
City / Zip:	Designee:
Phone:	Email:
Facility License No.:	Facility Type: NH <input type="checkbox"/> ALF <input type="checkbox"/> AFCH <input type="checkbox"/>
Specialty ALF Licenses: ECC <input type="checkbox"/> LMH <input type="checkbox"/> LNS <input type="checkbox"/>	Licensing is posted and current: Yes <input type="checkbox"/> No <input type="checkbox"/> Spot Check: AFCH <input type="checkbox"/> No <input type="checkbox"/>
Licensed Capacity:	Current Census: No. Residents Interviewed:

#### INSTRUCTIONS:

##### Purpose

An administrative assessment is a general review of conditions in a long-term care facility impacting on a resident's health, safety, welfare, or rights as viewed from the resident's perspective. The assessment should identify issues impacting on resident quality of life and should identify areas where improvements may be suggested.

##### Conducting the Assessment

- Upon entering the facility, sign in to the facility's visitor log book.
- Identify yourself to the facility administrator or designee as a representative of the Office of State Long-Term Care Ombudsman. Cite section 400.0074, Florida Statutes, as your authority to conduct the administrative assessment.
- Ask for the current census and the name of the resident council president, if any.
- Interact with at least 5 residents or a minimum of 10 percent of the residents. If there are fewer than 5 residents, interact with as many as possible.
- Complete all assessment items.
- Do not record resident identifying information, including names, physical descriptions, or room identifiers.
- If a complaint is identified for a specific resident, consult with the District Office to determine if a case should be opened. If a case is opened, follow complaint investigation procedures including obtaining consent, and do not record the issue on the assessment form.

##### Completing the Assessment

- Upon completion, discuss the assessment findings with the administrator or designee and discuss the impact of the findings on the residents' quality of life.
- Identify assessment items marked as a concern and suggested for follow-up, if necessary.
- Record the number of consultations provided and describe the topic areas of the consultation in 1 – 3 words.
- Sign out of the visitor log book before exiting the facility.

LTOP – ASSESSMENT, REV – 9-14

Page 1 of 6

#### MARK EACH ITEM CODE AS:

**No Concern Noted** – It is evident by interviews and observations that the facility may not be meeting residents' needs as expressed in the item. If "concern" is marked, use the box below the section to record the reason for marking an item as a concern.

**Concern** – It is evident by interviews and observations that the facility may not be meeting residents' needs as expressed in the item. If "concern" is marked, use the box below the section to record the reason for marking an item as a concern.

**N/A** – The item does not apply to this facility.

**Resident Comments and Ombudsman Observations** – Use the box below the section to record resident comments and ombudsman observations applicable to the section and for explaining why an item was marked as a concern.

NH-Nursing Home, ALF-Assisted Living Facility, AFCH-Adult Family-Care Home

RESIDENTS RIGHTS		No Concerns Noted	Concern	N/A
RR-1	Residents Rights, Ombudsman Program, and Abuse information are clearly visible to all residents and Ombudsman Program information is available.	<input type="checkbox"/>	<input type="checkbox"/>	
RR-2	Privacy is respected with closeable rooms, announced entry, and space for private and uncensored communication access.	<input type="checkbox"/>	<input type="checkbox"/>	
RR-3	Independence, interests, and personal choices are supported by honoring resident decisions about daily schedules, services, participation in activities, and care.	<input type="checkbox"/>	<input type="checkbox"/>	
RR-4	Residents indicate an understanding of how to file a grievance, and indicate their grievances are adequately addressed.	<input type="checkbox"/>	<input type="checkbox"/>	
RR-5	Resident council, if active, meets regularly, is conducted by residents, and minutes reflect complaint resolution and administration's response to suggestions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RR-6	Family council, if active, is provided with meeting space and concerns are considered by the facility. (NH and ALF only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


#### RESIDENT COMMENTS AND OMBUDSMAN OBSERVATIONS:

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LTOP – ASSESSMENT, REV – 9-14


Page 2 of 6





Discharge Issues in ALFs

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Assisted Living is Growing

- Publicly supported assisted living population has grown considerably in twenty years and now exceeds 25,000.\*
- This population is expected to grow very fast over the next 10 years.\*

\*Larry Polivka, Ph.D, Claude Pepper Center, Florida State University –Webinar: Assisted Living Reform: Policies and Politics, NSCLC, December 5, 2014



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## Older Adult Population is Diverse and Growing

Year	65 and over (Millions)	85 and over (Millions)
1900	~1	~0.1
1910	~2	~0.2
1920	~3	~0.3
1930	~5	~0.5
1940	~8	~0.8
1950	~12	~1.2
1960	~18	~1.8
1970	~25	~2.5
1980	~32	~3.2
1990	~38	~4.0
2000	~45	~5.0
2008	~48	~6.0
2010	~52	~7.0
2020	~65	~10
2030	~78	~14
2040	~85	~18
2050	~88	~20

NOTE: Data for 2010–2050 are projections of the population.  
Reference population: These data refer to the resident population.  
SOURCE: U.S. Census Bureau, Decennial Census, Population Estimates and Projections.

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- By 2020 more than one in five Floridians (3.5 million resident) will be 65 or over.<sup>1</sup>
- Residents are more diverse and impaired than residents 15-20 years ago.
- By 2025, the number of older adults with Alzheimer’s disease in Florida will increase to 720,000.<sup>2</sup>

1) Institute of Medicine: Retooling for an Aging America  
2) 2014 Alzheimer’s Disease Facts and Figures, Alzheimer’s Association

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## Resident Discharge – Current Status

Year	65 and over (Millions)	85 and over (Millions)
1900	~1	~0.1
1910	~2	~0.2
1920	~3	~0.3
1930	~5	~0.5
1940	~8	~0.8
1950	~12	~1.2
1960	~18	~1.8
1970	~25	~2.5
1980	~32	~3.2
1990	~38	~4.0
2000	~45	~5.0
2008	~48	~6.0
2010	~52	~7.0
2020	~65	~10
2030	~78	~14
2040	~85	~18
2050	~88	~20

NOTE: Data for 2010–2050 are projections of the population.  
Reference population: These data refer to the resident population.  
SOURCE: U.S. Census Bureau, Decennial Census, Population Estimates and Projections.

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- Section 429.28(1)(k), Florida Statutes, states a facility must provide:  
At least **45 days’ notice** of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents... **Reasons for relocation shall be set forth in writing.** In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction.

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## Resident Discharge – Current Status

Rule 58A-5.0181(5), Florida Administrative Code, states as follows:  
**DISCHARGE.** If the **resident no longer meets the criteria for continued residency**, or the **facility is unable to meet the resident’s needs**, as determined by the facility administrator or health care provider, the resident must be discharged in accordance with Section 429.28, F.S.

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## Resident Discharge – Current Status

Rule 58A-5.030(10), Florida Administrative Code, requires the following for discharge of a resident enrolled in Extended Congregate Care Services:  
**DISCHARGE.** If the facility and the resident are unable to agree on a service plan, the facility is unable to meet the resident’s needs as identified in the service plan, or the resident no longer meets the criteria for continued residency, the resident must be discharged or relocated in accordance with Sections 429.26 and 429.28, F.S.

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## Resident Discharge – Recommendations



### Assisted Living Task Force 2012 recommendations:

- Reduce the resident discharge notice from 45 to 30 days and provide an option for the resident to appeal with a decision within 10 days. The entire appeal process should take no longer than 45 days.
- Mandate that social workers and discharge planners provide a completed AHCA 1823 Form to the assisted living facility to ensure appropriateness of the resident's admission.



## Common Issues in Discharge



- There is no formal process requiring proof of delivery of the notice
- There is no administrative hearing (like the fair hearing process for nursing home discharge).
- Residents and families must go to county court to contest a discharge – very expensive and time consuming.





