

Table of Contents

- Page 1 · Governor-elect Edwards Names DHH Secretary
 · CMS Launches Infection Control Pilot Program
- Page 2 · 2015 Was a Difficult, Memorable Year
- Page 3 · Corporate Compliance Education
- Page 4 · AHCA/NCAL Quality Summit Deadline
 · Advance Care Planning News
- Page 5 · Resident Activity Director Certification Event
- Page 6 · LNHA's Upcoming Events and Trainings
 · LNHA Facilities Earn Deficiency-Free Survey

Governor-elect Edwards Names Dr. Rebekah Gee as Secretary of DHH



On Tuesday, Governor-elect John Bel Edwards announced that Dr. Rebekah E. Gee will serve as the secretary of the Department of Health and Hospitals. Dr. Gee currently serves as the Medicaid medical director for the state. She is also an Associate Professor at Louisiana State University Schools of Public Health and Medicine.

Dr. Gee stated that in her first days she will be working with Edwards on Medicaid expansion, and she pledged to use her skills and talents to improve healthcare in Louisiana.

CMS Launches Infection Control Pilot Program



A new pilot program launched by the Centers for Medicare & Medicaid Services will put more scrutiny on infection control in nursing facilities starting in fiscal year 2016.

The three-year infection control pilot program aims to improve infection control and prevention assessments for nursing facilities, hospitals and care transitions between the two. Using funding from the Centers for Disease Control and Prevention, the program will begin with 10 pilot surveys conducted in nursing facilities in FY 2016. Surveys in FY 2017 and FY 2018 will be performed in both nursing facilities and hospitals.

The program was spurred in part by the recent U.S. experiences dealing with the Ebola outbreak, the agency said in a December 23 memo to surveyors. The surveys will be conducted by a national contractor, and will give health care facilities guidance on improving prevention for urinary tract infections, diarrheal diseases such as C. diff and other infections commonly found in nursing facilities.

“We believe that these educational surveys will help the nursing homes become more prepared and help CMS and the CDC develop training materials for both nursing homes and surveyors,” the memo reads.

While no citations will be issued as part of the program, referrals will be made to the CMS Regional Office if any Immediate Jeopardy deficiencies are found, according to the memo.

Join the conversation and connect with LNHA today!

2015 Was a Difficult, Memorable Year

In politics we've seen our Red state vote Blue in the gubernatorial election, and we've witnessed "The Donald" phenomenon in the presidential campaign.

Acts of terrorism, vigilantism and senseless murders have made us numb to these horrendous events. Life, once considered so precious, is now trumped by the acts of fanatics, mentally ill and religious zealots.

Oil prices have plummeted, and they are expected to stay low until 2020. Although our state's budget is not monolithically tied to the price of oil as it once was, the low price does not bode well for the state legislature's efforts to pass a balanced budget that meets the needs of the state's citizenry.

2015 was a tough year. Next week we'll have a new governor and a fresh perspective. Will we see tax increases or budget cuts? I wish for goodwill and good care for our state's senior citizens in 2016. I trust our legislative leadership will too.

Joe Donchess
Executive Director

Corporate Compliance Education



Author: [Karen Goldsmith](#) of Goldsmith & Grout, PA

The regulations proposed by CMS which will likely go into effect in the spring or early summer of 2016 include the criteria that the survey teams will use in assessing your corporate compliance program (“Program”). The regulation states within its body that every facility must have a Program in place one year after the rule goes into effect.

That gives us plenty of time to get it together, right? Sorry, that is wrong. One reason it is wrong is that the educational component is going to require time – time to prepare, time to educate, time to reeducate.

Corporate compliance programs don’t spring out of the ground like daisies. Preparation of a Program takes many long hours and much attention to detail. A canned Program may be helpful but it is not the solution. Each facility needs a Program specific to its population, facility peculiarities and the needs of the residents.

The educational part is particularly challenging. All staff needs to be trained. Here are several ideas for you to consider.

