

Florida's Agency for Health Care Administration

2015 Joint Training for Skilled Nursing Home Facilities



LeadingAge™
Florida

**Florida
Health Care
Association**



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 3 – Orlando
February 5 – Tampa
February 16 – Miami
February 19 – Tallahassee

Event Overview

2015 Joint Training for Skilled Nursing 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.	Registration
8:30 to 8:45 a.m.	Welcome and Introductions
8:45 to 10:15 a.m.	Medicaid Program Update for Skilled Nursing Facilities An update on the Statewide Medicaid Managed Care Long-Term Care program, including the State's efforts to ensure managed care plan compliance and the use of quality measures in the plan's ongoing credentialing and contracting process of nursing facilities. The speakers will discuss several policy updates related to the Preadmission Screen and Resident Review (PASRR) process, Long-Term Care program waitlist requirements and level of care determination and eligibility form changes. <i>Shevaun Harris and Devona Pickle, AHCA</i>
10:15 to 10:30 a.m.	Break
10:30 a.m. to Noon	Managing Re-Hospitalizations An update on the progress being made to reduce re-hospitalizations of nursing home residents. The session will include a review of the magnitude and cost of re-admissions both locally and nationally as well as quality initiatives that have been implemented by nursing homes. New ideas, protocols and tools to assist nursing homes to decrease acute care admissions will be provided to attendees. <i>Amy Osborn, Health Services Advisory Group</i>
Noon to 1:00 p.m.	Lunch
1:00 to 2:30 p.m.	Dementia Care and Anti-Psychotic Drugs Hear what some nursing homes are doing to successfully reduce the use of these medications. Best Practices in reducing use Alive inside Movie Clip – key to unlocking memory door <i>Amy Osborn, Health Services Advisory Group</i>
2:30 to 2:45 p.m.	Break
2:45 to 4:15 p.m.	Top 10 Deficiencies and Reporting of Infectious Diseases The Agency for Health Care Administration will provide the most recent federal Top Ten Health Deficiencies, and examples of specific findings. In addition, the Agency will provide immediate jeopardy examples from the previous year that will include specific case studies and a discussion regarding the Quality Assurance and Performance Improvement principles and how these principles relate to the topics. Lastly, the Agency will provide an update on the progress of the Online Licensing process and Background Screening. Reporting of infectious disease to DOH – definition of outbreak <i>Polly Weaver, Kimberly Smoak, AHCA and A.C. Burke, DOH</i>

Six (6) total contact hours can be earned.

Target Audience:

Nursing home administrators, nurse leaders, charge nurses, social workers, therapists, activity directors, consultants, ARNPs, Physician Assistants and Medical Directors. Additional stakeholder audiences include state surveyors.

Faculty:

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.

Amy Osborn, BS, NHA, PMP a healthcare professional with 21 years of experience, Amy brings thorough knowledge of team leadership and quality improvement project management to carry out the implementation of the Quality Innovation Network Quality Improvement Organization Initiatives (QIN-QIO) in Florida. The QIN-QIO projects include: reducing healthcare-associated infection, implementing the National Nursing Home Quality Care Collaborative, improving coordination of care leading to the reduction of hospital readmission, preventing harm through the reduction of adverse drug events, and improve quality of care delivered as determined by reported quality measures.

Devona "DD" Pickle is the 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 both 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. 3 - 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. 5 - 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. 16 - 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. 19 - 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 SNFs

February 3, 5, 16, & 19, 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

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 ☐ 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 (2/3); Tampa (2/5); Miami (2/16); Tallahassee (2/19)

Name _____

Title _____

Email _____

License # _____

Site Location _____

Fee (see description below): ☐ \$150 - 1st Registrant

Name _____

Title _____

Email _____

License # _____

Site Location _____

Fee (see description below): ☐ \$130 - 3rd Registrant

Name _____

Title _____

Email _____

License # _____

Site Location _____

Fee (see description below): ☐ \$130 - 2nd Registrant

Name _____

Title _____

Email _____

License # _____

Site Location _____

Fee (see description below): ☐ \$130 - 4th Registrant

TOTAL PAYMENT \$ _____

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

\$150 – 1st 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, 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 & Florida Nursing Facilities: Important Implementation and Policy Updates

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



1

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.

Statewide Medicaid
Managed Care program

Long-term Care program
(Implemented Aug. 2013 – March 2014)
Approximately 84,000 enrollees in seven plans

Managed Medical Assistance
program
(Implemented May 2014 – August 2014)
Approximately 2.6 million enrollees in 20 plans



2

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.



3

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.



4

Long-term Care Program

- The Long-term Care (LTC) program provides long-term care services, including nursing facility and home and community-based services, to recipients eligible for enrollment.



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MMA Program

- The MMA program provides primary care, acute care, dental, and behavioral health care services.
- Most Medicaid recipients are required to enroll in an MMA plan.
- Some recipients are eligible to enroll in BOTH LTC and MMA.
- MMA plans may reimburse for nursing facility services for up to 30 days as a downward substitution for inpatient hospital care.



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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 enrollee will not receive all services listed. Enrollees will work with a case manager to determine the services they need based on their condition.



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Long-term Care Plans by Region							
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

Enrollment by Plan As of December 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
Total	84,716

LTC Program
Waitlist, Eligibility and
Enrollment Process

How Does Enrollment Begin?

There are two categories of recipients:

1. Recipients actively receiving Medicaid nursing facility (NF) services
 - Recipients receiving nursing facility 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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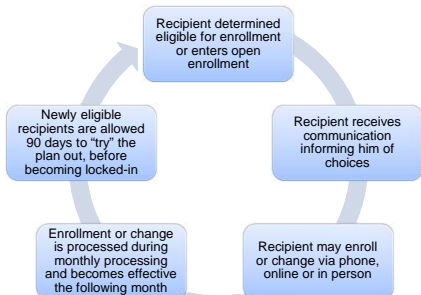
Choice Counseling

- 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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The Choice Counseling Cycle



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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
- 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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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 the 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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How Has Implementation of the SMMC Program Affected Nursing Facilities and Their Residents?



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Changes for Medicaid Nursing Facility Recipients

- Medicaid-enrolled nursing facility recipients who have resided in a NF for at least 60 consecutive days are a mandatory population for the LTC program. LTC plans cover nursing facility services for all LTC plan enrollees.
- LTC plans provide each LTC plan enrollee residing in a nursing facility with a case manager, who provides care coordination and case management services.
- LTC plans assist enrollees with maintaining and, if necessary, regaining Medicaid financial eligibility.



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Payment Requirements for Nursing Facilities

- The LTC plans are required to pay nursing facilities an amount equal to the nursing facility-specific payment rates set by the Agency.
 - Higher rates mutually acceptable to the plan and the provider may be negotiated for medically complex care.
- LTC plans cover long-term nursing facility services.
- MMA plans cover short-term nursing facility services as a downward substitution for inpatient hospital care.



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Payment Requirements for Nursing Facilities


- Enrollees in the LTC program who are eligible will choose and enroll in an MMA plan. If an MMA enrollee is eligible for and requires long-term care services, they will also choose and enroll in an LTC plan.
- There may be instances where an MMA enrollee suffers an injury or illness that results in a short-term nursing facility or rehab stay.
 - In these cases, MMA plans may reimburse for nursing facility services for up to 30 days as a downward substitution for inpatient hospital care.
- After the enrollee recovers, the MMA plan is responsible for the coordination of the enrollee's discharge planning from the nursing facility, including planning his post-discharge care back to his home.



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Which plan pays the nursing facility for long-term care?*


Recipient Coverage	Who Pays
Medicaid LTC Plan	Medicaid LTC Plan
Medicaid LTC and MMA Plan	Medicaid LTC Plan
Medicaid MMA Plan only (not enrolled in LTC)	Medicaid Fee-for-Service (until enrolled in LTC)
Medicaid MMA Plan only (not enrolled in LTC; short-term stay)	Medicaid MMA Plan
Medicaid Fee-for-Service	Medicaid Fee-for-Service



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Payment Requirements: Medicare Crossover Claims


- The Plans are responsible for Medicare co-insurance and deductibles for covered services.
- The Plans must reimburse providers or enrollees for Medicare deductibles and co-insurance payments made by the providers or enrollees, according to guidelines in the Florida Medicaid Provider General Handbook.
- The Plans must not deny Medicare crossover claims solely based on the period between the date of service and the date of clean claim submission, unless that period exceeds three years.



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Payment Requirements: Medicare Crossover Claims

- Plans must pay all Medicare Part A and B coinsurance crossover claims for dates of service while the individual was enrolled in the plan.
- Fee-for-service Medicaid will continue to pay Medicare Part A and B crossover coinsurance claims for dates of service from the date of eligibility until the date of enrollment in a plan.



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Quality Measures for Nursing Facilities

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Quality Measures for Nursing 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 Nursing Facilities

- The Agency engaged in discussions with a workgroup comprised of nursing facilities and Medicaid Long-term Care plans to shape the Agency's measures.
- The performance measures established for nursing facility participation in Statewide Medicaid Managed Care Long-term Care plans are based on the data from the Centers for Medicare and Medicaid Services (CMS) Nursing Home Compare website <http://www.medicare.gov/nursinghomecompare>.

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Quality Measures for Nursing Facilities

- Nursing facilities will meet the SMMC LTC program's performance measure when their CMS Nursing Home Compare overall rating is:
 - Two or more stars; or
 - One star, with a two or more star rating for quality measures, and less than the statewide average percentage for long-term care residents that received antipsychotic medication.



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Quality Measures For Nursing Facilities

- At a minimum, LTC plans must use these performance measures when re-credentialing a nursing facility provider.
- After 12 months of active participation in the network, a LTC plan *may* exclude a qualified nursing facility from its network if the qualified nursing facility does not meet this measure (409.982(1), F.S.).
- LTC plans are not required to exclude a nursing facility that does not meet this performance measure.
 - Plans must consider network adequacy requirements when making the decision to exclude a nursing facility from its network of providers.
 - LTC plans may also limit providers in their network based on credentials and price.



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Reminder — Contracting with a Long-term Care Plan



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**During the first year of the program,
each selected plan must offer a
network contract to:**

- Nursing Facilities
- Hospices
- Aging network services providers in their region

After 12 months of active participation in a health plan's network, the plan may exclude any of the providers listed above from the network for failure to meet quality or performance criteria. (409.982(1), F.S.)



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Contracting vs. Participating

- Nursing facilities do not have to **contract** with every LTC plan in their region.
- However, Florida law requires that they must **participate** with every LTC plan in their region (see s. 409.982(2), F.S.).
- If a nursing facility resident chooses a LTC plan with which the nursing facility does not contract, the nursing facility and LTC plan will need to work together to determine how to handle payment for the nursing facility services provided to that resident.



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Contracting vs. Participating


If a nursing facility notifies an enrollee that he or she will have to move because the facility is not contracted with that enrollee's plan or cannot reach a payment agreement with that plan, the Agency would consider that the nursing facility is **not participating** with the LTC plan.

All remedies, including termination from Medicaid, will be considered if the nursing facility does not immediately remedy the situation.



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Incentives Shift to Community-Based Services & Nursing Facility Transition



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Incentives Shift to Community- Based Services


- The law requires that LTC managed care plan rates be adjusted annually to provide an incentive to shift services from nursing facilities to community-based care.
- Payment incentives will be in place until no more than 35% of the LTC plan's enrollees are in nursing facilities.