# Questions or Comments?

Leigh Davis  
State Ombudsman  
[davisla@elderaffairs.org](mailto:davisla@elderaffairs.org)  
850-414-2331





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# INFECTION PREVENTION FOR ASSISTED LIVING FACILITIES

Assisted Living Facility and Surveyor  
Infection Prevention Training  
February 2015  
A.C. Burke, MA, CIC  
Health Care-Associated Infection Prevention Program Manager

02/11/2015

Division of Disease Control and Health Protection



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## Objectives

- To understand how infections are transmitted in health care facilities
- To understand standard precautions
- To review updates to Florida's reportable disease rule

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## Chain of Infection


Six elements of infection:

1. An infectious pathogen
2. A place to stay (reservoir)
3. A way to get out (portal of exit)
4. A way to travel (mode of transmission)
5. A way to get in (portal of entry)
6. A new victim (susceptible host)



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## Standard Precautions

- Components:
  - Hand hygiene
  - Gloves
  - Personal protective equipment (PPE)
  - Cough etiquette
  - Resident placement
  - Resident care equipment
  - Housekeeping
  - Laundry
  - Use of needles/sharps
  - Employee safety/occupational health

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## Your 5 moments for HAND HYGIENE



World Health Organization

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## Hand Hygiene

- Soap and Water
  - Before eating
  - After using bathroom
  - Soiled with visible dirt, blood, moist or dry body fluids
  - Contact with any resident with diarrhea
- Alcohol-Based Product
  - Entering/exiting resident occupied area
  - Before moving between residents in same room
  - Before putting on sterile gloves
  - After removing personal protective equipment, including gloves

Adapted from SHEA Division of Disease Control and Health Protection 

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## Hand Hygiene

### REMINDERS

- Glove use is not a substitute for performing hand hygiene.
- Hand hygiene is not just about protecting the health care worker but also about protecting the resident.

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## Personal Protective Equipment (PPE)

- When to use?
  - When contact with blood or body fluids is possible or likely
- Why use?
  - To protect skin, mucous membranes, and clothing from contamination
- What to use?
  - Gloves, gowns, masks, face shields, goggles

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## Shared Equipment

- **Must ensure proper cleaning and disinfection of shared equipment**



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## Disinfectants

- ❑ Chemical products
- ❑ Destroy or inactivate infectious organisms
- ❑ Prevent growth of organisms
- ❑ Regulated by Environmental Protection Agency (EPA)

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## Point of Care Devices

- ❑ Best practice: Use one glucometer per resident.
  - If glucometers must be shared, they must be properly cleaned and disinfected after each use, per manufacturer's instructions.
  - If there are no manufacturer's instructions for cleaning and disinfection, then that device cannot be shared.
- ❑ Finger stick devices should **never** be used for more than one person.

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## Reminder

**Read labels and  
follow the  
instructions!**



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## Disposal of Sharps

- ❑ Do not overfill sharps containers.
- ❑ Ensure containers are easily accessible and visible.
- ❑ Prohibit disposal of non-sharps waste in sharps containers.
- ❑ Designate staff to monitor fill level of containers.
- ❑ Ensure staff are properly trained.

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## Best Practices



- ❑ Dedicate equipment.
- ❑ Use disposable equipment.

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## Linens

- ❑ Handle linen in a way to prevent the spread of infection.
- ❑ Avoid contact of one's body and personal clothing with the soiled items being handled.
- ❑ Soiled textiles, including bedding, towels, and resident clothing may be contaminated with pathogenic microorganisms which may require the use of gowns and gloves.
- ❑ Clean linens must be protected from dust and soil until used.

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## Linens

- ❑ Do not shake the items or handle them in any way that may aerosolize infectious agents.
- ❑ Fold the linens inward so the contaminated side is toward the inside.
- ❑ Contain soiled items in a laundry bag or designated bin.
- ❑ When laundry chutes are used, they must be maintained to minimize dispersion of aerosols from contaminated items.

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Infection prevention is everyone's  
job!

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## REPORTABLE DISEASE RULE

<http://www.floridahealth.gov/diseases-and-conditions/disease-reporting-and-management/index.html>

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Reportable Diseases/Conditions in Florida  
Practitioner List (Laboratory Requirements Differ) Effective June 4, 2014

Did you know that you are required\* to report certain diseases to your local county health department (CHD)?

You are an invaluable part of disease surveillance in Florida!  
Please visit <http://floridadoh.gov/dohreporting> for more information. To report a disease or condition, contact your local CHD epidemiology program (<http://floridadoh.gov/chdreporting>). If unable to reach your CHD, please call the Bureau of Epidemiology at (850) 245-4401.

! Report immediately 24/7 by phone upon initial suspicion or laboratory test order

Report immediately 24/7 by phone

Report next business day

Other reporting timeframe

! Outbreaks of any disease, any case, cluster of cases, or exposure to an infectious or non-infectious disease, condition, or agent found in the general community or any defined setting (e.g., hospital, school, other institution) not listed that is of urgent public health significance

Acquired immune deficiency syndrome (AIDS)

Amebic encephalitis

Anthrax

Granuloma inguinale

Neisseria meningitidis invasive disease in children <5 years old

Hansen's disease (leprosy)

Hantavirus infection

Hemolytic uremic syndrome (HUS)

Hepatitis A

Hepatitis B, C, D, E, and G

Hepatitis B surface antigen in pregnant women or children <2 years old

Herpes B virus, possible exposure

Plague

Polymyositis

Pyoderma (erythema)

Q Fever

Rabies, animal or human

Rabies, possible exposure

Ricin toxin poisoning

Rocky Mountain spotted fever and other spotted fever rickettsioses

Rubella

Syphilis

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CALL YOUR LOCAL HEALTH DEPARTMENT ANYTIME YOU HAVE AN OUTBREAK OR CLUSTER OF INFECTIONS!

All outbreaks and clusters of any disease are reportable to the Department of Health by law.

Section 381.0031, Florida Statute

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What Is An Outbreak?

More than expected

Above baseline

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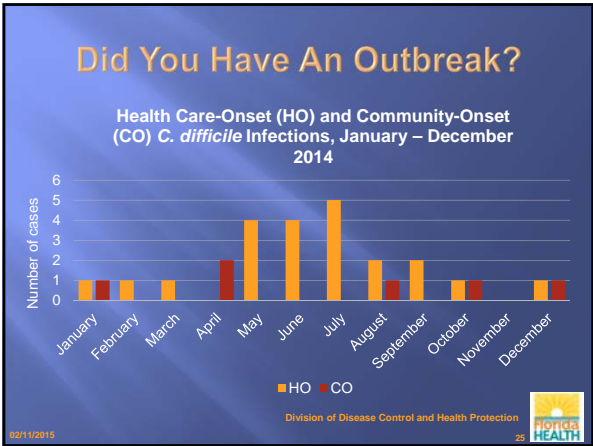
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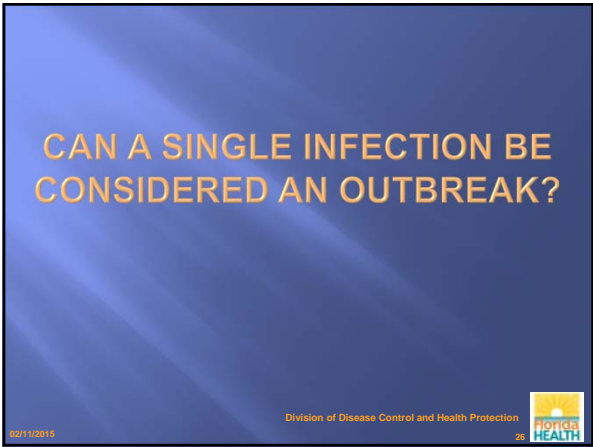
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### Examples: When To Call

- ❑ Two or more epidemiologically linked cases or suspected cases: confirmed illness not required
  - Influenza-like illness (ILI)
  - Gastro-intestinal illness
    - Especially of unknown cause
  - Scabies
- ❑ Not sure? Call the local health department.

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### Single Case Reporting



- ❑ Legionellosis
- ❑ Salmonellosis
- ❑ Hepatitis
  - Hepatitis A-immediately by phone

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### *Staphylococcus aureus*

- ❑ Methicillin-resistant *S. aureus* (MRSA)
  - Electronic laboratory reporting
- ❑ Vancomycin-resistant *S. aureus* (VRSA)
- ❑ Vancomycin-intermediate *S. aureus* (VISA)
  - Reportable to Department of Health
    - VRSA and VISA individual case
  - Nationally Notifiable Disease

02/11/2015 Division of Disease Control and Health Protection 30 

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What If I Am Not Sure?



Then, call your local health department.

