Florida’s Agency for Health Care Administration

2015 Joint Training for Assisted Living Facilities

[Image of elderly woman being comforted by a healthcare provider]

LeadingAge Florida
Florida Health Care Association
FALA
FLAALFA

Approved for Six (6) hours of continuing education – Provider Number 50-689:
Florida Board of Nursing Home Administrators, Florida Board of Nursing,
Florida Board of Clinical Social Work

February 4 – Orlando
February 6 – Tampa
February 17 – Miami
February 20 – Tallahassee
Event Overview
2015 Joint Training for Assisted Living Facilities is a forum for the Agency for Health Care Administration and leading long-term care experts to brief providers, advocates and state surveyors on regulatory compliance with enforcement provisions. This training will highlight the implementation of managed care, critical compliance topics and problematic care areas with guidance for quality outcomes.

Schedule of Events

7:30 a.m.  Registration
8:30 to 8:45 a.m.  Welcome and Introductions
8:45 to 10:30 a.m.  Medicaid Program Update for Assisted Living Facilities

- An update on the Statewide Medicaid Managed Care Long-Term Care program, including the State’s efforts to ensure managed care plan compliance. In addition, she will discuss several policy updates related to the new federal home and community-based care services (HCBS) rule requirements including development of a statewide transition plan across all HCBS waivers, Long-Term Care program waitlist requirements, and level of care determination and eligibility form changes.

  Shevaun Harris and Devona Pickle, AHCA

10:30 to 10:45 a.m.  Break
10:45 a.m. to Noon  Ombudsman Update

- The mission of the Ombudsman program is to improve the quality of life for all Florida LTC residents by advocating for and protecting their health, safety, welfare and rights.

  Leigh Davis, State Ombudsman

Noon to 1:00 p.m.  Lunch
1:00 to 2:00 p.m.  Reporting of Infectious Disease to Department of Health (DOH)

- Hear from the Florida Department of Health on disease control and health protection in your facility.

  A.C. Burke, DOH

2:00 to 2:15 p.m.  Break
2:15 to 4:15 p.m.  Hot Topics in Assisted Living

- The Agency for Health Care Administration will provide the most recent Top Ten Health Deficiencies and examples for specific findings. In addition, the agency will provide an overview of the ALF specialty licenses, the requirements for Adverse Incident reporting to the agency and the difference between a plan of correction and directed plan of correction. The agency will provide an overview of the April 2014 ALF Rule update changes and lastly an update on the progress of the Online Licensing process and Background Screening status.

  Polly Weaver, Kimberly Smoak, Laura Manville and Catherine Anne Avery, AHCA

Six (6) total contact hours can be earned.

Target Audience:
Assisted Living facility executive directors, administrators, nurse leaders, charge nurses, social workers, therapists, activity directors, consultants, education trainers and state surveyors.
Faculty:

Catherine Anne Avery is a Registered Nurse with 23 years’ experience in Acute Care and State Government regulatory oversight of Nursing Homes, Assisted Living Facilities, Intermediate Care Facilities for Individuals with Intellectual Disability (ICF/IID) Hospitals, and numerous other licensed and certified entities. She is a Legal Nurse Consultant and has been involved in rule making activities for Assisted Living Facilities and Adult Day Care Centers. Currently she is the Agency’s Assisted Living Unit Manager and oversees the licensing process for ALFs, AFCHs, and ADCC.

A.C. Burke is the health care-associated infection prevention program manager for the Florida Department of Health, Division of Disease Control and Health Protection, Bureau of Epidemiology. In her current position, she has been working with acute and long-term care facilities participating in prevention collaboratives focused on preventing *Clostridium difficile* infections, catheter-associated urinary tract infections, *carbapenem-resistant Enterobacteriaceae*, and antibiotic stewardship.

Shevaun Harris is the Bureau Chief of Medicaid Services at the Agency for Health Care Administration. She has worked at the Agency since 2005, holding several progressively responsible positions since. Her bureau is responsible for developing all policies under the Medicaid program, including maintenance of all federal authorities needed to operate the program and development of the contracts with the managed care plans. Ms. Harris represents the Agency on the Florida Developmental Disabilities Council and the Governor’s Panel on Excellence in Long-Term Care.

Leigh A. Davis has over 30 years of experience in health care, geriatrics and long-term care residential facilities. Pursuing her passion, she is committed to enriching the lives of elderly residents and to their families and caregivers. Her dedication to improving the quality of life for long-term care residents has afforded her the opportunity to work with the long-term care ombudsman and various other volunteer groups. Ms. Davis held a nursing home administrator’s license for 25 years in Missouri.

Laura Manville began her career with the State of Florida in 1998 and has worked for the Agency for Health Care Administration since March 2012. She works for the Survey & Certification Support Branch and is the manager of the Assisted Living Enforcement Team. Prior to joining AHCA, she worked for the Department of Children and Families as an investigator and supervisor for both children and vulnerable adults.

Devona “DD” Pickle is the AHC Administrator for Managed Care Policy and Contract Development in the Bureau of Medicaid Services at the Agency for Health Care Administration. She has worked at the Agency for 6 years. Prior to joining the Agency, Ms. Pickle gained experience working with individuals with developmental disabilities and in community and institutional behavioral health settings.

Kimberly Smoak, QIDP, MSH has been with the Agency for Health Care Administration since 1995. She is the Manager of the Survey & Certification Support Branch located in the Division of Health Quality Assurance. She is responsible for monitoring quality improvement/quality assurance indicators for the Division, training of survey staff and other Division staff, data management and support functions. She is a Certified CMS QIS Instructor for the QIS Survey Process and the Federal Basic Long-Term Care.

Polly Weaver has over 30 years of regulatory experience and has served as the Chief of Field Operations for the Division of Health Quality Assurance, Agency for Health Care Administration since 1995. Her responsibilities include management of the eight field offices located throughout Florida, which are responsible for the certification, survey functions and enforcement activities of the health care facilities licensed by the Agency. In addition, she oversees the staff training and quality assurance program as well as complaint administration activities.

**Feb. 4 - Orlando**
Florida Hotel/Conference Ctr  
1500 Sand Lake Rd  
Orlando, FL 32809  
(407) 859-1500  
Room rate: $199/night plus tax  
Cut-off: Jan. 12, 2015  
Self-parking is complimentary

**Feb. 6 - Tampa**
Holiday Inn Tampa Westshore  
700 N Westshore Blvd  
Tampa, FL 33609  
(888) 465-4329  
Room rate: $199/night plus tax  
Cut-off: Jan. 20, 2015  
Self-parking is complimentary

**Feb. 17 - Miami**
Embassy Suites Intern’l Airport  
3974 NW South River Dr  
Miami, FL 33142  
(305) 634-5000  
Room rate: $199/night plus tax  
Cut-off: Jan. 19, 2015

**Feb. 20 - Tallahassee**
Westminster Oaks/Maguire Ctr  
4449 Meandering Way  
Tallahassee, FL 32308  
Contact LeadingAge Florida for hotel availability at  
(850) 671-3700
Agency for Health Care Administration Joint Training for ALFs

February 4, 6, 17 & 20 2015 — Orlando, Tampa, Miami, Tallahassee
Registration begins at 7:30 a.m. and the program runs from 8:30 a.m. to 4:15 p.m. (lunch and breaks included)
Registration questions, please call (850) 671-3700