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Nursing Facility Transition

- To facilitate transitions from the nursing facility to the community, LTC plans will inform their enrollees in nursing facilities about the option to transition to an assisted living facility, adult family care home, or other community living arrangement and assess whether the transition is feasible.
- Like the former Medicaid Nursing Home Transition Program, transition to the community cannot occur prior to a continuous 60 day stay in the nursing facility.
- LTC plans may not transition an enrollee from a nursing facility to the community without the enrollee's or the enrollee's authorized representative's consent.



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Nursing Facility Transition

- Recipients, including MMA enrollees residing in a nursing facility or rehab for a short-term stay, who leave the nursing facility prior to the 60th day and want to receive home and community-based services must be:
 - Screened by the local ADRC for placement on the LTC program waitlist, and
 - Assessed by the Department of Elder Affairs CARES program to determine if they meet nursing home level of care.



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Pre-Admission Screening and Resident Review (PASRR) Process Update



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PASRR Authorities

- AHCA's Pre-Admission Screening and Resident Review (PASRR) Rule, 59G-1.040, Florida Administrative Code, became effective on December 31, 2013.
- The PASRR is a federal requirement mandated by the Social Security Act, Title 42, Subpart C, and 42 Code of Federal Regulations sections 483.100 through 483.138 (CFR).



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PASRR Purpose

- The purpose of PASRR is to ensure individuals who are being considered for placement in a Medicaid-certified Nursing Facility (NF), regardless of payor, are:
 1. Evaluated for a serious mental illness (SMI), and/or an intellectual disability or related conditions (ID) as defined in 59G-1.040, F.A.C.
 2. Offered the most integrated setting appropriate for their long-term care needs (including determining whether an NF is appropriate).
 3. Able to receive the services they need in those settings.
- Includes Specialized Services not covered in the NF per diem and that are required for appropriate placement in the NF setting for individuals with ID or SMI whose needs are such that continuous supervision, treatment, and training by qualified mental health or intellectual disability personnel is necessary.



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Elements of PASRR

- **PAS – Pre-Admission Screening**
 - **Level I**
 - A Level I PASRR screen determines whether an individual referred for admission into an NF has or is *suspected* of having an SMI and/or an ID diagnosis.
 - **Level II**
 - The Level II PASRR is an individualized, in-depth evaluation of the individual, including confirming or ruling out the suspected diagnosis and determining the need for NF services. If an NF is the most integrated setting appropriate to meet the individual's long-term care needs, the Level II PASRR must also evaluate what specialized services, if any, are needed for the individual.
- **RR – Resident Review**
 - A Resident Review is the reevaluation of an individual, and the reassessment of appropriateness of continued placement and recommended specialized services, as applicable, following a significant change in the resident's physical or mental condition.



See Rule 59G-1.040, F.A.C.

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Level I - Screeners

- The following are designated as Level I screeners:
 - The Agency for Health Care Administration (AHCA) or its delegate (the Department of Health [DOH]) for children under the age of 21.
 - Comprehensive Assessment and Review for Long-Term Care Services (CARES) for adults aged 21 and older.
- Both the Agency, or its delegate, DOH, and CARES are responsible for ensuring the accurate and timely performance and completion of the Level I PASRR and referral for a Level II evaluation, as appropriate.



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Level II Evaluators

- The following Agencies are designated as Level II evaluators:
 - The Department of Children and Families' (DCF) contracted vendor for assessment of serious mental illnesses.
 - The Agency for Persons with Disabilities (APD) for assessment of intellectual disabilities and related conditions.
- In cases where there is a suspicion of both SMI and ID, DCF shall take the lead in coordinating completion of the Level II with APD.



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PASRR Screen Process

- The PASRR process must be completed prior to an individual being admitted to an NF, regardless of payor.
- An individual may not be admitted to an NF, and the facility may not bill Medicaid or the Medicaid managed care plan for services rendered, until the PASRR process has been completed.



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Purpose of the Level I Screen

- Determine whether there is a suspicion of SMI or ID.
- Request a Level II evaluation, if appropriate.
- Document and request additional Level II evaluations (Resident Review) for nursing facility residents and readmissions when necessary.



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When is a Level I Screen Required?

- The Level I PASRR screen must be completed prior to admission to an NF.
- The Level I PASRR screen does not need to be completed when an:
 - Individual is returning to the NF after being in a hospital for 90 days or less; or
 - NF resident is transferred to another NF.



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Exemptions

- The following exemptions to the PASRR process apply:
 - Individuals who are discharged from a hospital into an NF after receiving acute inpatient care, and require NF services for the condition for which they received the inpatient care, may be admitted to the NF if a physician certifies on the AHCA MedServ-3008 form before admission that the individual is likely to require less than 30 days of NF services.



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Level I - Initiation

- Depending on where an individual is living or receiving treatment at the time of request for placement in an NF, the following are examples of who may initiate the PASRR process by requesting a Level I screen:
 - Hospitals
 - Nursing facility
 - Social worker
 - Nurse
 - Physician
 - Parent/Legal Guardian



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Provisional Admission

- An individual may be provisionally admitted to an NF if the PASRR process has not been or cannot be completed only under prescribed circumstances.
- In cases of provisional admission, the PASRR process must be completed within specified timeframes.
- DOEA's CARES and DOH are responsible for ensuring the PASRR process is completed as appropriate for provisional admissions.
- NF's that admit an individual as a provisional admission *must* ensure continued compliance with PASRR requirements.



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Provisional Admission, cont.

- The following are the relevant time limits for completion of the Level II's for individuals admitted to an NF under a provisional admission or hospital discharge exemption:
 - 1. In cases of delirium, within 7 days after the delirium clears;
 - 2. For emergency admissions requiring protective services, within 7 days of admission;
 - 3. If an individual is admitted to an NF for a caregiver's respite, in advance of the expiration of 14 days; and
 - 4. If an individual is admitted under the hospital discharge exemption and stays longer than 30 days, in advance of the expiration of 40 days (notify CARES or DOH by the 25th day of stay if possible).



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Level I Screen Findings

- Upon completion of the Level 1 screen, did the Level I screen indicate a suspicion or diagnosis of SMI and/or ID or other related condition?
 - **YES:**
 - **Standard Admission:** Individual *may not* be admitted to the NF and must be referred for a *Level II evaluation within two days* of completion of the Level I. The referral must include all required documentation.
 - **Provisional Admission:** Individual *may be* admitted to the NF and must be referred for a *Level II evaluation within the specified timeframe* based on the reason for provisional admission.
 - **NO:**
 - PASRR process ends and the individual *may* be admitted to the NF.



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Level II Evaluation

- A new Level II evaluation must be completed under the following circumstances:
 - If an individual is transferred to a hospital from an NF and is admitted to the hospital for *more than 90 consecutive days*, a new Level II must be completed prior to readmission to the NF.
 - When there is a significant change in the resident's mental or physical condition (the NF must notify the Level I PASRR Screener, in order to coordinate a Level II screen in accordance with 42 USC section 1396r).
 - If the individual does not enter the NF within 30 days of the Level II PASRR evaluation, the Level II PASRR must be reviewed and validated prior to admission to the NF.
- The Level II is to be completed within seven days of receiving the request with all appropriate documentation, with limited exceptions.



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Level II - Initiation

- To initiate a Level II evaluation, CARES or DOH must submit the following to the Level II evaluator:
 - Completed Level I PASRR form.
 - Documented informed consent.
 - Medical certification for NF/home and community-based services (AHCA MEDSERV-3008 form)
 - Other medical documentation including relevant case notes or records of treatment/medication administration record.
 - Psychiatric or psychological evaluation, if available.
 - A CARES assessment (adults)
 - CMAT assessment (child)
 - Minimum Data Set, as appropriate



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Level II Evaluation and Determinations - Findings

- The Level II is a highly individualized evaluation that results in a confirmation or ruling out of an ID and/or SMI diagnosis or other related condition. A determination is made regarding whether:
 - An individual requires the level of services provided by an NF; and
 - Specialized Services are needed.



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Level II Evaluation and Determinations – Findings, cont.

- Placement of an individual with SMI or ID in an NF may be considered appropriate only when the individual's needs are such that he or she meets the minimum standards for admission and the individual's needs for treatment do not exceed the level of services which can be delivered in the NF to which the individual is admitted either through NF services alone or, where necessary, through NF services supplemented by specialized services provided by or arranged for by the State.

(42 CFR §483.126)



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Level II Evaluation and Determinations – Findings, cont.

- Any applicant for admission to an NF who has SMI and/or ID and requires the level of services provided by an NF, regardless of whether specialized services are also needed, **may** be admitted to an NF, if the placement is appropriate.
- Any applicant for admission to an NF who has SMI and/or ID and who does not require the level of services provided by an NF, regardless of whether specialized services are also needed, is inappropriate for NF placement and **may not** be admitted to an NF.

(42 CFR §483.126, 130)



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Level II Evaluation and Determinations – Findings, cont.

- Any NF resident with SMI and/or ID who requires the level of services provided by an NF, regardless of the length of his or her stay or the need for specialized services, can **continue** to reside in the NF, if the placement is appropriate. (42 CFR § 483.126, 130)
- Any NF resident with SMI and/or ID who does not require the level of services provided by an NF but does require specialized services and who has continuously resided in an NF for at least 30 consecutive months before the date of determination, may **choose** to continue to reside in the facility or to receive covered services in an alternative appropriate setting, even though the NF placement would otherwise be inappropriate. (42 CFR § 483.126, 130)
- If the PASRR determination including the level of service assessment establish that an applicant for admission does not require NF services, the applicant **cannot** be admitted. NF services are not a covered Medicaid service for that individual. (42 CFR § 483.126, 130)



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Level II Evaluation and Determination – Findings, cont.

- If the Level II evaluation results in a determination that Specialized Services are needed, and the individual is admitted to the NF, these service(s) must be included in the individual's NF plan of care.
- If the Level II Resident Review finds a resident no longer requires NF services or specialized services for SMI and/or ID and the resident has not continuously resided in the NF for 30 months before the date of determination, the NF must arrange for the resident's safe and orderly discharge. (42 CFR § 483.12 (a), §483.118)



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PASRR Consequences

- Unless the individual is being admitted to an NF as a provisional admission or as a hospital discharge exemption, an NF may not admit, and may not bill Medicaid, for an individual before the PASRR process is completed.
- NFs must ensure they obtain the appropriate PASRR documentation upon admission, and that it is maintained as necessary while an individual is a resident.



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PASRR Process Highlights


- There are no categorical determinations.
- Children of all ages must have a Level I and a Level II (if needed) PASRR. There are no age exemptions.
- Specialized Services are defined in F.A.C. 59G-1.040, and **must** be recommended as necessary.
- **New** PASRR Level I screen forms are available in December 2014.



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AHCA PASRR FORMS

- For your convenience, new PASRR Level I forms are available on the below AHCA PASRR website with instructions to assist in their completion:
 - <http://ahca.myflorida.com/Medicaid/PASRR/index.shtml>
- These forms will be required once rule-making is complete.



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Resources



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Click Here to ENROLL ONLINE

Click Here to download the "Authorized Representative Form"

Choose Your Language

Welcome!
Click here to learn more about the program.

iBienvenidos!
Haga "click" aquí para obtener más información sobre el programa.

Bienvini!
Klike la pou aprann plis de program la.



Updates about the SMMC program and upcoming events and news can be found on the SMMC website at: <http://ahca.myflorida.com/smmc>

The screenshot shows the AHCA website with the following elements:

- Header:** "AGENCY FOR HEALTH CARE ADMINISTRATION" with a search bar.
- Navigation:** Home, About Us, Medicaid, Licensure & Regulation, Report Fraud.
- SMMC Section:** SMMC Home, News and Events, Federal Authorities, Archive.
- Statewide Medicaid Managed Care:** A section explaining the program's creation in 2011 and listing key components: Managed Medical Assistance Program Snapshot, Long-term Care program Snapshot, Complaint Process, and LTC and MMA FAQs.
- Buttons:** Program Updates, Report a Complaint, Submit Comments & Questions.