02/11/2015 Division of Disease Control and Health Protection 31 

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RECENT CHANGES TO  
REPORTABLE DISEASE RULE

Effective June 4, 2014

02/11/2015 Division of Disease Control and Health Protection 32 

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Reportable Disease Rule Changes

▣ **Removed:**

- Encephalitis, other (non-arboviral),
- Endemic typhus fever (*Rickettsia typhi*),
- Invasive streptococcal disease, group A
- *Staphylococcus aureus*, community-associated mortality
- Toxoplasmosis

02/11/2015 Division of Disease Control and Health Protection 

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### Reportable Disease Rule Changes

- ▣ **Added:**
  - Neonatal abstinence syndrome
  - Human papillomavirus (HPV)-associated laryngeal papillomas or recurrent respiratory papillomatosis in children <6 years old and anogenital papillomas in children <12 years old
  - *Haemophilus influenzae* invasive disease in children <5 years old
  - *Streptococcus pneumoniae* invasive disease in children <6 years old

Division of Disease Control and Health Protection




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### Reportable Disease Rule Changes

- ▣ **Updated:**
  - Arboviral infections not otherwise listed: now explicitly listed as reportable
  - Possible exposure to herpes B virus: now explicitly listed as reportable (previously captured under possible exposure to rabies)
  - Vibriosis: now includes other closely related species *Photobacterium damsela* (formerly *Vibrio damsela*) and *Grimontia hollisae* (formerly *Vibrio hollisae*)
  - Rocky Mountain spotted fever: expanded to include all spotted fever rickettsioses

Division of Disease Control and Health Protection




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### Electronic Laboratory Reporting

- ▣ Antimicrobial Resistance
  - *Acinetobacter baumannii*
  - *Citrobacter* species
  - *Enterococcus* species
  - *Enterobacter* species
  - *Escherichia coli* species
  - *Klebsiella* species
  - *Pseudomonas aeruginosa*
  - *Serratia* species

Division of Disease Control and Health Protection




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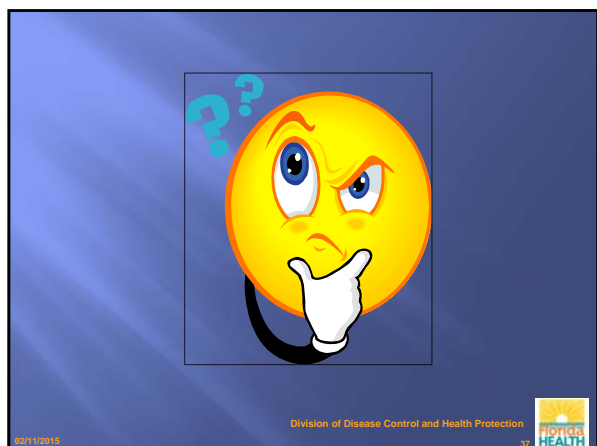
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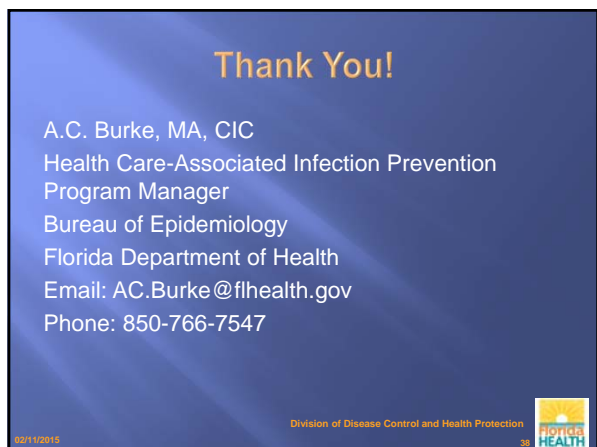
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# **2015 Assisted Living Facility Joint Training**

## **Agency for Health Care Administration Updates**

Presented by:  
Division of Health Quality  
Assurance Representatives



## **Objectives**

- Review Most Frequently Cited Tags
- Updates regarding Online Licensing
- Background Screening Updates
- Conditional License Process





## Objectives

- Review and discuss specialty licenses; including training, services and record requirements
- Define adverse incidents and review when an adverse incident report is required
- Discuss Directed Plans of Correction



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## Top Ten Deficiency Citations



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## Top Ten Deficiency Citations January 1, 2013 - December 31, 2013

Rank	Tag	Description
1	A0030	Resident Care - Rights & Facility Procedures (58A-5.0182(6) F.A.C.; 429.28 F.S.)
2	A0078	Staffing Standards - Staff (58A-5.019(2) F.A.C.)
3	A0052	Medication - Assistance With Self-Admin (58A-5.0185(3) F.A.C.)
4	A0025	Resident Care - Supervision (58A-5.0182(1) F.A.C.)
5	A0081	Training - Staff In-Service (58A-5.0191(2) F.A.C.)
6	A0093	Food Service - Dietary Standards (58A-5.020(2) F.A.C.)
7	A0008	Admissions - Health Assessment (58A-5.0181(2) F.A.C.)
8	A0055	Medication - Storage And Disposal (58A-5.0185(6) F.A.C.)
9	A0152	Physical Plant - Safe Living Environ/Other (58A-5.023(3) F.A.C.)
10	A0054	Medication - Records (58A-5.0185(5) F.A.C.)
Note: The entire description of each deficiency can be found at: <a href="http://ahca.myflorida.com/MCHQ/Current_Regs.shtml">http://ahca.myflorida.com/MCHQ/Current_Regs.shtml</a>		



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## Top Ten Deficiency Citations January 1, 2014 - December 31, 2014

Rank	Tag	Description
1	A0078	Staffing Standards-Staff (58A-5.019(2) FAC)
2	A0030	Resident Care - Rights & Facility Procedures (58A-5.0182(6) F.A.C.; 429.28 F.S.)
3	A0081	Training - Staff In-Service (58A-5.0191(2) F.A.C.)
4	A0052	Medication - Assistance With Self-Admin (58A-5.0185(3) F.A.C.)
5	A0008	Admissions - Health Assessment (58A-5.0181(2) F.A.C.)
6	A0093	Food Service - Dietary Standards (58A-5.020(2) F.A.C.)
7	A0084	Training-Assist Self-Admin Meds & Med Mgmt (58A-5.0191(5) FAC)
8	A0025	Resident Care - Supervision (58A-5.0182(1) F.A.C.)
9	A0162	Records-Resident (58A-5.024(3) FAC)
10	A0054	Medication - Records (58A-5.0185(5) F.A.C.)
Note: The entire description of each deficiency can be found at: <a href="http://ahca.myflorida.com/MCHQ/Current_Regs.shtml">http://ahca.myflorida.com/MCHQ/Current_Regs.shtml</a>		



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## Contact Information

Kimberly Smoak

850-412-4516

[Kimberly.Smoak@ahca.myflorida.com](mailto:Kimberly.Smoak@ahca.myflorida.com)



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## Background Screening



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## Background Screening

### Care Provider Background Screening Clearinghouse

- Provides a single data source for background screening results of persons required to be screened by law for employment in positions that provide services to children, the elderly, and disabled individuals.
- Allows the results of criminal history checks to be shared among specified agencies when a person has applied to volunteer, be employed, be licensed, or enter into a contract that requires a state and national fingerprint-based criminal history check.
- Seven total state agencies will participate in the Clearinghouse—
  1. **Department of Health (DOH)**
  2. **Department of Children and Families (DCF)**
  3. **Department of Juvenile Justice (DJJ)**
  4. **Department of Elder Affairs (DOEA)**
  5. **Agency for Persons with Disabilities (APD), and**
  6. **Vocational Rehabilitation (DOE-VR)**
- To be entered into the Clearinghouse, a person screened must:
  - Undergo Level 2 screening and have fingerprints retained by FDLE
  - Have a photograph taken at the time of screening, and
  - Sign a privacy policy



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## Benefits of the Clearinghouse

- Allows the results of criminal history checks to be shared among specified state agencies, thereby reducing duplicative screenings for individuals requiring screening across multiple state agencies.
- Applicants will now have their fingerprints retained for a period of 5 years.
  - The retention of fingerprints enables a provider to be notified of an arrest of their employee as soon as the information is reported to the Agency by FDLE.
  - The retention of fingerprints will also provide a cost savings for those employees that are in the Clearinghouse but have had a lapse in employment greater than 90 days. After a 90 day lapse in employment, these applicants would only be required to pay for a new national criminal criminal history check (currently \$14.75).
- Provides a photo of the applicant taken at the time of screening.
  - The provider can verify that the person who applied for the position is the same the same person that had their background screening done.



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## Employee/Contractor Roster

According to section 435.12(2)(c), F.S., an employer of persons subject to screening by a specified agency must register with the Clearinghouse and maintain the employment status of all employees/contractors within the Clearinghouse. Initial employment /contract status and any changes in status **must be reported within 10 business days**.

