



Update

Taylor aids vets

Fred Taylor, administrator of The Springs at Lake Pointe Woods in Sarasota, will be working with Family Forum to develop veteran services, including outreach to patients and families served by Florida's five VA nursing homes. Taylor is a thrice-decorated Vietnam combat veteran who was 2000-01 National Commander of the Military Order of the Purple Heart, the only Congressionally-chartered veterans organization exclusively for combat wounded veterans.

Medicare, Medicaid cuts

President George W. Bush released his budget recommendations for 2006, and both Medicare programs for nursing home care and Medicaid senior care programs take huge cuts. Bush proposes a \$1.5 billion reduction — \$24 billion over ten years — to nursing home care, and another \$40 billion over ten years in Medicaid senior care programs. American Health Care Association President/CEO Hal Daub urged members of the House Ways and Means Committee and the Bush Administration to stop the disproportionate cuts. "Cuts of this magnitude may jeopardize the recent quality gains achieved through our successful...partnership with the federal government and our profession's own voluntary initiatives."

Florida in Gold Circle

The American Health Care Association reports 100 percent of FHCA member nursing homes have taken the "Quality First" pledge to principles of continuous nursing home quality improvement. FHCA's own Quality First Credentialing program — which has been a condition of FHCA membership since 2001 — served as a national model for assessing and improving quality performance in nursing homes.



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Families: Don't shortchange nursing home patients!

Legislators get an earful during statewide Medicaid reform hearings

Shortly after Florida Senate President Tom Lee (R-Brandon) and Speaker of the House Allan Bense (R-Panama City) named select committees to study Medicaid reform proposals, the two panels began conducting joint public hearings to gain input from Medicaid recipients and providers who would be affected. During February hearings in Tampa, Ft. Lauderdale, Orlando and Panama City, nursing home patients, their family

members, social service representatives, health care providers and others involved in the health care system for the poor urged the panels not to rush into Gov. Bush's plan to rely on managed care providers to contain growth in Florida's \$14.7 billion Medicaid program, of which nursing home care consumes almost 18 percent.

Family Forum involved

"At some point my mother will spend down her assets and need to convert to Medicaid," Family Forum member Fred Grimm told lawmakers in Orlando. "Will it still be there for her?"

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One-on-One with Sen. Paula Dockery

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Gov. Jeb Bush proclaims state 'Treasures' day

Year-long observance continues across Florida

Tuesday, February 15th was proclaimed "Caring for Our State's Treasures" Day in Florida, a day to honor Florida's elderly for their many contributions to our state and nation and to honor all those who provide the hands-on care that enables the elderly to live in dignity. The proclamation singles out members of the Florida Health Care Association who provide "professional and compassionate care" on a daily basis.

"Our elderly patients truly are our state's treasures," FHCA Secretary Deborah Franklin said. "We show our appreciation for all they have done for us

by attending to their medical, physical, social and emotional needs."

Morale, outreach

The concept for "Caring for Our State's Treasures" Day, the proclamation and the other "Treasures" materials was the work product of an FHCA Consumer Relations Committee subcommittee named by Region I Vice President Michael Alexander, chairman of the committee. Members included FHCA Secretary Franklin, Region II Vice



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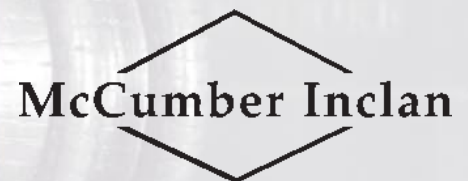
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by **Dion Sena**
FHCA President

Nursing home ‘miracle workers’

It's the steady, daily dedication of LTC professionals that makes a difference

I'm sure you read the remarkable story of the Kansas woman who began speaking after 20 years of near-comatose silence. The woman had been cared for in a nursing home since 1984, after she suffered massive head and body injuries from a drunken driver. Doctors described her sudden recovery of speech as a “miracle.” Further down in the story were the details of how the nursing home's activity director and speech therapists had been steadily working with her over the years. These dedicated people never, ever gave up on her.

Perhaps seeing more moving stories like this may begin to turn the tide of public sentiment and increase sensitivity and awareness of the dedication of *all* nursing home professionals. If we remain committed to advocacy initiatives, including “Treasure our Elders” and Family Forum, soon it *won't* be a miracle to see our heartfelt mission translate into headlines like, “Nursing Homes Work Miracles Through Dedicated Professionals!”

Showdown in Tallahassee — We are definitely ready to go!

Speaking of those dedicated LTC professionals, I was totally energized after FHCA's Long Term Care Professionals Forum in Tampa last month. In addition to FHCA members from across the state, we hosted representatives from almost every allied and/or affiliated group in long term care, including physicians, nurses, CNAs, social workers, activity directors and dietitians. I think many people came away from the forum with a much better sense of the tremendous challenges we face this year as Gov. Jeb Bush and the legislature consider ways to reduce the growth in Medicaid spending through “reform.”

I have great respect for our governor and I have no disagreement with him that it's necessary to trim the increase in total Medicaid spending, but good ideas and good intentions don't necessarily make good laws. What counts is whether what you end up with is an improvement over what you had to begin with. I hope state legislators carefully weigh all their options before making any sweeping changes

The same goes for Congress, which is currently considering a \$25 billion reduction in long term care Medicare funds and a decrease of \$40 billion for Medicaid senior care programs, both over the next ten years. How can nursing homes be expected to maintain access and quality when their revenue is removed? Funding yields quality. Lack of funding yields problems. Legislators, the answers are simple, but they are not easy.

Strong advocacy

As for us, this year, more than ever before, long term care providers must stand together in support of each other and our patients. I strongly urge you to continue your formal and informal advocacy on their behalf. We may not achieve all our legislative goals — we may even have to ultimately accept legislation we're not crazy about — but having a strong advocacy effort strengthens our hand in negotiations.

I'm also very excited about Family Forum and the active role it is playing in helping the families of our patients express their concerns to legislators. They are powerful and articulate allies in our struggle to help legislators better understand the critical importance of adequately funding for nursing home patients.

Update: Home-based care

In October 2004 FHCA *Pulse*, I talked about how the hurricanes we experienced pointed out just how fragile and threadbare our state's system of home-based care really is, and warned that such a rickety system may not be reliable in a new era of expanded home- and community-based elder care.

The same appears to be true in North Carolina, according to a series of investigative stories published last month in the *Winston-Salem Journal* under the heading,

“A System Ignored and Frayed.” The newspaper looked at home-health providers and found insufficient oversight, questionable hiring practices and a pattern of abuse, neglect and stealing from or otherwise misusing the trust of patients in their own homes.

Whether it's North Carolina, Florida or anywhere else, the guiding principles of elder care should always be:

- The person receives the level of care he or she needs
- The setting and services provided should change as the need changes
- The services should be of high quality
- All final care decisions should be made among the person, physician and family, *not* an HMO official

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by Karen Goldsmith
Goldsmith, Grout
& Lewis
FHCA Legal Consultant

Balancing risk with rights

How to avoid being caught in the middle

Recently, the Texas-area Centers for Medicare & Medicaid Services office issued a letter stating that undercooked eggs should not be served in nursing homes. This includes soft cooked eggs, “over-easy” eggs and, of course, raw eggs. While this directive did not emanate from our regional office so does not bind us, the rationale for CMS’ position was very enlightening. While we have known forever that we must weigh risks against nursing home patients’ rights, it is rare for CMS to articulate this position in writing.