Keep up to date on information by signing up to receive program updates by visiting the SMMC website at: <http://ahca.myflorida.com/smmc>

The screenshot shows a sign-up form titled "Would you like to receive email updates about the Statewide Medicaid Managed Care program?". It includes fields for Email, First Name, and Last Name, with a "Submit" button at the bottom.

The screenshot shows the "Report a Complaint" form on the SMMC website. It includes a title "Florida Statewide Medicaid Managed Care Program Complaint Reporting" and a list of instructions for users. The form fields include:

- Personal Info:** Name, Address, City, State, Zip, Phone.
- Complaint Info:** Name of provider, Date of complaint, Type of complaint, Date of complaint, Name of provider, Date of complaint.
- Complaint Details:** What type of Managed Care Plan is the complaint about?, What is the name of the Managed Care Plan?, What does your complaint describe the issue?, Is assistance requested?

Instructions on the right side of the form include:

- If you have a complaint, or issue about Medicaid Managed Care services, please complete the online form found at: <http://ahca.myflorida.com/smmc>
- Click on the "Report a Complaint" blue button.
- If you need assistance completing this form or wish to verbally report your issue, please contact your local Medicaid area office.
- Find contact information for the Medicaid area offices at: <http://www.mymedicaid-florida.com/>

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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[SlideShare.net/AHCAFlorida](https://www.slideshare.net/AHCAFlorida)






Managing Re-Hospitalizations

Amy Osborn, BS, NHA, PMP
State Director

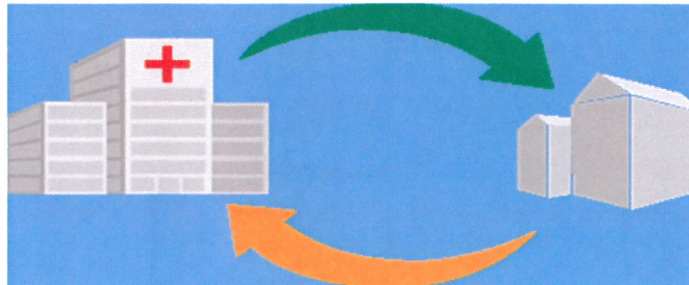
Peggy Loesch, MBA, BSN, RN
Lead Coordination of Care Quality Improvement Specialist

January 29, 2015



Readmission Definition

“We define a readmission as a subsequent inpatient admission to any acute care facility which occurs within 30 days of the discharge date of an eligible index admission.”



Source: www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/downloads/MMSHospital-WideAll-ConditionReadmissionRate.pdf

Costs of Readmissions for CMS-Tracked Conditions CMS 2009 Data

Conditions	Readmission Rate	Cost/ Admission	Cost/ Readmission	Percentage of Admission Cost
All-Cause Readmissions	21.2%	Varies by condition	\$11,200	Varies by condition
Heart Attack	17.1%	\$20,800	\$13,200	64.0%
Congestive Heart Failure	25.1%	\$11,000	\$13,000	118.0%
Pneumonia	15.3%	\$9,600	\$13,000	135.0%
Chronic Obstructive Pulmonary Disease (CMS 2008 data)	7.1%	\$7,100	\$8,400	118.0%
Joint Replacement – Hip	8.2%	\$18,500	\$12,300	66.0%
Joint Replacement – Knee	5.1%	\$16,500	\$10,200	62.0%

Source: Becker's Hospital Review.com, 6 Stats on the Cost of Readmissions for CMS-Tracked Conditions, accessed 1/09/2015

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Care Coordination: Scope of the Problem

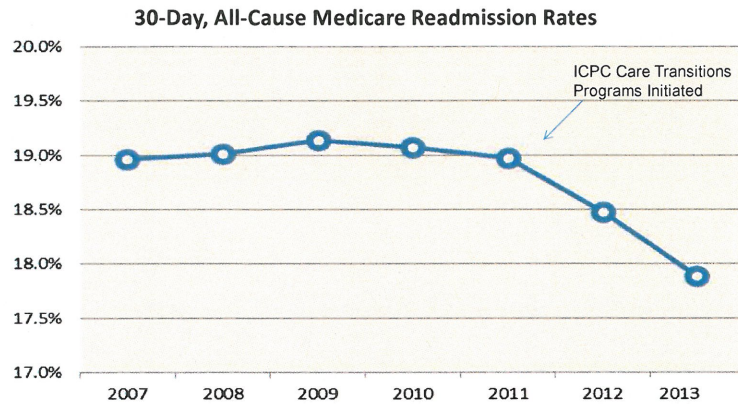
- Avoidable readmissions and patient satisfaction with discharge-related care are recognized challenges nationwide. In Florida, nearly 19% of Medicare fee-for-service (FFS) patients return to the hospital within 30 days of their hospital stay, costing Medicare approximately \$1.2 billion.¹
- This costly and quick return to the hospital indicates that there may have been a failure in the coordination of care as the patient transferred from the hospital to other care settings. Furthermore, people with Medicare coverage [report greater dissatisfaction regarding discharge-related care](#) than with any other aspect of care that Medicare measures.²

¹ CMS, 2013. Part-A claims for Fee-for-Service beneficiaries. Part A Standard Analytical Table (ASAT) data file for HSAG.
² www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalHCAHPS.html.

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"Reforms Leading to Lower Hospital Readmission Rates"



"The all-cause 30-day hospital readmission rate among Medicare fee-for-service beneficiaries held constant from 2007 to 2011. In 2012, when the Affordable Care Act's reforms focused on reducing avoidable readmissions kicked in, this rate began to fall. After holding steady at 19 percent from 2007 to 2011, the all-cause 30-day hospital readmission rate among Medicare fee-for-service beneficiaries fell to 18.5 percent in 2012 ... We are pleased to report that the decline in readmission rates is continuing into 2013."

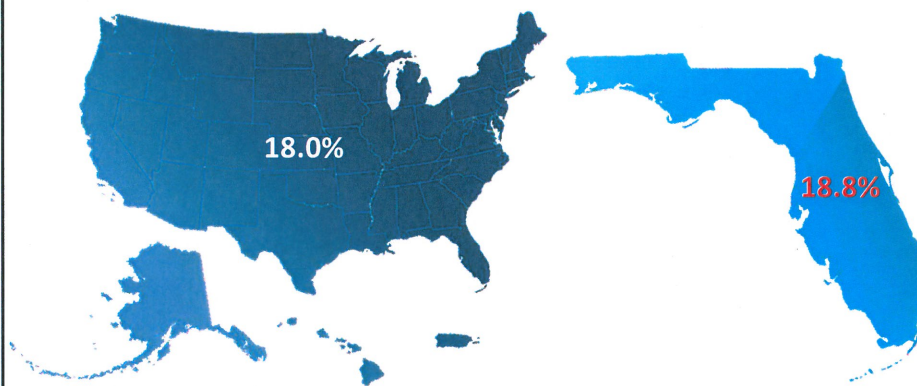
Source: the CMS Blog: <http://blog.cms.gov/2013/12/06/new-data-shows-affordable-care-act-reforms-are-leading-to-lower-hospital-readmission-rates-for-medicare-beneficiaries/> Accessed 3/31/2014

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30-Day All-Cause Readmission Rates



Source: ICPC Quarterly Scorecard for Florida, 1/1/2009-12/31/2013 issued 6/6/2014 from Colorado Foundation for Medical Care (CFMC)

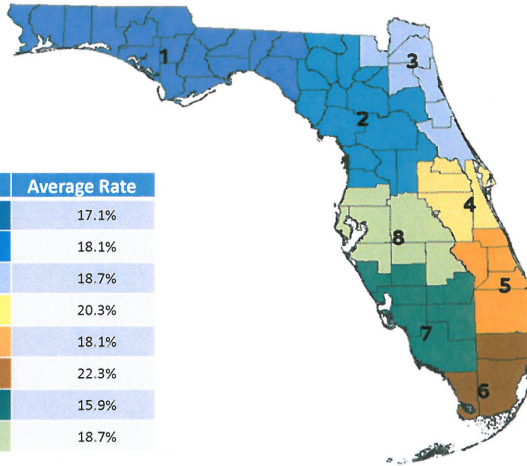
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30-Day All-Cause Readmission Rates by Regions

Region	Average Rate
Region 1	17.1%
Region 2	18.1%
Region 3	18.7%
Region 4	20.3%
Region 5	18.1%
Region 6	22.3%
Region 7	15.9%
Region 8	18.7%



Source: Medicare fee-for-service claims for Florida inpatient discharges July 1, 2013–December 31, 2013.

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30-Day All-Cause Readmission Rates by Setting, Nation, and Florida

Setting	Nation 18.0%	Florida 18.8%
Home	16.5%	17.6%
Skilled Nursing Facility	22.2%	22.1%
Home Health Agency	21.5%	21.0%
Hospice	2.7%	3.0%

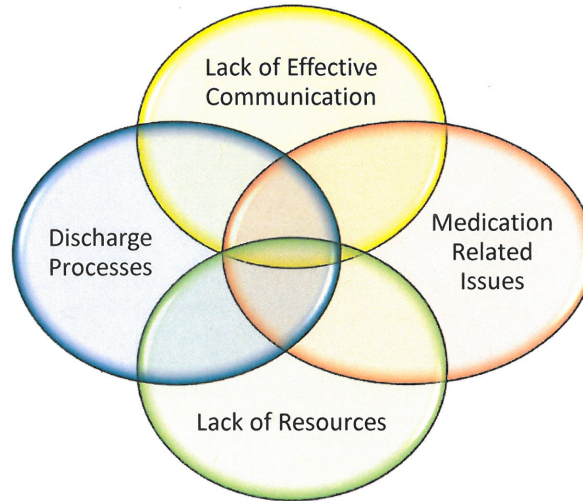
Data Source: Medicare fee-for-service claims for inpatient discharges January 1, 2013 - December 31, 2013.
National rates are calculated by Colorado Foundation for Medical Care. Definition: Total number of all-cause readmissions/total number of discharges to setting.

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Examples of Causes of Readmissions in Florida



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The Building Blocks of a Community Coalition



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Care Coordination Community

Requirements:

- Form a group of providers, partners, and stakeholders
- Collectively identify and define the purpose
- Establish or adopt a measurable goal(s)
- Develop/determine a coordinated strategy to achieve the goal(s)
- Establishment of cross-setting communication
- Collaborative process

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Who is a Stakeholder?