- You must add an employee/contractor to your employee/contractor roster to receive arrest and criminal registration notifications. Please remember, per section 435.06(2)(b), F.S., if an employer becomes aware that an employee/contractor has been arrested for a disqualifying offense, the employer must remove the employee/contractor from contact with any vulnerable person that places the employee in a role that requires background screening.
- Even though the requirement is only for employees/contractors with a Clearinghouse screening, it is highly recommended that ALL employees/contractors are added to the employee roster. By doing so the provider will receive email notifications of employment status changes for all employees.



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## Employee Roster

Home Search Initiate Screening Screenings in Process Screening Results LiveScan **Employee/Contractor Roster** Log Out

### Employees/Contractors

[Switch Agency View](#)

#### Search Options

Position:

Provider:

Hire/Contract Date:  to:

Retained Prints Expiration Date:  to:

Status:

### Employee/Contractor Roster

Last Name	First Name	Provider	Position	Provisional Hire/Contract Date	Permanent Hire/Contract Date	Retained Prints Expiration Date	End Date	Action
TEST1	TEST	CAREER ASSESSMENT VOCATIONAL EV™ SUNRISE VF20071038001	Employee - General		03/08/2014	03/08/2019	<input type="button" value="Edit"/>	<input type="button" value="Edit"/>
TEST2	TEST	CAREER ASSESSMENT VOCATIONAL EV™ SUNRISE VF20071038001	Employee - General		03/11/2014	03/12/2019	<input type="button" value="Edit"/>	<input type="button" value="Edit"/>

1 2 3 4 5 6 7 8 9 10

Displaying items 1 - 2 of 2



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## Arrest/Registration Record

You must add an employee/contractor to your employee/contractor roster to receive arrest and criminal registration notifications.

▼ Screenings in Process

Screening	Provider	Submitted	Status	Status	Action
211184		03/17/2014	Determination Made	03/17/2014	<a href="#">Reprint Privacy Policy</a> <a href="#">Remove</a>

■ - Connected screenings

Provider:

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## Arrest/Registration Record

You must add an employee/contractor to your employee/contractor roster to receive arrest and criminal registration notifications.

▼ Screenings in Process

Screening	Provider	Submitted	Status	Status	Action
211184		03/17/2014	Determination Made	03/17/2014	<a href="#">Reprint Privacy Policy</a> <a href="#">Remove</a>

■ - Connected screenings

Provider:

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Once you receive an arrest and criminal registration notification **immediately** check the website to see if there has been an eligibility change. If that employee is now "Not Eligible" you are required, per ss. 435.06 (2)(b), to remove him/her from a position that requires a Level 2 screening and update your employee roster.



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## How do I, as a provider, ensure I am receiving all of the benefits of the Clearinghouse?

**Initiating screenings through the website are now required per section 435.12(2)(c), Florida Statutes.**

During the initiation process, you will be seamlessly connected with approved Livescan service providers, so that you may enter applicant information, as well as schedule and pay for appointments through one system.

By initiating the screening through our website you will:

- Enter applicant demographic information once (no need to use both the Clearinghouse and a service provider website)
- Reduce duplicative/unnecessary screenings costs
  - The first step to initiate a screening requires you to search the database for an existing screening. By checking for an existing screening first, you will be able to use the existing screening, thereby reducing your screening costs.



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## How do I, as a provider, ensure I am receiving all of the benefits of the Clearinghouse? (continued)

- Receive a Florida criminal history report
  - Initiating providers will receive a public record of the applicant's Florida criminal history report.
- Be able to track a screening through the entire screening process and receive email notifications
  - You will be able to see a status at each stage of the screening process, including Fingerprints Submitted, Fingerprints Received from FDLE, Fingerprints Rejected, Fingerprints Rejected 2<sup>nd</sup> – NCO requested, etc.
  - Each time an applicant's status is updated, you will receive an email notification, reducing the time needed to search the system for updates.
- Screenings in process and screening results will be displayed on their own page, reducing the need to search the entire database.



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### Profile Page

[Switch Agency View](#)

**Person Profile**

<b>First Name:</b> AGENCY <b>Middle Name:</b> <b>Last Name:</b> TEST <b>Aliases:</b> <b>SSN:</b> XXX-XX-0006 <b>Date of Birth:</b> 12/24/1972 <b>Place of Birth:</b> Georgia	<b>Address Line 1:</b> 123 LANE <b>Address Line 2:</b> <b>City:</b> CITY <b>State:</b> Florida <b>ZIP:</b> 33333 <b>County:</b> <b>Prior States:</b>	<b>Sex:</b> MALE <b>Race:</b> WHITE <b>Hair Color:</b> Brown <b>Eye Color:</b> Hazel <b>Height:</b> 5' 05" <b>Weight:</b> 195	
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[Edit](#)

**Screenings in Process**

Screening	Provider	Submitted	Status	Date	Action
211184		03/17/2014	Determination Made	03/17/2014	Reprint Privacy Policy Rescore

0 Connected screenings

**Provider:**  [Connect to Agency Review](#) [Initiate Resubmission](#)

[Arrest/Registration](#) [Public Rap Sheet](#)

**Retained Prints Expiration Date:** 3/12/2019  
**Clearinghouse Screening Available?** Yes

**Agency for Health Care Administration Eligibility**

Type	Item	Status	Screening Completion Date
Employment	Medicaid / Medicare Participating Provider	Eligible	4/10/2014
Employment	Non-Medicaid / Medicare Participating Provider	Eligible	4/10/2014
Position	Medicaid Provider Enrollment	N/A	4/10/2014
Position	AHCA Provider/Facility Licensure	Eligible	4/10/2014

**Department of Health Licensure Status** (As reported by the DDM Medical Quality Assurance Licensure system)

Profession	Licensed #	Original Date	Expiration Date	Licensure Status
LICENSED PRACTICAL NURSE	806711	6/12/1989	7/31/2017	REAL AND VALID
PHYSICAL THERAPIST	8189	3/4/1992	11/26/2015	CLEAR

**Employment/Contract History** (As reported to Florida's Background Screening Clearinghouse by provider employers)

Provider	Position	Professional Hire/Contract Date	Permanent Hire/Contract Date	End Date	Action
	Employee - Administrator		03/16/2014		
	Chief Financial Officer		03/17/2014		
	Employee - Administrator		03/17/2014		<a href="#">Edit</a>

[Add Employment/Contract Record](#)


[New Search](#) [View/Print Version](#) [Explanation of Results](#)

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## Initiating an Agency Review

[Switch Agency View](#)

**Person Profile**

<b>First Name:</b> BGS <b>Middle Name:</b> <b>Last Name:</b> DEVTEAM6 <b>Aliases:</b> <b>SSN:</b> XXX-XX-0006 <b>Date of Birth:</b> 12/24/1972 <b>Place of Birth:</b> Georgia	<b>Address Line 1:</b> 123 LANE <b>Address Line 2:</b> <b>City:</b> CITY <b>State:</b> Florida <b>ZIP:</b> 33333 <b>County:</b> <b>Prior States:</b>	<b>Sex:</b> MALE <b>Race:</b> WHITE <b>Hair Color:</b> Brown <b>Eye Color:</b> Hazel <b>Height:</b> 5' 05" <b>Weight:</b> 150 lbs.	
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[Edit](#)

**Screenings in Process**

Screening	Provider	Submitted	Status	Date	Action
No screenings found					

[Initiate Agency Review](#) [Initiate Resubmission](#)

**Retained Prints Expiration Date:** 3/21/2019  
**Clearinghouse Screening Available?** Yes

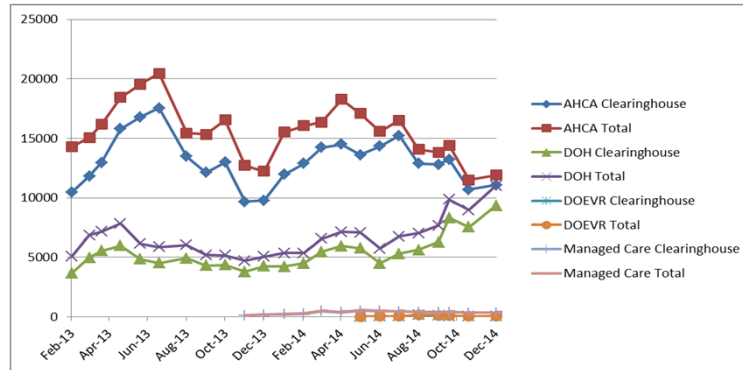
**Agency for Health Care Administration Eligibility**

Type	Item	Status	Screening Completion Date
Employment	Medicaid / Medicare Participating Provider	Agency Review Required	
Employment	Non-Medicaid / Medicare Participating Provider	Agency Review Required	
Position	Medicaid Provider Enrollment	Agency Review Required	
Position	AHCA Provider/Facility Licensure	Agency Review Required	

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## Clearinghouse Statistics



As of December 31, 2014 the Clearinghouse has provided a cost savings over **\$3 million** to Agency providers, Managed Care Health Plans, DOH licensees, and DOEVR providers.



