

KANSAS HEALTH CARE ASSOCIATION

and the Kansas Center for Assisted Living kal

February 4, 2011



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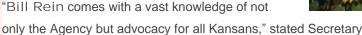
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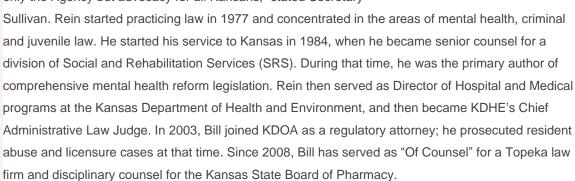
KANSAS NEWS

KDOA Welcomes New Staff

Caring for Seniors in the Heartland

Acting Secretary Shawn Sullivan would like to welcome Bill Rein, Chief Attorney, Karla Werth, Special Assistant to the Secretary, and Sara Arif, Director of Public Affairs, to the Kansas Department on Aging.





Kennedy Takes Position with CMS Karla Werth previously served as Director of Constituent Services for former Governor Bill Graves and on the

> District Congressional Staff for Jerry Moran. More recently, she acted as Director of Member Services for the

Kansas Health Care Association. A native of Hays, she has two grown children and two grandchildren.

"We are excited to have Karla Werth serving the Agency," Secretary Sullivan said, "She comes to us with a vast

knowledge of improving customer and constituent satisfaction."

Sara Arif comes to KDOA from the Kansas Chamber of Commerce, where she served in several roles. Prior to that, she was the Production Manager at Digital Evidence Group in Washington, DC. She originally came to Kansas from Minnesota to go to the University of Kansas. She now lives in Lawrence with her husband.

"Sara brings a new perspective to the issues facing state government. I look forward to facing the challenges in front of us with such a diverse staff," concluded Secretary Sullivan.

March 1, 2011

Joint Provider Survey

Topeka

March 2, 2011

Joint Provider Survey

Wichita

March 9-11 & 14-16

Operator Course

Topeka

March 22-24, 2011

Medicare University

Topeka

April 20-22, 2011

AANAC RAC-CT 3.0

Olathe

May 12, 2011

Advanced Operator Training

Topeka

June 22-24, 2011

AANAC RAC-CT 3.0

Wichita

July 11, 2011

Teepa Snow

Dementia practices for AL

Topeka

July 12, 2011

Teepa Snow

Dementia practices for SNF

Topeka

October 13 & 14, 2011

KHCA KCAL 61st Convention &

Tradeshow

Wichita

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Clarification of CARE and Community Transition Opportunities Policy



In an open letter to the MDS Coordinators and Social Services staff, the CARE and CTO staff of the Kansas Department on Aging have provided guidance and clarification.

To: MDS Coordinators and Social Work staff

Recently, it has been brought to our attention that there is confusion surrounding the need to do a CARE assessment referral if a CTO referral will be made. The new CTO process developed for the MDS 3.0 section Q does not change the need for a CARE assessment referral if there is not an assessment or other state's PASRR form. We are discovering in working with CTO process, that there are residents that do not have a CARE assessment when required.

The CARE assessment or another state's PASRR is linked directly to the Federal requirement for all NF residents (exceptions: when diagnosis indicates terminal illness or stay is planned to be less than 30 days for rehab or respite). Medicaid customers not having a valid CARE assessment will affect your facility's ability to receive Medicaid payment. Click here for more information.

Please call Amanda Nickerson (785) 296-6446 for any questions regarding the CTO referral process and Lorna McFarren (785) 291-3359 for questions related to CARE assessments.

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More Benefits to belonging to KHCA/kcal and AHCA/NCAL

LANDS' END

AHCA/NCAL Preferred Products and Service Programs

Add comfort and style to your apparel and put 10% back in your pocket. Lands' End Business Outfitters is proud to be named an AHCA/NCAL preferred vendor. And we're ready to change the way you look at work. We've built a reputation as a premier choice for logo'd apparel and gear that helps deliver a company's marketing message.