CMS relied upon this balancing in its determination that the risk of raw or undercooked eggs exceeds the patient’s right to demand that they be served to him. In every nursing home every day this same balancing act must be performed. We look at the potential consequences against the patients’ rights and make decisions. We are always subject to the Agency for Health Care Administration or CMS reweighing our options and finding that we have committed a violation of the patients’ rights, almost certainly a “G,” Class II, because the patient or his family will undoubtedly claim mental harm.

Every nursing home patient has the right to have personal belongings in his/her room. A gun or a butcher knife would certainly be objects that you could refuse in your facility, but rarely is the item so clearly a danger. Too much furniture, furniture with sharp edges, a large screen television that balances precariously on the patient’s dresser are more likely to cause administration to gnash its teeth and struggle with the decision as to whether the item can be kept in the facility.

Sensible policies and procedures help. If patients and families know up front what is acceptable, the inevitable struggle over rights can be diminished.

Take steps to honor the patient’s wishes whenever you can. The fear that a roommate may pick up a small item and choke on it could be alleviated by a change of roommates.

Fear that a smoking patient’s materials will be snatched by a demented patient who sets herself on fire can be eliminated by a policy and procedure that precludes patients from having smoking materials in their rooms. You may make an exception for the patient who carries his cigarettes on his person and locks them in his drawer at night, but that individual must understand that if he breaks the rules, he will lose that privilege.

In my opinion, it is okay to have specific smoking times, but they must be reasonable so that a patient can smoke frequently if he desires. Clearly, a specified smoking area is preferable. Supervised smoking is also fine. A no-smoking policy can

only be put in place for new patients. Those who have been smoking in your facility prior to the new policy must be accommodated. We are awaiting some guidance from AHCA on this issue.

If a patient has furniture that is dangerous or cumbersome, you can refuse to let the patient bring that furniture in. Try to accommodate the patient in another way. Help him hang his pictures, build him a shelf for his bowling trophies — little helps that may make it easier for the patient to give up his other belongings.

Family members

Family members create a different problem. Family members do not have rights. The right belongs to the patient. If a patient wants to see a family member, he may. If he does not, you have the duty to protect the patient from the individual. Even with family visitation, you have the right and in fact, obligation, to weigh the risks against the patient’s rights. If a relative comes to visit drunk, you have the right to eject that person. If the family member comes in late at night and wakes the patient’s roommate, you have the right to bring the patient to another area for visitation. If the family member breaks the rules thus endangering others in the facility, you must counsel with that person and tell them that the consequences of future problems will be restrictive visitation.

When you make these decisions, document the options you have considered. You must make every effort to accommodate the patient, but when this is not possible, you do not need to. For example, if your policy is not to serve undercooked eggs, and as in the CMS letter, this decision is based upon valid information, then you need not meet the patient’s demand for soft boiled eggs. Good documentation will help you explain to the surveyors why you took this action and, hopefully, eliminate a deficiency.

State vs. federal citations

There is still a great deal of confusion regarding the effect of a Division of Administrative Hearings hearing on scope and severity. There is no direct effect.

Scope and severity (A through L classification) is a federal concept. Class I, II, III and IV, while based on scope and severity, is a state concept.

When you get a deficiency you will receive both a letter and Roman numeral classification. If you receive a federal sanction, you will get a letter from CMS imposing the sanction. If the time passes as set out in that letter, the sanction

CONTINUED ON PAGE 9

Editorials from across Florida

Go slow

“To comprehend what is at stake, consider that one-third of Medicaid recipients consume two-thirds of the dollars. Nursing home residents and people with serious illnesses and grave injuries account for the bulk of expenditures. Healthy babies don’t need expensive care. Disabled and sick adults do...Bush’s proposal is a good starting point for discussion as the Legislature wrestles with increased costs, but it may take years to implement lasting solutions. Go slow. Be careful. Let no untested assumption guide reform. Bush’s plan may lead to a pilot program. Or it may take another form. The important thing is to let the debate begin.”

— *Tampa Tribune*, January 13, 2005

Troublesome

“Lawmakers...should be wary of jumping on Bush’s bandwagon too quickly. Yes, Medicaid costs must be reined in because the current pace is unsustainable. And targeted coverage sounds sensible, at first blush. But the fact is, one-third of Florida’s Medicaid participants consume two-thirds of the program’s budget. Nursing home residents and people with serious diseases and injuries account for the biggest chunk of Medicaid expenditures. Bush’s proposal is troublesome in that insurance with limitations restricts accessibility to all the types of care. So what happens when a Medicaid patient isn’t covered for a particular type of care? Or the coverage runs out? Or the insurer closes up shop and leaves Florida?”

— *Ocala Star-Banner*, January 14, 2005

Won’t be easy

“This won’t be an easy fix, or a quick one. The Florida Legislature and the U.S. Department of Health and Human Services must approve any changes to Medicaid. Bush has broached a bold idea, but he’d be wise to consider input and contrary views from the medical community, local governments and Medicaid recipients in crafting any reform... Nevertheless, Bush

is right to worry about Medicaid’s encroachment upon the state’s budget. In developing a new Medicaid program, however, he and the Legislature must make certain they don’t turn the poor into casualties of reform.”

— *South Florida Sun-Sentinel*, January 15, 2005

Politically tough

“Part of the problem here is that Medicaid nursing home care is becoming a middle-class entitlement, as people either use up their savings on nursing homes or more cleverly transfer assets to qualify for Medicaid in time for their need of it. Cutting benefits for the poor is one thing, doing it to the more powerful middle class will be much tougher politically... We don’t know if Gov. Bush’s sweeping plan will work; nobody does. It requires federal approval as well as the Legislature’s OK, and would take several years to phase in. But pain is the unavoidable prescription. Let our leaders in Tallahassee know that whether you go along entirely with Bush’s proposals, you understand that tough measures are needed.”

— *Ft. Myers News-Press*, January 18, 2005

Serious implications

“The Medicaid proposal also holds serious implications for the growing number of Floridians in nursing homes. Bush wants to force low-income seniors (who would otherwise be eligible for Medicaid) into Medicare HMO plans that would purportedly cover the same care. Yet the new plans come with no guarantees of coverage — and no answers for nursing homes with Medicaid-eligible seniors, who will be suddenly forced to negotiate with a wide array of private plans...(T)he sheer scope of Bush’s plan — which represents a wholesale leap into privatization, and a wholesale shift of responsibility onto individual recipients’ shoulders — is too big a gamble. Legislative leaders are right to be wary.”

— *Daytona Beach News-Journal*, January 30, 2005

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CMS wants to 'reach out' on prescriptions



by LuMarie Polivka-West
FHCA POLICY AND QUALITY
ASSURANCE DIRECTOR

Last month the state associations for nursing homes, hospitals and hospices, along with representatives from some of the state survey and Medicaid agencies and the Quality Improvement Organizations, met with key Centers for Medicare & Medicaid Services staff led by Rose Crum-Johnson, Regional Administrator for the southeastern United States, to discuss concerns within the states and new initiatives coming from CMS, primarily the new Medicare Part D drug benefit.

According to CMS, the new key word is "reaching out," and CMS is committed to continue the dialogue with providers and to make it constructive. "We will work together; we *have* to work together on successfully implementing the major changes to Medicare and Medicaid," Ms. Crum-Johnson said. The changes in the two programs are the most sweeping since their original implementation in 1965.

