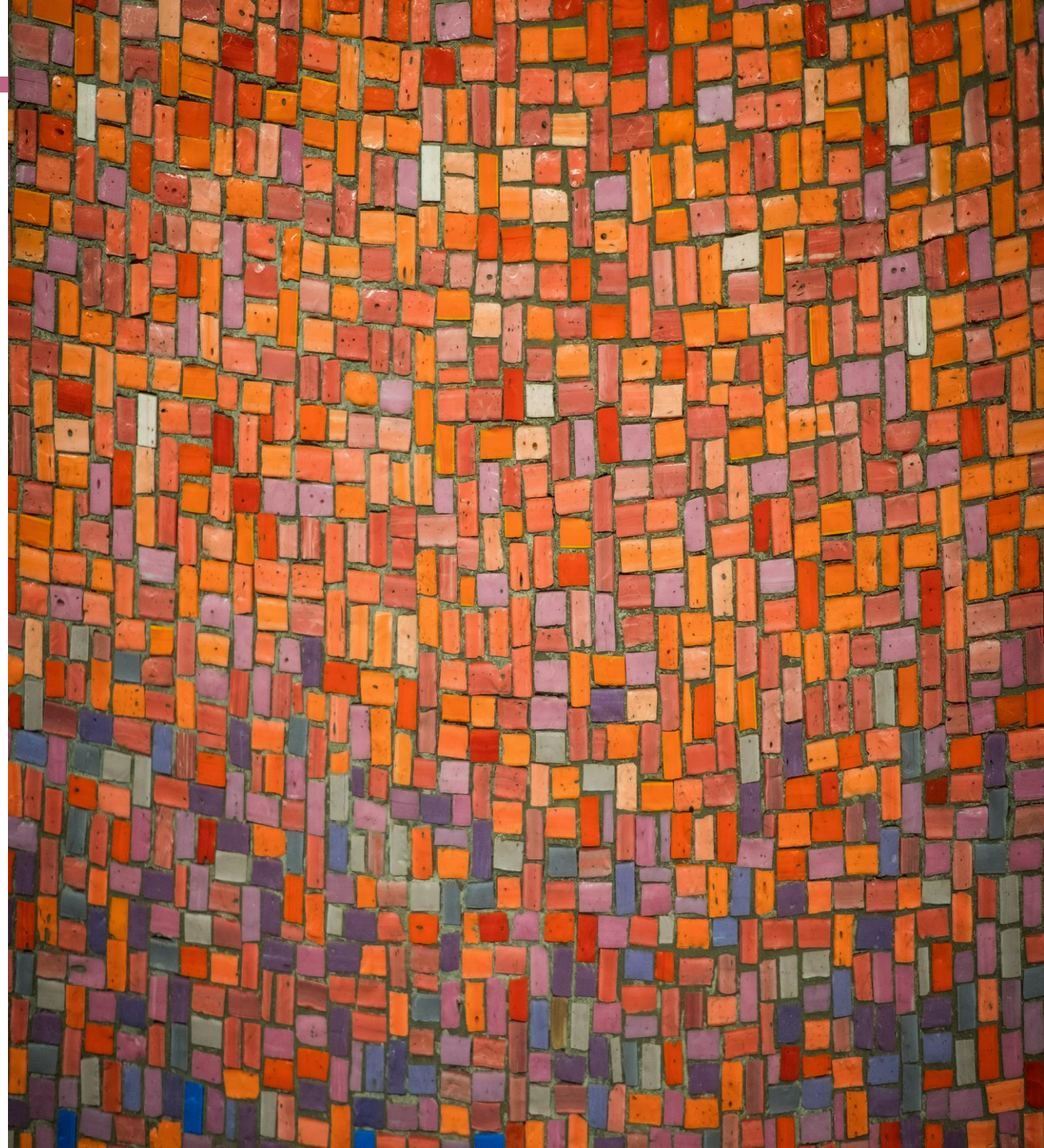
Colorado Health Care Association & Center for Assisted Living

BIWEEKLY MEMBERSHIP MEETING

SEPTEMBER 6TH, 2023

JENNY ALBERTSON, NHA, QCP

DIRECTOR OF QUALITY AND REGULATORY AFFAIRS



PROPOSED STAFFING MANDATE

- 24/7 RN Coverage (already CO standard for all but rural communities who can acquire waivers)
- RN 0.55 (The DON is included) + C.N.A. 2.45
- The 24/7 RN requirement does not imply compliance with the minimum HPRD or vice versa.
- Does not currently include LPN or any other type of staff hours. No substitutions permitted.
- Requires us to use our Facility Assessments to back up why staffing at minimum or more
- Includes a Medicaid Transparency portion too which requires states to submit to CMS how many dollars are spent on direct care staffing.
- Staffing will be added to Nursing Home Care Compare site, similar to the "red hand" indicator.