Your residents' experience is shaped by their perception of your staff. Help your staff make a confident first impression with attractive, logo'd apparel from Lands' End. Choose from a wide variety of comfortable and flattering fits for men and women. High quality performance enhancements ensure size retention, stain resistance, durability, and more.

Whether you need apparel for your staff or every-day outfitting options, incentives or awards, our embroidery experts will elevate your choices to a new level of quality. Save 10% on Lands' End product and embroidery application fees each time you order. Choose apparel options that will help

you and your team promote your brand.

To order, log in to ces.landsend.com/ahca or give us a call at 800-721-9496. Our dedicated team will walk you through the hassle-free ordering process so you can unveil your new look faster than you'd expect. As you begin to place your orders, please don't hesitate to contact us with any questions you may have. Our team is ready to help now and in the future, and we're just a phone call away.

Click here for more information or call 800.721.9496.

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Don't forget to post OSHA 300A form



Beginning February 1, Employers are required to post a

summary of the total number of job-related injuries and illnesses that occurred last year. The Occupational Safety and Health Administration (OSHA) requires that the summary OSHA Form 300 A remains posted from February 1 through April 29, 2011. Employers with 10 or fewer employees are exempt from federal OSHA injury and illness recordkeeping and posting requirements.

OSHA has announced that it has temporarily withdrawn its proposal to restore a column for work-related musculoskeletal disorders (MSDs) on employer injury and illness logs. The agency has taken this action to seek greater input from small businesses on the impact of the proposal and will do so through outreach in partnership with the U.S. Small Business Administration's Office of Advocacy.

The proposed rule would not change existing requirements about when and under what circumstances employers must record MSDs on their injury and illness logs.

OSHA and the U.S. Small Business Administration's Office of Advocacy jointly will hold a meeting to engage and listen to small businesses about the agency's proposal. Small businesses from around the country will be able to participate through electronic means, such as telephone and/or a Web forum. Details of the meeting will be announced within 30 days. OSHA also will conduct a stakeholder meeting with other members of the public if requested.

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AHCA NEWS

Release of Updated Economic Impact of Long Term Care Facilities



AHCA/NCAL's research department has compiled updated information on the Economic Impact of Long Term Care Facilities in the United

States. This information, based on reputable IMPLAN research, is broken out on the national, state and Congressional District level. You can view all of the information on our members-only website here: For the Kansas information, click here.

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AHCA/NCAL Supports DEA Outreach on Drug Disposal Issue

Washington, DC –The American Health Care Association and National Center for Assisted Living (AHCA/NCAL) today reaffirmed support for the Drug Enforcement Administration's (DEA's) efforts to prevent drug diversion, including the sale or theft of prescription medications to drug dealers and abusers. AHCA/NCAL also acknowledged the agency's outreach to stakeholders in hosting a two-day meeting on procedures for the surrender of unwanted controlled substances, which will inform the regulations that DEA will craft to implement the Secure & Responsible Drug Disposal Act of 2010.

"Safe handling of prescription drugs and appropriate disposal of unused medications is a significant responsibility," stated Governor Mark Parkinson, the new president and CEO of AHCA/NCAL. "The patients we care for often require multiple prescription drugs – averaging nine medications per day. Because long term care facilities understand how to manage controlled substances, we want to help DEA with this issue."

In written comments, AHCA/NCAL argued that the inconsistent web of federal and state rules and restrictions governing the disposal of unused pharmaceuticals – to include controlled substances – represents a major challenge. Beyond patient safety concerns, and despite the fact that long term care facilities generate far less drug waste than hospitals or individuals living at home, providers are concerned about the proper disposal of pharmaceutical waste, which can impact communities and the environment.

Echoing the principles outlined in the Executive Order issued by President Obama yesterday, AHCA/ NCAL called on DEA to work cooperatively with other federal and state agencies, and key stakeholders on a national strategy for defining and managing unused and outdated pharmaceuticals.