The CMS presentations focused on the necessity to reach out through the provider network to inform Medicare beneficiaries, especially the dual Medicaid/Medicare eligibles, of the requirement to sign up for the drug benefit within the time frames allowed. Part D coverage will begin in January 2006 and the pharmacy requirements for nursing homes will have a major impact. We'll make sure there will be information provided at the FHCA 2005 Annual Conference for members. (See *LTC Business News*, page 14.)

Let's hope we see results

Scope/severity

FHCA Executive Director Bill Phelan and I represented the Florida facilities and raised several critical issues on your behalf. For example, we raised the concern about the difficulty with the scope/severity grid application of "Actual Harm" equating to a "G," "H" or "I," while "the potential for" directs surveyors to the "Immediate Jeopardy" level of citation. The CMS response was that surveyors are supposed to use professional judgment in determining the appropriate level of citation.

Incidents

Several of the other states' representatives questioned the focus on negative reporting of "incidents of unknown origin" where the general public may not fully understand the risks of caring for a frail, aging population and misconstrues the excessive reporting for actual incidents of willful harm or neglect rather than, say, simply not knowing the cause of a bruise, etc. Other comments on nursing home concerns related to the disconnect between the public's desire for long term care and their unwillingness to adequately fund the system either through private financing or increased taxation. The coming of the Baby Boomers was noted as a major concern for all public policy makers and the provider community.

Online manual

CMS representatives provided helpful information on the "CMS Online Manual System" that replaced the program memoranda, or PMs, as we have come to know and love them. The online system provides a centralized location for Medicare and Medicaid policies, and is organized by functional areas: Eligibility, Entitlement, Claims Processing, Benefit Policy and Program Integrity. Providers may subscribe to the system at www.cms.hhs.gov/providerupdate/main.asp.

New dignity protocol

If you missed the recent state agency training around the state, you will want to get a copy of the Agency for Health Care Administration's new "Dignity Protocol" and provide training to your facility staff. We have learned of several survey outcomes that follow the "Best Practice Guide" that was distributed at the recent training and now posted on the FHCA Web site. Go to www.fhca.org and click on "What's New." According to AHCA's Susan Acker, the guide was developed in conjunction with a review of deficiencies identified at *Code of Federal Regulations* 483.15(a) during the six-month period of August 2002 through February 2003. The five areas of potential non-compliance highlighted for caregivers and providers include:

- Respecting care needs
- Maximizing the dining experience
- Living in the secured unit
- Participating in activities
- Respecting the patient's room and personal space

Furthermore, the guide notes a link between the five areas of potential non-compliance and the following citation areas:

- CFR 483.15(e) (F164) - Privacy
- CFR 483.13 (b) (F223) - Abuse
- CFR 483.25(a)(2) (F311) Activities of Daily Living

"Best Practices for Compliance Related to Resident Dignity in Skilled Nursing Facilities" is helpful with scenarios of non-compliance and best practices provided for each of the five areas listed above.

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Families: Don't shortchange nursing home patients!

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Will she be forced to leave this excellent (nursing home) and be placed in one somewhere else that low-balls for an HMO?" Grimm urged lawmakers not to cut Medicaid funding. "If you want good care in the nursing homes, then you must pay what it costs to provide it."



Cameron

In Tampa, Family Forum member Suzan Cameron spoke of her mother's steady progress in the Brandon nursing home in which she has been a patient for five years. Among other things, Cameron warned against plans to eliminate nursing home bed-hold reimbursement when the patient needs a hospital stay. "It's called a nursing 'home' because it's the only home these people have."



Mason

In Ft. Lauderdale, Family Forum member Dee Mason and other family members from Shady Rest Care Pavilion in Ft. Myers spoke out, along with administrator Wes Edwards and Berkshire Manor (North Miami) administrator Maria Viola.

Sen. Lisa Carlton (R-Sarasota), chair of the Senate Select Committee on Medicaid Reform, told the *Tampa Tribune* the public hearings are helpful. "These are stories that we as legislators need to hear when we're talking about reformation of the system. It's good to put faces with numbers and caseloads and charts and graphs."

The final public hearing is scheduled for March 14th in Jacksonville.

Letters from across Florida

Neat and clean

"You treated her like one of your family and spent extra time with her when necessary...Her room was always neat and clean, her stuffed animals arranged in order for her and her bed always ready when she wanted to sleep. There was always someone to help her when needed and they always did so with patience and love. I can't say enough about the excellent and professional care she received."

— **Jean Frith**, to the staff at **University Center East**, DeLand, in praise of the care given her mother, **Viola Kirkland**

Angels on earth

"So many of you went the extra mile in her behalf to make her comfortable and feel loved. You also made us, her family, feel at home with your smiles, words of encouragement and attention to our needs — especially during Mama's final days. May God bless you for acting as his angels here on earth."

— **Mrs. Debbie Chase and family**, to administrator **Rebecca Matheny** and the staff at **Macclenny Nursing & Rehab Center**

* * *

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One-on-one with Sen. Paula Dockery

A candid conversation with one of the Senate's most influential voices.

Sen. Paula Dockery (R-Lakeland) was first elected to the Florida House of Representatives in 1996, then to the Senate in 2002. Her district includes parts of Hernando, Lake, Osceola, Polk and Sumter counties. She served on the Senate Health, Aging & Long Term Care Committee, which considers key nursing home legislation.

Pulse: Your mother-in-law lived in a Lakeland area nursing home for ten years until her death in December. What kind of job did the nursing home do?

Sen. Dockery: Fabulous. Not only did they take good medical care of her, they treated her like a member of the family. When we were there on a daily basis and saw her in her final days, every nurse, every employee down to the custodian would come in and hold her hand and kiss her on the head and call her “darling” and “sweetheart.” The people there more than just employees; they had a mission in life of love. They really were the closest things to angels.

Pulse: Gov. Bush has proposed sweeping Medicaid reform, moving more toward an HMO-style approach. A similar plan is on the table for nursing homes. What do you think?

Dockery: Something has to be done. Medicaid spending is growing so quickly in Florida that soon we'll be unable to fulfill our obligations in all the other sectors, and that's where the real crisis is. With the aging population we have in Florida, in ten to 15 years I don't know where we're going to be unless we come up with creative solutions.

Pulse: The governor has also proposed serious cuts to nursing home Medicaid funding.

Dockery: I don't know how nursing homes are making it. The nursing homes are doing a fantastic job, but they're not getting reimbursed at a rate through Medicaid or Medicare to be able to do what they need to do. I don't know that you can keep cutting. I don't see how we can expect nursing homes to do more with less.

Pulse: What about the minimum CNA staffing increase?

Dockery: There are two questions here. First, do we need the extra staff? Absolutely yes.



“I don't know how nursing homes are making it... I don't see how we can expect nursing homes to do more with less.”

The second question is whether the state can afford to pay for it, given that the Medicaid budget is growing and growing. Probably, the answer to that is no. But from a humanitarian standpoint, we can't afford not to.

Pulse: There is proposed legislation to require nursing homes to improve their emergency backup power supplies. Facilities could be required to buy high capacity generators.

Dockery: My five-county district in central Florida was hit hard by three of the four hurricanes, so I saw the need firsthand. I think as many facilities as possible should be self-sufficient so that they're not turning to the state or trying to find such a limited resource on the private market during a hurricane. As a Republican, I hate to see the state impose a mandate on private industry, but I think it would be in everybody's best interest for the generators to be there ahead of time. It's also reasonable that the state would help fund their purchase and installation.