FINANCIAL IMPACT

According to the proposed rule, the overall financial impact would result in an estimated cost of $32 million in year 1; $246 million in year 2; $4.1 billion in year 3; with costs increasing to $5.7 billion by year 10. CMS estimates the total cost at $40.6 billion over 10 years.

LTC facilities would be expected to bear the burden of these costs unless payors increase rates to cover costs. Medicaid's portion of the cost would be $26.9 billion, and Medicare's portion of the increase would be $4.5 billion.

CMS estimates the proposed staffing requirement (not including the costs to increase staffing) would result in a 10-year Medicare savings of $2.5 billion (on a cost of $40.6 billion) from avoided emergency room visits and hospitalizations.

STAFFING MINIMUMS

This minimum HPRD must be present, BUT if the acuity needs of the residents in a facility require it, the RN and NA HRPD may be higher.

Facilities should utilize their facility assessment and evaluate the complexity of care required by their unique resident population to ensure they are meeting resident needs.

Surveyors will have a quantifiable way to determine "sufficient staffing." This is an unfunded mandate – no additional funding for surveyors to add this to their basket of work.

Determinations of compliance with minimum HPRD requirements for RNs and NAs will be made based on the most recent available quarter of PBJ System data.

HARDSHIP EXEMPTION IS REALLY HARD TO GET AND ONLY IS GRANTED ONE YEAR AT A TIME

- Prior to being granted an exemption, the facility must be surveyed to assess the health and safety of residents and cited as noncompliant with minimum nurse staffing requirement, but not at scope and severity that would meet the exclusion criteria.
- Where supply of applicable health care staff is not sufficient (determined by Bureau of Labor Statistics and Census Bureau data), or the facility is at least 20 miles from another LTC facility, as determined by CMS;
  - The facility is making a good faith effort to hire and retain staff;
  - Must have developed and implemented a recruitment and retention plan.
  - Have to show efforts to demonstrate they were unable to recruit, despite diligent efforts, including offering prevailing wages.
    - Provide documentation of your financial commitment to staffing demonstrated through resources expended annually on nurse staffing relative to revenue; AND
    - The facility has not failed to submit PBJ data in accordance with re-designated 483.70(p), is not a Special Focus Facility (SFF); has not been cited for widespread insufficient staffing with resultant resident actual harm or a pattern of insufficient staffing with resultant resident actual harm, as determined by CMS; and has not been cited at the "immediate jeopardy" level of severity with respect to insufficient staffing within the 12 months preceding the survey during which the facility's non-compliance is identified.

NEW REQUIREMENTS FOR THE FACILITY ASSESSMENT F838:

- These requirements will be moved to a standalone regulatory section (from to § 483.70(e) under Administration to proposed § 483.71) to ensure that facilities have an efficient process for consistently assessing and documenting the necessary resources and staff that the facility requires.
- The proposed changes to the facility assessment requirements include:
  - Greater inclusion of direct care staff, including representatives of direct care employees (union, local safety organization, third-party worker advocacy group).
  - Increased emphasis on the Facility Assessment utilizing evidence-based, datadriven methods linked to resident assessment as well as increased emphasis on staff skillsets.
  - Adds the requirement to review "behavioral health issues" when reviewing disease and conditions cared for within the facility.
  - Facilities would be required to address specific staffing needs for each shift, which is day, evening, night, weekends, and to adjust as necessary based on any significant changes to the resident population.
  - A contingency plan would also be required for events that do not require the activation of the facility's emergency plan but do have the potential to impact resident care.
  - Facilities would be required to develop and maintain a staffing plan to maximize recruitment and retention of nursing staff as part of their Facility Assessment.