ATTENDEE REGISTRATION FORM
Two Ways to Register

INTERNET
www.LeadingAgeFlorida.org
Registration online

MAIL
LeadingAge Florida
1812 Riggins Rd, Tallahassee, FL 32308

FACILITY INFORMATION:
Facility/Organization ____________________________________________________________
Address ________________________________________________________________________
City __________________________ State __________ Zip _______________
Phone _______________________ Fax ______________________

Select your member affiliation: ☐ LeadingAge Florida ☐ FLALFA ☐ FALA ☐ FHCA ☐ Not a Member
☐ AHCA State Surveyors

PARTICIPANT INFORMATION
Choose from one of the following seminar locations/dates and write your choice in the site location field below:
Orlando (2/4); Tampa (2/6); Miami (2/17); Tallahassee (2/20)

Name _______________________________ Name _______________________________
Title _______________________________ Title _______________________________
Email ______________________________ Email ______________________________
License # __________________________ License # ___________________________
Site Location ______________________ Site Location _______________________
Fee (see description below): ☑ $150 – 1st Registrant Fee (see description below): ☑ $130 – 3rd Registrant

Name _______________________________ Name _______________________________
Title _______________________________ Title _______________________________
Email ______________________________ Email ______________________________
License # __________________________ License # ___________________________
Site Location ______________________ Site Location _______________________
Fee (see description below): ☑ $130 – 2nd Registrant Fee (see description below): ☑ $130 – 4th Registrant

TOTAL PAYMENT $ ______________

REGISTRATION FEES: (Includes six (6) contact hours, handouts, breaks, and lunch)
$150 – 1st registrant $130 – Additional registrant, same facility. On-site registration fees increase $50 in each category.

POLICIES
Advanced registration ends five (5) business days prior to the seminar date. All registrations after that date must be made onsite for an additional $50 fee. Registrations without payment will not be processed. Registration cannot be taken by phone.
Confirmation: Registration confirmations for our programs are available online. Go to www.LeadingAgeFlorida.org, click on “Calendar,” then Register for the location you would like to attend.
Cancellation Policy: All cancellations must be in writing. A $50 administrative fee will be charged for each cancellation. No refunds will be given for cancellations received less than five (5) business days prior to the seminar.
Why were changes made to Florida’s Medicaid program?

- Because of the Statewide Medicaid Managed Care (SMMC) program, the Agency changed how a majority of individuals receive most health care services from Florida Medicaid.

The SMMC program does not/is not:

- The program does not limit medically necessary services.
- The program is not linked to changes in the Medicare program and does not change Medicare benefits or choices.
- The program is not linked to National Health Care Reform, or the Affordable Care Act passed by the U.S. Congress.
  - It does not contain mandates for individuals to purchase insurance.
  - It does not contain mandates for employers to purchase insurance.
  - It does not expand Medicaid coverage or cost the state or federal government any additional money.
**General Eligibility and Enrollment Information**

- All Medicaid recipients will be enrolled in a managed care plan unless specifically exempted under Chapter 409, Florida Statutes
  - Approximately 85% of Medicaid recipients receive their services through a managed care plan in the SMMC program
  - The majority of the remaining 15% of Medicaid recipients who are exempted from enrollment are only eligible for limited Medicaid benefits
- Each Medicaid recipient has a choice of plans and may select any available plan unless that plan is restricted by contract to a specific population that does not include the recipient.

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**Refresher on the Statewide Medicaid Managed Long-term Care (LTC) Program**

- **Who is Required to Participate?**
  - Individuals who fit into one of the following categories may be eligible for the LTC program:
    - 65 years of age or older **AND** need nursing facility level of care (LOC)*
      - OR
    - 18 years of age or older **AND** are eligible for Medicaid by reason of a disability **AND** need nursing facility level of care.*

* Nursing facility level of care means that someone meets the medical eligibility criteria for Institutional Care Programs (ICP), as defined in Florida Statute.
What Services are Covered?

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
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<tbody>
<tr>
<td>Adult companion care</td>
<td>Hospice</td>
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<tr>
<td>Adult day health care</td>
<td>Intermittent and skilled nursing</td>
</tr>
<tr>
<td>Assisted living services</td>
<td>Medical equipment and supplies</td>
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<tr>
<td>Assistive care services</td>
<td>Medication administration</td>
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<td>Attendant care</td>
<td>Medication management</td>
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<td>Behavioral management</td>
<td>Nursing facility</td>
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<tr>
<td>Care coordination/Case management</td>
<td>Nutritional assessment/Risk reduction</td>
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<tr>
<td>Caregiver training</td>
<td>Personal care</td>
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<tr>
<td>Home accessibility adaptation</td>
<td>Personal emergency response system (PERS)</td>
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<tr>
<td>Home-delivered meals</td>
<td>Respite care</td>
</tr>
<tr>
<td>Homemaker</td>
<td>Therapies, occupational, physical, respiratory, and speech</td>
</tr>
<tr>
<td>Transportation, non-emergency</td>
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</tbody>
</table>

Each recipient will not receive all services listed. Recipients will work with a case manager to determine the services they need based on their condition.

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Care Coordination and Case Management in the LTC Program

- Every LTC program enrollee has a case manager who works with the enrollee, their family, authorized representative or others to establish a care plan based on the enrollee’s needs.
- Case manager contact requirements include:
  - At least monthly telephone contact with the resident to verify satisfaction and receipt of services
  - At least every 90 days, the case manager must meet with the recipient face-to-face:
    - Update the plan of care, if needed
    - Evaluate and document the home and community based characteristics for assisted living facility and adult family care home residents
  - Annual face-to-face visit with the enrollee to complete the annual reassessment and determine the enrollee’s functional status, satisfaction with services, changes in service needs and develop a new plan of care.

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Long-term Care Plans by Region

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Enrollment by Plan  
As of November 2014

<table>
<thead>
<tr>
<th>Plan</th>
<th>Enrollment</th>
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<tbody>
<tr>
<td>American Eldercare, Inc.</td>
<td>13,202</td>
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<tr>
<td>Amerigroup Florida, Inc.</td>
<td>4,618</td>
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<tr>
<td>Coventry Health Plan</td>
<td>4,536</td>
</tr>
<tr>
<td>Humana Medical Plan, Inc.</td>
<td>4,393</td>
</tr>
<tr>
<td>Molina Healthcare of Florida, Inc.</td>
<td>5,458</td>
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<tr>
<td>Sunshine State Health Plan</td>
<td>32,375</td>
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<tr>
<td>United Healthcare of Florida, Inc.</td>
<td>20,134</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>84,716</strong></td>
</tr>
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LTC Program  
Waitlist, Eligibility and  
Enrollment Process

How Does Enrollment Begin?

There are two categories of recipients:

1. Recipients actively receiving Medicaid nursing facility (NF) services
   - Recipients receiving NF services for 60 consecutive days will be transitioned into the LTC program.
2. New individuals seeking NF or HCBS.
   - Individuals seeking NF follow the same process as they do currently. There is no waitlist for NF services.
Enrollment of Individuals Newly Seeking HCBS

- Individuals seeking home and community based services must contact the Aging and Disability Resource Center (ADRC) for placement on the waitlist.
- ADRC staff will conduct intake, screen individuals using the 701S screening form, and will place individuals on the waitlist.
- When additional funding is available, individuals are released from the waitlist and may complete eligibility and enroll in the LTC program.

LTC Program Waitlist

- Ch. 2014-53, Laws of Florida, gives the Agency rulemaking authority to develop a process for placing individuals on and releasing individuals from the LTC program waitlist.
- The Agency is currently in the process of developing this rule.