Pulse: Since landmark nursing home reform legislation was approved in 2001, quality of care has improved, staffing has improved, complaints are down and other areas show quality gain. But the liability insurance situation is as bad as ever.

Some are suggesting additional tort protections for nursing homes.

Dockery: I would be supportive of additional tort reform protections. When people die, as they often do in nursing homes, we all want to blame someone or look for a reason for why it wasn't “that time.” I'd hate to see families being either gently or non-gently pushed into thinking there needs to be some sort of action to hold somebody accountable. What I've seen in facilities are people giving of themselves to make their patients' last days as happy and comfortable as possible, so it's hard for me to grasp how somebody might want to sue some overworked angel on earth. Let me be clear — any tort reform I would support would stop at criminal negligence, but you can't just keep blaming until you get to the deepest pocket.

Pulse: Should the state form a JUA-type insurance pool for nursing homes?

Dockery: No, the state should avoid whenever possible getting into private business. And these insurance pools, once in place, tend to have a great impact on rest of the market. I would rather fix problems than throw in a “safety net” that may cost even more.

Pulse: There's also legislation filed that would require criminal background screenings for all prospective nursing home patients.

Dockery: It's really not a bad idea. As people age, oftentimes their reasoning function seems to diminish. There is a kind of fearfulness that can come over people. I think (the law) would give families the confidence to say to their loved one, “No, that person is not out to harm you.” I also think it would be helpful for the employees to know the background of the people residing in their facility.

Pulse: Looking ahead, what do you see?

Dockery: We have to start planning for our own long term medical and health care expenses. We can't expect the government to provide all these services and meet the educational, environmental, and public safety needs of Floridians. Let me brag about my mother-in-law who managed to save money even though she worked piecemeal in a blanket factory. Her planning ahead and accepting responsibility for her own care sets a good example. It's every individual's and every family's responsibility to care for themselves and their loved ones. I would like to see all families contribute something toward the long term care of their family members.

Balancing risk with rights

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(e.g., civil money penalty, decert, denial of payment for new admissions) goes into place. You have 60 days from the date of the letter to seek an administrative hearing or waive that right in writing to get a 35 percent reduction in the CMP.

If you get a state sanction, you will receive either an administrative complaint or a notice. Either will give you the right to seek an administrative hearing. If you do challenge the state finding and either settle the matter or go to hearing and win, this does not automatically affect the federal findings (A-L) or even the existence of the deficiency at the federal level. This is because the law states that the deficiency shall be the higher of the state or federal determination. In other words,

the state can determine the deficiency did not exist but the feds can still believe that it does — the feds win. You still have a citation. However, state findings may be persuasive to get the feds to change their findings.

Conversely, if you go to a federal hearing and settle or prevail, that does not automatically change the state findings.

Because state sanctions arise from more scenarios than federal sanctions, you may find your facility challenging a state fine or conditional license but having no mechanism to challenge the findings at the federal level. If there is no federal sanction you have no opportunity to challenge the tag. Thus, your tag may be overturned at the state level and remain at the federal level.

Note to FHCA Pulse readers

In addition to all FHCA members and associate members, FHCA *Pulse* is also mailed to legislators, opinion leaders, reporters and state/federal regulators in Florida. The wider distribution allows others to better understand long term care and the daily challenges faced by the long term care providers we represent.

FHCA Welcomes New Members

NURSING HOME MEMBERS

Life Care Center of Estero, Estero
Life Care Center of Jacksonville, Jacksonville
Morton Plant Rehabilitation Center, Belleair

ASSOCIATE MEMBERS

EverCare, Miami
Single Source Services, Jacksonville Beach
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One **Prescription** at a Time
One **Person** at a Time

Gov. Jeb Bush proclaims state 'Treasures' day CONTINUED FROM PAGE 1

President Jo-Ann Grasso, FHCA District IX (Jacksonville) President Connie O'Donnell and FHCA Assistant Director of Quality Assurance Debbie Afasano. Each member in the past had undertaken similar morale-building and outreach efforts that were successful in their own facilities.

"Programs like these really help staff keep in mind why we are here and why we do this hard work," Debbie Afasano, a former DON, noted. "It also helps show visitors, volunteers and the patients that we respect and treasure those precious lives entrusted to our care."

The governor's official proclamation reads:

"WHEREAS, Florida's elders shaped the history of our state and nation by defending our freedoms and preparing us for the future; and

WHEREAS, our elders positively influence our quality of life through their physical and intellectual efforts that result in innovative advances in the arts and sciences, medicine, education and transportation; and

WHEREAS, Florida's elders deserve our respect and gratitude for their contributions to our state and nation; and

WHEREAS, Florida long term care providers consist of thousands of caregivers and health care associates who honor Florida's elders daily through their commitment to excellence, quality of care, integrity, compassion and respect; and

WHEREAS, the Florida Health Care Association is a federation representing long term care providers who believe the elderly people they serve are entitled to a supportive environment where professional and compassionate care is delivered;

NOW, THEREFORE, I, Jeb Bush, Governor of the State of Florida, do hereby extend greetings and best wishes to all those observing February 15, 2005 as *Caring for Our State's Treasures Day*."

All Year-long observance

"Treasure Our Elders" has the full support of Family Forum and the FHCA Quality First Credentialing Foundation. FHCA

members who come to Tallahassee to lobby their legislators one-on-one are given a "Treasures" button to wear as an attention-getter and conversation-starter. FHCA members are encouraged to host their own "Treasure Our Elders" events and efforts in their buildings throughout the year.

Getting your 'Treasures' materials



"Treasure Our Elders" buttons can be ordered via www.fhca.org. Click on "Online Store."

TREASURE OUR ELDERS

I, _____, do hereby pledge:

- To honor and respect my elders;
- To treat them with dignity in my interactions;
- To recognize their lifetime accomplishments;
- To appreciate the path they walked in life.
- I pledge to ease their burdens whenever possible;
- To be empathetic and compassionate;
- To listen to their stories;
- To preserve and share their histories.

Artwork for "Treasure Our Elders" pledge cards can be downloaded directly from the same location. The cards come eight to a sheet of 11x17" paper.



Download, print and display the official "Caring for Our State's Treasures" proclamation signed by Gov. Jeb Bush.

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Hampton Wade Hays

A lifetime of service to his country

Hampton Hays, who last month celebrated his 85th birthday, has enjoyed a long, productive and remarkable life. Born in Arkansas and raised in Missouri, today he lives in Springfield, Florida at Clifford Simms State Veterans Home, Florida's newest VA nursing home.

Hays graduated from high school in St. Louis in 1937. He studied electrical engineering at night school for six months while maintaining a full-time job as a motor tester in an electrical parts factory. At the outbreak of World War II, Hays had a wife and one-month-old son, but like so many men of his generation, he answered his nation's call to duty and enlisted, Hays in the U.S. Army Air Corps. Soon he was in air cadet training after scoring highest in his class on the aptitude test.

"A few months later they wanted to put me behind a desk doing office work, Hays chuckled. "I told them I didn't join the Air Force to sit behind no desk — I want to fly."

Combat ace

Hays definitely got his wish and soon was stationed overseas with the Ninth Air Force, 368th Fighter Group, 395th Fighter Squadron. He flew 74 combat missions over Germany and Belgium, first as P-40 fighter pilot, later flying the P-47 Thunderbolt, a fighter-bomber that could out-dive anything in the Luftwaffe.