- State and local government representatives
- State and local health departments
- State or local licensing agencies
- Long-term support services
- Community physicians/providers
- Acute care hospitals
- Post-acute providers
- Pharmacies
- Accountable Care and Managed Care Organizations
- Patients, caregivers, and advocacy groups

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Coordination of Care: Community Coalitions

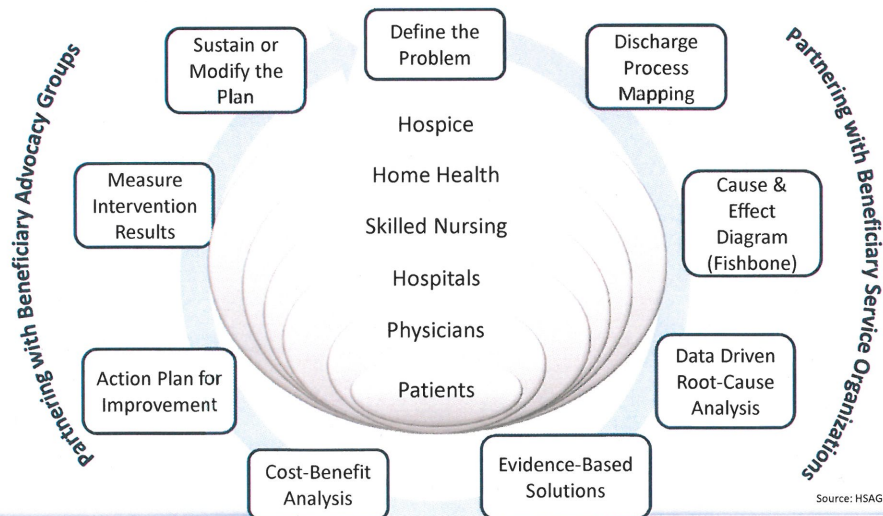
- Provide the community with great healthcare and services through the collaboration of providers, community service organizations, payers, and others while fulfilling each organization's mission
- Build and strengthen communication and partnership with others in the community in an open, non-competitive forum
- Work together to develop strategies and processes to support patients as they move across the care continuum

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The Care Coordination Solution



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Community Relative Improvement Results

Florida/ Communities	Baseline Mar 2011	Mar 2013	Nov 2013	Relative Improvement	Goal
State	32.6	29.4	27.7	15.1%	31.9
# 1	39.2	33.0	31.1	20.8%	36.5
#2	28.8	24.6	25.8	10.4%	26.7
#3	38.9	32.5	30.6	21.4%	36.2
#4	43.1	37.9	33.0	23.3%	40.0
#5	34.2	34.5	35.2	-2.9%	31.8
#6	42.5	39.4	38.1	10.3%	39.6
#7	34.4	33.4	31.3	9.0%	32.0
#8	34.3	32.2	27.7	19.2%	31.9

Source: Medicare fee-for-service inpatient claims for discharges March 1, 2011–November 30, 2013

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CMS Coordination of Care Goals

- Reduce readmission rates by 20% by 2019
- Increase medication safety through improved quality of care coordination
- Expand the length of time a beneficiary remains in their home between hospitalizations and short-term institutional stays (community tenure)
- Increase the number of cross-setting communities to positively impact the majority of Medicare beneficiaries in the state

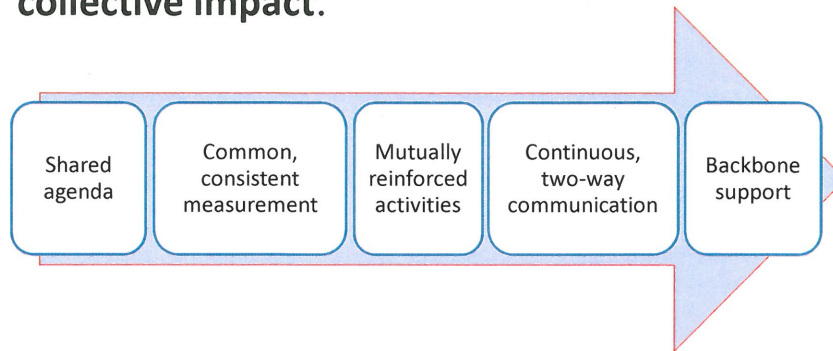
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Collective Impact

Conditions needed to foster change through **collective impact**:



Source: Hanleybrown F, Kania J, Kramer M. Channeling change: Making collective impact work. Stanford Social Innovation Review; 2012.

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The IMPACT ACT of 2014

The President signed into legislation the **Improving Medicare Post-Acute Care Transformation Act of 2014** that puts in place new and streamlined quality measures for nursing homes, home health agencies, and other post-acute care providers participating in Medicare.

Source: http://waysandmeans.house.gov/uploadedfiles/pac_summary_final.pdf

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Post-Acute Care Providers (PAC)

- Skilled Nursing Facilities (SNF)
- Inpatient Rehabilitation Facilities (IRF)
- Long-term Care Hospitals (LTCH)
- Home Health Agencies (HHA)

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Data Collection and Analyses









- Compares quality across PAC settings
- Improves hospital and PAC discharge planning
- Uses this information to reform PAC payments (via site neutral or bundled payments or some other reform)

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Post-Acute Care Incentive Programs

Setting	Assessment Instruments	Prospective Payment Systems	Quality Reporting Program
SNF	Minimum Data Set (MDS)		
IRF	IRF-Patient Assessment Instrument (IRF-PAI)		
LTCH	LTCH-Continuity Assessment and Record Evaluation (LTCH-CARE)		
HHA	Outcome and Assessment Information Set (OASIS)		

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Standardized Patient Assessment Data

Includes the following:

- Functional status
- Cognitive function and mental status
- Special services
- Medical condition
- Impairments
- Prior functioning levels

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New Quality Measures Requirements

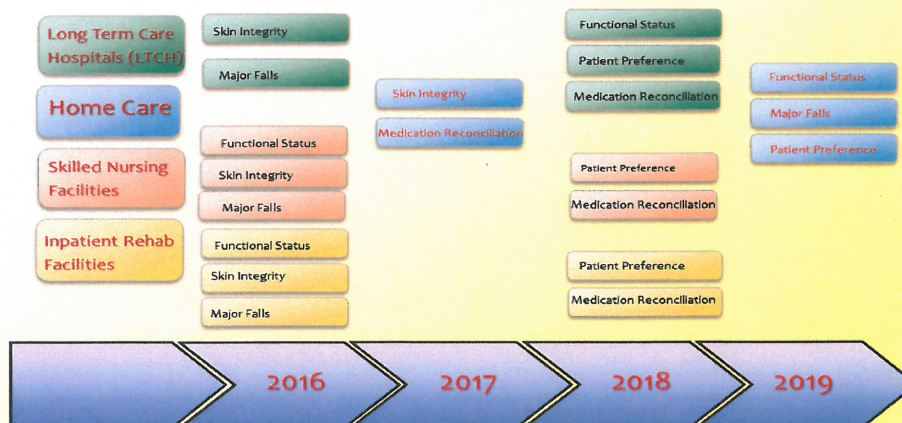
- Functional status and changes in function
- Skin integrity and changes in skin integrity
- Medication reconciliation
- Incidence of major falls
- Patient preference regarding treatment and discharge options

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Improving Medicare Post Acute Care Transformation (IMPACT) Act of 2014 Timeline for New Quality Domain Reporting



Source: www.homecarenh.org/wp-content/uploads/2014/09/IMPACT-timeline.gif

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Coordination of Care

Aligning readmission goals across providers:

- Patient Centered Medical Homes and Accountable Care Organizations now report 30-day readmission rates to the Agency for Healthcare Research and Quality (AHRQ) for certification.
- The Physician Quality Reporting System (PQRS) will collect and report 30-day readmissions by physician.

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Coordination of Care (cont.)

- Home health agencies now report 30-day hospital readmissions.
- Nursing facilities will report 30-day hospital readmission rates.
- Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) surveys include Care Transitions measures.
- Readmission rates will become part of value-based measures for provider groups over the next 1–4 years.


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Medical Certification for
Medicaid Long-Term Services and
Patient Transfer Form
(AHCA MedServe-3008 Form)



Improved Form 3008

- Results from collaboration with Florida Agency for Health Care Administration, CARES, Florida Hospital Association, Florida Health Care Association, and Florida Association of Directors of Nursing Home Administration
- Provides more time-sensitive and patient-focused information
- Use of the form requirements remain the same
- Replaces May 2009 version

Presentation Title



Skilled Nursing Facility

Medicaid Home & Community Based Services

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Old

New

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Presentation Title

MURKIN SOCIAL WORK ASSESSMENT
(Page 2 of 2 to be completed by a Licensed Social Worker)

SECTION 1: PATIENT INFORMATION

NAME: DOB:

ADDRESS:

PHONE:

DATE OF ASSESSMENT:

SECTION 2: ASSESSMENT

COGNITION: ☒ Normal ☐ Impaired ☐ Not Assessed

MOOD: ☒ Normal ☐ Depressed ☐ Anxious ☐ Other

PERSONALITY: ☒ Normal ☐ Abnormal ☐ Not Assessed

ADAPTATION: ☒ Good ☐ Fair ☐ Poor ☐ Not Assessed

SECTION 3: PHYSICAL ASSESSMENT

HEARING: ☒ Normal ☐ Impaired ☐ Not Assessed

VISION: ☒ Normal ☐ Impaired ☐ Not Assessed

TOILET: ☒ Normal ☐ Impaired ☐ Not Assessed

FEEDING: ☒ Normal ☐ Impaired ☐ Not Assessed

SECTION 4: SOCIAL ASSESSMENT

WALKER: ☒ Yes ☐ No

OTHER: ☒ Yes ☐ No

SECTION 5: SIGNATURE AND TITLE

Signature: Date:

Title:

MEDICAL CERTIFICATION FOR MEDICAID LONG TERM CARE SERVICES AND PATIENT TRANSFER FORM

SECTION 1: PATIENT INFORMATION

NAME: DOB:

ADDRESS:

PHONE:

DATE OF ASSESSMENT:

SECTION 2: ASSESSMENT

COGNITION: ☒ Normal ☐ Impaired ☐ Not Assessed

MOOD: ☒ Normal ☐ Depressed ☐ Anxious ☐ Other

PERSONALITY: ☒ Normal ☐ Abnormal ☐ Not Assessed

ADAPTATION: ☒ Good ☐ Fair ☐ Poor ☐ Not Assessed

SECTION 3: PHYSICAL ASSESSMENT

HEARING: ☒ Normal ☐ Impaired ☐ Not Assessed

VISION: ☒ Normal ☐ Impaired ☐ Not Assessed

TOILET: ☒ Normal ☐ Impaired ☐ Not Assessed

FEEDING: ☒ Normal ☐ Impaired ☐ Not Assessed

SECTION 4: SOCIAL ASSESSMENT

WALKER: ☒ Yes ☐ No

OTHER: ☒ Yes ☐ No

SECTION 5: SIGNATURE AND TITLE

Signature: Date:

Title:

MEDICAL CERTIFICATION FOR MEDICAID LONG TERM CARE SERVICES AND PATIENT TRANSFER FORM

SECTION 1: PATIENT INFORMATION

NAME: DOB:

ADDRESS:

PHONE:

DATE OF ASSESSMENT:

SECTION 2: ASSESSMENT

COGNITION: ☒ Normal ☐ Impaired ☐ Not Assessed

MOOD: ☒ Normal ☐ Depressed ☐ Anxious ☐ Other

PERSONALITY: ☒ Normal ☐ Abnormal ☐ Not Assessed

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VISION: ☒ Normal ☐ Impaired ☐ Not Assessed

TOILET: ☒ Normal ☐ Impaired ☐ Not Assessed

FEEDING: ☒ Normal ☐ Impaired ☐ Not Assessed

SECTION 4: SOCIAL ASSESSMENT

WALKER: ☒ Yes ☐ No

OTHER: ☒ Yes ☐ No

SECTION 5: SIGNATURE AND TITLE

Signature: Date:

Title:

MEDICAL CERTIFICATION FOR MEDICAID LONG TERM CARE SERVICES AND PATIENT TRANSFER FORM

SECTION 1: PATIENT INFORMATION

NAME: DOB:

ADDRESS:

PHONE:

DATE OF ASSESSMENT:

SECTION 2: ASSESSMENT

COGNITION: ☒ Normal ☐ Impaired ☐ Not Assessed

MOOD: ☒ Normal ☐ Depressed ☐ Anxious ☐ Other

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TOILET: ☒ Normal ☐ Impaired ☐ Not Assessed

