



LONG TERM CARE NEWSLETTER

ISDH Long Term Care Newsletter
Issue 2019-02
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Today's Issue

- Long Term Care Updates
 - Informal Dispute Resolution (IDR) / Independent IDR - Update & Reminder
 - Involuntary Relocation, Discharge & Emergency Transfers - Ombudsman Notification
 - Provider Information Requested
- CMS Updates
 - QSO-19-07-NH - Enhanced Oversight & Enforcement of Non-Improving Late Adopters
 - QSO-19-08-NH - April 2019 Improvements to Nursing Home Compare & *Five Star* Rating System
 - QSO-19-09-ALL - Revisions to Appendix Q, Guidance on Immediate Jeopardy
 - QSO-19-10-NH - Specialized Infection Prevention & Control Training
- Education Events
 - Indiana Antimicrobial Stewardship Seminar

Long Term Care Update

IDR / IIDR Update & Reminders

Request for IDR/IIDR

The Indiana State Department of Health (ISDH) must adhere to the Centers for Medicare & Medicaid Services (CMS) policy of allowing facilities ten (10) calendar days to request an IDR (must be requested at the time of submission of the plan of correction). When the opportunity for an IIDR is offered by CMS the timeline is also ten (10) calendar days to request an IIDR and submit all supporting documentation.

Recently, CMS letters with imposition of a CMP and offer for an IDR have been sent to facilities more quickly than in the past. Therefore, depending on the timing of the CMS letter, there may be fewer opportunities for facilities to have both IDR and IDR.

If the ISDH IDR process has been completed prior to the facility receiving an offer for IDR from CMS, the facility may choose to also have the IDR process. If a facility has requested a face-to-face IDR, then receives a CMS letter notifying of the imposition of a CMP with the offer of an IDR prior to the face-to-face meeting taking place, the facility can withdraw the request for the face-to-face IDR and request an IDR. If the face-to-face IDR has already taken place or the paper review IDR is in the process of review when the facility receives the CMS letter with the offer for an IDR, an IDR may not be requested.

Facilities should be aware that the opportunity for an IDR is forfeited by not requesting one within the ten (10) calendar days of when the ISDH provides the opportunity. Facilities should not count on receiving a CMP and an opportunity for an IDR.

Attendance at Face-to-Face IDR

Only facility employees and facility corporate staff may attend face-to-face IDR meetings. Attorneys, outside consultants, residents, family members, physicians, and nurse practitioners not employed by the facility are not allowed to attend the meetings.

Any questions regarding IDR/IDR may be emailed to <mailto:ISDH.LTC.IDR@isdh.in.gov?subject=>.

Ombudsman Notification

Centers for Medicare & Medicaid Services requires skilled nursing facilities to notify the Long Term Care Ombudsman of emergency transfers and facility-initiated discharges of residents.

Indiana state regulations require licensed assisted living facilities to notify Long Term Care Ombudsman of all involuntary relocations or discharges of residents.

In order to streamline the process to ensure proper and timely notification of the Office of the State Long Term Care Ombudsman, the following guidelines should be followed:

- [Nursing Home Administrators](#)
- [Licensed Assisted Living Providers](#)
- [Required Transfer & Discharge Notice - Decision Tree](#)

Provider Information Requested

The ISDH Division of Long Term Care is frequently requested to provide information related to services provided in Long Term Care facilities. This information is used for statistical purposes related to numbers by county and state. In an attempt to obtain current and accurate data the ISDH Division of Long Term Care is requesting facilities complete a short [Facilities Services Survey](#) and return by April 30, 2019. The completed surveys should be emailed to Nancy Adams at <mailto:nadams1@isdh.in.gov?subject=>. If you have questions please call (317) 233-7119.

CMS Updates

QSO-19-07-NH Enhanced Oversight and Enforcement of Non-Improving Late Adopters

Since 2011, CMS has seen a reduction of 38.9% in long-stay nursing home residents who were receiving antipsychotic medication. Despite the success of the National Partnership, CMS identified approximately 1500 facilities that had not improved their antipsychotic medication utilization rate for long-stay nursing home residents, referred to as late adopters. In December, 2017, CMS notified these facilities of this identification.

As of January, 2019, there are 235 late adopter nursing homes that have been cited for noncompliance with federal regulations related to unnecessary medications or psychotropic medications two (2) or more times since January 1, 2016, and who have not shown improvement in their long-stay antipsychotic medication rates. If these facilities are determined not to be in substantial compliance with requirements for Chemical Restraints, Dementia Care, or Psychotropic Medications during a survey, they will be subject to enforcement remedies for such noncompliance.