"Those P-47s weighed seven-and-a-half-tons fully loaded. We had eight fifty-caliber machine guns with fifteen hundred rounds each, or we could carry three five hundred pound bombs," Hays readily recalled. "It was a one-man crew, me."

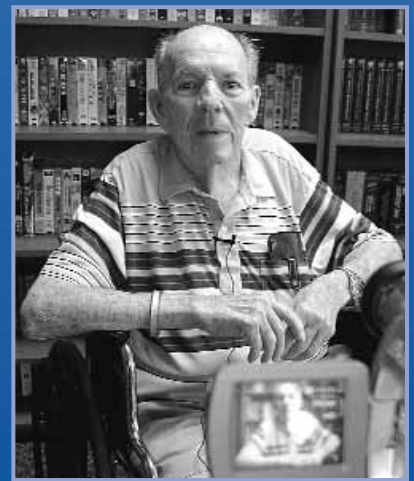
Hays flew missions in support of the famous Fourth Armored Division at the Battle of the Bulge, just six months after D-Day. He earned the Distinguished Flying Cross for taking out three hangars and 38 enemy aircraft on the ground during a daring raid. On later missions he was Squadron Leader, and returned every man home safely from every single mission. A landing crack-up and wound late in the war earned him a Purple Heart and an early trip home. Three months later, he was discharged from both the hospital and the armed forces as the

nation demobilized for peacetime. Back in St. Louis, Hays was finally home with his wife and now almost three-year-old son.

Revenue agent

Hays went back to school on the G.I. Bill and earned an accounting degree in just six months. A friend encouraged him to take the federal government aptitude test, which he did, and again scored high. ("I've always been good at taking tests. I still am.") A 30-year career with the Internal Revenue Service followed, all of which he served in St. Louis. Hays retired as a Revenue Agent (GS 13) only after a stroke and series of heart ailments and surgeries kept him sidelined. "I'm still living off the heart bypass surgery I had in 1970," he said proudly, pointing to the now almost invisible vertical scar above his sternum.

Hays and his wife raised three boys, two of whom later went on to military careers of their own. He moved to Florida to be near his son who was stationed at Tyndall Air Force Base. He remains active in the American Legion and has attended several unit reunions over the years.



Hampton Hays recently sat for an extended interview as part of FHCA's participation in the U.S. Library of Congress Veteran's History Project.

"I like it here — the food's okay and the people do a pretty good job, Hays said, looking out over the spacious dining area at Clifford Sims State Veterans Home.

FHCA honors Hampton Wade Hays and treasures his many contributions to our nation.

(FHCA Pulse will be profiling one of our state's treasures each month in subsequent issues of FHCA Pulse. To suggest a patient you think worthy, contact Ed Towey & Associates, Inc., at (850) 224-6242, or via e-mail, etowey@fhca.org.)

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Federally-deputized bounty hunters on the way?



by Edward J. Hopkins, Esq.

Florida nursing homes and other health care providers, suppliers and physicians should be alert for an impending Medicare three-year demonstration project that may result in the program seeking significant repayments of Medicare funds.

Section 306 of the Medicare Prescription Drug, Improvement, and Modernization Act requires the Secretary of Health and Human Services to test the use of “Recovery Audit Contractors” for identifying overpayments (and underpayments) under both Medicare Part A and Part B that may have been missed by fiscal intermediaries, carriers and other Medicare Affiliated Contractors. The Centers for Medicare & Medicaid Services have selected the three states with the highest per capita Medicare utilization — Florida, California and New York — in which to conduct the demonstration.

Throughout 2004, CMS conducted various forums with potential RACs, and in November issued two separate Statements of Work to which applicants were to respond. There are to be two separate projects: one for Medicare Secondary Payer issues, and the other for non-MSP issues. From the applicants responding to the Statements of Work, CMS will select shortly one RAC for MSP issues in each state, and one RAC for non-MSP issues (which may be the same contractor). Existing MACs and their affiliates are ineligible to be an RAC. The RACs are to be compensated on a contingency basis, based on the amounts recovered by CMS as a result of their efforts.

What RACs will do

In the MSP Statement of Work, CMS envisions the RACs identifying new MSP group health plan occurrences, and recovering mistaken primary Medicare fee-for-service payments under Part A and/or Part B. Only demands against employers are authorized to be pursued by the RACs.

Non-MSP

The non-MSP Statement of Work should be of greater concern to providers of care. CMS envisions RACs identifying Medicare claims through the post-payment claims review process that contain non-MSP underpayments and overpayments for which payment was made under Part A and/or Part

Time to review your documentation, coding and billing practices

B. If the RAC identifies an underpayment, it is to notify the applicable MAC, which then, presumably, will remit the amount to the provider. RACs are required to attempt recoupment of any overpayments the RACs identify.

Among the non-MSP underpayments/overpayments included in the Statement of Work are:

- Incorrect payment amounts
- Non-covered services, including services that are not reasonable and necessary
- Incorrectly coded services, including DRG miscoding, but excluding E & M services that are coded incorrectly, e.g., a Level 4 visit that should have been coded a Level 3 visit. Note, however, that E & M services may still be reviewed for medical necessity, as well as for violations of Medicare’s global surgery payment rules
- Duplicate services

RACs may not attempt to identify underpayments and overpayments in Medicare cost reports, nor when a Medicare beneficiary would be liable for the overpayment.

If the RAC identifies a qualifying overpayment, the RAC will send a demand letter for repayment. The provider may appeal the RAC’s demand to its MAC, which will delay collection for a time, but interest will accrue on the amount of the purported overpayment until disposition of the appeal.

Identifying overpayments

How are RACs to identify overpayments? In its initial communications to prospective

RACs, CMS asked them to be “creative” in their responses.

The fact is, RACs will have access to Medicare’s claims data, and will “mine” that data for situations in which overpayments are likely to have been made. An RAC may not use random claim selection to identify cases for medical review, but it can do so for “targeted review” of claims likely to include overpayments.

Similarly, RACs may not target a claim strictly because it has a high dollar value, but may do so if the RAC has other information leading it to believe the claim contains an overpayment.

CMS expects the RACs, once selected, to begin work in May of this year. How long it will take for the first wave of requests for medical records and/or demand letters to arrive is not known.

The big picture

This is a development that may say more about the federal government’s desperate need to rein in the budget deficit than it does about the effectiveness of using RACs instead of CMS personnel and existing MACs to identify and recoup overpayments. In June 1999 testimony before a House committee, the Government Accountability Office noted that RACs attempting to identify and recoup overpayments from certain Department of Defense procurements had managed to identify only \$29 million, and the DOD had managed to collect only \$2.9 million out of approximately \$6 billion in procurements reviewed, with only ten percent of the RAC’s work remaining to be completed.

A subsequent GAO report in September 2000, about (then) HCFA’s efforts to identify and collect overpayments, concluded that RACs likely *would not* be able to improve on HCFA’s own recoupment efforts, since RACs used many of the same techniques HCFA and its affiliated contractors did for identifying and collecting overpayments.