Enrollment Process Following Release from the Waitlist

- ADRC staff help the individual file their Medicaid application with DCF for financial eligibility and obtain the physician-completed 3008 form.
- ADRC staff refer the case to CARES for a level of care assessment.
- CARES completes the 701B level of care assessment and authorizes level of care.
- DOEA sends daily list of approved individuals to AHCA to start LTC program enrollment.
Choice Counseling

- Choice counseling is a service offered by the Agency, through a contracted enrollment broker, to assist recipients in understanding:
  - managed care
  - available plan choices
  - plan differences
  - the enrollment and plan change process.
- Counseling is unbiased and objective.

The Choice Counseling Cycle

1. Recipient determined eligible for enrollment or enters open enrollment
2. Recipient receives communication informing him of choices
3. Recipient may enroll or change via phone, online or in person
4. Enrollment or change is processed during monthly processing and becomes effective the following month
5. Newly eligible recipients are allowed 90 days to "try" the plan out, before becoming locked-in

Helping your Residents Make Choices

- When individuals call to make a managed care choice or change plans they must first be able to verify information about themselves to confirm their identity.
- If you are calling on behalf of your residents, you must:
  - Have recipient's identifying information.
  - Explain how you are authorized to make a choice or change on their behalf.
  - Submit proof of authorization after the choice is made.
- An optional form is at [http://ahca.myflorida.com/smmc](http://ahca.myflorida.com/smmc)
- Select LTC tab, then Recipients tab
A Closer Look at the Choice Counseling Cycle

Individuals may enroll or change their plans using one of the following methods:

- Online at: [www.flmedicaidmanagedcare.com](http://www.flmedicaidmanagedcare.com)
- By contacting the call center at **1-877-711-3662** and speaking with a counselor to complete enrollment or to request a face-to-face meeting.

Quality Measures for Assisted Living Facilities

Each managed care plan shall monitor the quality and performance of each participating provider using measures adopted by and collected by the agency and any additional measures mutually agreed upon by the provider and the plan.

-§ 409.982(3), Florida Statutes
Quality Measures for Assisted Living Facilities

- LTC plans were required to offer a contract to any ALF that was billing for Medicaid Waiver services as of July 2012. This requirement ended on September 30, 2014.

- After the first year of contract, LTC plans may exclude ALFs from their networks for not meeting credentials, price, quality or performance standards. (409.982(1), F.S.).

Home & Community-Based Characteristics and ALFs

Home and Community-Based Services Settings Final Rule (CMS 2249-F/2296-F)

- Federal Centers for Medicare and Medicaid Services announced its final rule on January 10, 2014:

  "The rule enhances the quality of HCBS, provides additional protections to HCBS program participants, and ensures that individuals receiving services through HCBS programs have full access to the benefits of community living."

- The rule requires providers (ALFs and AFCHs) that serve Medicaid recipients in the community to maintain home and community-based characteristics, which includes person-centered services and a home-like environment.
Medicaid Program Update for Assisted Living Facilities

01/29/2015

Programs Affected

- All Medicaid waiver programs providing services in Assisted Living Facilities and Adult Family Care Homes are expected to provide a home-like environment and community integration to the fullest extent possible:
  - Long-term Care program
  - Program of All-inclusive Care for the Elderly (PACE)
  - Any other Medicaid waiver program that offers HCBS services.

HCB Characteristics

HCB characteristics include:

- **Home-like environment**
  - "A homelike environment is one that de-emphasizes the institutional character of the setting."

- **Community Inclusion**
  - Participation by individuals receiving Medicaid HCBS in the greater community to the same extent as those not receiving Medicaid HCBS.

- **Person-Centered Care Planning**
  - A process that results in a plan of care with individually identified goals and preferences, including those related to community participation, employment, income and savings, health care and wellness, education and others.

Characteristics of a Home-Like Environment

- Each resident must be assured privacy in sleeping and personal living areas:
  - Entrance doors must have locks, with appropriate staff having keys to the doors
  - Freedom to furnish and/or decorate sleeping or personal living areas
  - Choice of private or semi-private rooms (Individuals must have the option of choosing a private room, but this does not mean that providers must offer or provide private rooms. Individuals must have "resources available for room and board.")
  - Choice of roommate for semi-private rooms
  - Access to telephone service, as well as length of use
  - Freedom to engage in private communications at any time
Characteristics of a Home-Like Environment (continued)

- Freedom to control daily schedule and activities (physical and mental conditions permitting)
- Visitation options of the resident’s choosing
- Access to food and preparation areas in the facility at any time (physical and mental conditions permitting)
- Personal sleeping schedule
- Participation in facility and community activities of the resident’s choice
- Ensuring that residents are allowed to participate in unscheduled activities of their choosing

Modifying the Application of HCB Characteristics to an Individual

- CMS has developed a set of criteria that must be met when there are “modifications” to the settings requirements for an individual.

- Restrictions such as limiting access to food or concerns about furnishings must be justified and documented in the waiver recipient’s plan of care.

Community Integration

- Access to the greater community is facilitated by the ALF or AFCH based on the resident’s abilities, needs and preferences
- The ALF or AFCH setting must offer meaningful community participation opportunities for their residents at times, frequencies and with persons of their choosing
  - Example: The recipient wishes to visit the senior center to participate in social activities
  - Barrier: The resident does not have access to transportation
  - Intervention: The case manager works with the ALF or AFCH to ensure that transportation, such as Dial-a-Ride, is available to transport the resident to and from the senior center and to ensure that the resident is dressed and ready to depart
Person-Centered Care Planning

- Creation of an individualized and inclusive person-centered plan of care that addresses services, supports, and goals based on the recipient’s preferences
- The person-centered plan of care is based on a comprehensive assessment that includes the recipient and participation by any other individuals chosen by the recipient
- The plan of care must support the resident’s needs in the most integrated community setting possible
- The waiver recipient’s plan of care must include personal preferences, choices, and goals to achieve personal outcomes

Personal Goals

- Examples of personal goals a recipient may choose:
  - Deciding where and with whom to live
  - Making decisions regarding supports and services
  - Choosing which activities are important
  - Maintaining relationships with family and friends
  - Deciding how to spend each day

Promoting a Home-Like Environment

- All ALFs/AFCHs participating in the LTC program must continuously meet these requirements.
- LTC plans must verify during the credentialing and re-credentialing process that home-like environment and community integration exist in all facilities under contract.
Medicaid Program Update for Assisted Living Facilities

Remediation
- If an LTC plan discovers that an ALF/AFCH is not maintaining a home-like environment or supporting full community integration, it must:
  - Report that finding to the State immediately
  - Propose a remediation plan within three business days of discovery
- AHCA and DOEA will ensure the LTC plans contract only with ALFs/AFCHs providing and supporting a home-like environment and community integration.

HCB Characteristics – Ongoing Monitoring
- The LTC plans will conduct re-credentialing activities and ongoing on-site verification to ensure that home and community-based characteristics exist in their contracted facilities.
  - DOEA compliance staff will:
    - Conduct annual reviews of the LTC plans’ credentialing files.
    - Review a representative sample, organized by region, of current enrollee files of each LTC plan.
    - Conduct on-site visits with enrollees in ALFs and AFCHs.
- If DOEA staff determine that an enrollee is residing in an environment that does not meet HCB characteristics, the State will follow up with the LTC plan.
  - LTC plans will remediate the deficiencies and submit a corrective action plan to the State within 15 business days.

