



Weekly Roundup

...Reporting the state and national long-term care news

Please disseminate relevant information to the appropriate department.

Administration Nursing Dietary Activities Social Services
 Rehabilitation Housekeeping Maintenance Laundry

Thursday, July 27, 2023

ANHA NEWS

ANHA Office Schedule

The ANHA Office will be closed Thursday, July 27 and Friday, July 28 so the ANHA staff can attend out-of-town meetings. The office will reopen Monday, July 31 at 8:00 a.m.

Reserve Your Room for ANHA's 2023 Annual Convention & Trade Show

You may now reserve your room at the Renaissance Montgomery Hotel for ANHA's Annual Convention & Trade Show, September 20-22, 2023.

You are encouraged to reserve your room early for best availability. After all the rooms in ANHA's block are sold, the hotel will not be able to honor the discounted rate for additional rooms even rooms sell out before the reservations deadline of August 19, 2023.

The following rate has been negotiated for ANHA attendees:

- \$169.00 per night Standard/Double Room

Reservations can be made online at <https://www.marriott.com/event-reservations/reservation-link.mi?id=1687983120827&key=GRP&app=resvlink>. You may also call the hotel at 334-481-5000 and identify the group name Alabama Nursing Home Association.

The first seminar begins at 1:00 p.m. Wednesday, September 20. The trade show begins at 5:00 p.m. September 20.

August 4 is deadline to apply for ARPA funds

Allocation Two attestation has been updated

The portal is open for nursing homes to apply for American Rescue Plan Act (ARPA) funds the Alabama Legislature allocated to nursing homes for qualifying purposes. August 4 is the deadline to apply for funds. *The Allocation Two agreement and attestation has been updated to include a signature block. The updated version is linked below.*

The ANHA Education Foundation hosted a webinar July 7 to explain how facilities may apply for the funds. [Click here](#) to view a recording of the webinar. The documents referenced in the webinar are linked below.

Links:

- [Click here](#) to download the Allocation One agreement and attestation.
- [Click here](#) to download the Allocation Two agreement and attestation – *updated form*
- [Click here](#) to download Appendix A.
- [Click here](#) to download a Microsoft Excel worksheet to assist with your internal analysis.
- [Click here](#) to download the Frequently Asked Questions for the ARPA distribution.

Contacts:

- General questions: John Matson, jmatson@anha.org
- Acronis and Bill.com questions: Joe Mills, jmills@abcpa.com

Background

Congress passed ARPA in March 2021 and awarded ARPA funds to states to be used to provide additional relief to address the continued impact of COVID-19 on the economy, public health, state and local governments, individuals, and businesses (“qualifying purposes”). In its first special session of 2023, the Alabama Legislature allocated \$100 million of these ARPA funds for use by nursing homes for qualifying purposes. As with past distributions of ARPA and CARES Act funds for Alabama’s nursing homes, the Alabama Department of Finance has entered into an arrangement with the Alabama Nursing Home Association Education Foundation (“Foundation”) under which the Foundation will accept and process certified applications and distribute the ARPA funds to approved applying nursing homes to use for qualifying purposes. To foster this, the Foundation has once again made arrangements with the accounting firm of Aldridge Borden to assist in this process. This distribution will be made in two allocations. Allocation One is available for nursing homes that experienced a shortfall in APRA funds received during previous ARPA distributions. To be eligible for Allocation One the nursing home must have received ARPA funds previously, shall not have had a change of ownership since December 31, 2021, and certifies that the funds will be applied prior to December 31, 2024, to meet unmet needs for qualifying purposes. Allocation Two is open to any nursing home that is able to certify that the funds received will be applied prior to December 31, 2024, to meet unmet needs for qualifying purpose. For the purpose of Allocation One and Allocation Two the unmet need for qualifying purposes must have occurred between March 11, 2021 and December 31, 2024. A nursing home can qualify for both Allocation One and Allocation Two, but in determining its unmet need for qualifying purposes, the nursing home must first apply Allocation One Funds before determining if it has remaining unmet needs for qualifying purposes.

***REGISTRATION OPEN* Infection Control and Prevention Webinar “Selection of Disinfection Products to Prevent the Spread of Infection” – August 23**

Sponsored by:



The Alabama Nursing Home Association (ANHA) has again teamed up with A.C. Burke of RB Health Partners to present an informational infection control webinar.

The webinar will be held **August 23, 2023, at 1:30 CT.**

Register at the link below:

Title: Selection of Disinfection Products to Prevent the Spread of Infection

<https://attendee.gotowebinar.com/register/8564675944095537495>

Objectives:

- To define low level and intermediate level disinfectants.
- To identify pathogens that are more viable and challenging to kill in the environment.
- To understand Environmental Protection Agency (EPA) registry lists for antimicrobial products with claims against common pathogens.
- To discuss three criteria that need to be considered when selecting disinfection products.

Description

The environment plays an important role in the transmission of pathogens that can cause infections in long-term care residents and staff. Cleaning and disinfection products used in nursing homes need to be effective against the many different pathogens that may be found in this environment such as *Staphylococcus auris*, Methicillin resistant *Staphylococcus auris* (MRSA), VRE, bloodborne pathogens, *C. difficile*, COVID, and novel pathogens such as *C. auris*. The Environment Protection Agency (EPA) maintains registry lists of antimicrobial products with efficacy against these pathogens and understanding label claims and how a product is used is important to selecting appropriate disinfection products for your facility. This session will help the learner to better understand the EPA antimicrobial product lists, what needs to be considered when selecting disinfection products, and best practices for using disinfection products will also be discussed.

This program has been approved for 1 hour of continuing education credit by the Alabama Board of Examiners for Nursing Home Administrators. This has also been approved for 1.2 contact hours of continuing education for nurses. The Alabama Nursing Home Association is an approved provider by the Alabama Board of Nursing (ABNP0151 – expires 1/22/2025).