PHASE-IN

- Census Bureau definition will be used for "rural"
- Check for your community's classification here: https://www.ruralhealthinfo.org/am-i-rural

Facilities located in urban areas		
Phase 1	Require facilities to comply with the Facility assessment requirements.	60-days after the publication date of the final rule.
Phase 2 Urban	Facilities to comply with the requirement for a RN onsite 24 hours a day, 7 days a week.	2 years after the publication date of the final rule.
Phase 3 Urban	Minimum staffing requirement of 0.55 and 2.45 HPRD for RNs and NAs respectively	3 years after the publication date of the final rule
Facilities located in rural areas		
Phase 1	Require facilities to comply with the Facility assessment requirements	60-days after the publication date of the final rule.
Phase 2 Rural	Facilities to comply with the requirement for a RN onsite 24 hours a day, 7 days a week	3 years after the publication date of the final rule.
Phase 3 Rural	Minimum staffing requirement of 0.55 and 2.45 HPRD for RNs and NAs respectively	5 years after the publication date of the final rule.

MAKE YOUR VOICE HEARD

During the 60-Day Comment Period, AHCA is collecting and submitting member comments

National Goal = 10,000 Unique Comments

Every time we've done this, we get results.

Give your unique perspective, in your words.

DUE NOVEMBER 6th

AHCA WILL HOLD A "SUBMIT YOUR COMMENTS" OVERVIEW CALL NEXT WEEK

Think about these questions…

- Should a DON be included in RN hours?
- Should LPN hours be allowed to be part of the C.N.A. hours? Should there be a specific LPN hours requirement?
- How would this impact your particular community?
- Will you be entertaining closing beds if you can't meet the requirements? How would this impact access in your community?
- Why do you think CMS should not increase the minimum to 3.48 for total nursing staffing (as they are considering)?
- What is a reasonable timeframe used to determine compliance? Should the lookback period should be longer, such as one year?

REGULATORY ENFORCEMENT TRENDS

CDPHE UPDATE

- **Discharge notices must be sent by email only** (no paper copies are to be received).
  - Send to CDHS_LTCOmbudsman@state.co.us AND Chad.Fear@state.co.us, CC Jo.Tansey@state.co.us
- 34 Facilities in backlog for Recerts
- Citation Trends
  - Similar states have same trends in terms of volume of tags at scope/severity
  - 1.7 deficiencies per survey = average (a bit below regional average 1.9)

TOP DEFICIENCIES IN COLORADO

1. Accidents – falls that could be prevented (interventions not consistently implemented), supervision not given, smoking
2. Infection Prevention/Control – housekeeping, hygiene (offering hand hygiene to residents), wound care
3. Abuse/Neglect – primarily res-to-res altercations
4. Kitchen – sanitary food handling, storage
5. Environment – maintenance issues with potential for accident, aesthetics like painting
6. ADLs for dependent residents – hygiene, toileting, resident feeling assistance is untimely/inadequate
7. Quality of Care – non-pressure related skin conditions, failing to address/assess COCs
8. Respiratory Care – getting an order for O2 and complying with orders
9. Dementia Care – individualizing, understanding the person, implementing what you have identified and evaluating effectiveness of interventions with subsequent changes
10. Pressure Wounds – updating interventions, revising as needed
11. Grievances – documenting follow up
12. Drug Storage – expired medications
13. Nutrition - identify, implement interventions
14. Dignity – psychosocial outcome from prolonged waits for care, residents voicing their voices are not heard
15. Psych Med Use – identifying target behaviors related to symptoms of condition for which it was prescribed, tracking behaviors, interventions beyond pharmacy, tracking effectiveness of it all

RECENT I.J.S

- Quality of Care – failure to respond to COCs
- Accidents/Supervision – elopement attempts
- Abuse/Neglect – neglect related to services that a resident needed, facility was aware and did not provide
- Life Safety – malfunctioning emergency power source (generator known not to be in good operating condition for extended time)
- Major med errors – life saving meds not given over extended period of time

WAYS TO PREP FOR AND MAKE SURVEY GO AS SMOOTHLY AS POSSIBLE

Test access to the E.H.R.