Disenrollment Reason
- ALFs or AFCHs that do not and will not conform to HCB characteristics, must be excluded from the LTC plan’s network.
- Enrollees may choose to move to another ALF or AFCH in the plan’s network.
- Enrollees who choose to stay in an ALF/AFCH that does not meet HCB characteristics will be disenrolled from the LTC program.
Updates about the SMMC program and upcoming events and news can be found on the SMMC website at: http://ahca.myflorida.com/smmc

Keep up to date on information by signing up to receive program updates by visiting the SMMC website at: http://ahca.myflorida.com/smmc
• If you have a complaint, or issue about Medicaid Managed Care services, please complete the online form found at:
  http://ahca.myflorida.com/smmc
• Click on the “Report a Complaint” blue button.
• If you need assistance completing this form or wish to verbally report your issue, please contact your local Medicaid area office.
• Find contact information for the Medicaid area offices at:
  http://www.mymedicaid-florida.com/

Review the SMMC Frequently Asked Questions document which is posted at:
  http://ahca.myflorida.com/smmc

Stay Connected

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  Facebook.com/AHCAFlorida
  Twitter.com/AHCA_FL
  SlideShare.net/AHCAFlorida
Annual Update

Leigh Davis, State Ombudsman
February 2015

The Program’s Mission

• The mission of the Florida Long Term Care Ombudsman Program is to improve the quality of life for all Florida long-term care residents by advocating for and protecting their health, safety, welfare and rights.
Responsibilities

Ombudsman Program requirements in the federal Older Americans Act include:

- Identify, investigate and resolve complaints made by or on behalf of residents
- Provide information to residents about long-term care services
- Provide technical support for the development of resident and family councils
- Advocate for changes to improve residents’ quality of life and care
- Represent resident interests before governmental agencies
- Ensure residents have regular and timely access to the LTCOP

Review of Core Functions

- The Long-Term Care Ombudsman Program (LTCOP) has four primary functions:
  1. Case/Complaint Investigations
  2. Administrative Assessments
  3. Resident Visits
  4. Consultations
1. Case/Complaint Investigations

• A case is composed of one or more specific complaints brought to, or initiated by, the ombudsman on behalf of a resident or group of residents which requires the opening and assignment of a case number and includes obtaining consent, investigation, strategy to resolve, and follow-up.

2. Administrative Assessment

• An administrative assessment is a review of conditions in a long-term care facility which impact the health, safety, welfare, and rights of residents with the purpose of noting needed improvement and making recommendations to enhance the quality of life for residents.
  • Conducted annually on each facility.
  • Is a public document.
  • Frequently used by potential residents and family members to help determine facility choice.
3. Resident Visit

- A **resident visit** is considered “facility coverage” and occurs when a facility is visited to provide program information in lieu of being visited in response to a case or complaint investigation. During a visit, an ombudsman may:
  - Introduce themselves to residents or staff.
  - Enter into general discussion with residents.
  - Provide information about the program.
  - Provide information on other aspects of long-term care.

4. Consultation

A **consultation** is providing information and assistance to an individual or a facility (similar to traditional information and referral type services).

- It does not involve investigating and working to resolve complaints (i.e., a consultation is not a case).
- When an ombudsman is not actively involved in investigating and working to resolve a concern and is just providing information to promote self-help, this is considered a consultation.
Year in Review

- Highlights and accomplishments that the Ombudsman Program’s dedicated staff and volunteers achieved:
  - 321 Number of Volunteers
  - 6,077 Facility Assessments and Visitations Statewide
  - 91,790 Estimated Unpaid Hours Worked
  - 360,741 Miles Traveled (by Staff and Volunteers)

Complaints Involving ALFs and AFCHs

- Number of ALFs/AFCHs - 3,379
- Number of Beds - 89,061
- Number of Complaints - 3,248

- Relative, 22%
- Resident, 38%
- Friend, Other, 15%
- Unknown, 13%
- Ombudsman Assessment, 12%
Top 5 Complaints in Assisted Living Facilities

<table>
<thead>
<tr>
<th>NUMBER</th>
<th>SUBJECT MATTER OF COMPLAINT</th>
</tr>
</thead>
<tbody>
<tr>
<td>#5</td>
<td>Equipment/Building (disrepair, hazard, poor lighting)</td>
</tr>
<tr>
<td>#4</td>
<td>Cleanliness, Pests, General Housekeeping</td>
</tr>
<tr>
<td>#3</td>
<td>Dignity, Respect, Staff Attitudes</td>
</tr>
<tr>
<td>#2</td>
<td>Medications (administration, organization)</td>
</tr>
<tr>
<td>#1</td>
<td>Food Service (quantity, quality, variation, choice, condiments)</td>
</tr>
</tbody>
</table>

Complaints Involving Nursing Homes

- Number of Nursing Homes – 679
- Number of Beds - 83,199
- Number of Complaints - 3,230
Top 5 Complaints in Nursing Homes

<table>
<thead>
<tr>
<th>NUMBER</th>
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</tr>
</thead>
<tbody>
<tr>
<td>#5</td>
<td>Failure to Respond to Requests for Assistance</td>
</tr>
<tr>
<td>#4</td>
<td>Personal Hygiene</td>
</tr>
<tr>
<td>#3</td>
<td>Discharge/Eviction</td>
</tr>
<tr>
<td>#2</td>
<td>Medication Administration, Organization</td>
</tr>
<tr>
<td>#1</td>
<td>Dignity, Respect, Staff Attitudes</td>
</tr>
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</table>

Revised Administrative Assessment

• The Ombudsman Program is statutorily mandated to perform a review of the conditions in each long-term care facility that impact on resident quality of life and care. The assessment is required to be performed annually, resulting in approximately 4100 assessment in FFY 2013-2014.

• The assessment form and process were revised in 2011 from a “check the box” type of process to a narrative format. After 3 years it was clear the narrative format was not working as intended and changes had to be made.
Revised Administrative Assessment

Issues considered in revising the Assessment:

- Statutory
  - May not duplicate agency surveys.
  - Must be resident centered.
  - May not unreasonably interfere with facility operations and resident activities.
- User friendly for ombudsmen
- Objective
- Targeted format encompassing top five complaint areas
Discharge Issues in ALFs

Assisted Living is Growing

• Publicly supported assisted living population has grown considerably in twenty years and now exceeds 25,000.*
• This population is expected to grow very fast over the next 10 years.*

*Larry Polivka, Ph.D, Claude Pepper Center, Florida State University – Webinar: Assisted Living Reform: Policies and Politics, NSCIC, December 5, 2014
Older Adult Population is Diverse and Growing

- By 2020 more than one in five Floridians (3.5 million resident) will be 65 or over. ¹
- Residents are more diverse and impaired than residents 15-20 years ago.
- By 2025, the number of older adults with Alzheimer’s disease in Florida will increase to 720,000.²

¹ Institute of Medicine: Retooling for an Aging America
² 2014 Alzheimer’s Disease Facts and Figures, Alzheimer’s Association

Resident Discharge – Current Status

- Section 429.28(1)(k), Florida Statutes, states a facility must provide:

At least **45 days’ notice** of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents... **Reasons for relocation shall be set forth in writing.** In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction.
Resident Discharge – Current Status

Rule 58A-5.0181(5), Florida Administrative Code, states as follows:

DISCHARGE. If the resident no longer meets the criteria for continued residency, or the facility is unable to meet the resident’s needs, as determined by the facility administrator or health care provider, the resident must be discharged in accordance with Section 429.28, F.S.