FEEDING: ☒ Normal ☐ Impaired ☐ Not Assessed

SECTION 4: SOCIAL ASSESSMENT

WALKER: ☒ Yes ☐ No

OTHER: ☒ Yes ☐ No

SECTION 5: SIGNATURE AND TITLE

Signature: Date:

Title:

Presentation Title

[illegible][illegible]

Presentation Title

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01/29/2015

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01/29/2015

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Presentation Title

Patient Name: Albert Jason Smith DOB: 07/15/1939 A. PATIENT INFORMATION RED FROM		DOB Date: 07/15/1939 Time Taken: 2:20 PM Name: Albert Jason Smith Address: 1234 Main St, Anytown, CA 90210 Phone: (555) 123-4567	
O. VITAL SIGNS Date: 07/31/2014 Time Taken: 2:20 PM HT: 5' 10" WT: 220 Temp: 98.2 HR: 94 SpO2: 92		PHYSICIAN INFORMATION Physician Name: Dr. John Doe Physician Title: MD Physician License: 12345 Physician Address: 5678 Main St, Anytown, CA 90210 Physician Phone: (555) 123-4567	
PHYSICIAN INFORMATION Physician Name: Dr. John Doe Physician Title: MD Physician License: 12345 Physician Address: 5678 Main St, Anytown, CA 90210 Physician Phone: (555) 123-4567		PHYSICIAN INFORMATION Physician Name: Dr. John Doe Physician Title: MD Physician License: 12345 Physician Address: 5678 Main St, Anytown, CA 90210 Physician Phone: (555) 123-4567	

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SLIPPER SOCIAL WORK ASSESSMENT (Page 2 may be completed by a Nurse or Social Worker) ADULT ARE AT TIME OF ASSESSMENT		PHYSICIAN INFORMATION Physician Name: Dr. John Doe Physician Title: MD Physician License: 12345 Physician Address: 5678 Main St, Anytown, CA 90210 Physician Phone: (555) 123-4567	
PHYSICIAN INFORMATION Physician Name: Dr. John Doe Physician Title: MD Physician License: 12345 Physician Address: 5678 Main St, Anytown, CA 90210 Physician Phone: (555) 123-4567		PHYSICIAN INFORMATION Physician Name: Dr. John Doe Physician Title: MD Physician License: 12345 Physician Address: 5678 Main St, Anytown, CA 90210 Physician Phone: (555) 123-4567	
PHYSICIAN INFORMATION Physician Name: Dr. John Doe Physician Title: MD Physician License: 12345 Physician Address: 5678 Main St, Anytown, CA 90210 Physician Phone: (555) 123-4567		PHYSICIAN INFORMATION Physician Name: Dr. John Doe Physician Title: MD Physician License: 12345 Physician Address: 5678 Main St, Anytown, CA 90210 Physician Phone: (555) 123-4567	

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Presentation Title

MEDICAL CERTIFICATION FOR NURSING FACILITY/HOME- AND COMMUNITY-BASED SERVICES FORM (Resident, Patient Transfer and Continuity of Care Form)

A. PATIENT INFORMATION

Patient Name: _____ Date of Birth: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____

B. MEDICAL HISTORY AND CURRENT STATUS

1. Medical History (Please check all that apply):
☐ Diabetes ☐ Hypertension ☐ Heart Disease ☐ Lung Disease ☐ Kidney Disease ☐ Liver Disease ☐ Cancer ☐ Stroke ☐ Dementia ☐ Depression ☐ Anxiety ☐ Other: _____

2. Current Status (Please check all that apply):
☐ Stable ☐ Improved ☐ Worsening ☐ Unknown

3. Medication (Please list all medications and dosages):

4. Allergies (Please list all allergies):

5. Other Medical Information (Please check all that apply):
☐ Recent Falls ☐ Recent Hospitalization ☐ Recent Surgery ☐ Recent Trauma ☐ Recent Infection ☐ Recent Injury ☐ Recent Illness ☐ Recent Death ☐ Recent Loss ☐ Recent Change in Living Situation ☐ Recent Change in Caregiver ☐ Recent Change in Insurance ☐ Recent Change in Address ☐ Recent Change in Phone Number ☐ Recent Change in Other: _____

6. Social History (Please check all that apply):
☐ Smoker ☐ Former Smoker ☐ Non-Smoker ☐ Alcohol Use ☐ No Alcohol Use ☐ Other: _____

7. Functional Status (Please check all that apply):
☐ Independent ☐ Needs Assistance ☐ Dependent

8. Other Information (Please check all that apply):
☐ Recent Falls ☐ Recent Hospitalization ☐ Recent Surgery ☐ Recent Trauma ☐ Recent Infection ☐ Recent Injury ☐ Recent Illness ☐ Recent Death ☐ Recent Loss ☐ Recent Change in Living Situation ☐ Recent Change in Caregiver ☐ Recent Change in Insurance ☐ Recent Change in Address ☐ Recent Change in Phone Number ☐ Recent Change in Other: _____

MEDICAL CERTIFICATION FOR MEDICAL LONG-TERM CARE SERVICES AND PATIENT TRANSFER FORM

C. PHYSICIAN INFORMATION

Physician Name: _____ Date of Birth: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____

D. MEDICAL HISTORY AND CURRENT STATUS

1. Medical History (Please check all that apply):
☐ Diabetes ☐ Hypertension ☐ Heart Disease ☐ Lung Disease ☐ Kidney Disease ☐ Liver Disease ☐ Cancer ☐ Stroke ☐ Dementia ☐ Depression ☐ Anxiety ☐ Other: _____

2. Current Status (Please check all that apply):
☐ Stable ☐ Improved ☐ Worsening ☐ Unknown

3. Medication (Please list all medications and dosages):

4. Allergies (Please list all allergies):

5. Other Medical Information (Please check all that apply):
☐ Recent Falls ☐ Recent Hospitalization ☐ Recent Surgery ☐ Recent Trauma ☐ Recent Infection ☐ Recent Injury ☐ Recent Illness ☐ Recent Death ☐ Recent Loss ☐ Recent Change in Living Situation ☐ Recent Change in Caregiver ☐ Recent Change in Insurance ☐ Recent Change in Address ☐ Recent Change in Phone Number ☐ Recent Change in Other: _____

6. Social History (Please check all that apply):
☐ Smoker ☐ Former Smoker ☐ Non-Smoker ☐ Alcohol Use ☐ No Alcohol Use ☐ Other: _____

7. Functional Status (Please check all that apply):
☐ Independent ☐ Needs Assistance ☐ Dependent

8. Other Information (Please check all that apply):
☐ Recent Falls ☐ Recent Hospitalization ☐ Recent Surgery ☐ Recent Trauma ☐ Recent Infection ☐ Recent Injury ☐ Recent Illness ☐ Recent Death ☐ Recent Loss ☐ Recent Change in Living Situation ☐ Recent Change in Caregiver ☐ Recent Change in Insurance ☐ Recent Change in Address ☐ Recent Change in Phone Number ☐ Recent Change in Other: _____

R. TREATMENTS AND FREQUENCY

☐ PT - Frequency: _____

☐ OT - Frequency: _____

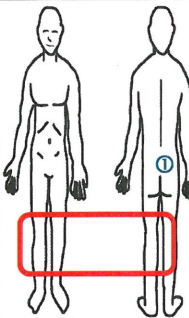
☐ Speech - Frequency: _____

☒ Dialysis - Frequency: **Hemodialysis (M,W,F)**

[illegible]

Presentation Title

T. SKIN CARE – STAGE & ASSESSMENT



Pressure Ulcers
(Indicate stage and location(s) of lesions using corresponding number:

1. **Stage 3 sacrum**

2.

3.

List any other lesions or wounds:

MEDICAL CERTIFICATION FOR MEDICAL LONG-TERM CARE SERVICES AND PATIENT TRANSFER FORM

Patient Name: _____

1. VITAL SIGNS

Date:	Time Taken:
Temp:	HR:
BP:	RR:
Sr:	SpO2:

2. STAGE & ASSESSMENT

Pressure Ulcers: _____

Indication for use:

☐ Dietary ☐ Catheter Type _____ date inserted: _____

☐ Catheter ☐ Yes ☐ No ☐ Yes, date inserted: _____

☐ Urinary retention due to _____

☐ Monitoring risks and output

☐ Tube Condition _____

☐ Other _____

☐ Attempt to remove catheter made in hospital? ☐ Yes ☐ No

☐ Date Removed _____

☐ BOWEL Control ☐ Discontinuation ☐ Ostomy _____

Care of Left Leg

Wound/leg condition: _____

☐ Yes ☐ No ☐ Date _____

Pressure/ulcers ☐ Yes ☐ No ☐ Date _____

3. MEDICATION INFORMATION

Dietary Instructions: _____

Tube Feeding ☐ G-tube ☐ J-tube ☐ PEG

Respirator Code: _____

Supplemental oxygen ☐ TPN Other Supplement: _____

Living ☐ Self ☐ Assistance ☐ Difficulty Breathing _____

4. TESTS & MONITORING

ECG - Frequency: _____

ECG - Frequency: _____

ECG - Frequency: _____

5. PHYSICIAN / NURSE / OTHER

Assessment:

☐ Not necessary

☐ Requires independent

☐ Requires with assistance

☐ Requires with assistive device

Transfer:

☐ Self

☐ Assistance

☐ Assistant

☐ Assistants

Devices:

☐ Wheelchair (type): _____

☐ Oxygen: _____

☐ Humidifier: _____

☐ Drug Device: _____

Weight bearing:

☐ Left ☐ Full ☐ Partial ☐ None

☐ Right ☐ Full ☐ Partial ☐ None

☐ Pinned Name _____

6. PHYSICIAN / NURSE / OTHER

Signature: _____

Printed Name: _____

7. PHYSICIAN / NURSE / OTHER

Effective date of medical condition: _____

Physician/Nurse Signature: _____ Date: ____/____/____

Physician/Nurse Name & Title: _____ Phone Number: (____) ____-____

Person completing form: _____ Phone Number: (____) ____-____

N. FOLLOWING REPORTS ATTACHED

☐ Physicians Orders

☐ Discharge Summary

☐ Medication Reconciliation

☐ Discharge Medication List

☐ PASRR Forms

☐ Social and Behavioral History

☒ Treatment Orders

☒ Includes Wound Care

☐ Lab reports

☐ X-ray

☐ CT Scan

☐ EKG

☐ MRI

ALL MEDICATIONS: (MAY ATTACH LIST)

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[illegible]

Presentation Title

MEDICAL CERTIFICATION FOR NURSING FACILITY HOME- AND COMMUNITY-BASED SERVICES FORM (Physician, Patient Transfer and Continuity of Care Form)	
V. TREATMENT DEVICES <input type="checkbox"/> Heparin Lock - Date changed: _____ <input checked="" type="checkbox"/> IV (PICC) Portacath Access - Date inserted: 7/18/2014 Type: _____ <input type="checkbox"/> Internal Cardiac Defibrillator <input type="checkbox"/> Pacemaker <input type="checkbox"/> Wound Vac <input type="checkbox"/> Other: _____ Respiratory - Delivery Device: <input type="checkbox"/> CPAP <input type="checkbox"/> BiPAP <input type="checkbox"/> Nebulizer <input type="checkbox"/> Other: _____ <input type="checkbox"/> Nasal Cannula <input type="checkbox"/> Mask: Type _____ <input checked="" type="checkbox"/> Oxygen - Litres: 2 % <input checked="" type="checkbox"/> PRN <input type="checkbox"/> Continuous <input type="checkbox"/> Trach Size: _____ Type: _____ Ventilator Settings: _____ <input type="checkbox"/> Suction	
PHYSICIAN SIGNATURE AND DATE Signature: _____ Date: _____ Printed Name: _____ FOR ONLINE APPLICATIONS ONLY Physician/ARNP Name & Title: _____ Phone Number: () _____ Date: / /	