General training should begin on orientation. The importance of the Program, how it works, the goals it is supposed to achieve and the role of the new employee must be stressed. Employees need to know that you take your Program very seriously and expect each employee to fulfill his individual responsibilities. In fact, there should be a mechanism for discipline if an employee does not report an issue he is aware of.

Do not try to teach the whole program during orientation. There is enough to learn about the facility, the job responsibilities and the residents that this is just an added burden on the new staff member. Introduce them to the Program, give them a copy and promise more to come.

We have found that training on the Program in small segments works best for everyone. Staff members absorb more and have more of an opportunity to ask questions and share “war stories.”

One method we are using in a facility we represent is educational modules on various topics. These are prepared in PowerPoint and can be used as slides for a presentation or in-service. They can also be used individually by staff on a facility computer. Staff is paid for the time spent on the training module. Each contains about 20 minutes of material with time set aside for questions and answers. As we develop a library of frequently asked questions we will include them as part of the PowerPoint for those who are doing the modules on the computer.

One module that we have completed is on Fraud and Abuse. The module introduces the employee to the concepts of fraud and abuse in the health care setting. It explains how improper activity in health care as opposed to the ordinary business world differs in many aspects. The slides list that which is unacceptable and the exceptions as set out in the Safe Harbors and other places. The module includes information on qui tam actions.

Each module ends with a short quiz to ensure that the staff member absorbed enough of the materials to be an effective steward of the Program. The results of the testing are maintained in the employees’ permanent files. If the employee does not achieve a passing score, he must review the module until he does pass.

From time to time management will approach random employees and ask them questions to see if they are understanding the Program. If not, remedial action is taken. We have always looked at the Corporate Compliance Program requirement in a bit of a vacuum. The thinking was that only cursory examination of the Program by the government would occur once all the parameters were in place. Given that CMS has chosen to actually develop regulations within the survey process itself suggests that the Program is going to be scrutinized more closely than anticipated.

This gives us more reason to get working on the Program, now that we have a strong hint of what CMS will be looking for in the proposed regulations. Don’t rely solely on these regulations to prepare your Program. There are lots of good materials on the internet that can help you along, many of which are prepared by the federal government. Take advantage of them.

AHCA/NCAL Inaugural Quality Summit Registration Deadline



It's the New Year and there is no better way to start it off than by attending the [AHCA/NCAL Inaugural Quality Summit](#). The Quality Summit will be held February 9-11 in San Antonio, but the [registration](#) deadline of **January 12** is approaching fast.

The new Quality Summit, now combines the AHCA/NCAL Quality Symposium and the NCAL Spring Conference to create this powerful, must-attend event. This merger makes it even easier for you to enjoy

top-notch speakers, priceless networking opportunities with your peers, and relevant training on key quality improvement topics that will ensure you reach your personal and professional quality goals. The summit offers a broad spectrum of programming designed for quality practitioners at all levels and in all long term care settings. Earn up to 12.75 CEUs and return home with fresh ideas and inspiration.

Advance Care Planning News



LaPOST
A HEALTH CARE QUALITY FORUM INITIATIVE

Effective January 1, 2016, the Centers for Medicare and Medicaid Services (CMS) will reimburse physicians and other qualified health care professionals if they choose to have advance care planning, or end-of-life care discussions with their Medicare patients.

This new rule will help to ensure that patients receive the type of care they want in the event that they are diagnosed with a life-limiting illness or are no longer able to speak for themselves.

These advance care planning discussions will be reimbursed by CMS as a separate and billable service. There are currently two procedural terminology (CPT) billing codes for advance care planning. These codes can be used alone or in addition to an E&M (if a separately identifiable service is provided) with the 25 modifier.

- CPT Code 99497: This code covers a discussion of advance directives with the patient, a family member or health care representative with or without completing relevant legal forms for up to 30 minutes."
- CPT Code 99498: This code is an add-on to CPT Code 99497 and covers an additional 30 minutes of discussion regarding advance care planning.