Resident Discharge – Current Status

Rule 58A-5.030(10), Florida Administrative Code, requires the following for discharge of a resident enrolled in Extended Congregate Care Services:

DISCHARGE. If the facility and the resident are unable to agree on a service plan, the facility is unable to meet the resident’s needs as identified in the service plan, or the resident no longer meets the criteria for continued residency, the resident must be discharged or relocated in accordance with Sections 429.26 and 429.28, F.S.
Resident Discharge – Recommendations

Assisted Living Task Force 2012 recommendations:

• Reduce the resident discharge notice from 45 to 30 days and provide an option for the resident to appeal with a decision within 10 days. The entire appeal process should take no longer than 45 days.

• Mandate that social workers and discharge planners provide a completed AHCA 1823 Form to the assisted living facility to ensure appropriateness of the resident’s admission.

Common Issues in Discharge

• There is no formal process requiring proof of delivery of the notice
• There is no administrative hearing (like the fair hearing process for nursing home discharge).
• Residents and families must go to county court to contest a discharge – very expensive and time consuming.
Questions or Comments?
Leigh Davis
State Ombudsman
davisla@ elderaffairs.org
850-414-2331

Toll-Free (888) 831-0404
Visit Us Online:
Ombudsman.myflorida.com
Find us on Facebook
Objectives

- To understand how infections are transmitted in health care facilities
- To understand standard precautions
- To review updates to Florida’s reportable disease rule

Chain of Infection

Six elements of infection:
1. An infectious pathogen
2. A place to stay (reservoir)
3. A way to get out (portal of exit)
4. A way to travel (mode of transmission)
5. A way to get in (portal of entry)
6. A new victim (susceptible host)
Standard Precautions

- Designed to reduce risk of transmission of microorganisms from both recognized and unrecognized sources of infection
- Applies to body fluids
Standard Precautions

- Components:
  - Hand hygiene
  - Gloves
  - Personal protective equipment (PPE)
  - Cough etiquette
  - Resident placement
  - Resident care equipment
  - Housekeeping
  - Laundry
  - Use of needles/sharps
  - Employee safety/occupational health

Your 5 moments for HAND HYGIENE

- Before eating
- After using bathroom
- Soiled with visible dirt, blood, moist or dry body fluids
- Contact with any resident with diarrhea
- Enter/exiting resident occupied area
- Before moving between residents in the same room
- Before putting on sterile gloves
- After removing personal protective equipment, including gloves

Hand Hygiene

- Soap and Water
  - Before eating
  - After using bathroom
  - Soiled with visible dirt, blood, moist or dry body fluids
  - Contact with any resident with diarrhea

- Alcohol-Based Product
  - Entering/exiting resident occupied area
  - Before moving between residents in the same room
  - Before putting on sterile gloves
  - After removing personal protective equipment, including gloves

Adapted from SHEA
Reporting of Infectious Disease to Department of Health (DOH)

Hand Hygiene

REMINDE RS
- Glove use is not a substitute for performing hand hygiene.
- Hand hygiene is not just about protecting the health care worker but also about protecting the resident.

Personal Protective Equipment (PPE)

- When to use?
  - When contact with blood or body fluids is possible or likely
- Why use?
  - To protect skin, mucous membranes, and clothing from contamination
- What to use?
  - Gloves, gowns, masks, face shields, goggles

Shared Equipment

- Must ensure proper cleaning and disinfection of shared equipment
**Disinfectants**
- Chemical products
- Destroy or inactivate infectious organisms
- Prevent growth of organisms
- Regulated by Environmental Protection Agency (EPA)

**Point of Care Devices**
- Best practice: Use one gluometer per resident.
  - If gluometers must be shared, they must be properly cleaned and disinfected after each use, per manufacturer’s instructions.
  - If there are no manufacturer’s instructions for cleaning and disinfection, then that device cannot be shared.
- Finger stick devices should **never** be used for more than one person.

**Reminder**
**Read labels and follow the instructions!**
Reporting of Infectious Disease to Department of Health (DOH)

Disposal of Sharps
- Do not overfill sharps containers.
- Ensure containers are easily accessible and visible.
- Prohibit disposal of non-sharps waste in sharps containers.
- Designate staff to monitor fill level of containers.
- Ensure staff are properly trained.

Best Practices
- Dedicate equipment.
- Use disposable equipment.

Linens
- Handle linen in a way to prevent the spread of infection.
- Avoid contact of one’s body and personal clothing with the soiled items being handled.
- Soiled textiles, including bedding, towels, and resident clothing may be contaminated with pathogenic microorganisms which may require the use of gowns and gloves.
- Clean linens must be protected from dust and soil until used.
Linens

- Do not shake the items or handle them in any way that may aerosolize infectious agents.
- Fold the linens inward so the contaminated side is toward the inside.
- Contain soiled items in a laundry bag or designated bin.
- When laundry chutes are used, they must be maintained to minimize dispersion of aerosols from contaminated items.

Infection prevention is everyone’s job!

REPORTABLE DISEASE RULE

All outbreaks and clusters of any disease are reportable to the Department of Health by law. Section 381.0031, Florida Statute

What Is An Outbreak?

- More than expected
- Above baseline
Did You Have An Outbreak?

Health Care-Onset (HO) and Community-Onset (CO) C. difficile Infections, January – December 2014

Number of cases

January February March April May June July August September October November December

HO CO

CAN A SINGLE INFECTION BE CONSIDERED AN OUTBREAK?

YES!
Examples: When To Call
- Two or more epidemiologically linked cases or suspected cases: confirmed illness not required
  - Influenza-like illness (ILI)
  - Gastro-intestinal illness
    - Especially of unknown cause
  - Scabies
- Not sure? Call the local health department.

Single Case Reporting
- Legionellosis
- Salmonellosis
- Hepatitis
  - Hepatitis A-immediately by phone

Staphylococcus aureus
- Methicillin-resistant S. aureus (MRSA)
  - Electronic laboratory reporting
- Vancomycin-resistant S. aureus (VRSA)
- Vancomycin-intermediate S. aureus (VISA)
  - Reportable to Department of Health
    - VRSA and VISA individual case
    - Nationally Notifiable Disease

Not sure? Call the local health department.
What If I Am Not Sure?

Then, call your local health department.