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## Agency for Health Care Administration Background Screening Resources

### Background Screening Website

- <http://ahca.myflorida.com/backgroundscreening>

### Questions/Comments/Issues

- [bgscreen@ahca.myflorida.com](mailto:bgscreen@ahca.myflorida.com)



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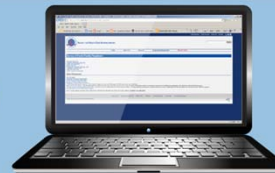
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## Online License Renewal

**Available Now!**

*Renew your AHCA health care facility  
and provider license online*



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## Online Licensing License Renewals

28 Total Provider Types

Online Renewal Applications are currently  
available for 15 Provider Types



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## Online Licensing

### ▪ Open to Providers

- Abortion Clinics
- Adult Day Care Centers
- Adult Family Care Homes
- Assisted Living Facilities
- Birth Centers
- Clinical Labs
- Crisis Stabilization Units
- Homemaker and Companion Services
- Homes for Special Services
- Hospitals
- Intermediate Care Facilities
- Multiphasic Health Testing Centers
- Nursing Homes
- Prescribed Pediatric Extended Care Facilities
- Transitional Living Facilities



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## Online Licensing

### Anticipated Release March 2015

- Health Care Clinics
- Home Health Agencies
- Home Medical Equipment Providers
- Residential Treatment Centers for Children & Adolescents
- Residential Treatment Facilities
- Short-Term Residential Treatment Facilities

### Anticipated Release June 2015

- Ambulatory Surgery Centers
- Forensic Toxicology Laboratories
- Health Care Risk Managers
- Health Care Services Pools
- Hospice
- Nurse Registry
- Organ and Tissue Procurement Agencies



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## Online Licensing

### ■ Features that Reduce the Time to Complete and Submit an Application

- Application is pre-populated with data on file from the Agency's licensure database
- Helpers (blue question marks) throughout the application with tips and hints on various fields
- Supporting documents can be attached electronically (includes virus scan)
- Make Online Payment through Bank of America (includes ability to pay both licensure fees and any known outstanding fees)
- System includes validations that will ensure that the application is complete and free of common errors before submitting (reducing omissions)



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## Online Licensing

### ■ How do I ensure that my application is processed fast?

- Make your payment online and pay all amounts owed
  - Applications are not considered received until payment is made
  - Checks sent by mail take anywhere between 2-5 days to process
  - Your application will not be reviewed until the check is received, processed, and deposited in the bank
  - Online payments are accepted immediately and are available for review within 24 hours
- Submit your supporting documents online



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- The review cannot be completed before the documents are received and processed by our Central Intake (2-5 days)
- If the review proceeds without these documents, it will result in an omission and extend the processing time of the application

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## Online Licensing

### ■ Faster Turnaround Times Because...

- Online Licensing bypasses the Agency's manually intake process (2-5 days)
- Staff has automated tools to speed up review times
  - Automatic check against Background Screening Clearinghouse for eligibility
  - Comparison report to note changes in the application from what is on file with the Agency
  - Automated matches with individuals and entities already in the Agency's system
- Validation checks ensure fewer potential errors for staff to research
- Once a section is complete, it can automatically be uploaded into the Licensure data base (reducing time for manually data entry)



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## Online Licensing

### Email for Online Providers

A license renewal postcard reminder was sent this week to your mailing address.

Below is a sample version of the post card you will be receiving.

As a reminder, renewals can now be completed online at

<https://apps.ahca.myflorida.com/SingleSignOnPortal>

Please look for this notice.

Thank you.



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## Online Licensing

### Sample Postcard for Online Providers

#### LICENSURE RENEWAL NOTICE

#### Apply Online

BAY MANOR

The license to operate a Nursing Home  
will expire on 04/30/2015

Your application is due 03/01/2015

To renew license number 35241, an application with appropriate licensure fees must be received by the Agency for Health Care Administration on or before 04/30/2015, but not before 12/31/2014. In order to avoid late fees, a renewal application must be received by the Agency by 03/01/2015.

**The agency must receive your renewal application and fee on or before the expiration date or your license is void (no renewal permitted).**

The renewal process can now be completed online at <https://apps.ahca.myflorida.com/SingleSignOnPortal> or by completing the licensure application and related forms available on the Agency website at [http://ahca.myflorida.com/eWEB\\_ADDR](http://ahca.myflorida.com/eWEB_ADDR) and return with the appropriate licensure fee.

For additional information, please visit the website above or contact the Long Term Care Unit at (850) 412-4303.



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## Online Licensing Website

### Renew Your Health Care Facility License Online

**Step 1: Register** - Identify an authorized individual who will access the Online Licensing System on behalf of your facility.

**Step 2: Login** - After registering, the authorized individual will be redirected to the Online Licensing System.

**Step 3: Renew** - The license application will appear with most fields filled in for you. Review, add or change information as needed.

**Step 4: Payment** - After the renewal information has been submitted and verified, you can pay your licensure fees by credit card, e-check or check through the mail.

[Health Care Facility Online Licensing Application](#)

#### Registering User Name/ID and Generating a User Agreement:

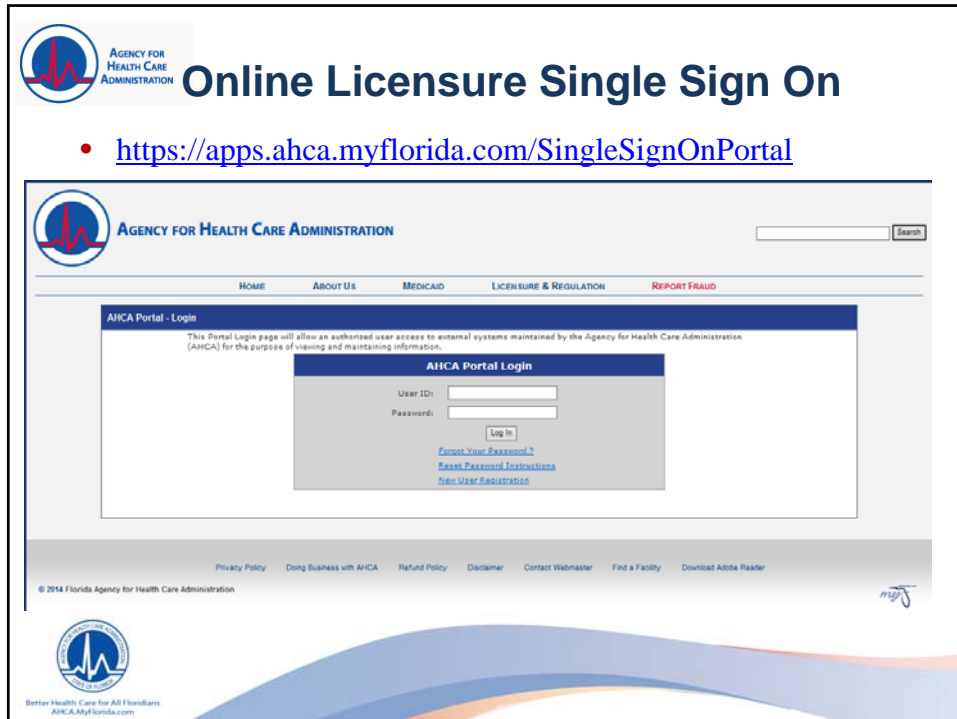
1. See [Online Instruction Guide \[588 kb PDF\]](#) for detailed instructions.
2. Go to the [Portal](#) to register a User Name/ID and Password. If you already are registered as a User for the Background Screening System or the Home Health Quarterly Report, you will not need to create a new User Name and Password. Simply login using your existing user information.  
\*For password resets, please view the instructions located at:  
[https://apps.ahca.myflorida.com/SingleSignOnPortal/User/pdf/Reset\\_Password\\_Instructions.pdf](https://apps.ahca.myflorida.com/SingleSignOnPortal/User/pdf/Reset_Password_Instructions.pdf)
3. Select the Online Application System. A User can select one or multiple facilities across provider types. A separate User Agreement will be created for each facility selected which must be signed by the Administrator for that facility.
4. Send the signed User Agreement(s) to the Agency for approval. You may scan, email, fax, or mail the signed documents.
5. An e-mail will be sent to the approved user confirming that access to the Online Licensing system has been granted. Expect that email confirmation within 2 business days.



