THCA Notes
Monthly Newsletter of the Texas Health Care Association

PRESIDENT'S REPORT

Moving forward with purpose and commitment!

"For last year's words belong to last year's language and next year's words await another voice. And to make an end is to make a beginning."
-T.S. Eliot

It's that time again……no, not another Cowboy's win! I'm talking about the holidays, to reflect and be thankful. It's the time we filter thru the clutter and chaos and make time for family and friends as we prepare for the New Year.

Thank you to each of you for making this opportunity what it has been!

As we move into 2017, we also prepare for the 140 days that occur every other year, known as the 85th legislative session. We have challenges and solutions that will must face together and speak together as one. Unity with each of you with an unending focus on improving care delivery and providing quality outcomes for your residents, families and staff.

This coming year, we remain committed to support your efforts to achieve the highest standard of care for Texas' frail and elderly. Through advocacy, education and outreach efforts, we strive to be the leading voice for the long term care to:

- Present solutions to the Medicaid funding crisis and improve workforce stability
- Improve clinical outcomes and care coordination
- Ensure Texans maintain the ability to choose their nursing home
- Promote policies that enhance the quality care needs of the frail and elderly

As we move into the holiday season, I wish each and every one of you the best for you and families. Be safe, be positive, give of yourself to others and be proud of the efforts you give on behalf of those you serve.

Onward and Upward!

LEGISLATIVE UPDATE

SENATE HEALTH AND HUMAN SERVICES COMMITTEE ISSUES INTERIM REPORT

Recommendations for improving the quality of long term in Texas were included in a report issues by the Senate Committee on Health and Human Services.

The committee, chaired by Sen. Charles Schwertner (R-Georgetown) looked at a variety of issues during the interim period between legislative sessions. They held several public hearings before writing their findings and recommendations into a report.

Among the recommendations is to remove the right to correct for violations that cause actual harm to residents and call for HHSC to create a "matrix" of progressive sanctions based on scope and severity of violations. Both were included in legislation last session that did not pass.

The committee also recommends increasing the penalty cap on assisted living facilities from its current $1000 to $5000.

There are efforts in the report to reduce the regulatory burden on providers. The bill would increase the licensure period to three years. It also recommends requiring surveys that result in administrative penalties to be signed off on by individuals with expertise in the area in which the violation occurred.

Though not listed among the recommendations, the report did oppose extending the any willing provider provision under managed care for nursing facilities. That will expire on September 1, 2017.

These recommendations are expected to be included in a bill and filed for the upcoming legislative session that begins in January.

THCA is working with legislators to make sure the voices of providers are heard before these or any actions affecting them are taken.

LEGISLATORS BEGIN FILING BILLS

The 85th Legislative Session is still a month away but Texas legislators have already filed more than 800 bills.

The State Constitution allows legislators to begin filing bills for the coming session on the first Monday after the November election. No further action is taken on the bills until at least a couple of weeks into the session, when the presiding officers in the two chambers refer them to a committee.

Among the bills affecting long term care that have been filed:

HB 118 (Moody)—Increases the personal needs allowance for residents to $75 a month.

HB 284 (Springer)-Requires nursing facilities to allow a resident to use a self-release seat belt in his or her wheelchair if authorized by a resident or legal guardian.

HB 285 (Alonzo)-Raised the minimum wage statewide to $15 an hour.

There are also several bills that would broaden the places where Texans can carry guns to include nursing homes and other health care facilities.
Contact THCA if you have any questions or comments regarding these bills. You are also encouraged to contact your legislators to express your thoughts

COMMITMENT TO CARE

This month's Commitment to Care (C to C) focuses on PASRR
Rolls-out Automation Process
https://txhca.org/commitment-to-care#qualitytopic

December 4-10th is National Influenza Vaccination Week
Click HERE for more information from the CDC.

PASRR Update
- TMHP implemented a data fix on 11/9/16 to address the MI false positive PEs from 2013 and early 2014. All of these cases should now show a "Negative" status.
- With the new PASRR Negative status on the PE, your LTCMIs should process.

One a Month Update

New Partnership to Improve Dementia Care Data is in and Texas has moved up the ranks to 42nd in the Nation scoring 18.5% for LS use of antipsychotic medications, Texas improvement

represents a decrease of 35.9% since our baseline in 2011 of 28.8%. The current National average is 16.3% a decrease of 31.8%.

