June 29, 2017

POLARIS PULSE

An Informational Bulletin Brought To You By Polaris Group

Requirement to Reduce *Legionella* Risk in Healthcare Facility Water Systems

The bacterium Legionella can cause a serious type of pneumonia called Legionnaires Disease (LD) in persons at risk. Those at risk include persons who are at least 50 years old, smokers, or those with underlying medical conditions such as chronic lung disease or immunosuppression. Outbreaks have been linked to poorly maintained water systems in buildings with large or complex water systems including hospitals and long-term care facilities. Transmission can occur via aerosols from devices such as showerheads, cooling towers, hot tubs, and decorative fountains. In a recent review of LD outbreaks in the United States occurring in 2000–2014, 19% of outbreaks were associated with long-term care facilities and 15% with hospitals per the CMS, June 2, 2017 Survey and Certification Memo.

Pertinent regulations include, but are not limited to, the following:
42 CFR §483.80 for skilled nursing facilities and nursing facilities:
"The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections." CMS expects Medicare certified healthcare facilities to have water management policies and procedures to reduce the risk of growth and spread of Legionella and other opportunistic pathogens in building water systems. Environmental, clinical, and epidemiologic considerations for healthcare facilities are described in the June 2017 CDC toolkit.

Surveyors will review policies, procedures, and reports documenting water management implementation results to verify that facilities:

- Conduct a facility risk assessment to identify where Legionella and other opportunistic waterborne pathogens (e.g. Pseudomonas, Acinetobacter, Burkholderia, Stenotrophomonas, nontuberculous mycobacteria, and fungi) could grow and spread in the facility water system.
- Implement a water management program that considers the ASHRAE industry standard and the CDC toolkit, and includes control measures such as physical controls, temperature management, disinfectant level control, visual inspections, and environmental testing for pathogens.
- Specify testing protocols and acceptable ranges for control measures, and document the results of testing and corrective actions taken when control limits are not maintained.

To read the complete CDC toolkit: http://polaris-group.com/news_releases.asp

To read the complete CMS Survey and Certification Memo: http://polaris-group.com/news_releases.asp

CMS Releases Advance Guidance for Emergency Preparedness Rule

The Centers for Medicare & Medicaid Services has published an advanced copy of interpretive guidance for its final emergency preparedness rule for healthcare providers. On June 2, 2017 The Centers for Medicare and Medicaid Services (CMS) published an advanced copy of interpretive guidance for it final emergency preparedness rule for healthcare providers. In the Memo, CMS shared an advanced copy of a new Appendix Z for the State Operations Manual (SOM) pertaining to emergency preparedness. The advanced copy will "vary slightly" from the final version, CMS said. The rule, issued last September, applies to all healthcare facilities and will be implemented on November 15, 2017. Long-term care providers will have to meet additional standards under the rule, such as having emergency and standby power systems. They must also create plans regarding missing residents that could be activated regardless of whether the facility has activated its full emergency plan.

The interpretive guidelines and survey procedures in this appendix have been developed to support the adoption of a standard all-hazards emergency preparedness program for all certified providers and suppliers while including appropriate adjustments to address the unique differences of each provider.

POLARIS GROUP™ Strategic solutions for health care
POLARIS PULSE

Similar to how Life Safety Code (LSC) requirements have a set of K-Tags that are utilized for citations for multiple provider and supplier types, the emergency preparedness requirements will have a set of tags that will be utilized to cite non-compliance for all 17 provider and supplier types included in the final rule. The tags for emergency preparedness will be "E" Tags and accessible to both health and safety surveyors and LSC Surveyors. State survey agencies will have discretion regarding whether the LSC or health and safety surveyors will conduct the emergency preparedness surveys.

Surveying for compliance with the emergency preparedness requirements will begin November 15, 2017. The current survey processes and enforcement procedures for each provider and supplier type will remain the same.

To read the complete CMS memo: http://polaris-group.com/news_releases.asp

CMS Issues Proposed Revision Requirements for Long-Term Care Facilities' Arbitration Agreements

The Centers for Medicare & Medicaid Services (CMS) issued proposed revisions to arbitration agreement requirements for long-term care facilities.
The Reform of Requirements for Long-Term Care Facilities Final Rule published on October 4, 2016 listed the requirements facilities need to follow if they choose to ask residents to sign agreements for binding arbitration. The final rule also prohibited pre-dispute agreements for binding arbitration. CMS reviewed and reconsidered the arbitration requirements in the 2016 Final Rule and published proposed revisions to the requirements on June 5, 2017. The proposed rule focuses on the transparency surrounding the arbitration process and includes the following proposals:

- The prohibition on pre-dispute binding arbitration agreements is removed.
- All agreements for binding arbitration must be in plain language.
- If signing the agreement for binding arbitration is a condition of admission into the facility, the language of the agreement must be in plain writing and in the admissions contract.
- The agreement must be explained to the resident and his or her representative in a form and manner they understand, including that it must be in a language they understand.
- The resident must acknowledge that he or she understands the agreement.
- The agreement must not contain any language that prohibits or discourages the resident or anyone else from communicating with federal, state, or local officials, including federal and state surveyors, other federal or state health department employees, or representatives of the State Long-Term Care Ombudsman.
- If a facility resolves a dispute with a resident through arbitration, it must retain a copy of the signed agreement for binding arbitration and the arbitrator's final decision so it can be inspected by CMS or its designee.
- The facility must post a notice regarding its use of binding arbitration in an area that is visible to both residents and visitors.