Review and update your Matrix weekly

Policies/Procedures Requested in Every Survey – Entrance Conference

- Food brought in by visitors
- Dialysis (including agreements with Dialysis Centers with which you cooperate) + Transportation for dialysis
- Infection Prevention & Control Program – surveillance plan, antibiotic stewardship, vaccinations (pneumo, flu, COVID)
- Hospice (including agreements with Hospices with which you work)
- Abuse Prevention
- Facility Assessment (updated with any changes)
- QAPI Plan

CE PATHWAY RELATED POLICIES

- Falls
- Skin
- Dementia Care
- Elopement
- Behavior/Emotional
- Nutrition, Honoring resident choice, storing leftovers
- Tube Feeding
- Respiratory, Nebs
- Smoking
- Pharmacy and Phx Review
- Psych Med Use w/GDRs
- Grievance
- Discharge, Bed Hold
- Med Administration
- Arbitration
- Dental – loss/damaged dentures
- Restraints
- Mechanical Vent/Other Respiratory

OTHER ITEMS THEY WILL ALWAYS REQUEST IN YOUR ANNUAL

- Infectious Disease Mitigation
- Water Mitigation Plan
- Emergency Prep Plan – Binder or Electronic, Documented revisions, Training, Testing of the Plan
- Hiring - Reference / Background Check / CAPs check (ensure it is done before working with residents)
- Training Records – 12 hours of ongoing education, orientation, validating/verifying competency of contract personnel

THE NEW DEMENTIA TRAINING REQUIREMENTS

COMPLIANCE DATE:

JANUARY 29TH, 2024

WHO IS IMPACTED?

- **Covered Facilities:** Nursing Care Facilities, Assisted Living, and Adult Day Care Facilities
- **Direct-Care Staff:** Staff member caring for the physical, emotional, or mental health needs of residents in a covered facility and whose work involves regular contact with residents who are living with dementia diseases and related disabilities.
- **New hires/Newly providing direct care:** Equivalent initial training must be provided within 24 months prior to the date of hire (must present documentation) or within 120 days of start if employment or provision of direct care.
- **Existing staff:** Initial training must be completed no later than 120 days after 10/1/2023 [Jan. 29th, 2024]. Exemption permitted for documented evidence of equivalent initial training within 24 months of 10/1/2023 and any required ongoing training.

DEMENTIA CARE INSTRUCTOR MUST HAVE AT LEAST…

2+ years of experience in working with persons living with dementia diseases and related disabilities

Has received specialized training from recognized experts, agencies, or academic institutions in dementia disease

Has successfully completed the training being offered or similar initial training which meets the minimum standards in this regulation

INITIAL TRAINING MUST BE…

- Provided at no cost to staff persons
- Competency-based
- Culturally competent
- Minimum 4 hours, including the following content:
  - Dementia diseases and related disabilities
  - Person-centered care of residents with dementia
  - Care planning for residents with dementia
  - Activities of daily living for residents with dementia
  - Dementia-related behaviors and communication

CONTINUING EDUCATION REQUIREMENTS

Provided at no cost to staff members

Minimum of 2 hours on dementia topics every two years

Culturally competent

Include current information provided by recognized experts, agencies, or academic institutions

Include best practices in treatment and care of persons living with dementia diseases and related disabilities

WHAT DO WE NEED TO KEEP TRACK OF (DOCUMENTATION)?

- Facility shall maintain documentation of the completion of the initial training and continuing education, making them available for inspection by representatives of CDPHE.
- Completion of training must be documented by a certificate, attendance roster, or other documentation.
- Documentation must include the number of hours of training, date on which it was received, and the name of the instructor and/or training entity.
- Same documentation requirements apply for training received as per the allowed exemptions.
- Training documentation must be provided to the staff member and is transferrable for documentation proof for other places of employment.

IN OTHER NEWS…

ADDRESSING AGENCY NURSE COMPETENCY

- AHCA's Clinical Practice Committee has published a new resource to support members in training and educating contracted staff. The Clinical Competency Profile allows facilities to develop an initial competency profile of any new contract staff (agency, traveler) or licensed nurses (Registered Nurse, Licensed Practical Nurse/Licensed Vocational Nurse). Facilities can then utilize the competency profile to provide additional training and skills where needed.