<div align="center">Keep up the momentum!</div>

Free Infection Prevention Consultations

What DSHS is doing?
The Texas Department of State Health Services (DSHS) is offering a **free** infection control consultation to all healthcare facility types in the state. The visit is conducted by an epidemiologist certified in infection control.

Why DSHS is doing this?
The purpose of the assessment is to help identify strengths and potential gaps in Infection Prevention and Control programs. The goal is to enhance infection control capacity in healthcare facilities.

Where do the visits take place?
The visits are on-site with at least the facility's Infection Preventionist in attendance. The visits take less than a day to complete.

 How might this benefit your facility?
• To obtain a fresh perspective on your Infection Control Program
• To assist new infection prevention staff
• To further develop internal quality improvement audits
• To prep for survey readiness

To schedule a consultation visit, please email: MDROTexas@dshs.texas.gov
Subject Line: ICAR Visit

Building Prevention into Every Day Practice: Framework for Successful Clinical Outcomes Series **- Part 5 of 13**

This is part of a series featuring one element of the **Building Prevention into Every Day Practice: Framework for Successful Clinical Outcomes**. Success in achieving positive resident/patient outcomes is even more critical now than ever before. The link between quality and payment in long term and post-acute care is growing stronger, as evidenced by the SNF Value Based Purchasing Program (VBP), Improving Post-Acute Care Transformation (IMPACT) Act, SNF Quality Reporting Program (QRP) and more.

In addition, regulatory activity is intensifying through focused surveys on adverse events, dementia care and MDS. The Five-Star Rating system and Nursing Home Compare have been revised and will add items in the future as it broadens public reporting and transparency. Most importantly, consumers expect and deserve high quality care.

The entire framework outlines key elements from both an organizational and clinical nature that are critical to successful clinical and organizational outcomes. Positively, these elements reflect common denominators that cross multiple care situations. Therefore, instead of being yet another initiative or single focused project to achieve just one outcome, it is a way of acting, thinking and being that will benefit multiple areas across an organization. Each element is addressed in detail throughout the framework.

This month THCA is featuring the element of *Organizational Foundation: Principles of Person-Centered Care*

Key Takeaways: Principles of Person-Centered Care

- ✓ **Primary purpose of care is to support individuals in living as satisfactory and fulfilling a life as possible, in the face of their illnesses and impairments.**

- ✓ **Be aware of each individual's preferences, issues, and risks and tailor recommendations and actions accordingly.**

- ✓ **Residents make choices and actively participate in their care planning which is used as a foundation for everyday person-centered care.**

- ✓ **Competent clinical reasoning and effective diagnosis facilitate truly individualized care by enabling interventions tailored to underlying causes.**

> **Probing Questions for Team Reflection and Discussion:**
> 1. How do we get to know each resident's preferences and risks and tailor our interventions accordingly?
> 2. Do care plans reflect each individual's wishes and offer flexibility for change?
> 3. How can we support each individual in living life to the fullest extent they desire?

Visit the AHCA Clinical Practice website to learn more about the element of "Organizational Foundation: Team-Based Care" and answers to these key questions:

What does this mean? Why is this important? What are some examples? What is my part (as an individual employee, manager or practitioner)? What can my organization do?

Start somewhere, pick one element and work through it with your team.

Enjoy the journey through the framework!

"The Quality Initiative Series - Succeeding in the Midst of Change"

The AHCA Quality team is creating a series of FREE education Webinars which covers the best practices to help members with many of the new regulatory, payment or public reporting changes. The series is designed to provide critical support to members. You can register for the first webinar here.

The schedule is as follows:

January 25, 2017
4 - Staff Stability

April 26, 2017
5 - Antipsychotic Drug Reduction

June 21, 2017
6 - Functional Outcomes

September 20, 2017
7 - Customer Satisfaction/Experience

November 15, 2017
8 - Hospital Admissions in Long Stay Settings

STATE / THCA NEWS

PROPOSED CHANGES TO OVERTIME RULE ENJOINED

On November 22, 2016, a U.S. District Court for the Eastern District Texas temporarily enjoined the enforcement of the Department of Labor's Final Rule that would have drastically increased the salary threshold for certain exempt workers. The DOL's rule, scheduled to become effective on December 1, 2016, doubled the minimum salary requirement for employees performing executive, professional, or administrative duties to be exempt from overtime pay (a change from $23,660 annually to $47,476 with annual automatic increases). The injunction temporarily suspends these New Rules across the entire nation.