Strong incentive

It should be noted that at the time of the September 2000 GAO report, the Medicare program was not authorized to pay contingent fees for such efforts. Section 306 of the MMA changed that. While it is not known

Acronym Tracker

RAC	Recovery Audit Contractors
MAC	Medicaid Affiliated Contractors
MSP	Medicare Secondary Payer
E&M	Evaluation and Management
DOD	Department of Defense
PRGI	Profit Recovery Group International
GAO	Government Accountability Office

what the RACs in this demonstration will receive, Profit Recovery Group International, the RAC for the Department of Defense, received a contingent fee of 20 percent of amounts recovered. That is a higher level recovery than most False Claims Act whistleblowers receive, and is certain to provide strong motivation to the RACs in this Medicare demonstration.

There are additional reasons that experience with the Medicare demonstration will be different. First, as noted above, in the DOD demonstration, PRGI had \$6 billion in procurements to audit. In the upcoming Medicare demonstration, RACs will be auditing a universe of hundreds of millions of claims, and many more billions of dollars in claims payments in which to prospect for overpayments.

RACs will be able to go back four years, auditing the three years coming forward from that starting point. That audit window will be a rolling one, with the RACs able to get newer claims data every six months throughout the 3-year demonstration period.

Second, it was predictable that PRGI might not find much in the DOD demonstration. Overpayments were only estimated to be .48 percent of the total purchases reviewed during the demonstration.

“A contingent fee of 20 percent...is certain to provide strong motivation to the RACs in this Medicare demonstration.”

Compare that with error rates in the Medicare program. According to CMS's November 2004 report on improper Medicare fee-for-service payments, MACs' national combined 2004 payment error rate was 9.3 percent. First Coast Service Options' gross error rate for its fiscal intermediary activities was 23.1 percent, and 9.7 percent for its Carrier activities.

In fairness, a considerable part of First Coast's error rate is attributable to providers and suppliers that did not respond to requests for records sent to them by other CMS contractors responsible for gathering the records to audit. Claims for those “non-responders” were counted as errors.

Nevertheless, whatever the true error rate is, it is much higher, and representative of many more dollars over the six-year audit

period, than PRGI confronted in the DOD demonstration.

Highly motivated

Finally, the GAO noted that while PRGI had not recovered a great deal of money, it had made some good recommendations for tightening DOD procurement, corrective actions the DOD appeared in no particular hurry to adopt.

To the contrary, CMS and First Coast are motivated. Congress is pressuring CMS to lower error rates, and that pressure is running downhill to MACs like First Coast. The latter will have great incentive to cooperate in the RAC demonstration, as well as to intensify its own efforts to reduce the level of improper payments. The RACs, motivated themselves by prospect of millions in contingent fees, can be expected to be relentless in their efforts to identify and collect overpayments.

Of course, at the bottom of the hill is the provider community. It is not too early to review documentation, coding and billing practices in advance of the RACs' arrival.

(Mr. Hopkins is partner in the Broad and Cassel law firm's West Palm Beach office. Contact him at (561) 366-5322, or via e-mail, ehopkins@broadandcassel.com.)

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by **Steven R. Jones, CPA**
and **Dawn Segler, CPA**
Moore Stephens Lovelace
FHCA CPA Consultant
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Your Medicare Part A patients are unaffected

CMS releases details of the new prescription drug plan

The Centers for Medicare & Medicaid Services recently conducted a special SNF Open Door Forum to discuss the components of the new prescription drug program which was created by the “Medicare Prescription Drug, Improvement and Modernization Act of 2003.” Coverage under the new program, known as Medicare Part D, will go into effect on January 1, 2006. The coverage will not impact Part A patients in skilled nursing facilities as the drugs are included in PPS RUG payment. Coverage for patients not under a Part A stay who are dually eligible for Medicare Part B and Medicaid will have their prescription drug coverage shifted from Medicaid to Medicare Part D. Dually eligible participants in an institutional setting will have no out-of-pocket costs associated with the program. Furthermore, eligible low-income beneficiaries (Qualified Medicare Beneficiaries) will receive assistance with premiums and cost-sharing. CMS estimates that over 11 million people, about one-third of all drug benefit beneficiaries, have limited financial means and will have access to subsidized coverage. For those not eligible for assistance, plan specifics include:

- Estimated initial monthly premium of \$37
- \$250 deductible
- 25% co-pay up to an initial coverage limit of \$2,250

When a beneficiary’s annual out-of-pocket cost reaches \$3,600, a catastrophic benefit kicks in. This benefit limits further payments to \$2 per generic prescription and \$5 for all others, or five percent of the purchase price.

Private plans

The program will be administered by private Prescription Drug Plans, that can’t limit enrollment to beneficiaries in institutions, as well as Medicare Advantage providers that offer both health and prescription coverage.

With respect to the timing, CMS stated that this summer the Social Security Administration will identify dually eligibles and Qualified Medicare Beneficiaries, then CMS will offer those beneficiaries a choice of plans. If none is selected, CMS will automatically enroll them in a randomly chosen plan that doesn’t require supplemental payment effective January 1, 2006. SNFs need to make sure their patients are enrolled in an appropriate plan. SNFs also need to know which plans their patients are in, and make sure they contract with pharmacy(ies) participating in those PDPs and can serve those patients. Initially, open enrollment period will be from

November 15, 2005 to May 15, 2006, but subsequent years will be from November 15th to December 31st.

Medicaid dental coverage

As a result of legislative oversight, Medicaid payment for non-emergency adult dental, vision and hearing services was eliminated for patients in the Institutional Care Program, and families/facilities have had to get the patient responsibility amounts reduced on a case-by-case basis for these non-covered medical expenses. However, state legislation was enacted during the last session reinstating the dental coverage effective January 1, 2005, which will continue in effect until June 30, 2005. The fate of Medicaid coverage for those services beyond that point depends on whether the benefit is reinstated in the legislative session that began this month. The new coverage includes provision for a five percent co-payment based on the Medicaid payment, but facilities may need to remind dental providers that those beneficiaries in ICP programs are exempt from the co-payment provisions.

Medicare budget cuts

On February 2nd, President George W. Bush announced his fiscal year 2005 budget. Two of the proposed Medicare cost savings measures that will impact long term care providers are the refinement of the RUG payment system and the reduction in reimbursement for allowable Medicare bad debts. Although details as to their implementation are not provided, the first measure, labeled in the budget as “case mix refinement,” would eliminate the current add-ons included in the RUG payments. The budget estimates that this measure would save the Medicare program \$1.5 billion in federal fiscal year 2006 and \$10 billion over the next five years. The reduction in reimbursement of Medicare bad debts, referred to in the budget as “consistent reimbursement for bad debt,” would phase in a reduction until all Medicare providers are reimbursed 70 percent of their allowable bad debts, as hospitals are now. According to budget estimates, this would save the Medicare program \$290 million over a five-year period.

PEN fee screens

The 2003-05 Parenteral/Enteral Nutrient fee screens are available on FHCA’s Web site. Click on “Members Only,” then “Reimbursement,” then “2003-2005 Parenteral/Enteral Nutrient Fee Screens.”