Contracted Nurse Competency Profile

Instructions: This profile is for contracted (agency, traveler) licensed nurses (Registered Nurse, Licensed Practical Nurse, Licensed Vocational Nurse). Candidates will complete the competency profile prior to starting assignment. Using the scoring key, rate yourself regarding level of experience and/or skill competence.

Date:	
Candidate Name:	

Scoring:

- No / Limited Experience
- Mid-Level Experience
- Advanced Level Experience

EASE OF DOCUMENTATION

- Download
- Edit in Word format

Medication/Therapeutic Interventions

	Advanced Level Experience	Mid-Level Experience	No / Limited Experience
Administer IV Medications	☐	☐	☐
Oral Medication Administration	☐	☐	☐
Parenteral Nutrition Administration	☐	☐	☐
Oxygen Administration (Nasal Cannula, Rebreather, Mask, Tracheostomy)	☐	☐	☐
Patient Controlled Analgesia (PCA)	☐	☐	☐
Drug Overdose – Naloxone Administration	☐	☐	☐
Enteral Medication Administration	☐	☐	☐

Procedures/Equipment

	Advanced Level Experience	Mid-Level Experience	No / Limited Experience
Isolation and Transmission Based Precautions (Standard, Contact, Droplet)	☐	☐	☐
Enteral Feeding (Bolus/Gravity/Pump)	☐	☐	☐
Indwelling / Suprapubic Catheters	☐	☐	☐
Peripheral IV Catheters	☐	☐	☐
Central Venous Access IV Catheters	☐	☐	☐
Bladder Irrigation and Installation	☐	☐	☐

General

New Patient Admission
Advanced Directives
Patient Centered Care Planning
Patient / Family Education
Patient Discharge (Home, Acute Care, Other)

Electronic Medical Record Software

Use of PointClickCare
Use of MatrixCare
Use of Other Long-Term Care EMRs (e.g. AHT)

Cardiovascular

Abnormal Heart Sounds/Murmurs
Auscultation (Rate/Rhythm)
Coagulation Studies
Cardiac Arrest/CPR
Implanted Cardioverter / Defibrillator / Pacemaker

Metabolic

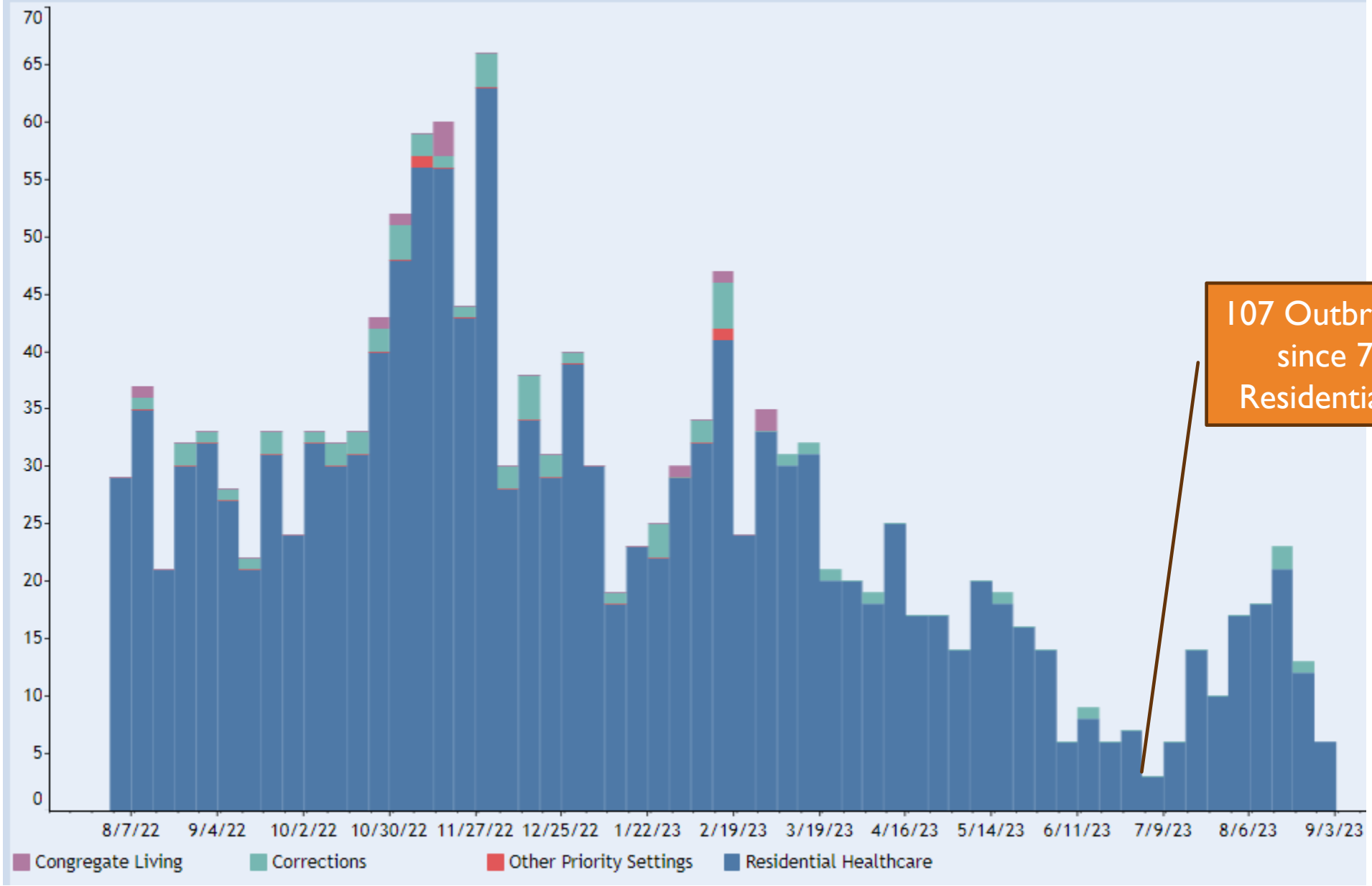
Blood Glucose Measurement
Hypoglycemia Management
Hyperglycemia Management