Reminder - IJ Removal Plans

The ANHA understands that several facilities have recently had issues with getting an Immediate Jeopardy removal plan approved by the State. As a courtesy, below are two slides that were presented by ADPH during the 2023 ANHA Mid-Year Convention. The ANHA encourages facilities to review this information. Also, we are enclosing a link for Appendix Q (Core Guidelines for Determining Immediate Jeopardy) of the State Operations Manual (SOM) [State Operations Manual \(cms.gov\)](#) which outlines the process for Immediate Jeopardy. Facilities are encouraged to read through these documents so that if an Immediate Jeopardy citation is cited that the immediacy can be removed within the guidelines outlined by CMS.

A REMOVAL PLAN DOCUMENTS THE IMMEDIATE ACTION AN ENTITY WILL TAKE TO PREVENT SERIOUS HARM FROM OCCURRING OR RECURRING.



Once the survey team has notified the facility that IJ has been identified, a removal plan will be required. An acceptable removal plan must:

- Document the immediate action the facility will take to prevent serious harm from occurring or recurring. Identify the steps it will take to ensure that no recipients are suffering or are likely to suffer serious injury, serious harm, serious impairment or death as a result of the entity's noncompliance. **Unlike a plan of correction, it is not necessary that the removal plan completely correct all noncompliance associated with the IJ, but rather it must ensure serious harm will not occur or recur.**
- Identify those recipients who have suffered, or are likely to suffer, a serious adverse outcome as a result of the noncompliance;
- Specify the action the facility will take to alter the process or system failure to prevent a serious adverse outcome from occurring or recurring, and when the action will be complete.
- The removal plan must include a date by which the entity asserts the likelihood for serious harm to any recipient no longer exists.

Reference: State Operations Manual Appendix Q – Core Guidelines for Determining Immediate Jeopardy

COMMON REASONS REMOVAL PLANS ARE NOT ACCEPTED

Removal plan does not specify all elements of process or system failure that need to be addressed, does not specify all elements that should be included in training, and training of those responsible for oversight.

The removal plan does not specify the date of the creation or revision of policies and tools, who was involved in the creation/revision and who will receive training on the created/revised policy or tool.

Removal plan does not include who will perform training, who will receive training, and what will be done to ensure all the required staff receive the training before being allowed to work.

Removal plans do not specify where the information used in training originated, such as policy or procedure.



UAB Long-Term Care Strike Team Offering Free HEPA Air Purifiers

The UAB Long-Term Care Strike Team has launched a new service, allowing LTC facilities to receive free air purifiers through funding by the Alabama Department of Public Health and the CDC. This medical grade unit purifies the air every 15 minutes and is capable of removing at least 99.97% of dust, pollen, mold, bacteria, and any other airborne particles that are 0.3 microns or larger.



The units are intended for continuous use in common areas, such as dining rooms, rehab gyms, and nursing stations. The units have a lifetime warranty and are portable. Facilities will also

receive a two-year supply of H13 HEPA filters. Depending on the size of the unit, the noise level ranges from 56-70dB. In comparison, average office noise is 70dB.

For additional information, scan the QR code or send an email to ltcstriketeam@uab.edu.

Alabama Infection Prevention Office Hours

ADPH in collaboration with the Alabama Nursing Home Association, UAB Long Term Care Strike Team, and Alabama's Quality Improvement Organization Alliant Health, hosted an Infection Prevention Office Hours call on July 13. The call focused on infection control issues. For a copy of the recording of the call, please visit <https://youtu.be/CEfjCfLr4Y>.

SHPDA Annual Reports – Due August 15

The State Health Planning and Development Agency (SHPDA) recently sent information related to the 2023 Annual Report to all providers. The annual reports are due by August 15.

Links to the Annual Report for Skilled Nursing Facilities (form SNH-F1) for the 12-month period ending June 30, 2023, as well as needed instructions, are being provided in this e-mail. Pursuant to ALA. ADMIN. CODE r 410-1-3-.11, this report is deemed a “Mandatory Report”, and is due on August 15, 2023. ALA. ADMIN. CODE r 410-1-3-.09 requires that this report be filed electronically to data.submit@shpda.alabama.gov.

Should you have any issues accessing the information via the links, all information is located on our website, www.shpda.alabama.gov. From the navigation box on the left, choose *Health Care Data*, then *Report Forms*. Scroll down to Nursing Home (Form SNH-F1) and choose 2023-I. It is requested that the form be completed electronically. The interactive form performs automatic calculations which will reduce the number of errors experienced on reports not completed via the interactive version. Should you be unfamiliar with use of an interactive form, you may contact me or one of my assistants as outlined below, and one of us will be happy to assist you. A template for the rehabilitation data is also available on our website. In the same section, select 2023-Rehab-Supplement.

Please read all instructions before completing the report. Signatures are required from two separate individuals, the signature of the person preparing the report and a signature from another member of administration/corporate verifying the accuracy of the information provided in the report. ***This report will not be accepted without both required signatures.***

If you have any questions or if SHPDA may provide any assistance, do not hesitate to contact Brad Williams, bradford.williams@shpda.alabama.gov, (334) 242-4103; Jacquelin Barnes, jacquelin.barnes@shpda.alabama.gov, (334) 242-4108; or Lee Ann Taylor, leeann.woodham@shpda.alabama.gov, (334) 242-4512.

The ANHA encourages you to complete this report in a timely fashion. Penalties are issued when the report is not submitted within the time frame as outlined in the letter you received from SHPDA.