Several contingencies render the future of these salary changes unpredictable. First, this lawsuit and injunction will most likely remain pending beyond Inauguration Day. The new President and his Labor Secretary may withdraw the proposed rule or propose a more modest increase in the salary threshold. Second, a proposed law, the "Regulatory Relief for Small Business, Schools and Nonprofits Act," which delays enforcement of the New Rule until June 1, 2017, has already passed the House and gone to the Senate. President Obama has threatened to veto the measure, but we not aware of Mr. Trump's position. Third, the lawsuit could continue through the trial court and end up in the U.S. Supreme Court—which may not yet have a full contingent of Justices. One final possibility: this proposed rule prompted some employers to conduct audits. Changes in compensation, duties, and time keeping may have already been adopted that make sense to keep in place. Employers are always free to pay wages above the minimum

set by any Administration. Considering how further changes may affect the financial circumstances (of the employer and employee) and morale should be at the forefront of employers' future decisions.

CMS Training for Phase 1 Implementation of New Nursing Home Regulations

CMS issued S&C 17-03-NF outlines that the Centers for Medicare & Medicaid Services (CMS) is developing an online training for Regional Offices (RO), State Survey Agencies (SA), providers and other stakeholders on the new Nursing Home Regulations.

Need for Training: The Centers for Medicare & Medicaid Services (CMS) is developing an online training for Regional Offices (RO), State Survey Agencies (SA), providers and other stakeholders on the new Nursing Home Regulations.

Training Content and Availability: The online training will include information about Phase 1 of new Nursing Home Regulations, and will be **available to all parties starting November 18, 2016.**

Mandatory Requirement: All Long Term Care (LTC) surveyors are required to complete this training in order to be able to conduct any **LTC surveys after November 28, 2016.**
To link to the S&C letter go to: http://update.nyshfa.org/attachment/958/mm16-418.pdf?g_download=1

CMS Issued Memorandum on MDS Focused Surveys

CMS memorandum S&C: 17-06-NH, dated November 4, 2016, provides an overview of the results of the FY 2015 MDS Focused Surveys, outlining the background on MDS Focused Surveys and the types of deficiencies and errors identified in the surveys. CMS also provides technical resources for providers to help improve accuracy and help providers maintain compliance. CMS implemented MDS Focused Surveys nationwide for a sample of nursing centers in 2015 after piloting the survey in 2014, and will continue to conduct the MDS 3.0 Focused Surveys through fiscal years 2016 and 2017. The surveys are used to audit the accuracy and reliability of data reported by nursing centers.

The memorandum summarizes fiscal year 2015 results in terms of the scope and severity of deficiencies, noting that the majority of deficiencies were cited at a scope and severity level of "D"; top cited deficiencies across scope and severity levels, such as MDS Accuracy and Posted Nurse Staffing Information; and common coding errors affecting MDS accuracy, such as those related to antipsychotics and pressure ulcers.

During on-site MDS Focused Survey visits, CMS found that approximately 45% of citations were related to MDS or staffing posting inaccuracy and that 55% were care related. Eighty percent of facilities surveyed had at least 1 deficiency with an overall average of 2.6 deficiencies per survey.

CMS recommends several resources to assist nursing centers in achieving and improving compliance, including a review of Chapter 3 of the RAI Manual; training modules for completing the MDS assessment; and contact information for State RAI Coordinators.

For questions or comments on the memorandum, contact MDSFORSandC@cms.hhs.gov.

Summary of Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers

Members Impacted
These include Skilled Nursing Facilities (SNF), Nursing Facilities (NF) and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID). This final rule is **not** applicable to Assisted Living Providers. The rule was released on Friday, September 16, 2016, and can be found here.

Introduction
The four main components of the requirements are consistent with the National Preparedness Cycle. **The emergency plan, policies and procedures, communication plan and the training and testing program all must be reviewed and updated at least annually.** Annual reviews will allow a center to identify gaps and areas for improvement to the center's emergency plan. Policies and procedures are to be based on the emergency plan, risk assessment, and the communication plan. The policies and procedures will operationalize a center's emergency plan. Components of the final requirements focus on an integrated response during a disaster or emergency situation. Surveyors will be provided training on the emergency preparedness requirements and interpretative guidance will be developed for each provider and supplier types.