Gastrointestinal

Gastrointestinal System Assessment / Bowel Sounds
Nutritional Status Assessment
Colostomy Care
Ileostomy Care

COVID IS RISING

COVID-19 Outbreaks by Setting Type and Date Outbreak Began



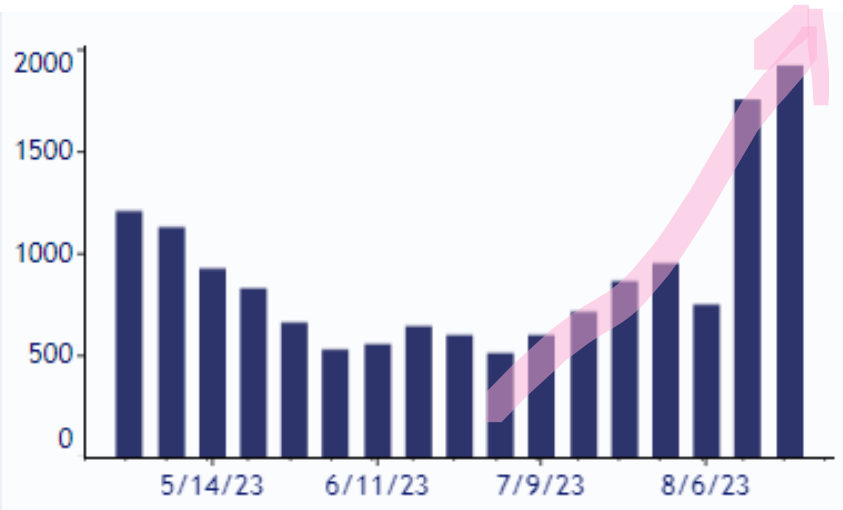
107 Outbreaks reported since 7/2/2023 in Residential Healthcare

Cases reported this week

1,920 (▲167)

Cases reported for previous weeks

52



New hospital admissions this week

145 (▲11)

Currently Hospitalized

112 (▲13)

- Fever is often not present in the new dominant variants.
- Our existing tests and vaccines seem effective against newest variants.

PREPARE NOW

IMPLEMENT MASKING AT YOUR DISCRETION.

TEST PEOPLE WHO ARE SYMPTOMATIC.

REMIND STAFF OF YOUR EXPECTATIONS FOR WHEN TO STAY AWAY FROM WORK.