COVID-19/INFECTION CONTROL UPDATES

Storage of PPE

With the emphasis on enhanced Barrier Precautions and the concern for the lack of storage space for PPE, ANHA has reached out to CDC and ADPH Technical Services to obtain guidance. The question posed was: *“How to store PPE for patients on Enhanced Barrier Precautions, adhere to Life Safety Code standards and still maintain a home like appearance?”*

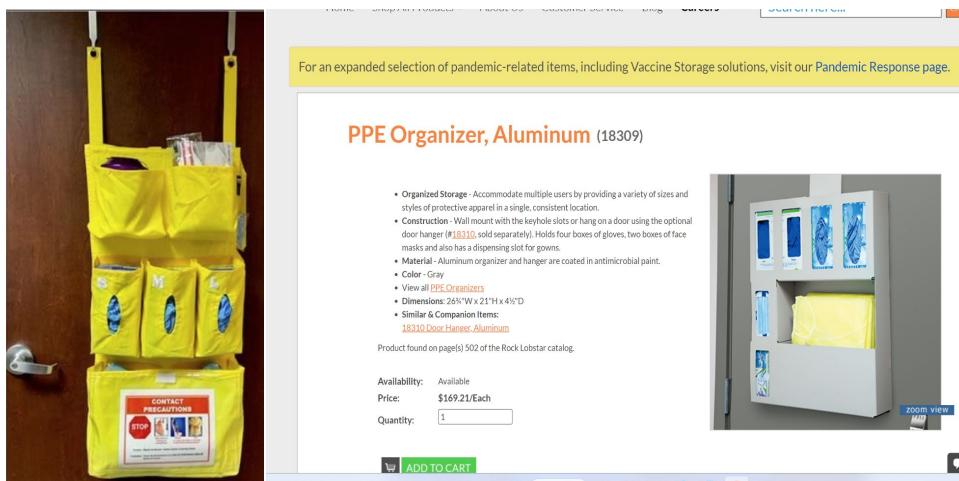
CDC responded the storage of PPE should be:

- protected from contamination, moisture, and dust (this applies to any clean, unused supplies).
- easily accessible to the staff or user
- available outside of the room where donning (putting on) PPE should occur

They also indicated there is no one way to store PPE as long as these principles are followed. CDC focuses on training and education for staff to know when to use PPE, which PPE to choose, and how to don/doff PPE appropriately, as well as having PPE accessible for staff outside of the patient/resident room such that PPE could be donned upon room entry and does not provide guidance on how to store the PPE.

Alabama Department of Public Health’s Technical Services Division (Candy Easterling, Supervisor) was contacted, and approval was given for two different PPE storage caddies. Order information can be found at <https://isodoorcaddy.com/> and [Item 18309 - PPE Organizer, Aluminum](#) for the approved caddies.

The ANHA does not support one type of PPE organizer over another, we are just pointing out that these been specifically approved. The ANHA encourages you to work with your own medical supply companies and vendors to get similar over the door caddies approved. ***Please remember that any other size or brand of caddies would have to be submitted for approval by ADPH Technical Services, Candy Easterling.***



As always, isolation carts are still allowed just outside resident rooms.

Use of Respiratory Syncytial Virus Vaccines in Older Adults: Recommendations of the Advisory Committee on Immunization Practices— United States, 2023 published in MMWR

The Centers for Disease Control and Prevention (CDC) published [Use of Respiratory Syncytial Virus Vaccines in Older Adults: Recommendations of the Advisory Committee on Immunization Practices—United States, 2023](#) on July 21 in *MMWR*. The publication follows the June 21 ACIP discussion and vote to recommend RSV vaccination for adults age 60 years or older using shared clinical decision-making. It expands on the clinical considerations for determining whether to administer an RSV vaccine to an individual in this age group. A portion of the article appears below.

For RSV vaccination, the decision to vaccinate a patient should be based on a discussion between the health care provider and the patient, which might be guided by the patient's risk for disease and their characteristics, values, and preferences; the provider's clinical discretion; and the characteristics of the vaccine.

As part of this discussion, providers and patients should consider the patient's risk for severe RSV-associated disease. Epidemiologic evidence indicates that persons aged ≥ 60 years who are at highest risk for severe RSV disease and who might be most likely to benefit from vaccination include those with chronic medical conditions such as lung diseases, including chronic obstructive pulmonary disease and asthma; cardiovascular diseases such as congestive heart failure and coronary artery disease; moderate or severe immune compromise (either attributable to a medical condition or receipt of immunosuppressive medications or treatment); diabetes mellitus; neurologic or neuromuscular conditions; kidney disorders, liver disorders, and hematologic disorders; persons who are frail; persons of advanced age; and persons with other underlying conditions or factors that the provider determines might increase the risk for severe RSV-associated respiratory disease. Adults aged ≥ 60 years who are residents of nursing homes and other long-term care facilities are also at risk for severe RSV disease. It should be noted that the numbers of persons enrolled in the trials who were frail, were of advanced age, and lived in long-term care facilities were limited, and persons with compromised immunity were excluded (some of whom might have an attenuated immune response to RSV vaccination). However, adults aged ≥ 60 years in these populations may receive vaccination using shared clinical decision-making given the potential for benefit.

CDC Launches New Streamlined COVID-19 Website

As part of CDC's ongoing effort to improve communications on COVID-19, a new, refocused CDC [COVID-19 website](#) has been published. The updated site was created to meet the needs of the public so they can easily find the most up-to-date information on COVID-19, especially as we prepare to enter the fall respiratory virus season.

This new website is the result of months of work by technical and health communication experts, who reviewed every page of CDC's COVID-19 website to identify the information that was most relevant and that continued to be sought out by our partners.

To maintain transparency, the webpages from the previous version of the COVID-19 website will be available at archive.cdc.gov. Individuals who attempt to access a page that has been archived will see a message that the page has been archived and will be seamlessly redirected to the new COVID-19 website.

They also created a Q-and-A document to help address questions, which you can access [here](#).

Update on HHS' Abbott BinaxNOW Test Kit Program

Skilled nursing facilities and assisted living communities continue to receive or are eligible to receive free monthly shipments of Abbott BinaxNOW over the counter (OTC) COVID-19 test kits from the department of Health and Human Services (HHS). This program, which has been in place since 2020, will continue through at least the end of 2023. As a reminder, facilities must have an active CLIA waiver to be eligible to participate in this program.

Shipments can be started and stopped, and test quantities can be increased or decreased by emailing Binax.team@hhs.gov. The email must include:

- Name of the facility
- Facility address
- CLIA waiver number
- Request (stop, start, increase, decrease)

Please note, it may take a week or two to update the shipping information.