Below is an overview of the six main components of the rule with suggested next steps for providers to take to help prepare for the **November 2017 implementation date**.

Emergency Plan
The final rule states that the emergency plan must be **based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach,** including missing residents. Strategies for addressing emergency events identified by the risk assessment, resident population, the type of services the center has the ability to provide in an emergency; and continuity of operations must be included in the plan. For ICF/IID members, the rule explains that the emergency plan must address the special needs of its client population. Centers will need a process for cooperation and collaboration with local, tribal, regional, State, or Federal emergency preparedness officials'. Centers will need to include documentation of their efforts to contact officials and of their participation in collaborative and cooperative planning efforts.

Next steps: Review your emergency operation plan (EOP). Does it reflect the specific high-risk hazards for your area and the needs of your unique population (i.e. secured perimeters, technology-dependent residents/clients). Contact your local emergency preparedness and response agencies and ask to speak to the contact for the medical-health emergency planning in your area. Ask for a copy of the local hazard vulnerability analysis so you can be aware of the

hazards identified for your surrounding community. Start a business continuity plan if you don't have one. A template is available here.

Policies and Procedures
The final rule outlines the provision of subsistence needs for staff and residents, whether they evacuate or shelter in place, will need to include: (1) food, water, medical, and pharmaceutical supplies. (2) Alternate sources of energy to maintain- temperatures, emergency lighting, fire detection, extinguishing, and alarm systems, sewage and waste disposal.

The final rule clarified that centers will need to include **a system to track the location of on-duty staff and sheltered residents in the center's care during and after an emergency as well as a system for medical documentation**. Safe evacuation and shelter in place procedures will need to be included. Evacuation policies and procedures will need to consider care and treatment needs of evacuees, staff responsibilities, transportation and identification of evacuation location(s). **Centers will also need to include arrangements with other LTC facilities and other providers to receive residents in the event of limitations or cessation of operations.**

Next steps: Identify potential LTC centers, other providers and community resources that your center has a relationship with or will need to establish a relationship with to develop arrangements with in the event of an emergency. Develop procedures for the care of multiple emergency admits including staff, space and equipment. This is called "Surge Capacity" and planning tools are available here.

Communication Plan
A center's emergency preparedness communication plan must comply with Federal, State, and local laws. The communication plan must include name and contact information for nine key groups including volunteers. **The final rule states that centers will need to provide a primary and alternate way for communicating with center staff and Federal, State, tribal, regional, or local emergency management agencies.** The communication plan in the final rule outlines eight components the plan must include and does not require specific timeframes for center communications in the emergency preparedness requirements.

Next steps: Review the eight components and the nine key groups and begin to plan how to incorporate this information into your EOP. Also consider the question of way alternate way for communication with staff and emergency agencies you will use should cell phone service be unavailable.

Training and Testing
Centers will need to conduct initial training in emergency preparedness policies and procedures to all new and existing staff, contract staff, and volunteers. Training must be documented and staff must be able to demonstrate knowledge of the emergency procedures.

Center's must conduct exercises to test the emergency plan at least annually, including unannounced staff drills using the emergency procedures. **Centers will need to participate in a full-scale exercise that is community-based if not accessible then an individual, facility based.** An additional exercise will need to be conducted by the center such as a second full-scale exercise that is community-based or individual, facility-based or a tabletop exercise that includes a group discussion led by a facilitator, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed

to challenge an emergency plan. Testing will need to include an analysis of the center's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the emergency plan, as needed.

Emergency and Standby Power Systems *Does not Apply to ICF/IID Communities.*
The final rule adopts the Health Care Facilities Code (NFPA 99, Life Safety Code NFPA 101 and NFPA 110) for the location of the emergency generator and the Health Care Facilities Code, NFPA 110, and Life Safety Code for the emergency power system inspection, testing, and maintenance requirements. For centers that maintain an onsite fuel source to power emergency generators must have a plan for how it will keep emergency power systems operational during an emergency.

Next steps: Identify your center's emergency power source and identify its capacities such as will it power the entire building, including HVAC, refrigeration, medical equipment needed for life support etc.

Integrated Healthcare Systems
The final rule added if a center is part of a healthcare system consisting of multiple separately certified healthcare facilities that elects to have a unified and integrated emergency preparedness program, the LTC facility may choose to participate in the healthcare system's coordinated emergency preparedness program. If the center chooses to utilize an integrated emergency preparedness program the program must show that each participating facility actively participated in the development of the emergency preparedness program. The program must take into account each separately certified facility's unique circumstances, patient populations, and services offered. All participants must demonstrate that they are capable of using the program and that it is in compliance with the policies and procedures, communication plan and training and testing components of the emergency preparedness regulation.