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MEDICAL CERTIFICATION FOR NURSING FACILITY HOME- AND COMMUNITY-BASED SERVICES FORM (Physician, Patient Transfer and Continuity of Care Form)	
W. PERSONAL ITEMS <input type="checkbox"/> Artificial Eye <input type="checkbox"/> Prosthetic <input checked="" type="checkbox"/> Walker <input type="checkbox"/> Contacts <input type="checkbox"/> Cane <input type="checkbox"/> Other <input checked="" type="checkbox"/> Eyeglasses <input type="checkbox"/> Crutches <input type="checkbox"/> Dentures <input checked="" type="checkbox"/> Hearing Aids <input type="checkbox"/> U <input type="checkbox"/> L <input type="checkbox"/> Partial <input checked="" type="checkbox"/> L <input checked="" type="checkbox"/> R	
X COMMENTS Enter comments and notes here... Signature: Kay Smalley Printed Name: Kay Smalley, RN	
PHYSICIAN SIGNATURE AND DATE Signature: _____ Date: _____ Printed Name: _____ FOR ONLINE APPLICATIONS ONLY Physician/ARNP Name & Title: _____ Phone Number: () _____ Date: / /	

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Presentation Title

Y. PHYSICIAN CERTIFICATION <input checked="" type="checkbox"/> I certify the individual requires nursing facility (NF) services. <input type="checkbox"/> I certify the individual is likely to require less than 30 days of nursing facilities services <input type="checkbox"/> I certify the individual is in need of Medicaid Waiver Services in lieu of nursing facility placement Effective date of medical condition 07/31/14 Physician/ARNP Signature: <u>Sanjeev Abdelhadi</u> Printed Physician/ARNP Name & Title: <u>Sanjeev Abdelhadi, MD</u> Person completing form: <u>Kay Smalley, CNA</u>	REHAB POTENTIAL The individual received care for this condition during hospitalization. Rehab Potential (check one) <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
	Date: 07/31/14 Phone Number: (305) 555-1212 Date: 07/31/14
	PHYSICIAN INFORMATION Name: <u>Sanjeev Abdelhadi</u> Title: <u>MD</u> Address: <u>3055 N. W. 10th Ave, Suite 100, Fort Lauderdale, FL 33304</u> Phone: <u>(305) 555-1212</u> Fax: <u>(305) 555-1212</u> Email: <u>sanjeev@abdelhadi.com</u>
	PHYSICIAN CERTIFICATION <input checked="" type="checkbox"/> I certify the individual requires nursing facility (NF) services. <input type="checkbox"/> I certify the individual is likely to require less than 30 days of nursing facilities services <input type="checkbox"/> I certify the individual is in need of Medicaid Waiver Services in lieu of nursing facility placement Effective date of medical condition 07/31/14 Physician/ARNP Signature: <u>Sanjeev Abdelhadi</u> Printed Physician/ARNP Name & Title: <u>Sanjeev Abdelhadi, MD</u> Person completing form: <u>Kay Smalley, CNA</u>


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Y. PHYSICIAN CERTIFICATION <input checked="" type="checkbox"/> I certify the individual requires nursing facility (NF) services. <input type="checkbox"/> I certify the individual is likely to require less than 30 days of nursing facilities services <input type="checkbox"/> I certify the individual is in need of Medicaid Waiver Services in lieu of nursing facility placement Effective date of medical condition 07/31/14 Physician/ARNP Signature: <u>Sanjeev Abdelhadi</u> Printed Physician/ARNP Name & Title: <u>Sanjeev Abdelhadi, MD</u> Person completing form: <u>Kay Smalley, CNA</u>		REHAB POTENTIAL The individual received care for this condition during hospitalization. Rehab Potential (check one) <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Date: 07/31/14 Phone Number: (305) 555-1212 Date: 07/31/14		
PHYSICIAN INFORMATION Name: <u>Sanjeev Abdelhadi</u> Title: <u>MD</u> Address: <u>3055 N. W. 10th Ave, Suite 100, Fort Lauderdale, FL 33304</u> Phone: <u>(305) 555-1212</u> Fax: <u>(305) 555-1212</u> Email: <u>sanjeev@abdelhadi.com</u>		
PHYSICIAN CERTIFICATION <input checked="" type="checkbox"/> I certify the individual requires nursing facility (NF) services. <input type="checkbox"/> I certify the individual is likely to require less than 30 days of nursing facilities services <input type="checkbox"/> I certify the individual is in need of Medicaid Waiver Services in lieu of nursing facility placement Effective date of medical condition 07/31/14 Physician/ARNP Signature: <u>Sanjeev Abdelhadi</u> Printed Physician/ARNP Name & Title: <u>Sanjeev Abdelhadi, MD</u> Person completing form: <u>Kay Smalley, CNA</u>		



Must be licensed to practice in Florida!



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Our Role in Care Coordination as Receivers

- Is the 3008 form completely filled out?
- Did you receive the all the documentation checked off on the form?
- Did the verbal nurse-to-nurse communication match the 3008 information?
- Did you clarify all discrepancies with the sender?

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Hospital Feedback

- Are you tracking your admissions and re-hospitalizations?
- Are admissions arriving much later than discussed from the nurse-to-nurse communication?
- Have you identified trends by provider and shared these trends with the hospital Case Management manager?

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Our Role in Care Coordination as Senders

Ensure the information is complete:

- What event has occurred to precipitate the ED visit?
- What tests, meds, or procedures were performed at the facility to address the event?
- What are the results?
- Did the patient see a provider between time of admission and readmission?
- Are Advance Care Planning documents included?

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Hospital Communication – Transfer Summary Basics

- What was diet and activity of patient at facility? If fluid restricted was it maintained?
- Was this transfer related to the reason for readmission?
- How many days have lapsed between index and current readmission?
- Did patient take medications as prescribed on discharge from hospital?
- What are the current medications and what was taken prior to ED transfer?

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Share Your Knowledge!

Talk to your hospital partners about:

- Trended problems experienced during patient admissions
 - Biggest utilization issue
 - Services available in community under utilized by hospital discharge planners
 - Suggestions to improve the success rate for patients transferring to post-acute care services
- Changes in your process/communications that you think would have the biggest impact for your hospital partners
- Development of shared care protocols with hospitals

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Do One Brave Thing Each Day




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01/29/2015







Presentation Title




Questions?

Amy Osborn
813.865.3190

Peggy Loesch
813.865.3438




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Health Services Advisory Group, Inc.


Presentation Title



Dementia Care and Anti-Psychotic Drugs

February 2015 AHCA Joint Training's

Amy Osborn, NHA, PMP
HSAG QIN-QIO State Director Florida



CMS National Partnership to Improve Dementia Care Background

In 2012, CMS developed a *National Partnership to Improve Dementia Care* to improve the quality of life and quality of care provided to individuals with dementia living in nursing homes.

CMS tasked each state with forming a state based coalition to help providers meet national goals.

In Florida, the *Partnership to Individualize Dementia Care in Nursing Homes* coalition was formed.

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CMS Goal 2012

Original Initiative Goal: 15% Reduction in the Use of Anti-Psychotic Medications

Florida met the goal with a 15.7% reduction as of Q2 2014

Source: CMS Quality Measure, based on MDS 3.0 data. For more information see the MDS 3.0 Quality Measures Users Manual

3



Presentation Title

Florida Ranking

- Beginning of Initiative: Florida was ranked 31 of 51 with a rate of 24.20% (Q2 2011)
- Currently Florida is ranked 38 of 51 with a rate of 20.6% (Q2 2014)

Source: CMS Quality Measures, based on MDS 3.0 data. For more information see the MDS 3.0 Quality Measures Users Manual

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Average Percentage of Long-Stay Residents that Receive an Antipsychotic

	Q2 2011	Q2 2014
Highest Rate in FL	94.8%	64.2%
FL NHs above 50%	12	4
FL NHs 40%-50%	32	17
FL NHs 30%-40%	123	76
FL NHs 20%-30%	273	205
FL NHs 10%-20%	186	261
FL NHs 0%-10%	41	65
FL NHs 0% or NA	16	61

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Date Source: Minimum Data Set (MDS)



Moving Forward

The new CMS goals of reducing the use of antipsychotic medications in long-stay nursing home residents by 25 percent by the end of 2015, and 30 percent by the end of 2016.

Data Source: September 19, 2014 CMS Media Relations Fact Sheet <http://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2014-Fact-sheets-items/2014-09-19.html>

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Presentation Title

Alive Inside Film Clip and Videos

Alive Inside Official Trailer 1 (2014) - Alzheimer's
Documentary HD (2:18)

<https://www.youtube.com/watch?v=laB5Egej0TQ>

Sundance Film Festival (2014) - Alive Inside: A
Story Of Music & Memory Featurette -
Documentary HD (6:29)

<https://www.youtube.com/watch?v=8HLEr-zP3fc>

2014 Alive Inside Full Documentary (1:17:50)

<https://www.youtube.com/watch?v=QaW7xpgEsBw>

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Contact Information:

Amy J. Osborn, NHA, PMP

aosborn@hsag.com



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Health Services Advisory Group, Inc.

2015 Nursing Home Joint Training

Agency for Health Care Administration Updates

Presented by:
Kimberly Smoak, MSH, QIDP
And
Polly Weaver
Health Quality Assurance
Agency for Health Care Administration



Objectives

- Review Most Frequently Cited Tags
- Discuss New Changes for Hospice Services
- Identify corrective measures and performance improvement activities to facilitate and sustain improved resident care
- Provide information regarding Adverse Incidents, Background Screening and Online Licensing



State Updates

Adverse Incident Background Screening Online Licensing



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Adverse Incidents

- Chapter 400.147 Internal risk management and quality assurance program;
 - The purpose is to assess resident care practices; review facility quality indicators, facility incident reports, deficiencies cited by the agency, and resident grievances; and develop plans of action to correct and respond quickly to identified quality deficiencies.



4

Adverse Incident Defined

- 400.147 (a) An event over which facility personnel could exercise control and which is associated in whole or in part with the facility's intervention, rather than the condition for which such intervention occurred, and which results in one of the following;



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Adverse Incidents

1. Death;
 2. Brain or spinal damage;
 3. Permanent disfigurement;
 4. Fracture or dislocation of bones or joints;
 5. A limitation of neurological, physical, or sensory function;
 6. Any condition that required medical attention to which the resident has not given his or her informed consent, including failure to honor advanced directives;
 7. Any condition that required the transfer of the resident, within or outside the facility, to a unit providing a more acute level of care due to the adverse incident, rather than the resident's condition prior to the adverse incident; or
 8. An event that is reported to law enforcement or its personnel for investigation; **Or**
- (b) Resident elopement, if the elopement places the resident at risk of harm or injury.