Bookmark this!



by Peggy Rigsby
FHCA GOVERNMENT
SERVICES DIRECTOR

It can be hard sometimes to keep up with all the changing regulations that come out from the federal government, so let me offer you a 2005 refresher. It's a good habit to go to the Centers for Medicare & Medicaid Services' Web site on a regular basis and look at the CMS memoranda, letters, and instructions to State Survey Agency Directors. This material is posted on the CMS Web site under www.cms.hhs.gov/medicaid/survey-cert/letters.asp and contains current and historical information. So, for 2004, you should have read:

- S&C-04-17 Promissory Notes
- S&C-04-24 End Stage Renal Disease residents
- S&C-04-27 A Web site offering clinical and professional standards for surveyors and providers
- S&C-04-33 Life safety code
- S&C-04-35 Physician's rubber stamp signatures
- S&C-04-37 End Stage Renal Disease residents
- S&C-04-38 Initial notices to nursing homes after surveys
- S&C-04-41 Corridor mounted computer touch screens

And so far in 2005, you should have read:

- S&C-05-08 Civil rights clearances for initial certification and changes of ownership

It's smart to make frequent visits to the CMS Web site

- S&C-05-09 Reporting of mistreatment, neglect and abuse
- S&C-05-10 Informal dispute resolution process
- S&C-05-13 Special focus facility program for nursing homes

State Operations Manual

It's also important for you to keep up with changes to the State Operations Manual. Appendix PP has recently been revised to include F314 on the care of patients with pressure ulcers.

Using the CMS Web site is important, but when new information is released by CMS, some of it is also posted on the American Health Care Association's Web site, www.ahca.org, to which you have access as an FHCA member. Also look on our Web site, www.fhca.org.

Legislative

The 2005 Florida legislative session begins March 8th with a sea of new faces

and a host of issues important to long term care facilities and all of the disciplines that work in our buildings. Managed care looms, and we don't know what will result when Gov. Bush, the legislature and the regulatory agencies push their separate agendas.

The state budget looks bleak for long term care — no increases threaten the continued viability of many of our facilities. Requirements for megawatt generators, background screening of our prospective patients and accusations of unfair voting practices in nursing homes have surfaced in the halls of the Capitol. We will very much need your help in advancing our priorities and in defeating those adverse to us. Please participate in a "Lobby Wednesday" along with other members in your FHCA district, company or professional organization. Contact either Kelley Rice-Schild at krschild@fhca.org or Teresa Brown at tbrown@fhca.org for more information. Come to Tallahassee and join other long term care professionals in our Annual Legislative Meeting on April 13th and 14th and make your voice heard. It will be too late May 8th.



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LABOR RELATIONS COUNSEL



by Mike Miller
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FHCA Labor Relations
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Jury finds retaliation, plain and simple

Manager who was terminated after stating concerns about promotion decision awarded \$1.57 million by jury

In a case demonstrating the peril of retaliation against employees who speak out in opposing discrimination, a federal jury in Florida recently slapped a large national employer with a \$1.57 million verdict (\$1.37 million of which was compensatory damages and, thus, not subject to statutory caps) for terminating a white senior manager who expressed concerns about a promotion decision. The plaintiff was a 21-year employee of the company when he decided to promote a black employee and a Hispanic employee, both of whom had years of experience, to supervisory positions. The promotions were approved by the plaintiff's immediate supervisor, but rejected by a higher level management official, who directed the plaintiff to hire white candidates with much less experience. After the plaintiff went to the company's legal department with concerns that reversing the promotion decisions may subject the company to discrimination claims by the spurned minority candidates, he was given the option of being demoted five pay grades or being issued a strongly worded warning and face immediate termination for any subsequent "mistakes." The plaintiff refused and was subjected to intense scrutiny that became so unbearable that he quit and sued the company. The EEOC prosecuted the case on behalf of the

plaintiff. Commenting on the jury verdict, the plaintiff's attorney said the jury recognized that her client was punished for doing "the right thing" and she added that "We can never stop discrimination in the workplace if the very people who have the courage to oppose it are silenced."

Worker who refused to participate in job rotation not qualified individual under ADA, holds federal court

In another recent federal case, the plaintiff had a long history of back problems and had undergone surgery three times when she returned to work and was assigned to "light duty." The production area involved three different lines, each of which performed different duties that required varying degrees of exertion. The employer approved the plaintiff's request for transfer to an easier line after she experienced pain and, ultimately, a transfer to the least strenuous line. Thereafter, after consulting with medical staff, the company adopted a new policy that was designed to decrease repetitive stress injuries in the production area on all three lines. The new policy required employees to change positions hourly throughout the day. The plaintiff balked and went to see her lawyer. She submitted a new doctor's note that was more restrictive than those in the past, but which did not prohibit her from working on any of the three lines. The company maintained that the rotation was "essential" to avoiding injuries and insisted that the plaintiff participate. She refused, went on long term disability since there were no positions she could perform and eventually was terminated. The plaintiff argued that the company should have exempted her from the job rotation as a reasonable accommodation and that its failure to do so violated the Americans with Disabilities Act. The court disagreed and granted summary judgment to the employer, reasoning that job rotation was an "essential function" of the plaintiff's job and her refusal to perform it disqualified her from employment. In addition, the court stated that adopting the plaintiff's argument would turn the ADA "on its head" by requiring an employer — as a reasonable accommodation — to excuse compliance with a policy that was specifically put into place to prevent repetitive injuries and the disabilities they can cause.

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Clearing up grant confusion



by **Koko Okano**
FHCA POLICY AND
RESEARCH COORDINATOR

The Florida Division of Emergency Management recently announced the availability of Hazard Mitigation Grant Program funds as a result of hurricanes Charley, Frances, Ivan and Jeanne. Since then, there has been some misunderstanding as to whether or not the for-profit facilities have access to the HMGP funds and how they might be acquired. Several facility administrators told us they had already called and been told by their county Offices of Emergency Management that for-profit facilities were not eligible to apply.

The answer is not simple. Technically, the for-profit facilities still cannot be the eligible applicants. Practically, however, they are not excluded.

How to apply

For-profit facilities and companies may apply for the HMGP funds for their eligible activities through sponsors. The sponsor

HMGP funds are available for proprietary nursing homes

must be an eligible applicant, typically the city or the county. Once the sponsorship is agreed to and established, the sponsor must contact the Local Mitigation Strategy Group and submit the application on behalf of the for-profit facility. The Division of Emergency Management is planning to distribute the information on this application path to the local LMS groups so that they are fully informed. According to the DEM, however, there is no point to for-profit facilities contacting the LMS directly, since the LMS groups usually work only with the eligible applicants. DEM strongly encourages the for-profit facilities to establish arrangements with the eligible entities (sponsors) and have them contact the LMS.

Once the project is funded, the sponsor is responsible for monitoring and reporting of the project. There are no official guidelines on how this arrangement should be done in terms of staff hours and costs between the sponsor and the facility. To get more information, go to www.floridadisaster.org.

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(“Help wanted” and “situations wanted” classified ads are free to FHCA members. You can also post your ad on the FHCA website at www.fhca.org. Click on “employment.”)

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AHCA/NCAL offer hundreds of long term care professional development resources. Categories include Care Practice, Compliance & Regulation, Staffing & Retention, Consumer Resources, Nurse Aid Training, Assisted Living and many more. Go to www.ahca.org/store/index.html or call (800) 321-0343 Monday - Friday, 9 am - 6 pm to place an order.

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A national mortgage company providing financing solutions tailored to health care businesses from coast to coast. We provide custom financing structures, HUD, Bridge, Bonds (taxable and tax-exempt), including Cash Out and Non-Recourse programs. Our experience, combined with creativity, consistently has produced solutions to operators' needs. How does a low, 7%, 35-year fixed rate sound? Call Scott A. Baldwin, Managing Director, at (800) 366-0443.

Edge Information Management Inc.