RECENT CHANGES TO REPORTABLE DISEASE RULE
Effective June 4, 2014

Reportable Disease Rule Changes

- Removed:
  - Encephalitis, other (non-arboviral).
  - Endemic typhus fever (Rickettsia typhi).
  - Invasive streptococcal disease, group A
  - Staphylococcus aureus, community-associated mortality
  - Toxoplasmosis
Reportable Disease Rule Changes

- **Added:**
  - Neonatal abstinence syndrome
  - Human papillomavirus (HPV)-associated laryngeal papillomas or recurrent respiratory papillomatosis in children <6 years old and anogenital papillomas in children <12 years old
  - *Haemophilus influenzae* invasive disease in children <5 years old
  - *Streptococcus pneumoniae* invasive disease in children <6 years old

- **Updated:**
  - Arboviral infections not otherwise listed: now explicitly listed as reportable
  - Possible exposure to herpes B virus: now explicitly listed as reportable (previously captured under possible exposure to rabies)
  - Vibriosis: now includes other closely related species *Photobacterium damselae* (formerly *Vibrio damselae*) and *Grimontia hollisae* (formerly *Vibrio hollisae*)
  - Rocky Mountain spotted fever: expanded to include all spotted fever rickettsioses

Electronic Laboratory Reporting

- **Antimicrobial Resistance**
  - *Acinetobacter baumannii*
  - *Citrobacter* species
  - *Enterococcus* species
  - *Enterobacter* species
  - *Escherichia coli* species
  - *Klebsiella* species
  - *Pseudomonas aeruginosa*
  - *Serratia* species
Reporting of Infectious Disease to Department of Health (DOH)

Division of Disease Control and Health Protection

A.C. Burke, MA, CIC
Health Care-Associated Infection Prevention Program Manager
Bureau of Epidemiology
Florida Department of Health
Email: AC.Burke@flhealth.gov
Phone: 850-766-7547

Thank You!
2015 Assisted Living Facility Joint Training

Agency for Health Care Administration Updates

Presented by:
Division of Health Quality Assurance Representatives

Objectives

• Review Most Frequently Cited Tags
• Updates regarding Online Licensing
• Background Screening Updates
• Conditional License Process
Objectives

• Review and discuss specialty licenses; including training, services and record requirements

• Define adverse incidents and review when an adverse incident report is required

• Discuss Directed Plans of Correction

Top Ten Deficiency Citations
### Top Ten Deficiency Citations
January 1, 2013 - December 31, 2013

<table>
<thead>
<tr>
<th>Rank</th>
<th>Tag</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>A0030</td>
<td>Resident Care - Rights &amp; Facility Procedures (58A-5.018(6) F.A.C.; 429.28 F.S.)</td>
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<tr>
<td>2</td>
<td>A0078</td>
<td>Staffing Standards - Staff (58A-5.019(2) F.A.C.)</td>
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<td>Medication - Assistance With Self-Admin (58A-5.0185(3) F.A.C.)</td>
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<tr>
<td>4</td>
<td>A0025</td>
<td>Resident Care - Supervision (58A-5.0182(1) F.A.C.)</td>
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<td>A0081</td>
<td>Training - Staff In-Service (58A-5.0191(2) F.A.C.)</td>
</tr>
<tr>
<td>6</td>
<td>A0093</td>
<td>Food Service - Dietary Standards (58A-5.020(2) F.A.C.)</td>
</tr>
<tr>
<td>7</td>
<td>A0008</td>
<td>Admissions - Health Assessment (58A-5.0181(2) F.A.C.)</td>
</tr>
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<td>8</td>
<td>A0055</td>
<td>Medication - Storage And Disposal (58A-5.0185(6) F.A.C.)</td>
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<tr>
<td>9</td>
<td>A0152</td>
<td>Physical Plant - Safe Living Environ/Other (58A-5.023(3) F.A.C.)</td>
</tr>
<tr>
<td>10</td>
<td>A0054</td>
<td>Medication - Records (58A-5.0185(5) F.A.C.)</td>
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Note: The entire description of each deficiency can be found at: [http://ahca.myflorida.com/MCHQ/CurrentRegs.shtml](http://ahca.myflorida.com/MCHQ/CurrentRegs.shtml)

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<td>Food Service - Dietary Standards (58A-5.020(2) F.A.C.)</td>
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<td>7</td>
<td>A0084</td>
<td>Training-Assist Self-Admin Meds &amp; Med Mgmt (58A-5.0191(5) FAC)</td>
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<tr>
<td>8</td>
<td>A0025</td>
<td>Resident Care - Supervision (58A-5.0182(1) F.A.C.)</td>
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Contact Information

Kimberly Smoak
850-412-4516
Kimberly.Smoak@ahca.myflorida.com

Background Screening
Background Screening
Care Provider Background Screening Clearinghouse

- Provides a single data source for background screening results of persons required to be screened by law for employment in positions that provide services to children, the elderly, and disabled individuals.
- Allows the results of criminal history checks to be shared among specified agencies when a person has applied to volunteer, be employed, be licensed, or enter into a contract that requires a state and national fingerprint-based criminal history check.
- Seven total state agencies will participate in the Clearinghouse—
  1. Department of Health (DOH)
  2. Department of Children and Families (DCF)
  3. Department of Juvenile Justice (DJJ)
  4. Department of Elder Affairs (DOEA)
  5. Agency for Persons with Disabilities (APD), and
  6. Vocational Rehabilitation (DOE-VR)
- To be entered into the Clearinghouse, a person screened must:
  - Undergo Level 2 screening and have fingerprints retained by FDLE
  - Have a photograph taken at the time of screening, and
  - Sign a privacy policy

Benefits of the Clearinghouse

- Allows the results of criminal history checks to be shared among specified state agencies, thereby reducing duplicative screenings for individuals requiring screening across multiple state agencies.
- Applicants will now have their fingerprints retained for a period of 5 years.
  - The retention of fingerprints enables a provider to be notified of an arrest of their employee as soon as the information is reported to the Agency by FDLE.
  - The retention of fingerprints will also provide a cost savings for those employees that are in the Clearinghouse but have had a lapse in employment greater than 90 days. After a 90 day lapse in employment, these applicants would only be required to pay for a new national criminal history check (currently $14.75).
- Provides a photo of the applicant taken at the time of screening.
  - The provider can verify that the person who applied for the position is the same person that had their background screening done.
Employee/Contractor Roster

According to section 435.12(2)(c), F.S., an employer of persons subject to screening by a specified agency must register with the Clearinghouse and maintain the employment status of all employees/contractors within the Clearinghouse. Initial employment/contract status and any changes in status must be reported within 10 business days.

- You must add an employee/contractor to your employee/contractor roster to receive arrest and criminal registration notifications. Please remember, per section 435.06(2)(b), F.S., if an employer becomes aware that an employee/contractor has been arrested for a disqualifying offense, the employer must remove the employee/contractor from contact with any vulnerable person that places the employee in a role that requires background screening.

- Even though the requirement is only for employees/contractors with a Clearinghouse screening, it is highly recommended that ALL employees/contractors are added to the employee roster. By doing so the provider will receive email notifications of employment status changes for all employees.
Arrest/Registration Record

You must add an employee/contractor to your employee/contractor roster to receive arrest and criminal registration notifications.

Once you receive an arrest and criminal registration notification immediately check the website to see if there has been an eligibility change. If that employee is now “Not Eligible” you are required, per ss. 435.06 (2)(b), to remove him/her from a position that requires a Level 2 screening and update your employee roster.
How do I, as a provider, ensure I am receiving all of the benefits of the Clearinghouse?

Initiating screenings through the website are now required per section 435.12(2)(c), Florida Statutes.

During the initiation process, you will be seamlessly connected with approved Livescan service providers, so that you may enter applicant information, as well as schedule and pay for appointments through one system.

By initiating the screening through our website you will:

- Enter applicant demographic information once (no need to use both the Clearinghouse and a service provider website)
- Reduce duplicative/unnecessary screenings costs
  - The first step to initiate a screening requires you to search the database for an existing screening. By checking for an existing screening first, you will be able to use the existing screening, thereby reducing your screening costs.