If you have an influx of test kits and aren't sure how to use them, keep in mind that since the tests are OTC, you can provide them to visitors, staff, or residents for their personal use as well. All tests that have been shipped to long term care facilities have expiration dates in December or January. The exact expiration dates for the tests can be found on the [FDA website](#).

For questions related to the HHS BinaxNOW distribution Program, please email Binax.team@hhs.gov.

2023 Infection Control Boot Camp for Nursing Homes and LTC Facilities

The [Alabama Regional Center for Infection Prevention and Control Training and Technical Assistance](#) together with the [Alabama Nursing Home and Long-Term Care Facility Strike Team](#) and [Deep South Center for Occupational Health and Safety](#) are pleased to announce registration is open for the **2023 Infection Prevention Boot Camp for Nursing Homes and Long-Term Care Facilities**. The purpose of this boot camp is to train healthcare professionals working in nursing homes, assisted living facilities, specialty care assisted living facilities, rehabilitation centers, end stage renal disease treatment centers and other LTC facilities in the fundamental concepts necessary to manage an infection prevention and control program.

Dates: August 24-25, 2023

Location: Embassy Suites by Hilton Birmingham Hoover, 2960 John Hawkins Pkwy, Birmingham, AL 35244

Instructors:

- Barb DeBaun, MSN, RN, CIC, with Cynosure Health

- Shoshannah J. Anderson BSN, RN, CIC with the LTC Strike Team
- Natalie Baker, DNP, CRNP, CNE, GS-C, FAANP, FAA with the LTC Strike Team
- Rachael Lee, MD, MSPH with the Division of Infectious Disease at UAB
- Wade Menefee, BSN, RN, LNHA, with the LTC Strike Team

Topics to be covered include:

- Describe the key building blocks of a LTC Infection Prevention Program including strategies for staying current with evolving and rapidly changing regulatory and CDC guidance.
- Discuss the impact of emerging and problematic pathogens in the LTC setting.
- Describe strategies to promote compliance with Enhanced Barrier Precautions and other practices designed to prevent transmission of infections.
- Discuss three key strategies to providing safe cleaning and disinfection practices.
- Describe the benefits of incorporating storytelling to engage staff and promote quality outcomes.
- Discuss strategies for how to recognize leadership styles to optimize communication and engagement.
- Describe key strategies for becoming ‘survey-ready’ rather than ‘survey-prepared’
- Demonstrate the use of the IHI Model for Improvement designed to generate change ideas, select priorities and planning a small test of change
- Discuss key approaches to building a business case for the infection prevention program.
- Discuss key practice change ideas and plans for how to test something that has not been tried before.

Cost: We are excited to announce that there is no registration fee associated with this boot camp! Participants will only need to pay for transportation and lodging (if needed). However, seating is limited, so registration is required. Spots will be distributed on a first-come, first-serve basis.

The Board of Examiners of Nursing Home Administrators has reviewed and approved the seminar entitled “UAB Infection Control Bootcamp” for 7.5 Nursing Homes Administration (NHA) hours of continuing education credit for licensed nursing home administrators in the State of Alabama.

The Deep South Center for OH&S is an approved provider of continuing education units for nurses by the AL Board of Nursing (Provider ABNP0420 Expiration Date 12/22/2025) and has awarded 1 CEU for full participation (Day 1 = .5 CEU / Day 2 = .5 CEU) or 11.7 ABN CEs for full participation (Day 1 = 5.7 ABN CEs/ Day 2= 6.0 ABN CEs) for participants.

Registration

To register or learn more about the boot camp, please visit: <https://sites.uab.edu/arcipc/2023-ipcbootcamp-ltc/>.

Hand Hygiene Video Series Available

The [Hand Hygiene in Healthcare Settings Video Series](#) is available for healthcare personnel to learn how to Engage, Educate, Execute and Evaluate hand hygiene programs in healthcare settings.

FOCUS MDS UPDATE

On April 3, 2023, the final MDS Item Sets version 1.18.11 and the draft MDS 3.0 RAI User's Manual version 1.18.11 were released. For the next couple of weeks, we will be focusing on a different section to highlight changes and what members need to know.

Changes to Section O

The [MDS 3.0 version v1.8.11v4 final item sets](#) were updated on July 7, 2023, [draft RAI guidance](#) was released on April 3, 2023, and substantial changes were made to several sections. Changes to section O (Special Treatments, Procedures, and Programs) include:

- The expansion from two columns to three to reflect new timeframes:
 - On admission
 - While a resident
 - At discharge
- Expansion on several items:
 - Chemotherapy
 - Oxygen
 - Suctioning
 - Non-Invasive Mechanical Ventilator
 - IV Medications
 - Dialysis
 - IV access

The American Health Care Association (AHCA) has created an [MDS Section O](#) resource document to help providers breakdown the changes. The information outlines key changes to MDS Section O, Coding Instructions/RAI Guidelines for each item, and Actions to Consider for implementation across your facility.

It is important to develop a training plan for your facility to ensure all staff impacted by the changes are trained in them.

Additional Resources:

- [AHCA Education: MDS Updates Effective 10/1/2023](#)
- [Skilled Nursing Facility \(SNF\) Quality Reporting Program \(QRP\) Training](#)
- [SNF Understanding Changes to the MDS 3.0 RAI Manual v1.18.11 Training Webinar](#)
- [SNF Section O: Special Treatments, Procedures, and Programs](#)
- [2023 SNF Guidance Training Program](#)

NATIONAL NEWS

CMS Requests Comments on New Episode-Based Payment Model

The Centers for Medicare and Medicaid Innovation (CMMI) recently [released a Request for Information](#) seeking feedback to inform a potential new episode-based payment model. The RFI includes many broad, open-ended questions for response with the goal of improving care transitions and role of specialists in value-based care who typically engage on a time-limited basis or treat a targeted condition or disease. **Comments are due August 17, 2023.**

This RFI is in keeping with [CMS' 2021 strategy refresh](#) and objective to transition all Medicare fee-for-service and the majority of Medicaid into an “accountable” relationship for cost and quality by 2030. In recent years, accountable care models (ACOs) focused on primary care have been the central premise of CMMI’s strategy, however, in this request CMS acknowledges the role that specialists play in achieving its 2030 goals. CMS notes that it has four bundled payment models that are ongoing or being implemented in 2023 and intends to take lessons learned to design and implement a new episode model. CMMI alludes to a mandatory model with a potential shorter duration (i.e. 30-days) and its intent to implement no sooner than 2026 to ensure adequate time for preparation.