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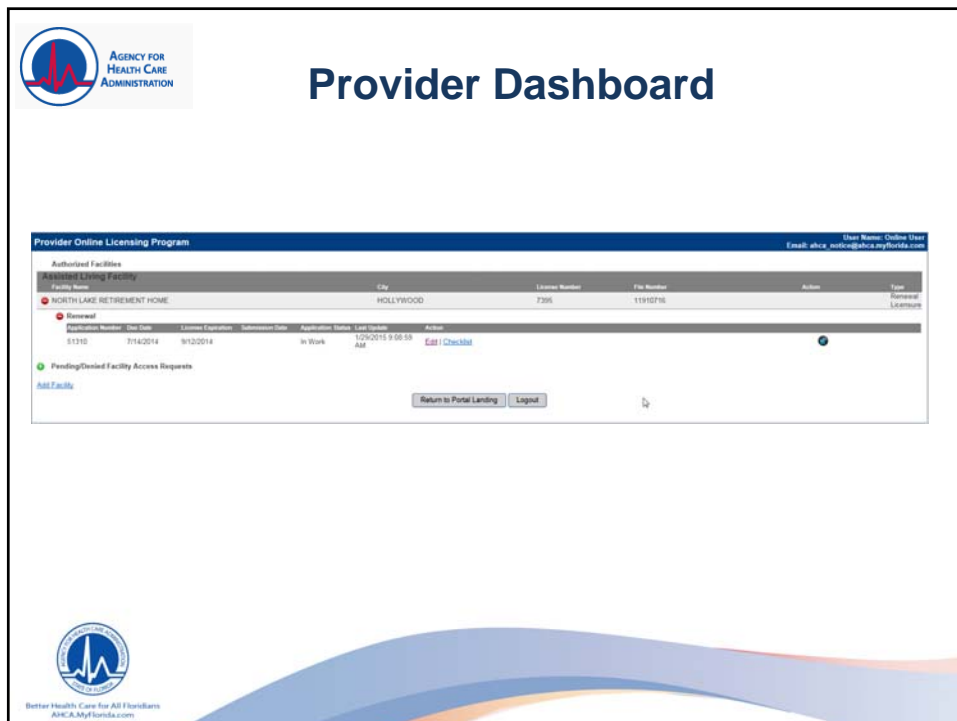




**Online Licensure Single Sign On**

- <https://apps.ahca.myflorida.com/SingleSignOnPortal>

The screenshot shows the AHCA Portal - Login page. It includes a search bar, navigation links (HOME, ABOUT US, MEDICAID, LICENSURE & REGULATION, REPORT FRAUD), and a login form with fields for User ID and Password. Below the login form are links for [Forgot Your Password?](#), [Reset Password Instructions](#), and [New User Registration](#). The footer contains copyright information for 2014 Florida Agency for Health Care Administration and a logo with the text "Better Health Care for All Floridians AHCA.MyFlorida.com".



**Provider Dashboard**

The screenshot shows the Provider Online Licensing Program dashboard. It includes a header with the AHCA logo and navigation links. The main content area displays a table of Authorized Facilities and a table of Renewal applications. The Renewal table has columns for Application Number, Exp. Date, License Expiration, Submission Date, Application Status, Last Update, and Action. The table shows one application for NORTH LAKE RETIREMENT HOME, which is in the "In Work" status. Below the table are links for [Add Facility](#), [Return to Portal Landing](#), and [Logout](#). The footer contains copyright information for 2014 Florida Agency for Health Care Administration and a logo with the text "Better Health Care for All Floridians AHCA.MyFlorida.com".

Application Number	Exp. Date	License Expiration	Submission Date	Application Status	Last Update	Action
81310	7/14/2014	9/12/2014		In Work	12/9/2015 9:08:58 AM	<a href="#">Edit</a> <a href="#">Checklist</a>



**Provider:**  
GENTIVA HEALTH SERVICES test

**Provider Type:**  
Home Health Agency

**File#:** 350065  
**License #:** 20084096  
**Expires:** 11/02/2013

**Application:**  
Type: Renewal License  
Date Received: 8/26/2013

☒ = Entered  
☐ = Entry Required

☒ **Provider/Facility Information**  
☒ Details  
☒ Contact Person

☐ **Licensee Information**  
☐ **Controlling Interests**  
☐ **Management Company Information**  
☐ **Personnel**  
☐ **Required Disclosure**  
☐ **Accreditation**  
☐ **Days and Hours of Operation**  
☐ **Geographic Service Area**  
☐ **Services**  
☐ **Parent Agency**  
☐ **Other Associated Locations**  
☐ **Other Provider Relations**  
☐ **Other Medicaid Provider Numbers**  
☐ **Supporting Documents**  
☐ **Finalize Submission**

### Provider/Facility Information

Under the authority of Chapters 408 Part II and 400 Part III, Florida Statutes (F.S.), and Chapters 59A-35 and 59A-8, Florida Administrative Code (F.A.C.), an application is hereby made to operate a home health agency as indicated below.

Review the information below and make any necessary edits. The Provider/Facility name, address, and telephone number will be listed on Florida Health Finder (<http://www.floridhealthfinder.gov/>).

**Provider/Facility Information**

License #  National Provider Identifier   
☐ None ☐ Pending

Medicaid #  Medicare # (CMS CCN)   
☒ None ☐ Pending

Name of Home Health Agency (If operated under a fictitious name, enter as it appears in Florida Division of Corporations.)

**Provider/Facility Location Address**

**Provider Location Address**  
 475 E HARRISON ST STE 250  
 TALLAHASSEE, FL 32301  
 US - United States  
 County - LEON

Telephone  Ext   
 Fax #   
☒ None

Email Address  Provider/Facility Website   
☐ None ☐ None

**Provider/Facility Mailing Address.** (All mail will be sent to this address.)  
☒ Check if same as Provider/Facility Location Address

**Mailing Address**  
 475 E HARRISON ST STE 250  
 TALLAHASSEE, FL 32301  
 US - United States  
 County - LEON

Telephone  Ext

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☒ = Entered  
☐ = Entry Required

☒ **Provider/Facility Information**  
☒ **Licensee Information**  
☒ **Controlling Interests**  
☒ **Management Company Information**  
☒ **Personnel**  
☒ **Required Disclosure**  
☒ **Accreditation**

☒ **Days and Hours of Operation**  
☒ **Geographic Service Area**  
☒ **Services**  
☒ **Medicare/Medicaid Parent/Branch**  
☒ **Other Associated Locations**  
☐ **Supporting Documents**  
☐ **Finalize Submission**

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### Finalize Application

Any areas marked in red are incomplete and must be completed before the application can be submitted. To submit the application, select the appropriate subsection below, or from the Applications Components list to the left, and provide the missing information.

- ✓1. Provider/Facility Information
  - a. Details
  - b. Property Ownership
  - c. Contact Person
- ✓2. Licensee Information
  - a. Licensee Details
- ✓3. Controlling Interests
  - a. Controlling Interests
- ✓4. Management Company Information
  - a. Management Company Information
  - b. Management Company Controlling Interest
- ✓5. Personnel
  - a. Administration
- ✓6. Required Disclosure
  - a. Convictions
  - b. Exclusions
  - c. Felonies/Terminations
  - d. Health and Residential Care
  - e. Miscellaneous
- ✓7. Bed Count
  - a. Bed Count
- ✓8. Services
  - a. Adult Day Care Services
- ✓9. Qualifications
  - a. Qualifications
- ✗10. Supporting Documents
  - a. **Supporting Documents**


Select the Document Mailing link below, print the mailer, and include it with the documents you mail

[Document Mailer](#)

Item	Document
1	Fire Safety Inspection Report
2	Residential Group Care Inspection Report

After completing all sections of your application, click the button below to submit your uploaded documents to the Agency and make payment (if necessary).