Next steps: Explore the availability of full-scale exercises planned for your community in which your center could participate. The local emergency planner for medical/health response should be able to help with this. Additionally, the local acute care hospitals may know of up-coming exercises that are open to your participation. Templates for drills and exercises are available here.

Helpful Resources

- CMS, Medicare Learning Network will be hosting a webinar on the new requirements, Wednesday October 5th 2016 at 1:20 ET. For more information, please click here.
- Overview session at AHCA/NCAL National Convention entitled, "The New CMS Rules: Raising the Bar on Emergency Preparedness" on Tuesday, October 18 at 10:00 AM - 11:00 AM ET by Jocelyn Montgomery, RN and Director of Clinical Affairs, California Association of Health Facilities, Sacramento, California
- CMS will create a webpage for the rule here. Additionally, the Office of the Assistant Secretary for Preparedness & Response (ASPR) has also created a resources webpage for the final rule.

For more information about emergency communication planning:

- Emergency Planning: Health Care Sector

- Government Emergency Telecommunications Service (GETS)
- Healthcare Preparedness Capabilities - National Guidance for Healthcare System Preparedness

Additional information and resources regarding the application of the HIPAA Privacy Rule during emergency scenarios can be located at:

- Summary of the HIPAA Privacy Rule
- HIPAA Privacy in Emergency Situations
- Emergency Situations: Preparedness, Planning, and Response

NATIONAL / AHCA NEWS

Dementia Care Conference Call Hosted by the National Partnership to Improve Dementia Care and QAPI MLN Connects

National Partnership to Improve Dementia Care and QAPI MLN Connects will host a Conference Call on Tuesday, December 6 from 12:30 to 2 pm Central.

To register or for more information, click here. Space may be limited, register early.

During this call you will learn about the reform of requirements for long-term care facilities, highlighting the Behavioral Health Services & Pharmacy Services sections. A Tennessee nursing home will also discuss innovative approaches that they implemented to dramatically reduce the use of antipsychotic medications. Additionally, CMS subject matter experts share updates on the progress of the National Partnership to Improve Dementia Care in Nursing Homes and Quality Assurance and Performance Improvement (QAPI). A question and answer session will follow the presentations.

Speakers for the webinar include:
- Diane Corning, CMS
- Douglas Ford, National HealthCare Corporation, Fort Sanders
- Michele Laughman and Debbie Lyons, CMS

I-9 FORM IS CHANGING

On Monday, November 14, 2016, the United States Citizenship and Immigration Services ("USCIS") released a newly revised version of Form I-9, Employment Eligibility Verification.

All employers may continue using the Form I-9 that contains a revision date of "03/08/2013 N," as it is considered a "currently valid version," until Saturday, January 21, 2017. Effective on

Sunday, January 22, 2017, however, employers must use the newly revised form ("11/14/2016 N"), which is available at the following website:
https://www.uscis.gov/sites/default/files/files/form/i-9.pdf

Employers should continue to follow all existing storage, retention, and other compliance rules for all of their previously completed Forms I-9, as well as for the new Form.

OSHA Final Rule to Improve Tracking of Workplace Injuries and Illnesses

OSHA has extended the effective date of the anti-retaliation provision in its final rule, *Improve Tracking of Workplace Injuries and Illnesses* until Dec. 1, 2016. This is one provision of the OSHA rule, which requires nursing centers, assisted living communities, and other employers to electronically submit workplace injuries and illnesses as well as post anti-retaliation protections for workers who report work-related injuries or illnesses.

Provisions call for employers to electronically submit injury and illness data that they already record.

Please see the information below, from the OSHA website, about the final rule for electronic submission of workplace injuries and illnesses and the anti-retaliation provision.

Why is OSHA issuing this rule?
This simple change in OSHA's rulemaking requirements will improve safety for workers across the country. One important reason stems from our understanding of human behavior and motivation. Behavioral economics tells us that making injury information publicly available will "nudge" employers to focus on safety. And, as we have seen in many examples, more attention to safety will save the lives and limbs of many workers, and will ultimately help the employer's bottom line as well. Finally, this regulation will improve the accuracy of this data by ensuring that workers will not fear retaliation for reporting injuries or illnesses.