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Adverse Incident Data Outcome Type

CY	Death	Brain Spinal Damage	Disfigurement	Fracture Dislocation	Limit Neurological, Physical or Sensory Function	No Informed Consent	Transfer	Reports to Law	Resident Elopement
2013	15	1	0	261	3	14	406	133	193
2014	10	2	1	298	8	9	373	212	176



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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 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 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 VF200071038001	Employee - General		03/08/2014	03/08/2019		Edit
TEST2	TEST	CAREER ASSESSMENT VOCATIONAL EV *** SUNRISE VF200071038001	Employee - General		03/11/2014	03/12/2019		Edit

Displaying Name 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	Reprint Privacy Policy Remove

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	Reprint Privacy Policy Remove

■ Connected screenings

Provider: ▼

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 2nd – 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

Person Profile [Switch Agency View](#)

First Name: AGENCY
Middle Name:
Last Name: TEST
Aliases:
SSN: XXX-XX-2006
Date of Birth: 12/24/1972
Place of Birth: Georgia

Address Line 1: 123 LANE
Address Line 2:
City: CITY
State: Florida
ZIP: 33333
County:
Prior States:

Sex: MALE
Race: WHITE
Hair Color: Brown
Eye Color: Hazel
Height: 5' 05"
Weight: 195

[Edit](#)

Screenings in Process

Screening	Provider	Submitted	Status	Status	Action
211184		03/17/2014	Determination Made	03/17/2014	Request Public Public Record

Completed 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	Expired	4/15/2014
Employment	Non-Medicaid / Medicare Participating Provider	Expired	4/15/2014
Position	Medicaid Provider Enrollment	N/A	4/15/2014
Position	AHCA Provider/Facility Licensure	Expired	4/15/2014

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

Licensure	License #	Original Date	Renewal Date	Licensure Status
LICENSED PRACTICAL NURSE	918711	8/12/1989	10/1/2007	NULL AND VOID
PHYSICAL THERAPIST	8189	9/4/1992	11/05/2015	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	Chief Financial Officer	03/16/2014	03/17/2014		
Employee - Administrator		03/17/2014			Edit

[Add Employment/Contract Record](#)

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



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Initiating an Agency Review

Person Profile

[Switch Agency View](#)

First Name: BGS
Middle Name:
Last Name: DEVTEAM6
Aliases:
SSN: XXX-XX-0006
Date of Birth: 12/24/1972
Place of Birth: Georgia

Address Line 1: 123 LANE
Address Line 2:
City: CITY
State: Florida
ZIP: 33333
County:
Prior States:

Sex: MALE
Race: WHITE
Hair Color: Brown
Eye Color: Hazel
Height: 5' 05"
Weight: 150 lbs.



Edit

Screenings in Process

Screening	Provider	Submitted	Status	Status	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

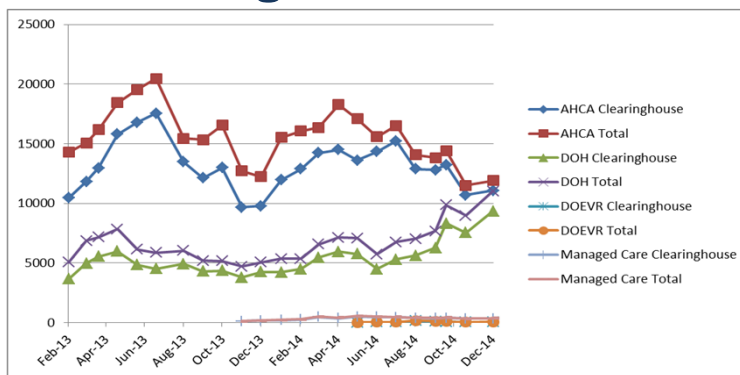
Type	Item	Status	Screening Completion Date
Employment	Medicaid / Medicare Participating Provider	Agency Review Required	
Employment	Non-Medicaid / Medicare Participating Provider	Agency Review Required	
Position	Medicaid Provider Enrollment	Agency Review Required	
Position	AHCA Provider/Facility Licensure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



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Online License Renewal

Available Now!

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



Online Licensing License Renewals

28 Total Provider Types

Online Renewal Applications are currently
available for 15 Provider Types



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
 - The review cannot be completed before the documents are received and processed by out 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 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
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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AGENCY FOR
HEALTH CARE
ADMINISTRATION

Online Licensure Single Sign On

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



Provider Dashboard

Provider Online Licensing Program User Name: Online User
Email: office_metro@ahca.flhhs.com


Facility Name	City	License Number	Exp. Date	Action	Type
● NORTH LAKE RETIREMENT HOME	HOLLYWOOD	7395	11/10/16		Renewal

● **Renewal**

Facility Name	City	License Number	Exp. Date	Application Status	Action
51710	7114/2014	9/12/2014	In Work	10/20/2015 9:08:59 AM	Edit / Checklist

● **Pending/Denied Facility Access Requests**

[Add Facility](#) [Return to Portal Landing](#) [Logout](#)



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Provider:
GENTIVA HEALTH SERVICES test

Provider Type:
Home Health Agency

File#: 350008
License #: 20084096
Expires: 11/9/2015

Application:
Type: Renewal Licensure
Date Received: 8/25/2013

✓ 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.floridahealthfinder.gov/>).

Provider/Facility Information

License # National Provider Identifier

Medicaid # Medicare # (CMS CCN)

☒ None ☐ Pending ☐ 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

[Edit Address](#)

Provider Location Address
475 E HARRISON ST STE 200
TALLAHASSEE, FL 32301
US - United States
County - LEON

Telephone Ext. Fax #

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

[Edit Address](#)

Provider Location Address
450228
475 E HARRISON ST STE 200
TALLAHASSEE, FL 32301
US - United States
County - LEON

Telephone Ext.

[Undo](#)
[Save](#)
[<< Back](#)
[Next >>](#)



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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
⬆

Finalize Application

Payment Summary

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Logged in as : onlineuser

[Dashboard](#)
[OL Help](#)
[Documents](#)
[Logout](#)

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 Mailer 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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**AGENCY FOR
HEALTH CARE
ADMINISTRATION**

Provider:
TOP DYNADIES CENTER

Provider Type:
Abortion Clinic

FIR#: 13960046
License #: 845
Expires: 11/30/2014

Application:
Type: Renewal Licensure
Date Received: 5/12/2014

☒ 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 : eHest

Dashboard | DL Help | Documents | Logout

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		\$545.05	\$545.05	\$545.05	11/20/2013
2	Renewal Assessment	136A	\$300.00	\$300.00	\$300.00	11/20/2013
	Total		\$845.05	\$845.05	\$845.05	

** 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 327.05, 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 405.515, 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 405.005, Florida Statutes (F.S.), the applicant is in compliance with the provisions of section 405.005 and Chapter 332, Florida Statutes (F.S.).

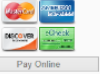

(4) Pursuant to sections 405.800 and 405.805, Florida Statutes (F.S.), every employee of the applicant required to be screened has attested, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to Chapter 405, Part I and Chapter 405, Florida Statutes (F.S.), 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 405.05, 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 405, Part I or Chapter 405, 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

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.

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

Remit Information

* Transaction Amount: 845.05

* Service Fee: .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: ☒ Personal Checking ☐ Personal Savings ☐ Business Checking ☐ Business Savings

* Name on Bank Account:

* Bank Routing Number (ABA):

* Banking Account Number (DDA):

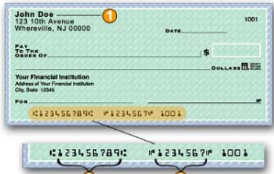
Please enter payment amount. For on-time posting of the payment to your account, please allow 3 business days prior to the due date for processing.

* Payment Date: 08/22/2014

* Payment Amount: 845.23

* indicates a required field

Continue Cancel



John Doe
133 10th Avenue
Whitesville, NJ 08080

DATE: 08/22/2014

PAY TO THE ORDER OF: \$ 845.23


Your Financial Institution:
Address of Your Financial Institution
City, State, ZIP

Routing Number: 0123456789

Account Number: 12345678901001

1 2 3

(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.



**AGENCY FOR
HEALTH CARE
ADMINISTRATION**

Provider:
 AMERICAN FAMILY
 PLANNING

Provider Type:
 Abortion Clinic

File#: 13060123
License #: 917
Expires: 4/28/2014

Application:
 Type: Renewal Licensure
 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](#)
[Get 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 [837.06](#), 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 [408.805](#) 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

Signature of Licensee or Authorized Representative
 Title
 Date


8/26/2014

☐ 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)



Most Frequently Cited Deficiencies and Related Survey Concerns



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Top Ten Health Deficiency Citations January 1, 2012 through December 31, 2012

RANK	TAG	DESCRIPTION
1	F0441	Infection Control, Prevent Spread, Linens (483.65)
2	F0371	Food Procure, Store/Prepare/Serve - Sanitary (483.35(I))
3	F0282	Services By Qualified Persons/Per Care Plan (483.20(K)(3)(II))
4	F0329	Drug Regimen Is Free From Unnecessary Drugs (483.25(L))
5	F0323	Free Of Accident Hazards/Supervision/Devices (483.25(H))
6	F0431	Drug Records, Label/Store Drugs & Biologicals (483.60(B), (D), (E))
7	F0253	Housekeeping & Maintenance Services (483.15(H)(2))
8	F0241	Dignity And Respect Of Individuality (483.15(A))
9	F0309	Provide Care/Services For Highest Well Being (483.25)
10	F0279	Develop Comprehensive Care Plans (483.20(D), 483.20(K)(1))
		Note: The entire description of each deficiency can be found at: http://ahca.myflorida.com/MCHQ/Current_Regs.shtml



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

Rank	Tag	Description
1	F0441	Infection Control, Prevent Spread, Linens (483.65 C.F.R.)
2	F0371	Food Procure, Store/Prepare/Serve - Sanitary (483.35(I) C.F.R.)
3	F0282	Services By Qualified Persons/Per Care Plan (483.20(K)(3)(ii) C.F.R.)
4	F0309	Provide Care/Services For Highest Well Being (483.25 C.F.R.)
5	F0431	Drug Records, Label/Store Drugs & Biologicals (483.60(B), (D), (E) C.F.R.)
6	F0253	Housekeeping & Maintenance Services (483.15(H)(2) C.F.R.)
7	F0323	Free Of Accident Hazards/Supervision/Devices (483.25(H) C.F.R.)
8	F0329	Drug Regimen Is Free From Unnecessary Drugs (483.25(L) C.F.R.)
9	F0241	Dignity And Respect Of Individuality (483.15(A) C.F.R.)
10	F0279	Develop Comprehensive Care Plans (483.20(D), 483.20(K)(1) C.F.R.)

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

Rank	Tag	Description
1	F0441	Infection Control, Prevent Spread, Linens (483.65 C.F.R.)
2	F0371	Food Procure, Store/Prepare/Serve - Sanitary (483.35(I) C.F.R.)
3	F0282	Services By Qualified Persons/Per Care Plan (483.20(K)(3)(ii) C.F.R.)
4	F0309	Provide Care/Services For Highest Well Being (483.25 C.F.R.)
5	F0431	Drug Records, Label/Store Drugs & Biologicals (483.60(B), (D), (E) C.F.R.)
6	F0253	Housekeeping & Maintenance Services (483.15(H)(2) C.F.R.)
7	F0323	Free Of Accident Hazards/Supervision/Devices (483.25(H) C.F.R.)
8	F0241	Dignity And Respect Of Individuality (483.15)(A) (C.F.R.)
9	F0329	Drug Regimen Is Free From Unnecessary Drugs (483.25(L) C.F.R.)
10	F0514	Resident Records-Complete/Accurate/Accessible (483.75)(L) (1) (C.F.R.)

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F441

Infection Control, Prevent Spread, Linens (483.65)

§483.65 - The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.