Since becoming an approved service corporation company for FHCA in 1993, Edge has helped over 250 FHCA members meet their background screening requirements and kept them informed of pertinent legislative issues. Edge offers a variety of background checks including: drug screening, fingerprints, criminal, sexual offender, license verifications and references. Call (800) 725-3343.

FMS Purchasing & Services

FMS has a full line of products and services in its Group Purchasing Program. FMS services member needs by ensuring maximum savings and service. Five area managers throughout the state assure members an immediate response. Our services include: audits, a toll-free number, cost analysis, service reports and the Manufacturers Value Incentive Program. Call (800) 456-2025.

Hamilton Insurance Agency

Hamilton Insurance Agency has 25 years experience, with an emphasis on the healthcare industry, and is proud to provide the best and most economical services available in the industry to its customers. Offering commercial, health, personal and a variety of specialty services like Risk Management consulting, COBRA and Workers' Compensation. Contact Erik Skolnik, VP Sales SE Region, (877) 260-9468 or eskolnik@hamiltoninsurance.com.

Med-Pass, Inc. (Heaton Resources)

MED-PASS is a nationally known company specializing in the research and development of documentation solutions, policy and procedure manuals, regulatory guides and in-service training programs for the long-term care professional. Our manuals and guides are comprehensive, easy-to-use and continuously updated. Our forms and resources offer peace of mind and quality and better than competitive prices. Call (800) 438-8884.

Office Depot

Office Depot offers Florida Health Care Association members extra discounts and services due to the cooperative purchasing power of FHCA. We offer a wide variety of benefits, including 167 items which have been reduced based on volume ordering up to 80 percent off the list prices (the "High Use Item List"); next-day delivery on any amount of products (no minimum order); an award-winning Web site which links you to your pricing and into the warehouse and keeps two years of tracking information at your fingertips. Call (800) 422-2654 for information or to set up an account; call (800) 386-0226 to place an order.

Prestige Printing & Design

Prestige Printing & Design has been involved in the long-term care printing and publishing business for the past 13 years. We provide both state and federal regulations and manuals, comprehensive resident rights and advance directive programs, as well as standardized documentation forms for all phases of long-term care. We also handle full commercial printing & graphic design work. Call (800) 749-6773.

SCI Companies

Staffing Concepts of Florida, Inc. is a professional employer organization which provides a comprehensive solution to your personnel needs, including: employee benefits; workers compensation and safety programs; human resources support; and payroll. SCI specializes in helping health care facilities better manage their single largest cost—labor. Call (800) 932-4610.

Senior Crimestoppers

The Senior Crimestoppers program is a proven, effective, proactive crime prevention system that combines proven components to help provide safe, crime-free facilities for patients, staff, visitors and vendors. Personal lock boxes for use by residents and/or family members, an around-the-clock, completely anonymous "tip line" call center, cash rewards of up to \$1,000 posted on any and all incidents that occur and educational materials for residents, families, management and staff members are a few of the components that make up the program. More details can be found at www.seniorcrimestoppers.org or contact Donna Derryberry at (800) 529-9096.

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FHCA Bulletin Board

(Note all programs preceded by an asterisk (*) have registration brochures available via FHCA Fax-on-Demand at (850) 894-6299. Some meetings noted herein may also carry CE credits. Additional information can be found at www.fhca.org. Click on "Seminars/Events.")

Continuing Education/ Training

*CNA Train-the Trainer

Thursday, March 17

Orlando Regional Lucerne Hospital

818 Main Lane, Orlando

Call (407) 649-6111 for directions only; ask for Guest Services. This training is available for FHCA members only.

Tuesday, May 24

The Don CeSar Resort & Spa

3400 Gulf Boulevard, St. Petersburg Beach

Part of the Nurse Leadership Training Program pre-session. Program runs 1:00 - 6:00 p.m.

Call (727) 360-1881 for directions only.

This training is available to FHCA members only.

Tuesday August 2

Regency House

1001 South Beach Street, Daytona Beach

Program times TBA. Call (386) 258-3334 for directions only. This training is available to FHCA members only.

Tuesday October 4

Palm Garden of Tampa

3612 East 138th Avenue, Tampa

Program times TBA. Call (813) 972-8775 x201 for directions only. This training is available to FHCA members only.

* "Let's Play Jeopardy – Answers to Your Legal Questions"

Tuesday April 12

DoubleTree Hotel

101 S. Adams Street, Tallahassee

Program runs 1:00 - 5:00 p.m., Call (850) 224-5000 for room reservations. Ask for FHCA hotel rate, \$159.

MDS 2.0 Basic Training

Tuesday, May 24

The Don CeSar Resort & Spa

3400 Gulf Boulevard, St. Petersburg Beach

Part of the Nurse Leadership Training Program pre-session. Program runs 1:00 - 7:00 p.m.

Call (727) 360-1881 for directions only.

Alzheimer's Train-the Trainer

Tuesday, May 24

The Don CeSar Resort & Spa

3400 Gulf Boulevard, St. Petersburg Beach

Part of the Nurse Leadership Training Program pre-session. Program runs 1:00 - 6:00 p.m.

Call (727) 360-1881 for directions only.

FHCA 2005 Legislative Meeting

Wednesday, April 13 and Thursday, April 14

DoubleTree Hotel, 101 S. Adams Street, Tallahassee

(850) 224-5000, Room rate \$159

FHCA Nurse Leadership Training Program

Wednesday, May 25 through Friday, May 27

The Don CeSar Resort & Spa

3400 Gulf Blvd, St. Petersburg Beach

Call (800) 282-1116 for room reservations.

Reservations must be made by April 20

Meetings/Events

FHCA Board of Directors meeting

Tuesday, April 12

DoubleTree Hotel

101 S. Adams Street, Tallahassee

Meeting runs 2:00 - 5:00 p.m. (tentative)

Family Forum Advocacy Day

Monday, March 21

Holiday Inn Select

316 W. Tennessee Street, Tallahassee, FL 32301

(850) 222-9555

FHCA Lobby Wednesday

Wednesday, March 16

Activity Coordinators and Social Workers

Cabot Lodge

2735 N. Monroe Street, Tallahassee

(850) 386-8880

Room rate \$95 (block for night of March 15)

Wednesday, March 23

Pinellas/Pasco County and FHCA District IV (Tampa)

Cabot Lodge

1653 Raymond Diehl Road, Tallahassee

(850) 386-7500

Room rate \$95 (block for night of March 22)

Reservations must be made by March 15

Wednesday, March 30

Cypress Health Care

Cabot Lodge

1653 Raymond Diehl Road, Tallahassee

(850) 386-7500

Room rate \$95 (block for night of March 29)

Reservations must be made by March 22

Wednesday, April 6

Florida Association of Nurse Assistants and Tandem Health Care

Ramada Inn & Conference Center

2900 N. Monroe Street, Tallahassee

(850) 386-1027

Room rate \$79 (block for night of April 5)

Reservations must be made by March 20

Wednesday, April 20

FHCA Districts II (Orlando) and XIV (Daytona Beach)

Cabot Lodge

1653 Raymond Diehl Road, Tallahassee

(850) 386-7500

Room rate \$95 (block for night of April 19)

Reservations must be made by April 12

Wednesday, April 27

Opis Management Resources

Cabot Lodge

1653 Raymond Diehl Road, Tallahassee

(850) 386-7500

Room rate \$95 (block for night of April 26)

Reservations must be made by April 19

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