How do I, as a provider, ensure I am receiving all of the benefits of the Clearinghouse? (continued)

- Receive a Florida criminal history report
  - Initiating providers will receive a public record of the applicant's Florida criminal history report.
- Be able to track a screening through the entire screening process and receive email notifications
  - You will be able to see a status at each stage of the screening process, including Fingerprints Submitted, Fingerprints Received from FDLE, Fingerprints Rejected, Fingerprints Rejected 2nd – NCO requested, etc.
  - Each time an applicant's status is updated, you will receive an email notification, reducing the time needed to search the system for updates.
- Screenings in process and screening results will be displayed on their own page, reducing the need to search the entire database.
Initiating an Agency Review
Clearinghouse Statistics

As of December 31, 2014 the Clearinghouse has provided a cost savings over $3 million to Agency providers, Managed Care Health Plans, DOH licensees, and DOEVR providers.

Agency for Health Care Administration
Background Screening Resources

Background Screening Website
- http://ahca.myflorida.com/backgroundscreening

Questions/Comments/Issues
- bgscreen@ahca.myflorida.com
Online License Renewal

Available Now!
Renew your AHCA health care facility and provider license online

Online Licensing
License Renewals

28 Total Provider Types

Online Renewal Applications are currently available for 15 Provider Types
Online Licensing

- Open to Providers
  - Abortion Clinics
  - Adult Day Care Centers
  - Adult Family Care Homes
  - Assisted Living Facilities
  - Birth Centers
  - Clinical Labs
  - Crisis Stabilization Units
  - Homemaker and Companion Services
  - Homes for Special Services
  - Hospitals
  - Intermediate Care Facilities
  - Multiphasic Health Testing Centers
  - Nursing Homes
  - Prescribed Pediatric Extended Care Facilities
  - Transitional Living Facilities

Anticipated Release March 2015
- Health Care Clinics
- Home Health Agencies
- Home Medical Equipment Providers
- Residential Treatment Centers for Children & Adolescents
- Residential Treatment Facilities
- Short-Term Residential Treatment Facilities

Anticipated Release June 2015
- Ambulatory Surgery Centers
- Forensic Toxicology Laboratories
- Health Care Risk Managers
- Health Care Services Pools
- Hospice
- Nurse Registry
- Organ and Tissue Procurement Agencies
Online Licensing

- **Features that Reduce the Time to Complete and Submit an Application**
  - Application is pre-populated with data on file from the Agency’s licensure database
  - Helpers (blue question marks) throughout the application with tips and hints on various fields
  - Supporting documents can be attached electronically (includes virus scan)
  - Make Online Payment through Bank of America (includes ability to pay both licensure fees and any known outstanding fees)
  - System includes validations that will ensure that the application is complete and free of common errors before submitting (reducing omissions)

Online Licensing

- **How do I ensure that my application is processed fast?**
  - Make your payment online and pay all amounts owed
    - Applications are not considered received until payment is made
    - Checks sent by mail take anywhere between 2-5 days to process
    - Your application will not be reviewed until the check is received, processed, and deposited in the bank
    - Online payments are accepted immediately and are available for review within 24 hours
  - Submit your supporting documents online
    - The review cannot be completed before the documents are received and processed by out Central Intake (2-5 days)
    - If the review proceeds without these documents, it will result in an omission and extend the processing time of the application
Online Licensing

- **Faster Turnaround Times Because…**
  - Online Licensing bypasses the Agency’s manually intake process (2-5 days)
  - Staff has automated tools to speed up review times
    - Automatic check against Background Screening Clearinghouse for eligibility
    - Comparison report to note changes in the application from what is on file with the Agency
    - Automated matches with individuals and entities already in the Agency’s system
  - Validation checks ensure fewer potential errors for staff to research
  - Once a section is complete, it can automatically be uploaded into the Licensure data base (reducing time for manually data entry)

Online Licensing

**Email for Online Providers**

A license renewal postcard reminder was sent this week to your mailing address.
Below is a sample version of the postcard you will be receiving.
As a reminder, renewals can now be completed online at
Please look for this notice.
Thank you.
Online Licensing

Sample Postcard for Online Providers

LICENSURE RENEWAL NOTICE
Apply Online
BAY MANOR

Your application is due 03/01/2015.

To renew license number 20241, an application with appropriate license fees must be received by the Agency for Health Care Administration on or before 04/30/2015, but not before 12/31/2014. In order to avoid late fees, renewal application must be received by the Agency by 03/01/2015.

The agency must receive your renewal application and fee on or before the expiration date on your license to avoid renewal penalties.

The renewal process can now be completed online at https://www.ahca.myflorida.com/SingleSignOnPortal or by completing the licensure application and related forms available on the Agency website at http://ahca.myflorida.com/swflr_A00Rt and return with the appropriate licensure fee.

For additional information, please visit the website above or contact the Long Term Care Unit at (850) 412-4303.

Online Licensing Website

Renew Your Health Care Facility License Online

Step 1: Register - Identify an authorized individual who will access the Online Licensing System on behalf of your facility.

Step 2: Login - After registering, the authorized individual will be redirected to the Online Licensing System.

Step 3: Renew - The license application will appear with most fields filled in for you. Review, add or change information as needed.

Step 4: Payment - After the renewal information has been submitted and verified, you can pay your licensure fees by credit card.

a. Check or check through the mail.

Health Care Facility Online Licensing Application

Registering User Name/ID and Generating a User Agreement:

1. See Online Instruction Guide (588 KB PDF) for detailed instructions.

2. Go to the Portal to register a User Name/ID and Password. If you already are registered as a User for the Background Screening System or the Home Health Quarterly Report, you will not need to create a new User Name and Password.

3. Select the Online Application System. A User can select one or multiple facilities across provider types. A separate User Agreement will be created for each facility selected which must be signed by the Administrator for that facility.

4. Send the signed User Agreement(s) to the Agency for approval. You may scan, email, fax, or mail the signed documents.

5. An e-mail will be sent to the approved user confirming that access to the Online Licensing system has been granted.

Expect that email confirmation within 2 business days.
Online Licensure Single Sign On


Provider Dashboard
Online Licensing

Training

- Online Training Videos Under Development
- Targeted/ Customized Training (Internal/External)

Rule Highlights
Assisted Living Facility Rule Update Highlights

• Deleted the definition of “major incident” – this is duplicative of adverse incident reporting requirements.

• Revise terminology referring to mental “illness” – to mental “disorder” for the purposes of identifying a mental health resident, means schizophrenia and other psychotic disorders; affective disorders; anxiety related disorders; and personality and dissociative disorders. However, mental disorder does not include residents with a primary diagnosis of Alzheimer’s disease, other dementias, or mental retardation.

• Added definition for “staff in regular contact” to provide clarity for the streamlined training guidelines. “Staff in Regular Contact” or “Staff in Direct Contact” mean all staff whose duties may require them to interact with residents on a daily basis.
Assisted Living Facility Rule Update Highlights

Admission Procedures, Appropriateness of Placement and Continued Residency Criteria  58A-5.0181

Clarified that a resident with a stage 2 pressure sore may be admitted in a standard licensed facility if the resident received services from a contracted home health agency or nurse.