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F441

Infection Control, Prevent Spread, Linens (483.65)

Survey concerns:

- Surveillance and investigation to prevent, to the extent possible, the onset and the spread of infection
- Use records of infection incidents to improve its infection control processes and outcomes by taking corrective actions, as indicated
- Implement hand hygiene practices consistent with accepted standards of practice, to reduce the spread of infections and prevent cross-contamination
- Properly store, handle, process, and transport linens to minimize contamination



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F371
Food Procure, Store/Prepare/Serve -
Sanitary (483.35(I))

§483.35(i) The facility must –

§483.35(i)(1) - Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and

§483.35(i)(2) - Store, prepare, distribute and serve food under sanitary conditions



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F371
Food Procure, Store/Prepare/Serve -
Sanitary (483.35(I))

Survey concerns:

- Food products maintained at safe temperatures
- Store raw foods (e.g., meats, fish) in a manner to reduce the risk of contamination of cooked or ready-to-eat foods;
- Cook food to the appropriate temperature to kill pathogenic microorganisms that may cause foodborne illness;
- Cool food in a manner that prevents the growth of pathogenic microorganisms;
- Utilize proper personal hygiene practices (e.g., proper hand washing and the appropriate use of gloves) to prevent contamination of food; and
- Use and maintain equipment and food contact surfaces (e.g., cutting boards, dishes, and utensils) to prevent cross-contamination.



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F 282

Services By Qualified Persons/Per Care Plan (483.20(K)(3)(Ii))

§483.20(k)(3)(ii) - The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.



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F 282

Services By Qualified Persons/Per Care Plan (483.20(K)(3)(Ii))

Survey concerns:

- Inadequate implementation of the care plan
- Incorrect implementation of the care plan



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F309

Provide Care/Services For Highest Well Being (483.25)

§483.25 - Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.



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F309

Provide Care/Services For Highest Well Being (483.25)

F309 includes, but is not limited to, care such as end-of-life, diabetes, renal disease, fractures, congestive heart failure, non-pressure-related skin ulcers, pain, or fecal impaction.

(Unnecessary medications/antipsychotics for residents with dementia.)



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F309

Provide Care/Services For Highest Well Being (483.25)

Survey concerns:

- Coordination of care for hospice and dialysis residents
- Management of residents' pain
- Recognition and assessment of factors placing residents at risk
- Interventions implemented in accordance with resident needs, goals, and recognized standards of practice
- Approaches monitored and revised as appropriate



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F 431

Drug Records, Label/Store Drugs & Biologicals (483.60(B), (D), (E))

§483.60(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who--

(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and

(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.



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F 431

Drug Records, Label/Store Drugs & Biologicals (483.60(B), (D), (E))

§483.60(d) Labeling of Drugs and Biologicals

Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.

(e) Storage of Drugs and Biologicals

(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.

(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.



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F 431

Drug Records, Label/Store Drugs & Biologicals (483.60(B), (D), (E))

Survey concerns:

- Safe and secure storage (including proper temperature controls, limited access, and mechanisms to minimize loss or diversion) and safe handling (including disposition) of all medication
- Accurate labeling to facilitate consideration of precautions and safe administration of medications
- Outdated medications available for use
- Effective system to account for the receipt, use, disposition and reconciliation of all controlled medications



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F253
Housekeeping & Maintenance Services
(483.15(H)(2))

§483.15(h)(2) –The facility must provide -
Housekeeping and maintenance services
necessary to maintain a sanitary, orderly,
and comfortable interior
("Orderly" is defined as an uncluttered
physical environment that is neat and well-
kept.)



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F253
Housekeeping & Maintenance Services
(483.15(H)(2))

Survey concerns:

- Sanitary resident care equipment
- Resident areas are not properly maintained
- Residents or staff cannot function in the resident area unimpeded



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F323

Free Of Accident Hazards/Supervision/Devices (483.25(H))

§483.25(h) The facility must ensure that

—

- (1) The resident environment remains as free from accident hazards as is possible; and
- (2) Each resident receives adequate supervision and assistance devices to prevent accidents.



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F323

Free Of Accident Hazards/Supervision/Devices (483.25(H))

Survey concerns:

- Resident falls
- Unsafe wandering
- Resident elopement



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F241

Dignity And Respect Of Individuality (483.15(A))

§483.15(a) The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.



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F241

Dignity And Respect Of Individuality (483.15(A))

Survey concerns:

- Maintaining resident privacy while transporting throughout the facility
- Clothing protectors (except by resident choice)
- Staff interacting with each other rather than the resident while assisting them
- Staff fail to speak in a respectful manner
- Signage



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F329

Drug Regimen Is Free From Unnecessary Drugs (483.25(L))

§483.25(l) 1. General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used:

- (i) In excessive dose (including duplicate therapy); or
- (ii) For excessive duration; or
- (iii) Without adequate monitoring; or
- (iv) Without adequate indications for its use; or
- (v) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or
- (vi) Any combinations of the reasons above.



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F329

Drug Regimen Is Free From Unnecessary Drugs (483.25(L))

Regulation continued:

2. Antipsychotic Drugs. Based on a comprehensive assessment of a resident, the facility must ensure that:

- (i) Residents who have not used antipsychotic drugs are not given these drugs

unless antipsychotic drug therapy is necessary to treat a specific condition as

diagnosed and documented in the clinical record; and

- (ii) Residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.



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F329

Drug Regimen Is Free From Unnecessary Drugs (483.25)(L)

Survey concerns:

- Failure to document the risk/benefit of medications
- Failure to document discussion with caregiver/resident
- Failure to monitor/document efficacy or adverse consequences of medications
- Failure to document consultation with prescriber, Medical Director and/or pharmacist
- Failure to consider tapering medications as appropriate for new admissions or residents returning from the hospital



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F514

Clinical Records (483.75)(1)

- The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are;
 - Complete;
 - Accurately documented;
 - Readily accessible; and
 - Systematically organized.



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F514

Clinical Records (483.75)(1)

- **Intent**

- To assure that the facility maintains accurate, complete and organized clinical information about each resident that is readily accessible for resident care.



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F514

Clinical Records (483.75)(1)

- If a facility implements the use of electronic signatures, they must have policies in place and implemented that identify those who are authorized to sign electronically and describe the security safeguards to prevent unauthorized use of electronic signatures. Such security safeguards (policies) include, but are not limited to, the following:
 - Built-in safeguards to minimize the possibility of fraud;
 - That each staff responsible for an attestation has an individualized identifier;
 - The date and time is recorded from the computer's internal clock at the time of entry;
 - An entry is not to be changed after it has been recorded, and;
 - The computer program controls what sections/areas any individual can access or enter data, based on the individual's personal identifier (and, therefore his/her level of professional qualifications).



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F514

Clinical Records (483.75)(1)

- **Reminders**
 - The facility must grant access to any medical record, including EHRs, when requested by the survey team. If access to an EHR is requested by the surveyor, the facility will;
 - (a) provide the surveyor with a tutorial on how to use its particular electronic system and
 - (b) designate an individual who will, when requested by the surveyor, access the system, respond to any questions or assist the surveyor as needed in accessing electronic information in a timely fashion. Each surveyor will determine the EHR access method that best meets the need for that survey



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F514

Clinical Records (483.75)(1)

- **Survey concerns:**
 - Facility failure to ensure record contains sufficient information to identify the resident.
 - Facility failure to ensure records are complete, accurately documented, readily accessible and organized.



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What's Coming



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42 CFR 483.75(t)

- Requirements for LTC facilities: Hospice Services
 - Regulation published June 27, 2013
 - Effective date of August 26, 2013



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Purpose

Will improve quality and consistency of care between hospices and LTC facilities in the provision of hospice care to LTC residents.



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New Language

- New language included in 42 CFR 483.25 will be incorporated into Quality of Care (F309)
 - Hospice Care and Services Provided by a Medicare-certified Hospice
 - Coordinated Plan of Care



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Proposed Investigative Protocol

- Investigative Protocol F309-End of Life and Hospice Care and Services
- Use for a resident:
 - Receiving hospice care from a Medicare certified provider.



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New Regulatory Tag

- 42 CFR 483.75(t) –Hospice Services (F525)
 - LTC facility may either
 - Arrange for the provision of hospice services; **or**
 - Not arrange for the provision of services at the facility



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Overview of F525

- F525
 - Definitions
 - Hospice care;
 - Palliative care;
 - Terminally ill; and
 - Bereavement counseling



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Overview of F525 continued

- Shared Communication between the hospice and the facility- the plan of care should identify;
 - A common problems list;
 - Palliative interventions;
 - Palliative outcomes;
 - Responsible disciplines;
 - Responsible providers; and
 - Resident goals.



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Determination of Compliance

- Criteria for Compliance
 - Written agreement between a Medicare certified hospice
 - The facility has designated a member of the facility IDT who is responsible for working with the hospice representative
 - Each residents current nursing home/hospice plans of care are coordinated and communicated



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Determination of Compliance

- Criteria for Noncompliance
 - Failed to develop a written agreement
 - Failed to establish a communication process
 - Failed to immediately notify the hospice about significant changes in the residents condition
 - Failed to designate a member of the facility's IDT who is responsible for working with the hospice
 - Failed to have a written plan of care
 - Failed to delineate responsibilities of hospice and facility



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Quality Assurance and Performance Improvement



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Quality Assessment and Assurance vs. Quality Assurance and Performance Improvement (QAPI)

- Quality Assurance is reactive and retrospective
 - Activities tend to end once the standard is met
- Performance Improvement is pro-active and continuous
 - Intent to improve processes
 - Result in making good quality even better



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Case Study

- Mrs. Osborne was admitted to the nursing home after hospitalization for hip fracture sustained while showering at home.
- In addition to the history of hip fracture, this resident has diagnosis of dementia.
- The resident's daughter had indicated that her mother had a significant fear of showers (as a result of the fall) and that a bed bath was the preferred method of bathing.
- Social worker's notes, nurse's notes and the care plan all included information that the family had reported on admission that the resident was very fearful of showers and that bed baths were the preferred method of bathing.

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Case Study Scenario 1

- Surveyor observes staff giving Ms. Osborne a shower during which, the resident exhibits substantial fear and distress
 - Screaming
 - Trying to scratch staff
 - Repeatedly trying to get out of the shower chair
- A second staff member responds to call for assistance and proceeds to help with completion of the resident's shower

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Scenario 1 Continued

- For the remainder of the day, Ms. Osborne exhibits significant psychological distress.
- No licensed staff intervened to assess the resident's situation and the care plan was not consulted.
- On interview, staff indicated this resident always cries out during her shower and attributed this behavior to her dementia; the staff member stressed to the surveyor that she recognized the need for a good shower for all residents she cared for.

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Scenario 1 Continued

- Direct care staff were not aware of the resident's fear of showers.
- No alternative routines or approaches were considered.
- Staff failed to reassess and investigate the causes of the behavior.
- This situation was not brought to the QAA committee.
- No evidence of physician involvement in creating or updating the dementia care policies.
- Staff were not trained in dementia care practices.

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Scenario 1 – Potential Noncompliance

- F155—The Right to Refuse Treatment
 - Failed to assess the reason the resident was combative (refusing) the bathing attempts and offer alternative options.
- F157—Notification of Change
 - Failed to notify physician of change in behavior.
- F272—Comprehensive Assessments
 - Failed to conduct comprehensive assessments of psychosocial well-being, mood symptoms, potential risk for accidents.
- F282—Provide Services per Care Plan
 - Failed to provide bathing method per care plan.

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Scenario 1 – Potential Noncompliance

- F309—Quality of Care
 - Failed to recognize and assess factors placing the resident at risk for significant psychological distress.
- F319—Mental/Psychosocial Difficulties
 - Failed to provide services to address behaviors resulting from bathing attempts.
- F501— Medical Director
 - Failed to identify, evaluate and address health care issues related to the quality of care including appropriate bathing opportunities or implement an effective system to monitor the performance and practices of care givers.
- F520— Quality Assessment and Assurance
 - Failed to include known concerns in the QAA process for development of an effective action plan.

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Wrap-Up



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