[Submit Application](#)

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### Payment Summary

You must provide payment before your application can be accepted by the Agency. Review the information below, and select one of the payment methods at the bottom of the page.

Item	Description	Type	Total Amount	Current Due	Payment	Due Date
1	Application Fee		\$545.00	\$545.00	\$545.00	11/20/2013
2	Renewal Assessment	130A	\$300.00	\$300.00	\$300.00	11/20/2013
	<b>Total</b>		<b>\$845.00</b>	<b>\$845.00</b>	<b>\$845.00</b>	

\* Amounts shown may not reflect recent payments.

Note - You may submit your application without paying all outstanding amounts, but you will not receive your license until they are settled. If you choose not to pay a particular amount at this time, uncheck the box to the left of the amount.

I **ONLINE LICENSING**, under penalty of perjury, attest as follows:

(1) Pursuant to section **332.05**, Florida Statutes (F.S.), I have not knowingly made a false statement with the intent to mislead the Agency in the performance of its official duty.

(2) Pursuant to section **408.815**, Florida Statutes (F.S.), I acknowledge that false representation of a material fact in the license application or omission of any material fact from the license application by a controlling interest may be used by the Agency for denying and revoking a license or change of ownership application.

(3) Pursuant to section **408.805**, Florida Statutes (F.S.), the applicant is in compliance with the provisions of section **408.806** and Chapter **335**, Florida Statutes (F.S.).



(4) Pursuant to section **408.809** and **435.05**, Florida Statutes (F.S.), every employee of the applicant required to be screened has attested, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to Chapter **408** (Part I) and Chapter **435**, Florida Statutes (F.S.), and has agreed to inform the employer immediately if arrested for any of the disqualifying offenses while employed by the employer.

(5) Pursuant to section **435.05**, Florida Statutes (F.S.), the applicant has conducted a level 2 background screening through the Agency or on every employee required to be screened under Chapter **408**, **Part I** or Chapter **435**, Florida Statutes (F.S.), as a condition of employment and continued employment and that every such employee has satisfied the level 2 background screening standards or obtained an exemption from disqualification from employment.

**ONLINE LICENSING** **ANALYST** **8/26/2014**

Signature of Licensee or Authorized Representative \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_


☐ I agree

[Pay Online](#) [Pay By Mail](#)

Note - Your application will not be considered received until payment has been received. Selecting the "Pay By Mail" option will delay the Agency's receipt of your application, resulting in the assessment of late fees if payment is not received by the due date.

\*Please Note: Following your selection of payment method, you will not be able to make changes or additional payments until AHCA licensure staff have completed their review.

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To schedule your one-time payment enter your banking and payment information below.

Remit Information	
* Transaction Amount:	845.05
* Service Fee:	1.18
* Division Name:	BREAD AND ROSES V
* Account Number:	13-13910034
* eMail Address:	dennis.baker@ahca.my
* indicates a required field	

Payment Information for Transaction ID #: 2134	
*Payment Account Type:	<input checked="" type="radio"/> Personal Checking <input type="radio"/> Personal Savings <input type="radio"/> Business Checking <input type="radio"/> Business Savings
*Name on Bank Account:	
*Bank Routing Number (ABA):	
*Banking Account Number (DDA):	
Please enter payment amount. For on-time posting of the payment to your account, please allow 3 business days prior to the due date for processing.	
*Payment Date:	08/22/2014
*Payment Amount:	\$845.23
* indicates a required field	

Continue Cancel

(1) The name on the account is found at the top of your check.  
 (2) The Bank Routing Number is found on the bottom of your check between the two colors.  
 (3) The Bank Account Number is found on the bottom of your check after the nine-digit bank routing number.

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**AGENCY FOR HEALTH CARE ADMINISTRATION**

Provider: AMERICAN FAMILY PLANNING  
 Provider Type: Abortion Clinic  
 File#: 13060123  
 License #: 917  
 Expires: 4/28/2014  
 Application: Type: Renewal License  
 Date Received: 1/21/2014

✓ = Entered  
 ✗ = Entry Required

Provider/Facility Information  
 Licensee Information  
 Controlling Interests  
 Management Company Information  
 Personnel  
 Required Disclosure  
 Procedure/Director/Hospital Information  
 Supporting Documents

Finalize Submission  
 Finalize Application  
 Payment Summary

Logged in as : mattmiller

Dashboard OL Help Documents Logout

### Payment Summary

You have submitted your application and there are no outstanding licensure related fees or fines (subject to review by Agency staff). An email confirmation will be sent to the email address for your Online user account with instructions on viewing your application. Please allow 24 hours after submission to view your application.

I **PAM STEVENS**, under penalty of perjury, attest as follows:

- Pursuant to section 837.05, Florida Statutes (F.S.), I have not knowingly made a false statement with the intent to mislead the Agency in the performance of its official duty.
- Pursuant to section 408.815, Florida Statutes (F.S.), I acknowledge that false representation of a material fact in the license application or omission of any material fact from the license application by a controlling interest may be used by the Agency for denying and revoking a license or change of ownership application.
- Pursuant to section 408.805, Florida Statutes (F.S.), the applicant is in compliance with the provisions of section 408.805 and Chapter 435, Florida Statutes (F.S.).
- Pursuant to section 408.809 and 435.05, Florida Statutes (F.S.), every employee of the applicant required to be screened has attested, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to Chapter 408, Part I and Chapter 435, Florida Statutes (F.S.), and has agreed to inform the employer immediately if arrested for any of the disqualifying offenses while employed by the employer.
- Pursuant to section 435.05, Florida Statutes (F.S.), the applicant has conducted a level 2 background screening through the Agency on every employee required to be screened under Chapter 408, Part I or Chapter 435, Florida Statutes (F.S.), as a condition of employment and continued employment and that every such employee has satisfied the level 2 background screening standards or obtained an exemption from disqualification from employment.

**PAM STEVENS** 8/26/2014  
 Signature of Licensee or Authorized Representative Title Date  
☐ I agree

Select the Submit button below to finish the application process.

\*\*Please Note: After selecting the Submit button, you will not be able to make changes or make payments, if applicable, until AHCA licensure staff have completed their review.\*\*

Submit

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## Online Licensing

### Training

- Online Training Videos Under Development
- Targeted/ Customized Training (Internal/External)



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## Rule Highlights



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## Assisted Living Facility Rule Update Highlights

“Agency Field Office” means the Agency for Health Care Administration’s Office in a particular geographic area. Information regarding local offices is available online at:  
<http://ahca.myflorida.com/mchq/index.shtml#six>.

“Certified Nursing Assistant (CNA)” means a person certified under Part II, Chapter 464, F.S.

“Direct Care Staff” means Staff in Regular Contact or Staff in Direct Contact with residents that provide personal or nursing services to residents, including administrators and managers providing such services.

“Long-term Care Ombudsman Program (LTCOP)” means the long-term care ombudsman program established under Part I, Chapter 400, F.S.

Added definition of a “Manager” means an individual who is authorized to perform the same functions of the administrator, and is responsible for the operation and maintenance of an assisted living facility while under the supervision of the administrator of that facility.



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## Assisted Living Facility Rule Update Highlights

- Deleted the definition of “major incident” – this is duplicative of adverse incident reporting requirements.
- Revise terminology referring to mental “illness” –to mental “disorder” for the purposes of identifying a mental health resident, means schizophrenia and other psychotic disorders; affective disorders; anxiety related disorders; and personality and dissociative disorders. However, mental disorder does not include residents with a primary diagnosis of Alzheimer’s disease, other dementias, or mental retardation.
- Added definition for “staff in regular contact” to provide clarity for the streamlined training guidelines. “Staff in Regular Contact” or “Staff in Direct Contact” mean all staff whose duties may require them to interact with residents on a daily basis.



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## Assisted Living Facility Rule Update Highlights

### Admission Procedures, Appropriateness of Placement and Continued Residency Criteria 58A-5.0181

Clarified that a resident with a stage 2 pressure sore may be admitted in a standard licensed facility if the resident received services from a contracted home health agency or nurse.



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## Assisted Living Facility Rule Update Highlights

A resident who otherwise meets the admission criteria for residency in a standard licensed facility, but who requires assistance with the administration and regulation of portable oxygen, assistance with routine colostomy care, or assistance and monitoring of the application of anti-embolism stockings or hosiery as prescribed by a health care provider in accordance with manufacturer's guidelines, may be admitted to a facility with a standard license as long as the following conditions are met:

- The facility must have a nurse on staff or under contract to provide the assistance or to provide training to the resident to perform these functions.
- Nursing staff may not provide training to unlicensed persons to perform skilled nursing services, and may not delegate the nursing services described in this section to certified nursing assistants or unlicensed persons.