UPDATE YOUR POSTINGS.

INFECTION PREVENTIONIST TRAINING - $100 OFF

- AHCA/NCAL's Infection Preventionist Specialized Training (IPCO) is recommended for individuals responsible for infection prevention and control in all long term care settings and is specifically tailored to train Infection Preventionists (IPs) in nursing facilities. Save $100 through November 30, 2023 on all IPCO registrations with promo code SAVE100.
- The Centers for Medicare and Medicaid Services' (CMS) Requirements of Participation (ROP) include robust requirements related to skilled nursing facility (SNF) infection prevention and control programs. F880—Infection Control remains the #2 most frequent CMS citation. In addition, CMS has a special focus this year on F-Tag 882 covering infection preventionist training.
- CMS mandates that nursing facilities have a designated and specially trained IP who is responsible for implementing a comprehensive infection prevention and control program. AHCA recommends that all nursing facilities train at least two clinical staff members to serve as IPs should one IP leave the facility or be unavailable. Additionally, CMS ROP guidance states that facilities should consider a backup IP when the primary IP is not available.
- IPCO is provided for 24.5 ANCC contact hours and 24.5 NAB CEs for administrators. AHCA recognizes that many administrators will not have the clinical credentials needed to serve as a designated IP but recommends that administrators consider taking the course to gain a deeper understanding of infection prevention and control in the overall operation of a nursing facility as this remains a high target area for survey and liability.
- The IPCO sale registration fee through November 30 is $350 for AHCA/NCAL members and $550 for non-members when promo code SAVE100 is used at checkout. Please note that there are no refunds and no registrant transfers. Registrants have one year to complete the course. Payment and registration are made online at ahcancalED. Discounted group purchase rates are available for groups of five or more by contacting educate@ahca.org.
- More than 4,000 individuals have taken AHCA's IPCO course and 98% of those recommend the training to others. While CDC/CMS does offer a free general infection prevention training course, AHCA's IPCO training is far more comprehensive and includes updated information that is taught by experts with practical long term care clinical experience.

NATIONAL QUALITY AWARD INTENT TO APPLY IS NOW OPEN

WHY SUBMIT AN ITA?

- Submitting your ITA helps us and you! ITAs help us to determine the approximate number of applicants that intend to apply for a National Quality Award. This allows us to continue to improve our process for reviewing the applications we receive to improve your overall experience. Submitting an ITA earns applicants a discounted application fee.*

As a thank you, the first 100 ITAs we receive will be entered to win a complimentary application fee for the 2024 National Quality Award cycle!

HOW LONG DOES THIS TAKE?

- It's as easy as 1, 2, 3! If you are connected and verified in the Quality Award application Portal, it should not take any more than 10 minutes from start to finish. If you are ahead of everyone else and are verified in the Portal, it should not take any more than 5 minutes.

WHAT IS THE PROCESS?

- Step 1. Visit ahcancal.org/QualityAward and tap Portal.
- Step 2. Login using your designated username and password. Don't know what that is? No problem! Contact a team member at qualityaward@ahca.org and we will get you set up.
- Step 3. Navigate to your center's dashboard and select Payment to submit your Intent to Apply. That's it! You are done!

AHCA will notify the winner of the giveaway after the deadline on November 16!

WHAT IS THE DEADLINE? Submit your ITA Tuesday, August 15, 2023 through Thursday, **November 16, 2023**.

REGISTER FOR THE CHCA 2023 FALL CONVENTION!

Dates: September 19th, 2023- September 21st, 2023

CHCA Community Member Attendee Fee: $625 total for the first three registered attendees, and a $50 fee for any additional attendees.

UPCOMING OPPORTUNITIES

7 Sep.
10 AM – 11 AM
Substance Use 101
virtual

14 Sep.
3 PM
Assisted Living Networking Event
Colorado Springs
In person

6-8, 13-15 Sep.
8 AM – 5 PM
Assisted Living Administrator 40-Hr
virtual

19–21 Sep.
FALL CONVENTION – Loveland
- Spotlight on Excellence
- Chef Challenge

10 Oct.
2 PM – 3 PM
P4P Get It Done Series – Session 4
virtual

12 Oct.
9 AM – 12 PM
Abuse Prevention and Response Workshop
Grand Junction
In Person