The Association identified the following agencies as key partners in developing a single system for disposal of unwanted or outdated pharmaceuticals, including controlled substances and other medications: the Department of Health & Human Services (HHS); the Centers for Medicare & Medicaid Services (CMS); the Federal Drug Administration (FDA); The White House Office of National Drug Control Policy (ONDCP); the Department of Veterans Affairs (VA); Department of Defense (DoD); State Medicaid Agencies; and provider groups.

AHCA/NCAL's comments to DEA are available by clicking here.

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Your help is needed for 2010 nursing facility staffing survey

AHCA is conducting a nationwide nursing facility staffing survey, which will collect 2010 data that we will use to estimate the vacancy, retention and turnover rates of nursing facility employees.

The health care reform law is bringing greater attention to workforce issues, having up-to-date, accurate, and consistent data about nursing facility staff is even more critical for AHCA's advocacy around long-term care workforce and economic impacts.

In fact, the new law establishes a National Health Care Workforce Commission that not only will evaluate "current and projected health care workforce supply and demand," but will make "recommendations to Congress and the Administration about national health care workforce priorities, goals, and policies." Responses to this survey are essential to our advocacy efforts.

Nursing facilities can participate in AHCA's Nursing Facility Staffing Survey (2010) in one of two ways:

Individual facilities may download the survey (PDF format, 280 KB, or MS Excel format, 66 KB), then complete and mail their survey to AHCA 2010 Nursing Facility Vacancy Survey, American Health Care Association, 1201 L Street, NW, Washington, DC, 20005, or fax their surveys to 202-842-3860.

Multi-facility organizations may download the survey (MS Excel format, 217 KB), then complete and email their survey to AHCA. If you are a member of an organization with multiple facilities, please coordinate the response with your organization.

Thank you in advance for your participation.

Please complete the survey by *February 25, 2011*. For more information or clarifications, please email or call Bill Hartung (202-898-2841), Jeffrey Liu (202-898-2818) or Lisa Matthews-Martin (202-898-2824).

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CMS NEWS

Kennedy Takes Position with CMS



Former KDOA Secretary **Martin Kennedy** has accepted a position with the Centers for Medicare and Medicaid Services as director of the Division of Continuing Care Providers. Martin Kennedy was the Commissioner of Licensure, Certification and Evaluation in the Kansas Department of Aging from 2006 through 2008. On January 18, 2011 he assumed the duties of the Director of the Division of Continuing Care Providers. The division regulates Medicare-and Medicaid-funded renal dialysis centers, intermediate care facilities, psychiatric hospitals and home health agencies.

For more information, click here for a link to the Kansas Health Institue story.

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CMS to Reprocess SNF Claims Because of Error in SNF PC Pricer

The Centers for Medicare & Medicaid Services (CMS) sent out a notice that it will suspend processing of Medicare Part A skilled nursing facility and swing bed prospective payment system claims until about February 14th to fix an error in the SNF PC Pricer. Because of the error in the non-labor share percentage of the SNF PC Pricer software, CMS has been underpaying providers by about one to five cents per Medicare patient day. Once the error is corrected, CMS will reprocess all claims with discharge dates on or after October 1, 2010. The impact per-claim is likely to be quite small. The adjustment to previously filed claims may take eight to ten weeks to finalize. See the notice below for more information.

In the meantime, AHCA is following up with CMS to get a better handle on the planned suspension in claim payments, and identify alternatives that won't impact providers.

Below is a copy of the memo that CMS sent to facilities

From: Skilled Nursing Facility (SNF) [mailto:SNF-L@LIST.NIH.GOV] On Behalf Of CMS

CMSProviderResource

Sent: Tuesday, February 01, 2011 6:32 PM

Subject: Reprocessing of Skilled Nursing Facility and Swing Bed Prospective Payment System Claims

The Centers for Medicare and Medicaid Services (CMS) discovered an error in the non-labor share percentage used for calculating Skilled Nursing Facility (SNF) and Swing Bed (SB) Prospective Payment System (PPS) reimbursement for fiscal year 2011. The CMS is correcting this percentage in the SNF Pricer and, upon successful implementation, contractors will begin adjusting all previously adjudicated SNF and SB PPS claims with discharge dates on or after October 1, 2010, to apply correct reimbursement. This adjustment process may take up to 8-10 weeks to finalize. Be advised that the impact on the per-claim payment is very small.