CMS seeks comment on the following topics:

Care delivery and incentive structure alignment: How episodes can be appropriately structured to support the integration of specialty and primary care. Examples:

- How can CMS support multi-payer alignment for providers and suppliers in episode-based and population-based models?
- For population-based entities currently engaging specialists in episodic care management, what are the key factors driving improvements in cost, quality, and outcomes?

Clinical Episodes: Types and characteristics of episodes that CMS should consider as the basis for a model, including feedback on existing models. Examples:

- Which of the clinical episode categories, tested in either BPCI Advanced or CJR, should be considered for, or excluded from, this next episode-based payment model? Should CMS test new clinical episode categories?
- How many clinical episode categories or service line groupings should be tested?
- Should CMS consider alternatives to a 30-day episode length? If so, include evidence to support this marker as the most appropriate transition point from the hospital to the primary care provider.
- Which clinical episodes are most appropriate for collaboration between episode-based model participants and ACOs?
- Should different participants be accountable for different clinical episodes?

Participants: Types of providers that may be ideally suited for episode-based payments, including discussions of participants in prior bundled payment models. Examples:

- Given that some entities may be better positioned to assume financial risk, what considerations should CMS take into account about different types of potential participants, such as hospitals and PGPs?
- Should CMS continue using precedence rules to attribute clinical episodes to a single accountable entity or consider weighted attribution for multiple accountable entities?

Health equity: A key priority for the Biden administration, CMS asks questions specific to how an episode-based model should be structured to address health equity, including risk adjustment. Examples:

- What risk adjustments should be made to financial benchmarks to account for higher costs of traditionally underserved populations and safety net hospitals? (Quality measurement is addressed more thoroughly in the next section of this RFI.)
- Should episode-based payment models employ special adjustments or flexibilities for disproportionate share hospitals, providers serving a greater proportion of dually eligible beneficiaries, and/or providers in regions identified with a high ADI, SVI, or SDI?
- Based on the BPCI Advanced 4th Annual Report findings and the increased reach of medical episodes for underserved populations, should the next episode-based payment model have a larger focus on medical or surgical episodes?
- What metrics should be used or monitored to adjust payment to assure health disparities are not worsened as an unintended consequence?

Quality Measures, Interoperability and Multi-payer Alignment: How to engage other government and private sector payers in the payment redesign described by the model, as CMS has done in initiatives like the Comprehensive Primary Care Initiative. Examples:

- Which quality measures, currently used in established models or quality reporting programs, would be most valuable for use across care settings?
- What quality measures are other payers using to drive improvements in clinical episodes?

Payment methodology and structure: Examples:

- How should CMS balance the need for predictable, achievable target prices with the need to create a reasonable possibility of achieving net Medicare savings?
- How should CMS balance participants' desire to receive reconciliation results as close as possible to the performance period, while also allowing for sufficient claims runout to finalize the results and minimize the administrative burden of multiple reconciliations?
- How should risk adjustment be factored into payment for episode-based payment models?
- How can risk adjustment be designed to guard against preferential selection of healthier patients (that is, cherry picking)?

Model overlap – Asking the key question of the interface of episode-based models set on top of accountable care models like ACOs. Examples:

- How should CMS create a reciprocal overlap policy that incentivizes efficiency by the participant while the ACO is incentivized to use the participant for episodic care?
- What risks or rewards should we include to drive collaboration?
- What resources or data should CMS provide participants to ensure there is collaboration with ACO providers for shared beneficiaries?

- What resources or data should CMS provide ACOs to ensure collaboration with participants for shared beneficiaries? How does this differ when the participant is not part of the ACO?

New Form I-9; Notice Published Allowing E-Verify Employers to Remotely Examine Form I-9 Documents

U.S. Citizenship and Immigration Services (USCIS) [announced a new version](#) of Form I-9, Employment Eligibility Verification. Employers must use Form I-9 to verify the identity and employment authorization of their employees.

Now only one page long, the new edition is easier for employers and employees. Other improvements include clearer instructions and providing guidance on acceptable receipts and the auto-extension of some documents found on the [Lists of Acceptable Documents](#).

Employers may begin using the new edition beginning Aug. 1, 2023, but may continue to use the 2019 version of the form through Oct. 31, 2023. Beginning Nov. 1, 2023, only the new Form I-9 dated "08/01/2023" may be used. The version date can be found at the lower left corner of the form.

For more information, please visit <https://www.uscis.gov/i-9-central/form-i-9-related-news/new-form-i-9-notice-published-allowing-e-verify-employers-to-remotely-examine-form-i-9-documents>.

Department of Labor Announces Rule Expanding Submission Requirements for Injury, Illness Data Provided by Employers in High-Hazard Industries

The U.S. Department of Labor has announced a final rule that will require certain employers in designated high-hazard industries to electronically submit injury and illness information – that they are already required to keep – to the department's Occupational Safety and Health Administration.

The [final rule takes effect on Jan. 1, 2024](#), and now includes the following submission requirements:

- Establishments with 100 or more employees in certain high-hazard industries must electronically submit information from their Form 300-Log of Work-Related Injuries and Illnesses, and Form 301-Injury and Illness Incident Report to OSHA once a year. These submissions are in addition to submission of Form 300A-Summary of Work-Related Injuries and Illnesses.
- To improve data quality, establishments are required to include their legal company name when making electronic submissions to OSHA from their injury and illness records.

OSHA will publish some of the data collected on its website to allow employers, employees, potential employees, employee representatives, current and potential customers, researchers and the general public to use information about a company's workplace safety and health record to make informed decisions. OSHA believes that providing public access to the data will ultimately reduce occupational injuries and illnesses.