What does the rule require?
The new rule, which takes effect Jan. 1, 2017, requires certain employers to electronically submit injury and illness data that they are already required to record on their onsite OSHA Injury and Illness forms. Analysis of this data will enable OSHA to use its enforcement and compliance assistance resources more efficiently. Some of the data will also be posted to the OSHA website. OSHA believes that public disclosure will encourage employers to improve workplace safety and provide valuable information to workers, job seekers, customers, researchers and the general public. The amount of data submitted will vary depending on the size of company and type of industry.

How will electronic submission work?
OSHA will provide a secure website that offers three options for data submission. First, users will be able to manually enter data into a webform. Second, users will be able to upload a CSV file to process single or multiple establishments at the same time. Last, users of automated recordkeeping systems will have the ability to transmit data electronically via an API (application programming interface). The site is scheduled to go live in February 2017.

Anti-retaliation protections
The rule also prohibits employers from discouraging workers from reporting an injury or illness. The final rule requires employers to inform employees of their right to report work-related injuries and illnesses free from retaliation, which can be satisfied by posting the already-required OSHA workplace poster. It also clarifies the existing implicit requirement that an employer's procedure for reporting work-related injuries and illnesses must be reasonable and not deter or discourage employees from reporting; and incorporates the existing statutory prohibition on retaliating against employees for reporting work-related injuries or illnesses. These provisions become effective August 10, 2016, but OSHA has delayed their enforcement until Dec. 1, 2016.

Compliance schedule
The new reporting requirements will be phased in over two years:

- Establishments with 250 or more employees in industries covered by the recordkeeping regulation must submit information from their 2016 Form 300A by July 1, 2017. These same employers will be required to submit information from all 2017 forms (300A, 300, and 301) by July 1, 2018. Beginning in 2019 and every year thereafter, the information must be submitted by March 2.
- Establishments with 20-249 employees in certain high-risk industries must submit information from their 2016 Form 300A by July 1, 2017, and their 2017 Form 300A by July 1, 2018. Beginning in 2019 and every year thereafter, the information must be submitted by March 2.

OSHA State Plan states must adopt requirements that are substantially identical to the requirements in this final rule within 6 months after publication of this final rule.

EDUCATION

New Requirements of Participation
Bringing Them to Life in Your Center

January 5th, 2017

THCA Headquarters
1108 Lavaca Street
Austin, Texas
THA Training Room

Presented by...
David Gifford, MD
Sara Rudow, MPA
Of the American Health Care Association

The Centers for Medicare and Medicaid Services (CMS) have launched significant changes to the Requirements of Participation for all skilled nursing facilities with Medicare and Medicaid contracts. This one-day session will focus on Phase I and II of the implementation and help your center prepare for full compliance.

THCA
Texas Health Care Association

New Requirements of Participation Bringing Them to Life in Your Center

This workshop will help your facility staff prepare to make necessary changes to comply with the new Requirements of Participation (RoP) that will be enforced in three phases beginning November 28, 2016, and continuing in November 2017 and November 2019. This workshop will include a mix of didactic presentations and multiple interactive exercises *utilizing material brought by attendees* from their center to help centers begin to make changes they need to comply with RoP enforced in Phases One and Two. The session will also include significant time for group discussion and a review of available resources and tools.

Topics to be covered include admission process—including new required resident notifications, changes to the care planning process—emphasizing person-centered care and the new baseline care plan, discharge planning, staffing requirements—including demonstrating staff competencies and new training requirements, new policy and procedures, new physical building requirements, care practices needing changes, adverse event prevention and monitoring—including infection prevention and control and medication prescribing, the new facility assessment of residents and resources, and the new requirement for a Quality Assessment and Performance Improvement (QAPI) plan…and more!

6.5 Hrs. of Continuing Education maybe earned by LNFA, Nurses and CPA's

Learning Objectives

- Recognize the key changes to the Federal Requirements.
- Identify the necessary actions to take within your center to successfully comply with new regulations.
- Integrate learning into an Action Plan that can be initiated upon return to your center.

Attendees must bring the following materials to use for interactive exercises.