Additional information may be found at:

[QSO-19-07-NH Enhanced Oversight and Enforcement of Non-Improving Late Adopters.](#)
(effective immediately)

[National Partnership to Improve Dementia Care in Nursing Homes: Antipsychotic Medication Use Data Report \(January 2019\)](#)

[National Partnership to Improve Dementia Care in Nursing Homes: National Partnership to Improve Dementia Care in Nursing Homes: Late Adopter Data Report \(January 2019\)](#)

QSO-19-08-NH April 2019 Improvement to Nursing Home Compare and the *Five Star Rating System*

In April 2019, CMS will end the freeze on the health inspection domain of the *Five Star Quality Rating System*. CMS will resume the traditional method of calculating health inspection scores by using three (3) cycles of inspections. Inspections occurring on or after November 28, 2017 will be included in each facility's star rating.

Quality Measure (QM) Domain Improvements

CMS is introducing separate ratings for short and long-stay measures to reflect the level of quality provided for these two subpopulations in nursing homes. CMS is also revising the thresholds for ratings, adding a system for regular updates to thresholds every six months, and weighting and scoring individual QMs differently. Additionally, CMS is adding the long-stay hospitalization measure and a measure of long-stay emergency department (ED) transfers to the rating system. Two measures from the Skilled Nursing Facility Quality Reporting Program (QRP) will be adopted to replace duplicative existing measures.

Staffing Domain Improvements

CMS is adjusting the thresholds for staffing ratings. Also, the threshold for the 'number of days without a registered nurse (RN) onsite' that triggers an automatic downgrade to one star will be reduced from seven to four days.

Addition information may be found at:

[QSO-19-08-NH April 2019 Improvements to Nursing Home Compare and the Five Star Rating System \(effective April 24, 2019\)](#)

QSO-19-09-ALL Revisions to Appendix Q, Guidance on Immediate Jeopardy

Appendix Q to the State Operations Manual (SOM), which provides guidance for identifying immediate jeopardy, has been revised. The revision creates a Core Appendix Q that will be used for surveyors of all provider and supplier types in determining when to cite immediate jeopardy. CMS has drafted subparts to Appendix Q that focus on immediate jeopardy concerns occurring in nursing homes and clinical laboratories since those provider types have specific policies related to immediate jeopardy.

Key Components of Immediate Jeopardy

To cite immediate jeopardy, surveyors determine that (1) noncompliance (2) caused or created a likelihood that serious injury, harm, impairment or death to one or more residents could occur or recur; and (3) immediate action is necessary to prevent the occurrence or recurrence of serious injury, harm, impairment or death to one or more residents.

Immediate Jeopardy Template

A template has been developed to assist surveyors in documenting the information necessary to establish each of the key components of immediate jeopardy. Survey teams must use the immediate jeopardy template attached to Appendix Q to document evidence of each component of immediate jeopardy and use the template to convey information to the surveyed entity.

Additional information may be found at:

[QSO-19-09-ALL Revisions to Appendix Q, Guidance on Immediate Jeopardy \(effective immediately\)](#)

[Revision to the State Operations Manual \(SOM 100-07\) Appendix Q and Immediate Jeopardy Template](#)

QSO-19-10-NH Specialized Infection Prevention & Control Training for Nursing Home Staff in Long Term Care Setting

CMS and the Centers for Disease Control and Prevention (CDC) collaborated on the development of a free on-line training course in infection prevention and control for nursing home staff in the long term care setting. The training provides approximately 19 hours of continuing education credits as well as a certificate of completion. The "Nursing Home

Infection Preventionist Training Course" is located on CDC's TRAIN website.

Additional information and a link to the CDC's TRAIN website may be found at:

[QSO-19-10-NH Specialized Infection Prevention and Control Training for Nursing Home Staff in Long Term Care Setting](#)

Education Events

Indiana Antimicrobial Stewardship Seminar

The Indiana Antimicrobial Stewardship Seminar will be presented on March 20, 2019 at the Indiana State Department of Health, Rice Auditorium and by WebEx. The seminar will be from 1:00 - 2:00 PM. The topics are "How to Create an Antibigram & How to Use One."

Complete information and registration is available at :

[Indiana Antimicrobial Stewardship Seminar.](#)