The final rule retains the current requirements for electronic submission of information from Form 300A from establishments with 20-249 employees in certain high-hazard industries and from establishments with 250 or more employees in industries that must routinely keep OSHA injury and illness records.

The announcement follows proposed amendments announced in March 2022 to regulations for requiring specific establishments in certain high-hazard industries to electronically submit information from their Log of Work-Related Injuries and Illnesses, and Injury and Illness Incident Report.

[Learn more about OSHA](#) and its [injury and illness recordkeeping and reporting requirements](#).

Preparing for the Fall

As fall approaches, long-term care (LTC) providers should be preparing to vaccinate their residents and staff against common respiratory viruses. There are three vaccines that providers should be aware of and prepared to offer to their staff and residents:

- Influenza
- COVID-19
- Respiratory Syncytial Virus (RSV)

Below is a summary of clinical considerations and administration of each vaccine, other regulatory considerations, and resources to help promote uptake. This reflects information available to date, but more information is expected to be released in the coming months from the Centers for Disease Prevention and Control (CDC), Health and Human Services (HHS), and other relevant agencies. This blog post will be continually updated as new recommendations and considerations are released.

Why Prioritize Vaccination?

Respiratory season can be dangerous for individuals 65 and up, and those with underlying health conditions. Elderly individuals residing in nursing homes and assisted living communities are at most risk of complications due to respiratory illnesses.

- Adults 65 and older and individuals with certain chronic health conditions benefit from both the [influenza](#) and [COVID-19](#) vaccine.
 - Preliminary estimates show that last season, people who were vaccinated against flu were about 40% to 70% less likely to be hospitalized because of flu illness or related complications.
- [RSV infections can be dangerous for older adults](#). Each year, it is estimated that between 60,000-160,000 older adults in the United States are hospitalized and 6,000-10,000 of them die due to RSV infection. Adults at highest risk for severe RSV infection include older adults 65 years and older, and those with chronic heart or lung disease and weakened immune systems.

Clinical Considerations and Administration

Influenza Vaccine

On June 29, 2023, the Centers for Disease Prevention and Control (CDC) announced its [2023-2024 recommendations for the annual influenza \(flu\) vaccination](#).

The composition of the vaccine for the 2023-2024 flu season was updated to best match the influenza strains that research indicates will likely be the most common during the upcoming season.

Consistent with previous years, the CDC recommends individuals receive their flu vaccine in September or October. Vaccination for seniors 65 and older should be avoided in July or August unless vaccination in September or October is not possible.

In years past, the Advisory Committee on Immunization Practices (ACIP) has [recommended](#) that adults older than 65 years preferentially receive any one of the following higher dose or adjuvanted influenza vaccines:

- Quadrivalent high-dose inactivated influenza vaccine (HD-IIV4),
- Quadrivalent recombinant influenza vaccine (RIV4), or
- Quadrivalent adjuvanted inactivated influenza vaccine (aIIV4).

If none of these three vaccines is available at an opportunity for vaccine administration, then any other age-appropriate influenza vaccine should be used. AHCA/NCAL anticipates this recommendation to remain the same for the 2023-2024 flu season and will update this blog post once those recommendations are released.

COVID-19 Booster

The CDC also recommends that people aged 65 years and older may get one additional dose of COVID-19 vaccine four or more months after the first updated COVID-19 vaccine.

The American Health Care Association (AHCA) also expects that an updated COVID-19 booster targeting the most prevalent strains of COVID-19 will be distributed as early as September as part of a fall booster campaign and will confirm.

RSV Vaccine

The FDA recently authorized the first vaccination to protect against RSV. The vaccines, from manufacturers GSV and Pfizer, will be available this fall. The CDC recommends these vaccines for people aged 60 and older using [shared clinical decision-making](#). This means these individuals may receive a single dose of the vaccine based on discussions with their health care provider about whether RSV vaccination is right for them.

Based on the risk posed by RSV to older people and those with underlying health conditions, It is recommended providers discuss these vaccines with their residents.

Other Regulatory Considerations

[COVID-19 vaccination is no longer required for nursing home staff](#). However, CMS-certified nursing facilities are required to report both the Influenza Vaccination Coverage among Health Care Personnel and the COVID-19 Vaccine Coverage among Healthcare Personnel to the National Health and Safety Network (NHSN) to meet the requirements of the SNF Quality Reporting Program (QRP).

Encouraging Vaccine Uptake

Vaccine hesitancy continues to be a huge challenge for LTC providers. Several resources providers can use to encourage vaccine uptake are as follows:

- AHCA's [**#GetVaccinated**](#) website has strategies, tools and resources to help providers communicate the importance of vaccines with their staff and residents.
- [**AHCA/NCAL Building Trust: A Strategy to Improve Patient Safety, Staff Wellbeing & Vaccine Uptake in Long Term Care**](#): This free 4-part course equips leaders with the tools and resources to help leaders build trust with staff to encourage vaccine uptake.
- [**CDC's Post-acute and Long-term Care Facility Toolkit**](#): Influenza Vaccination among Healthcare Personnel
- [**CDC's Vaccinate with Confidence**](#)

SNF Provider Preview Reports – Now Available

The Skilled Nursing Facility (SNF) Provider Preview Reports have been updated and are now available. These reports contain provider performance scores for quality measures, which will be published on [Care Compare](#) and [Provider Data Catalog \(PDC\)](#) during the **October 2023** refresh. The data contained within the Preview Reports are based on quality assessment data submitted by SNFs from **Quarter 1, 2022 through Quarter 4, 2022**. Additionally, the Centers for Disease Control and Prevention (CDC) COVID-19 Vaccination Coverage among Healthcare Personnel (HCP) measure reflects data from **Quarter 4, 2022**. The data for the claims-based measures will display data from **Quarter 4, 2020 through Quarter 3, 2022** for this refresh, and for the SNF Healthcare-Associated Infections (HAI) measure, from **Quarter 4, 2021 through Quarter 3, 2022**.