- A copy of your center's most recent standard survey.
- Your center's Policy and Procedures Manual *(hard or electronic copy)*
- Admission Agreement
- Comprehensive Resident Admission Assessment Form
- Sample (de-identified) Care Plan or Care Plan Template
- Discharge Summary Sample (de-identified) or Template
- Sample QA Committee Agenda and Reports

Registration Information

This seminar is being offered to all members of THCA for *$99 per person (Onsite - Instructor lead) or $49 per person (Online - live webinar)*. This workshop is open to all member providers in 2 formats affordably priced for all skilled nursing professionals. **Register here.**

Schedule

8:30 a.m.	Registration
9:00 a.m.	Workshop Begins
10:30 a.m.	Break
10:45 a.m.	*Workshop Resumes*
12:00 noon	Lunch *(included)*
12:45 p.m.	*Workshop Resumes*
2:15 p.m.	Break
2:30 p.m.	*Workshop Resumes*
4:00 p.m.	Workshop Ends

Faculty

David R. Gifford, MD, MPH, joined AHCA/NCAL in 2011 as Senior Vice President of Quality and Regulatory Affairs. In this capacity, Dr. Gifford leads AHCA/NCAL's internal quality department while pioneering initiatives on quality improvement in long term care. Dr. Gifford participates or chairs numerous national, state and local health-related committees. Dr. Gifford serves as council chair for the National Quality Forum's Public & Community Health Council and is a member of the National Commission on Prevention Priorities. He served on the National Governors' Association Health Information Communication and Data Exchange Task Force. He currently sits on the Board of the Association of State and Territorial Health Officials (ASTHO) and is a member of their executive committee. He received the National Governor's Association (NGA) public service award in 2010.

Sara Rudow, MPA, has worked for over ten years on policy analysis and implementation to support the delivery of high quality health care and social services to vulnerable populations. As AHCA's Director of Regulatory Services, Sara works closely with colleagues, members, and other partners to share information, develop resources, and provide advocacy on critical regulatory issues facing nursing centers. Prior to coming to AHCA, Sara led projects analyzing federal health care programs serving the elderly, disabled, and economically vulnerable and provided technical assistance to federal grantees. She also worked as an analyst at the US Government Accountability Office, reviewing and providing recommendations to improve the implementation of federal health care programs.

Questions?
Please contact Texas Health Care Association at (512) 458-1257.
THCA | 1108 Lavaca Street, Suite 500 | Austin, TX 78701
www.TXHCA.org

Page 15

ANNOUNCEMENTS & RECOGNITION

THCA Proudly Presents
2016 Annual Award Recipients

Robert Rowley (R), THCA 2016
Outstanding Administrator of the Year

Roger von Seeburg (R), THCA 2016
Director of Nursing of the Year

The following awards were presented during the THCA 2016 Convention & Trade Show in San Antonio, Texas. Congratulations to All!

Outstanding Administrator: Robert Rowley, Clarksville Nursing Center
Public Information & Education Media Award: La Paloma Healthcare Center
Public Information & Education Community Education Award: Kountze Nursing Center
D.O.N. of the Year: Roger von Seeburg, William R. Courtney Texas State Veterans Home
Nurse of the Year Region 1: Heather Tijerina, Ussery-Roan Texas State Veterans Home
Nurse of the Year Region 3: Erin Castro, Frank M. Tejeda Texas State Veterans Home
Nurse of the Year Region 4: Kamesha Page, Mount Pleasant Healthcare
Nurse of the Year Region 5: Keberli Gordi, William R. Courtney Texas State Veterans Home
Nurse of the Year Region 6: Kathy Hensley, Green Acres of Center
Nurse of the Year Region 7: Malai Gobert, Park Manor of Southbelt
Nurse of the Year Region 8: Crystal Hidrogo, Senior Care Centers of Harbor Lakes
Nurse of the Year Region 9: Wendy Nyango, Duncanville Healthcare & Rehab
Nurse of the Year Region 10: Ashley Flores, La Paloma Healthcare Center
Nursing Scholarships: Shannon Moore, Miesha Davis, Casey Hyatt, Brittany Powell, Liliana Arreda
Nurse Aide of the Year Region 1: Bobby Hinojosa, Prairie House Living Center