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## Assisted Living Facility Rule Update Highlights

- Certified Nursing Assistants may apply anti-embolism stockings or hosiery under the **supervision of a nurse in accordance with paragraph 64B9-15.002(1)(e), F.A.C.** This provision does not restrict a resident or a resident's representative from contracting with a licensed third party to provide the assistance if the facility is agreeable to such an arrangement and the resident otherwise meets the criteria for admission and continued residency in a facility with a standard license.
- 64B9-15 is CNA practice act rule



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## Assisted Living Facility Rule Update Highlights

Continued Residency – Specifies that the interdisciplinary care plan must delineate the services which will be provided by either the facility or the hospice staff. A hospice resident may only receive services from the ALF staff that is within the scope of the facility's license, and nursing services within the scope of their professional license.



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## Assisted Living Facility Rule Update Highlights

Clarifies that an individual admitted to and receiving hospice services may be admitted to an ALF as long as the individual otherwise meets resident admission criteria.



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## Assisted Living Facility Rule Update Highlights

### Medication Practices 58A-5.0185

- (3) ("Assistance with Self Administration) – rearranging rule for clarity
- (3)(f) – clarifying that assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S.
- (4)(d) – clarified that the State Clinical Laboratory License and the Federal CLIA Certificate must be maintained in the facility, only when required.
- (7)(e) Corrected rule citing references and clarified that faxed or electronic copies of records or orders are acceptable. e) ***A nurse may take a medication order by telephone. Such order must be promptly documented in the resident's medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or electronic copy of a signed order is acceptable.***



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## Assisted Living Facility Rule Update Highlights

### Do Not Resuscitate Orders (DNROs) 58A-5.0186

- Clarifying the correct Dept. of Health form and process for facility management of DNRO documentation.
- DH Form 1896, Florida Do Not Resuscitate Order Form, December, 2004, which is hereby incorporated by reference. This form may be obtained by calling the Department of Health's toll free number (800)226-1911, extension 2780 or online at: <http://www.flrules.org/Gateway/reference.asp?No=Ref-04005>.
- (b) There must be documentation in the resident's record indicating whether a DH Form 1896 has been executed. If a DH Form 1896 has been executed, a yellow copy of that document must be made a part of the resident's record. If the assisted living facility does not receive a copy of a resident's executed DH Form 1896, the assisted living facility must document in the resident's record that it has requested a copy.
- (c) The executed DH Form 1896 must be readily available to medical staff in the event of an emergency



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## Assisted Living Facility Rule Update Highlights

### Staffing Standards 58A-5.019

- (1)(b) – initiative to ease burdensome regulation; understanding that, especially for smaller facilities, the death of an administrator (or situations of that sort) is an extenuating circumstance; permits the agency to temporarily approve management of a facility by an individual who is 21, has a high school diploma or GED, has completed background screening, but has not completed core training and testing, so long as such individual completes the necessary training and testing requirements to become an administrator within 90 days.



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## Assisted Living Facility Rule Update Highlights

### Staffing Standards 58A-5.019

(2)(a) Staff –The rule now requires that staff having, or suspected of having, a communicable disease must obtain a statement from a health care provider indicating that they are no longer a transmission risk, rather than permitting the administrator to “determine that such condition no longer exists.”



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## Conditional License



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## Conditional License Process

- 429.17(4)
  - A conditional license may be issued to an applicant for license renewal if the applicant fails to meet all standards and requirements for licensure.
  - A conditional license issued under this subsection shall be limited in duration to a specific period of time **not to exceed 6 months, as determined by the agency**, and shall be accompanied by an agency-approved plan of correction



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## Conditional License Process

- Provider must request and submit a plan of correction
- Field Office must review and approve the plan of correction
- Licensure Unit will issue conditional license



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## Contact Information

Catherine Anne Avery, RN LNC  
850-412-4505

[catherine.avery@ahca.myflorida.com](mailto:catherine.avery@ahca.myflorida.com)



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## Specialty Licenses



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## Specialty Licenses

- **Extended Congregate Care (ECC)**
  - Created to promote “aging in place”
  - Promotes resident choice, independence and decision making
  - Requires specific policy and procedures
  - Health assessment updated annually



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## Specialty Licenses – ECC

- Requires additional initial and ongoing training for supervisor and additional training for staff
- Requires updated service plans, assessments and documentation
- Quarterly monitoring visits by AHCA



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## Specialty Licenses – ECC

- Same admission criteria but may be bedridden up to 14 days.
- Facility must have service plans, progress notes and nursing assessments.



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## Specialty Licenses

- **Limited Nursing Services (LNS)**
  - Requires nursing assessments and nursing notes/documentation for all residents receiving limited nursing services
  - The facility must employ or contract with a nurse
  - Monitoring visits every six months by AHCA.



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## Specialty Licenses - LNS

- Facility must maintain a list of residents receiving LNS services.
- LNS licensure allows residents to receive a variety of nursing services not permitted under a standard license.



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## Specialty Licenses

- **Limited Mental Health (LMH)**
  - Licensure is required for ALFs with more than two mental health residents
  - Requires additional training for administrator and staff
  - The facility must have a cooperative agreement with a mental health provider
  - A community living support plan must be in place between the resident, facility and provider
  - The facility must assist the resident in carrying out the activities in the support plan



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## Specialty Licenses - LMH

- Facility is required to observe resident behavior and report concerns to case manager.
- Ensure the resident and case manager have opportunity for face-to-face contact.
- Ensure staff have completed required training.



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## Adverse Incidents



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## Adverse Incidents

- 429.23 Internal risk management and quality assurance program
  - Every facility is required to maintain adverse incident reports
    - An event over which facility personnel could exercise control rather than as a result of the resident's condition and results in:
      - Death;
      - Brain or
      - Spinal damage;
      - Permanent disfigurement;
      - Fracture or dislocation of bones or joints;



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## Adverse Incidents

- Any condition that required medical attention to which the resident has not given his or her informed consent, including failure to honor advanced directives;
- Any condition that required the transfer of the resident, to a unit providing a more acute level of care due to the incident, rather than the resident's condition prior to the incident; or
- An event that is reported to law enforcement or its personnel for investigation; or
- Resident elopement, if the elopement places the resident at risk of harm or injury



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## Adverse Incidents

- Within **1 business day** after the occurrence of an adverse incident report to the agency.
- The report must include information regarding the identity of the affected resident, the type of adverse incident, and the status of the facility's investigation of the incident.
- Within **15 days** provide a full report to the agency on all adverse incidents. The report must include the results of the facility's investigation into the adverse incident.



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## Adverse Incident Data Outcome Type

CY	Death	Brain Spinal Damage	Disfigurement	Fracture Dislocation	No Informed Consent	Transfer	Reports to Law	Resident Elopement
2013	38	3	0	91	18	239	287	326
2014	40	1	2	185	19	314	234	275



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## Preventing Adverse Incidents

- Assessment for continued residency
- Staff training
- Elopement drills
- Staffing levels



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## Directed Plans of Correction



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## Directed Plans of Correction

- Used to address Class I and Class II deficiencies which require immediate action to alleviate ongoing deficient practice
- Help improve services and assist providers in attaining compliance



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## Directed Plans of Correction

- Not intended as a sole intervention by a provider
- Intended to impose directed interventions to address immediate concerns with identified deficient practice
- Provider must still complete and implement a plan of correction



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## Directed Plans of Correction Process

- **Class I**
  - Receive a hand-delivered DPoC letter within 2-business days outlining what the facility needs to do to immediately address the deficient practice
  - Facility representative will be required to sign the DPoC letter



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## Directed Plans of Correction Process

- **Class II**
  - Facility will receive DPoC letter within 10-business days outlining what the facility needs to do to immediately address the deficient practice



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## Contacting AHCA

[www.ahca.myflorida.com](http://www.ahca.myflorida.com)

- Contact numbers for local field offices
- Assisted Living Resource Manual and other forms
- Licensure forms



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## Contact Information

Laura Manville

727-552-1955

[Laura.Manville@ahca.myflorida.com](mailto:Laura.Manville@ahca.myflorida.com)



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# Wrap-Up



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