CMS Extends Comment Period on Revisions to Case-Mix Methodology

Long-term care providers will have 60 additional days to weigh in on potential revisions to the prospective payment system's case-mix methodology, under a memo issued by the Centers for Medicare & Medicaid Services (CMS) June 14, 2017. The comment period new deadline is August 25, 2017 at 5PM.

The proposition is an advanced notice of a proposed rulemaking for Fiscal Year 2019. The original call for comments came out in April 2017 with the updates for the Fiscal Year 2018 SNF payment rules.

The proposition would revise the case-mix methodology, replacing the RUG-IV with the RCS-I case mix model. The changes included in this proposition are meant to increase the focus of treatment on the patient, rather than the payment. The new model would make changes such as separating therapy time from payment. This would mean steps such as limiting the amount of time spent in group therapy to ensure a proper amount of time is spent in individual therapies.

For the complete SNF Case-Mix advanced notice of proposed rulemaking: http://polaris-group.com/news_releases.asp

You may submit electronic comments on this regulation: http://www.regulations.gov.

 3030 N. Rocky Point Drive, Suite 240, Tampa, FL 33607 813-886-6500, www.polaris-group.com

POLARIS GROUP™
Strategic solutions for health care

POLARIS PULSE

Polaris Group Solution Center Hotline Q&A "Where No Question Goes Unanswered!"

Question:
We have a resident admitted for our facility on Medicare Part A, they went back to the Hospital the next day. Therapy evaluated and treated them on the day of admission and provided a total of 83 minutes. Would this qualify for a short stay?

Answer:
Yes, if the resident met the rest of the short stay criteria.

Question:
I have a resident admitted on Medicare Part A for skilled therapy and nursing. All therapies were discontinued 6/18/17 on day 33 of the stay. I set the EOT ARD for 6/18/17 because we are keeping them skilled on nursing for wound care and IV therapy. What would be the next PPS MDS that I would complete in this situation?

Answer:
The next PPS MDS would be the 60 MDS. To confirm accurate ARD choice, the End Date of therapy on the MDS is the last day resident received therapy. You say "therapy ended" on 06/18/17; if therapy was given that day, then the ARD choice must be 1-3 days after therapy ended, so would need to be 06/19. 06/20 or 06/21. You are still in the allowable window to re-set the EOT ARD if needed.

Question:
We have a resident that has been using their Veterans (VA), benefits but now would like to use their Medicare Part A benefits can they do this or do they have to continue to use the VA benefits? Would the VA benefits be considered a Medicare Secondary Payer to Medicare?

Answer:
Yes the resident can use their Medicare Part A benefits for skilled services for a post-acute stay in a SNF as long as they meet all the Medicare Part A qualifications for skilled services and are admitting into the SNF within the 30 day transfer rule period. The VA is not considered a Medicare Secondary Payer (MSP).

2017 WEBINAR TRAININGS
Polaris Group is pleased to offer the following
CEU approved live Webinars

	Date
Supervisory Skills Training Series	
Part 1: Communication Skills to Improve Staff Retention	7/11
Part 2: Coding to Improve Staff Performance	7/12
FINAL Rules Training	
Overview of Final Rules of Participation for LTC	7/14
Dementia Care Training Series	
Dementia Care & Psychotropic Drug Use	7/17
Direct Caregiving to Persons with Dementia	7/26
Comprehensive Billing Training Series	
Part 5: No Pay & Benefit Exhaust	7/13
Part 6: Atypical Claims	7/24
Part 7: Medicare Beneficiary Notices	7/25
Part 8: Diagnosis Coding	8/4
Part 9: FISS Navigation	8/7
Part 10: Business Office Practices	8/8
Part 11: Medicare Risk Management	8/9
Part 12: Managed Care	8/17
Part 13: Medicare Secondary Payer	8/29

Please join us!
For further information, please contact the Webinar Department at: 800-275-6252 ext. 250
or register online at: www.polaris-group.com

POLARIS GROUP LTC TRAINING INSTITUTE

Comprehensive 3-day training workshops to implement a

Training Workshops for LTC
Current 2017 Dates & Locations:

Medicare & PPS Compliance for SNFs
July 18-20 Las Vegas, NV

SNF Billing - Basics & More
September 19-21 Orlando, FL

Surviving MAC/RAC/ZPIC Audits
November 8-9 Orlando, FL

Advanced Billing for SNFs
August 22-24 Las Vegas, NV
November 14-16 Tampa, FL

POLARIS PULSE is an informational newsletter distributed to **POLARIS GROUP** clients. For further information regarding services or information contained in this publication, please contact **POLARIS GROUP** corporate headquarters at 800-275-6252.

Contributors:
Debora Glatfelter, RN, RAC-CT
Victor Kintz, MBA, CHC, LNHA, RAC-CT, CCA
Marty Pachciarz, RN, RAC-CT
Cynthia Wilkins, RN, MSN, LNHA
Wendy Erickson, BSN, RN, RAC-CT, CCA

Editor:
Chuck Cave, BS, CHC

Production Manager:
Mica Meadows