Providers have until **August 14, 2023**, to review their performance data. Only updates/corrections to the underlying assessment data before the final data submission deadline will be reflected in the publicly reported data on Care Compare. If a provider updates assessment data after the final data submission deadline, the updated data will only be reflected in the Facility-Level Quality Measure (QM) report and Patient-Level QM report. Updates submitted after the final data submission deadline will not be reflected in the Provider Preview Reports or on the Care Compare website. However, providers can request Centers for Medicare & Medicaid Services (CMS) review of their data during the preview period if they believe the quality measure scores that are displayed within their Preview Reports are inaccurate.

SNF Provider Preview Reports can be retrieved by:

1. Select the [CASPER Reporting](#) link on the “Welcome to the CMS QIES Systems for Providers” webpage.

NOTE: You must log into the CMS Network using your CMSNet user ID and password in order to access the “Welcome to the CMS QIES Systems for Providers” webpage.

2. Enter your QIES user ID and password on the QIES National System Login page.
3. Select the **Login** button, review the contents of the U.S. Government-Authorized Use Only Window pop-up message box and select the **OK** button to proceed to the “CASPER Home” webpage.
4. Select the **Folders** button from the menu bar.

5. Select your provider's shared folder from the Folders list on the CASPER Folders page. The folder will be named in the following manner: **[State Code] LTC or SB [Facility ID]** Where:

State Code = your 2-character state code

LTC = Nursing Home Providers

SB = Swing Bed Units

Facility ID = CMS-assigned facility ID used for submitting Minimum Data Set (MDS) records

NOTE: The SNF Provider Preview Reports will not be in your provider's Validation Report (VR) folder.

6. Select the desired SNF Provider Preview report link from the list of reports displayed on the right side of the CASPER Folders page and the report will display.

NOTE: The SNF Provider Preview report links are titled "SNF Provider Preview Report".

For questions related to accessing your facility's provider preview report, please reach out to the iQIES helpdesk at iqies@cms.hhs.gov or call 1-877-201-4721. For questions about SNF Quality Reporting Program (QRP) Public Reporting, please email SNFQRPPRQuestions@cms.hhs.gov.

Quality Reporting Program: Non-Compliance Letters for FY 2024 APU

The Centers for Medicare and Medicaid Services (CMS) is providing notifications to facilities that were determined to be out of compliance with Quality Reporting Program (QRP) requirements for CY 2022, which will affect their FY 2024 Annual Payment Update (APU). Non-compliance notifications are being distributed by the Medicare Administrative Contractors (MACs) and were placed into facilities' CASPER folders in QIES, for Hospices and into facilities' My Reports folders in iQIES, for IRFs, LTCHs and SNFs, on **July 20, 2023**. Facilities that receive a letter of non-compliance may submit a request for reconsideration to CMS via email no later than **11:59 pm, August 18, 2023**.

If you receive a notice of non-compliance and would like to request a reconsideration, see the instructions in your notice of non-compliance and on the appropriate QRP webpage:

- [IRF Quality Reporting Reconsideration and Exception & Extension](#)
- [LTCH Quality Reporting Reconsideration and Exception & Extension](#)
- [SNF Quality Reporting Reconsideration and Exception & Extension](#)
- [Hospice Quality Reporting Reconsideration Requests](#)

NEW RESOURCE AVAILABLE: BIMS Video Tutorial

The Centers for Medicare & Medicaid Services (CMS) is releasing a video tutorial to assist providers with guidance application and interview strategies for the cognitive assessment known as the Brief Interview for Mental Status (BIMS). This video tutorial is approximately 20 minutes in length and is designed to provide targeted guidance for accurate coding using live-action patient/resident scenarios. To access the video, click on the following link: [BIMS Video Tutorial](#). If you have questions about accessing the resources or feedback regarding the trainings, please email [PAC Training](#). Content-related questions should be submitted to the [HH QRP Help Desk](#), [IRF QRP Help Desk](#), [LTCH QRP Help Desk](#), or [SNF QRP Help Desk](#).

OTHER NEWS

Your QIO is Starting the Conversation on Culturally and Linguistically Appropriate Services

What are Culturally and Linguistically Appropriate Services (CLAS) Standards?

- CLAS Standards are a blueprint for improving health equity by increasing cultural competency, language responsiveness, and quality of services.

Why should I implement CLAS Standards?

- CLAS standards help address social determinants of health like language and literacy skills, low health literacy, racism, and discrimination. They help improve patient/client safety, satisfaction, engagement, and experiences. Reducing these social determinants of health may improve adherence to medication and discharge instructions and reduce readmissions and errors.

How Can I find out More?

- Your QIO can help! Start by clicking on this link (<https://quality.allianthealth.org/clas-assessment-form/>) to do a self-assessment. Once the QIO reviews your needs, we'll provide you with resources to help you begin your CLAS implementation journey.

You may also contact your Alliant State Quality Manager, Beth Greene MSW, LGSW at beth.greene@allianthealth.org for further assistance.

Bullying Among Seniors: A Prevention and Surveillance Guide – Updated Resource!

Bullying isn't limited to the playground. Nursing facilities and assisted living communities care for millions of seniors with diverse backgrounds and unique needs and behaviors. Bullying and its adverse effects have received greater focus in recent years, creating a need to have systems and processes in place to prevent bullying among seniors living in long term care.

For this reason, the American Health Care Association has updated the [Bullying Among Seniors: A Prevention and Surveillance Guide](#). This guide will help organizations understand:

- What bullying is
- How to identify bullying
- Why bullying might occur
- Victim risk factors
- How to create a positive environment
- How to respond to incidents of bullying

Early Bird Registration Now Open for DELIVERING SOLUTIONS

Formerly AHCA Convention & Expo

The American Health Care Association (AHCA) has branded its annual Convention & Expo as [DELIVERING SOLUTIONS](#) to better reflect its mission and commitment to you.

DELIVERING SOLUTIONS 23 showcases the Association's dedication to enhancing the well-being of individuals residing in long-term care, post-acute, and assisted living facilities. This

event provides a unique opportunity for professionals in the industry to come together and share their expertise, ideas, and innovative approaches to delivering quality care.