In addition, CMS instructed contractors to suspend any newly submitted SNF and SB PPS claims, with discharge dates on or after October 1, 2010, at the contractor's sites until the updated SNF Pricer is installed. We expect to complete full testing and installation by February 14, 2011.

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2011 Medicare Part B Fee Schedules (January 1, 2011 through December 31, 2011)

The Medicare Part B fee schedule information is now available for the period of January 1, 2011 through December 31, 2011. This information has been posted to the AHCA website.

2011 Medicare Part B Fee Schedules – Effective January 1, 2011 through December 31, 2011 The January 1, 2011 therapy fees for each CPT/HCPCS in each geographic area are provided in Excel format.

This document has four worksheets containing the following information:

- The 2011 Medicare Part B Fee Schedule (Part B Fees) for Outpatient Rehabilitation for each Carrier and Locality.
- 2. The 2011 Medicare Part B Fee Schedule (Part B Fees) for those "Always Therapy" services subject to the Multiple Procedure Payment Reduction (MPPR) Policy for Outpatient Rehabilitation for each Carrier and Locality.
- 3. The 2011 Relative Value Units (RVUs) for each Outpatient Rehabilitation Therapy Code.
- 4. The 2011 Geographic Practice Cost Indices (GPCI) by Medicare Carrier and Locality.

The final Part B Fee Schedule amounts are calculated as follows:

((A1 x B1) + (A2 x B2) + (A3 x B3)) x Conversion Factor (Part B Fees), and

((A1 x B1) + ((A2 x B2) x .8) + (A3 x B3)) x Conversion Factor (MPPR Part B Fees), where:

A1 = Physician Work RVU

A2 = Non-Facility Practice Expense RVU

A3 = Malpractice RVU

B1 = Work GPCI

B2 = Practice Expense GPCI

B3 = Malpractice GPCI

Conversion Factor = \$33.9764

MPPR Factor = 25%

Please note that the fees reflect all changes included in the 2011 Medicare Physician Fee Schedule Final Rule published in the Federal Register on November 29, 2010 and corrections expected to be published in the Federal Register on January 11, 2011 (the regulation, CMS-1503-CN2, was posted on December 30, 2010). The fee schedule also reflects legislation signed by the President (the Physician Payment and Therapy Relief Act of 2010 and the Medicare and Medicaid Extenders Act of 2010) which provides for revisions to the multiple procedure payment reduction percentage and for a zero percent (0%) update to the 2011 Medicare Physician Fee Schedule through December 31,

2011. A notice will be published in the Federal Register regarding these changes.

The final rule re-established HCPCS 95992, Canalith repositioning proc, as an active code for Part B therapy services. (This code was originally established as a bundled code in CY 2009 and was not recognized for Medicare payment in CY 2010.)

Most importantly, the final rule adopted a multiple procedure payment reduction (MPPR) policy for "always therapy" services effective for CY 2011. The MPPR policy requires a 25 percent reduction to be applied to the practice expense component of payment for the second and subsequent "always therapy" service(s) that are furnished to a single patient by a single provider on one date of service (including services furnished in different sessions or in different therapy disciplines). The MPPR worksheet lists those "always therapy" services subject to the MPPR policy and the reduced fee payment amount.

An overview of the Physician Fee Schedule Payment Policies may be found by clicking here and an overview of skilled nursing facility consolidated billing and annual updates can be found by clicking here.

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IN OTHER NEWS

Hartford Institute hosting free webinar on clinical nurse placements

The Hartford Institute is hosting a free one hour webinar on how to learn to prepare your nursing home as a clinical placement site for nursing students. Please view the invitation or more details.

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Advancing Excellence Wesite adds New Tools



The Pain Management Calculator is an easy-to-use mechanism for tracking the number of residents experiencing pain during their quarterly care plan conference. Now available online, the tool is an Excel spreadsheet template that includes a navigation guide, FAQs, forms to enter weekly data and graphs and data summary features.