Under the 2016 fee schedule, advance care planning can also be an optional and reimbursable element of Medicare's annual wellness visit with the use of the 33 modifier.

Health care providers and professionals will need to document advance care planning discussions. This documentation should include the patient's name, the date of the conversation, the length of the conversation, the topics discussed and an overview of any materials or resources given to the patient as well as the outcome of the conversation. An example of how to document such a discussion follows:

" On Jan. 1, 2016, I had a 30 minute discussion with Jane Doe about advance care planning. We discussed the need for a health care power of attorney to identify the person who will make decisions about her care if she becomes unable to make those decisions for herself. I provided her with blank copies of health care power of attorney and advance directive forms along with information about how to complete these documents and make such decisions. Jane will return these documents on her next visit after discussing them with her family."



Resident Activity Director Certification Workshop

When

March 8 - 11, 9:00 AM - 6:00 PM; Registration begins at 8:00 a.m.

Where

Come join us at [Paragon Casino Resort](#) in Marksville, LA.

Cost

The registration fee is \$525 for LNHA members and \$1,050 for nonmembers. Hotel not included. Continental breakfast and lunch will be provided each day. Registration deadline is Tuesday, March 1, 2016. To make a hotel reservation, call 800.642.7777 and use the group code [LNHA08G](#) to receive a special rate.

Additional details

This workshop consists of four days of nine hour sessions. Registrants must attend all sessions in their entirety in order to receive certification. Upon completion of this workshop, participants will be certified to work as an Activity Director in Louisiana nursing facilities. Completion of this course is recognized by the State of Louisiana as meeting all state and federal requirements for certifying an Activity Director.

To register, visit www.lnha.org and click on the calendar icon. Select the event you're interested in and begin registering. Once you've registered online, mail check to 7844 Office Park Blvd., Baton Rouge, LA. 70809 or contact Susan Helm at the LNHA office at 225.927.5642 to pay by credit card.

Cancellation Policy

Written cancellation of a registration received in the LNHA office at least ten days prior to the program will be refunded in full. Otherwise, one-third of the fee will be retained or billed for administrative costs. Payment must accompany or follow registration. LNHA will not send out a bill.

Questions?

Contact Maureen Velez, Education Liaison, at 225.927.5642 or at mvelez@lnha.org.

Space is limited! Register today at www.lnha.org.

LNHA's Upcoming Events and Save the Dates!



New events have been added to the [News and Events web page](#) and to the e-calendar. To register for an event, visit www.lnha.org and click the calendar icon on the home page and select the appropriate event.

UPCOMING EVENTS:

- January 26-27, 2016: MDS Training Update, Metairie (REGISTRATION IS CLOSED)
- January 28-29, 2016: MDS Training Update, Marksville (REGISTRATION IS CLOSED)
- March 8-11, 2016: Resident Activity Director Certification Workshop, Marksville

SAVE THE DATES:

- May 3-4, 2016: LNHA Spring Conference, Baton Rouge



LNHA Facilities Earn Deficiency-Free Survey

Nursing facilities are under great scrutiny and many continue to provide a high level of care and service.

LNHA congratulates the following facilities for achieving a deficiency-free annual survey:

1. Camelot Place, Rayne
2. Lakeview Manor, New Roads
3. Pelican Pointe Healthcare and Rehabilitation, Maurice (2014 & 2015)
4. Sterling Place, Baton Rouge (2014 & 2015)

LNHA appreciates your hard work, compassionate care and unyielding commitment to provide quality services to your community.

If your facility achieves a deficiency-free annual survey and would like to be recognized in the *Lagniappe* newsletter, contact Karen Miller at kmiller@lnha.org.



The *Lagniappe* newsletter is published twice a month by the Louisiana Nursing Home Association, 7844 Office Park Blvd., Baton Rouge, LA 70809, 225.927.5642. *Lagniappe* is provided as a membership benefit. Executive Director: Joseph Donchess; Communications Director: [Karen Miller](#).