Join AHCA in Denver, Colorado October 1-4 where you can take part in topical education sessions, inspiring keynote speeches, and interactive exhibits, as well as hear about AHCA's ongoing efforts to improve the quality, efficiency, and effectiveness of the long-term care industry.

Early Bird Registration is Open! Now is the best time to [register](#) – and save money – for DELIVERING SOLUTIONS 23 at the Colorado Convention Center.

AHCA Quality Award 2024 Applications Now Available

The AHCA/NCAL Quality Award team is excited to announce that 2024 Bronze, Silver, and Gold applications and criteria videos are now available! Please visit the [Quality Award website](#) to access:

- Bronze, Silver and Gold applications and roadmaps.
- Quality Award Criteria Series for Bronze, Silver and Gold applicants. Each module is about 20 to 30 minutes in length and allows applicants to work at their own pace.

Start Today

Quality Award applications take a lot more time than most people think. It involves writing and responding to each criteria, collecting data, reviewing, and finally submitting in the Portal. If you plan to apply for a 2024 award, maximize the time you have between now and August. Take these initial steps to kick off the application year right!

- Save all key dates to the calendar available on the [website](#).
- [Connect or update](#) your facility in the application Portal.
- [Get registered](#) or make updates in LTC Trend Tracker.
- [Get registered](#) on ahcancalED for access to free Criteria Series videos.
- Identify and gather your application team.
- Begin reviewing [Bronze](#), [Silver](#) or [Gold](#) Roadmaps and watch [Bronze, Silver or Gold Criteria series videos](#) with your team.

Questions?

If you have any questions, email the National Quality Award team at qualityaward@ahca.org.

Visit the ahcancal.org/QualityAward website for these resources and more!

NEW! CDC Micro-Learn Training Resources to Improve Infection Control

Project Firstline's infection control micro-learn trainings are a series of guided discussions that provide brief, on-the-job educational opportunities for your team.

If you're a supervisor who oversees teams and would serve as a training promoter or facilitator – then this resource is for you! Intended audiences include clinical leaders, such as:

- Charge nurses
- Outpatient practice managers
- Infection preventionists
- Supervisors of environmental service (EVS) technicians

- Supervisors of allied healthcare workers

The micro-learns focus on recognizing common infection risks and what actions healthcare workers should take to mitigate these risks and stop the spread of germs. The first topic covers what to do when you see blood, with additional topics being released over the next few months. Additional topics will include what to do when you see rashes, draining wounds, cough and congestion, and diarrhea.

Facilitating a micro-learn is easy! Use the adaptable talking points and accompanying job aid to engage your team in short, focused discussions to help reinforce key infection control information. Incorporate the content into existing opportunities where groups of healthcare workers gather, such as pre-shift “huddles” or team meetings. Educate your team of healthcare workers, and download and share the first micro-learn [What to Do When You See Blood](#).

A Note from Alliant Health Solutions: Give the Boost a Shot - Education and Office Hours Event

This intensive program includes the following services and activities to support nursing homes in accelerating resident vaccination rates:

- Educational series with reserved office hours for Q&A with experts that meets on the First and Fourth Thursday of each month at 1:00 p.m. CT
- A dedicated website page with resources and materials.
- Access to experts in epidemiology, quality improvement, and infection control.

Learn more and access resources at: <https://quality.allianthealth.org/topic/give-the-boost-a-shot/>

Registration Link:

https://allianthealth-org.zoom.us/webinar/register/WN_QCr32XAqRgiRjbEZVR6_iw

University of Alabama Grant-Funded Safety & Health Training

Over the years, the University of Alabama Safety and Health Training program has worked with numerous nursing home care centers throughout Alabama, mostly providing free, grant-supported onsite consultation assistance to facility managers on how to better comply with OSHA requirements.

In addition, UA SafeState is offering a free, Harwood grant-funded training program on Workplace Infectious Disease Control that can be delivered onsite or virtually to your facilities. They offer both awareness-level and trainer-level learning services. Certificates of attendance are also provided.

For more info on this free University of Alabama training, please visit <https://alabamasafestate.ua.edu/free-safety-and-health-training/ - workplace>.

CALENDAR

July 28	ANHA Executive Board Meeting Linkside Conference Center, Sandestin	9:00 a.m.
August 4	ANHA Region 1 Meeting & Election Hanceville Nursing & Rehab Center, Hanceville Lunch will be provided RSVP: Nick Beckham, nick.beckham@prestonhealth.com	11:30 a.m.
August 10	ANHA Region 5 Meeting & Election Pecan on Broad, Camden RVSP: Eldridge Stewart, estewart@camdennursingfacilityinc.com	12:00 p.m.
August 17	ANHA Region 9 Meeting & Election Indian Hills Country Club, Tuscaloosa Speakers: Carol Hill and ANHA's Christy deGraffenreid RSVP: Blake Jackson, bjackson@heritage216.com	11:30 a.m.
August 17	ANHA Region 3 Meeting & Election Elite Nursing & Rehab Center, Birmingham RSVP: Cherise Wilson, cbwilson@ballhealth.com	12:00 p.m.
August 18	ANHA Region 7 Meeting & Election Crowne Health Care of Springhill, Mobile Speaker: Candy Easterling, ADPH RSVP: Mark Manning, mmanning@crownehealthcare.com	12:00 p.m.
September 20-22	ANHA Annual Convention & Trade Show Renaissance Montgomery Hotel, Montgomery Seminars begin at 1:00 p.m. Wednesday, September 20	
September 20	ANHA Trade Show Renaissance Montgomery Hotel, Montgomery	5:00 p.m.

Alabama Nursing Home Association

4156 Carmichael Road ◆Montgomery, AL 36106◆PH: (334) 271-6214◆FAX: (334) 244-6509

Links:

Alabama Nursing Home Association <http://www.anha.org>

ANHA Infection Prevention & Control <https://anha.org/ipco/>

AL Board of Examiners of Nursing Home Administrators <http://www.alboenha.alabama.gov>

AL Department of Public Health <http://www.alabamapublichealth.gov>