Assisted Living Facility Rule Update Highlights

A resident who otherwise meets the admission criteria for residency in a standard licensed facility, but who requires assistance with the administration and regulation of portable oxygen, assistance with routine colostomy care, or assistance and monitoring of the application of anti-embolism stockings or hosiery as prescribed by a health care provider in accordance with manufacturer’s guidelines, may be admitted to a facility with a standard license as long as the following conditions are met:

- The facility must have a nurse on staff or under contract to provide the assistance or to provide training to the resident to perform these functions.
- Nursing staff may not provide training to unlicensed persons to perform skilled nursing services, and may not delegate the nursing services described in this section to certified nursing assistants or unlicensed persons.
Assisted Living Facility Rule Update Highlights

- Certified Nursing Assistants may apply anti-embolism stockings or hosiery under the supervision of a nurse in accordance with paragraph 64B9-15.002(1)(e), F.A.C. This provision does not restrict a resident or a resident’s representative from contracting with a licensed third party to provide the assistance if the facility is agreeable to such an arrangement and the resident otherwise meets the criteria for admission and continued residency in a facility with a standard license.
- 64B9-15 is CNA practice act rule

Assisted Living Facility Rule Update Highlights

Continued Residency – Specifies that the interdisciplinary care plan must delineate the services which will be provided by either the facility or the hospice staff. A hospice resident may only receive services from the ALF staff that is within the scope of the facility’s license, and nursing services within the scope of their professional license.
Assisted Living Facility Rule Update Highlights

Clarifies that an individual admitted to and receiving hospice services may be admitted to an ALF as long as the individual otherwise meets resident admission criteria.

Medication Practices 58A-5.0185

- (3) (“Assistance with Self Administration”) – rearranging rule for clarity
- (3)(f) – clarifying that assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S.
- (4)(d) – clarified that the State Clinical Laboratory License and the Federal CLIA Certificate must be maintained in the facility, only when required.
- (7)(e) Corrected rule citing references and clarified that faxed or electronic copies of records or orders are acceptable. e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident’s medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or electronic copy of a signed order is acceptable.
Assisted Living Facility Rule Update Highlights

Do Not Resuscitate Orders (DNROs) 58A-5.0186

- Clarifying the correct Dept. of Health form and process for facility management of DNRO documentation.
- DH Form 1896, Florida Do Not Resuscitate Order Form, December, 2004, which is hereby incorporated by reference. This form may be obtained by calling the Department of Health’s toll free number (800)226-1911, extension 2780 or online at: [http://www.flrules.org/Gateway/reference.asp?No=Ref-04005](http://www.flrules.org/Gateway/reference.asp?No=Ref-04005).
- (b) There must be documentation in the resident’s record indicating whether a DH Form 1896 has been executed. If a DH Form 1896 has been executed, a yellow copy of that document must be made a part of the resident’s record. If the assisted living facility does not receive a copy of a resident’s executed DH Form 1896, the assisted living facility must document in the resident’s record that it has requested a copy.
- (c) The executed DH Form 1896 must be readily available to medical staff in the event of an emergency.

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Assisted Living Facility Rule Update Highlights

Staffing Standards 58A-5.019

- (1)(b) – initiative to ease burdensome regulation; understanding that, especially for smaller facilities, the death of an administrator (or situations of that sort) is an extenuating circumstance; permits the agency to temporarily approve management of a facility by an individual who is 21, has a high school diploma or GED, has completed background screening, but has not completed core training and testing, so long as such individual completes the necessary training and testing requirements to become an administrator within 90 days.
Assisted Living Facility Rule Update Highlights

Staffing Standards 58A-5.019

(2)(a) Staff – The rule now requires that staff having, or suspected of having, a communicable disease must obtain a statement from a health care provider indicating that they are no longer a transmission risk, rather than permitting the administrator to “determine that such condition no longer exists.”
Conditional License Process

- 429.17(4)
  - A conditional license may be issued to an applicant for license renewal if the applicant fails to meet all standards and requirements for licensure.
  - A conditional license issued under this subsection shall be limited in duration to a specific period of time **not to exceed 6 months, as determined by the agency**, and shall be accompanied by an agency-approved plan of correction.

Conditional License Process

- Provider must request and submit a plan of correction
- Field Office must review and approve the plan of correction
- Licensure Unit will issue conditional license
Contact Information

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Specialty Licenses
Specialty Licenses

- **Extended Congregate Care (ECC)**
  - Created to promote “aging in place”
  - Promotes resident choice, independence and decision making
  - Requires specific policy and procedures
  - Health assessment updated annually

Specialty Licenses – ECC

- Requires additional initial and ongoing training for supervisor and additional training for staff
- Requires updated service plans, assessments and documentation
- Quarterly monitoring visits by AHCA
Specialty Licenses – ECC

- Same admission criteria but may be bedridden up to 14 days.
- Facility must have service plans, progress notes and nursing assessments.

Specialty Licenses

- **Limited Nursing Services (LNS)**
  - Requires nursing assessments and nursing notes/documentation for all residents receiving limited nursing services
  - The facility must employ or contract with a nurse
  - Monitoring visits every six months by AHCA.
Specialty Licenses - LNS

• Facility must maintain a list of residents receiving LNS services.

• LNS licensure allows residents to receive a variety of nursing services not permitted under a standard license.

Specialty Licenses

• Limited Mental Health (LMH)
  – Licensure is required for ALFs with more than two mental health residents
  – Requires additional training for administrator and staff
  – The facility must have a cooperative agreement with a mental health provider
  – A community living support plan must be in place between the resident, facility and provider
  – The facility must assist the resident in carrying out the activities in the support plan
Specialty Licenses - LMH

- Facility is required to observe resident behavior and report concerns to case manager.
- Ensure the resident and case manager have opportunity for face-to-face contact.
- Ensure staff have completed required training.

Adverse Incidents
Adverse Incidents

- 429.23 Internal risk management and quality assurance program
  - Every facility is required to maintain adverse incident reports
    - An event over which facility personnel could exercise control rather than as a result of the resident's condition and results in:
      - Death;
      - Brain or
      - Spinal damage;
      - Permanent disfigurement;
      - Fracture or dislocation of bones or joints;

Adverse Incidents

- Any condition that required medical attention to which the resident has not given his or her informed consent, including failure to honor advanced directives;
- Any condition that required the transfer of the resident, to a unit providing a more acute level of care due to the incident, rather than the resident’s condition prior to the incident; or
- An event that is reported to law enforcement or its personnel for investigation; or

- Resident elopement, if the elopement places the resident at risk of harm or injury
Adverse Incidents

- Within **1 business day** after the occurrence of an adverse incident report to the agency.
- The report must include information regarding the identity of the affected resident, the type of adverse incident, and the status of the facility’s investigation of the incident.
- Within **15 days** provide a full report to the agency on all adverse incidents. The report must include the results of the facility’s investigation into the adverse incident.

### Adverse Incident Data

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Preventing Adverse Incidents

- Assessment for continued residency
- Staff training
- Elopement drills
- Staffing levels

Directed Plans of Correction
Directed Plans of Correction

• Used to address Class I and Class II deficiencies which require immediate action to alleviate ongoing deficient practice

• Help improve services and assist providers in attaining compliance

Directed Plans of Correction

• Not intended as a sole intervention by a provider
• Intended to impose directed interventions to address immediate concerns with identified deficient practice
• Provider must still complete and implement a plan of correction
Directed Plans of Correction Process

• Class I
  – Receive a hand-delivered DPoC letter within 2-business days outlining what the facility needs to do to immediately address the deficient practice
  – Facility representative will be required to sign the DPoC letter

• Class II
  – Facility will receive DPoC letter within 10-business days outlining what the facility needs to do to immediately address the deficient practice
Contacting AHCA

www.ahca.myflorida.com

• Contact numbers for local field offices
• Assisted Living Resource Manual and other forms
• Licensure forms

Contact Information

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Wrap-Up