All the Advancing Excellence tools are located under the "New" section on the website. Click here for more information.

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Free OIG Compliance Training - Register Today

The OIG posted a special training announcement, highlighting six free OIG compliance training sessions in Houston, Tampa, Kansas City, Baton Rouge, Denver and Washington from February-May 2011.

This is an opportunity for providers to hear more about OIG's plans for promulgating the final rule that we're expecting under the Patient Protection and Affordable Care Act (PPACA) from HHS, OIG, on or before March 23, 2012, which will require all nursing facilities to develop and implement an effective compliance and ethics program by 2013.

Registration is available and space at each training session is limited. The first session takes place in Houston, on Feb. 16, 2011. The session in Kansas City is March 23, 2011. Click here for more information.

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This is for NCCDP Alzheimer's and Dementia Staff Education Week Feb 14th to 21st.



Abuse and Neglect are key issues in health care settings and private homes. The NCCDP strongly believes in the power of education to combat abuse and neglect.

NCCDP Alzheimer's and Dementia Staff Education Week Feb 14th to 21st. They are providing a Free tool kit, Free Power Point In-services on many topics, and nomination forms for Nurse Educator of the year. You do not need to be a member of the NCCDP to download this information. The free tool kit and free in-services are located at www.nccdp.org and is only available until March 1st 2011.

This is a very important tool for Editors of your newsletter, CEU's development, Department Heads, Director of Nursing, Nurses, CNA's, Trainers and Educators, Administrators, Social Workers, Recreation Professionals, Rehab Professionals, Medical Directors & Physicans, Hospice Organizations, Retirement Organizations, Support Group Leaders, etc., who either are working in a Health Care Setting, Volunteer Organization, State Ombudsman, Volunteer Ombudsman, State Surveyors, Office on Aging, AAA, First Responders sector and University.

National Council of Certified Dementia Practitioners

"Don't just meet the minimum state regulations regarding dementia education...exceed them!" NCCDP

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Register Today for Joint Provider Surveyor Training - Careplans

Careplans - Letting the Voice of the Resident Be Heard March 1, 2011 Topeka and March 2, 2011 in Wichita

Joint Training of Kansas providers and surveyors was created with the goal of bringing together Kansas Long Term Care Professionals and state surveyors in a way that promotes interaction, growth and understanding. Each Joint Training features a deficiency area with the goal to educate providers and surveyors on acceptable standards of practice. It is hoped that bringing together Kansas Long Term Care Professionals and state surveyors will also foster a dialogue in a neutral setting where interaction can occur in a non-adversarial manner. The Kansas Health Care Association has worked closely with the Kansas Association of Homes and Services for the Aging, the Kansas Adult Care Executives, and the Kansas Department on Aging to present this Joint Training session. KHCA is pleased to offer these two one-day sessions to discuss the importance of careplans in long term care.

About the Speaker - Cat Selman

Catherine R. "Cat" Selman, a nationally renowned speaker, educator and consultant, believes that learning should be fun - no matter what the topic is! She brings to her sessions realistic, commonsense approaches and techniques, along with humorous, down-to-earth stories that educate, motivate and entertain. She received her BS Degree from Trevecca University and has completed graduate work at USM. She served as a Corporate Management Consultant for 101 nursing facilities in seven states before starting her own business in 1988. She has held positions on a variety of CMS Workgroups and has been a repeat presenter at the annual conferences of both the American Health Care Association (AHCA) and the American Association of Homes & Services for the Aging (AAHSA)

About the Speaker - Vera VanBruggen

Vera VanBruggen is the Long Term Care Director for the Licensure, Certification, and Evaluation Commission of the Kansas Department on Aging. Vera holds a Bachelor of Arts Degree in Nursing and is certified as a Director of Nursing Administration in Long Term Care. Vera has held positions in a variety of health care settings, including Nursing Service Administrator in a Nursing Facility and Health Care Facility Surveyor.

Click here for brochure and registration information.

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