Nurse Aide of the Year Region 2: Efren Saavedra, Ambrosio Guillen Texas State Veterans Home
Nurse Aide of the Year Region 3: Sara Estrada, Frank M. Tejeda Texas State Veterans Home
Nurse Aide of the Year Region 4: Angela Sepulvado, The Heights of Tyler
Nurse Aide of the Year Region 5: Estella Sanchez, Will-O-Bell Nursing Home
Nurse Aide of the Year Region 6: Lisa Sanford, Green Acres of Center
Nurse Aide of the Year Region 7: Margaret Toliver, Park Manor of South Belt
Nurse Aide of the Year Region 8: Arnisa Donnell, Senior Care of Stonegate
Nurse Aide of the Year Region 9: Sharon Hall, Duncanville Healthcare and Rehab
Nurse Aide of the Year Region 10: Rosa Villarreal, Yorktown Nursing and Rehabilitation Center
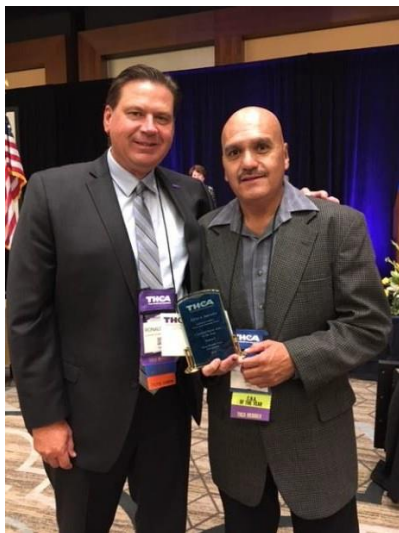*Chairman's Award:* Tom Plowman, Retired THCA Staff
2016 Official Convention Sponsor: McKesson
2016 Official THCAPAC Sponsor: Healthcare Services Group

Bobby Hinojosa
THCA Region 1 C.N.A. of the Year

Efren Saavedra
THCA Region 2 C.N.A. of the Year

Sara Estrada
THCA Region 3 C.N.A. of the Year

Angela Sepulvado
THCA Region 4 C.N.A. of the Year
Year

Estella Sanchez
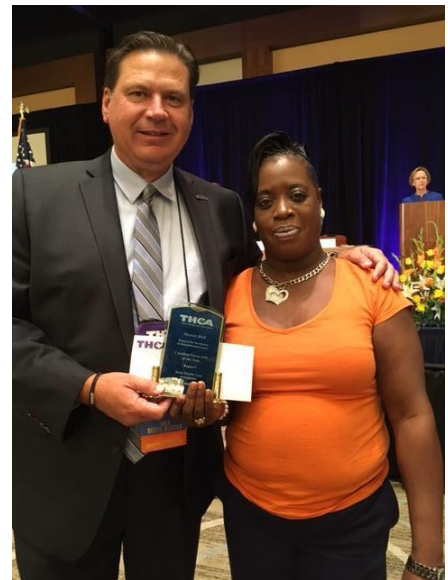THCA Region 5 C.N.A. of the Year

Lisa Sanford
THCA Region 6 C.N.A. of the

Margaret Toliver
THCA Region 7 C.N.A. of the Year
Year

Arnisa Donnell
THCA Region 8 C.N.A. of the Year

Sharon Hall
THCA Region 9 C.N.A. of the

Rosa Villarreal
THCA Region 10 C.N.A. of the Year

Helen Moore
Ombudsman of the Year

Kountze Nursing Center (Becky LaRocca)
Public Information and Education
Community Education Award

La Paloma Healthcare Center (Rita Harris)
Public Information and Education
Media Relations Award

Tom Plowman
Chairman's Award
Retired THCA Staff (28 Years)

Thank you to our Convention & PAC Sponsors!

McKesson Medical-Surgical
Official THCA Convention Sponsor
(Neil Schoening pictured)

Healthcare Services Group
Official THCAPAC Sponsor
(Victoria Marafine & Eugene Roberts pictured)

We'd like to once again recognize our 2016 Convention and PAC Sponsors. The support provided by sponsorships is paramount to a successful conference for all long term care professionals who attend for professional development and fellowship with their peers. View of complete list of our 2016 Convention & THCAPAC Sponsors here.

2016-2017 THCA BOARD OF DIRECTORS

During the 2016 Annual Convention and Trade Show, and at meetings held within the local THCA regions prior to convention, elections were held for various positions up for election on the THCA Board of Directors. Please recognize our 2016-2017 Board of Directors.

Ron Payne, Chair
Southwest LTC

Bronz Peterson, Vice Chair
Fundamental Clinical Operations

Don Sowell, Secretary
Nexion Health

Sandy Klein, Treasurer
Touchstone Communities

Ron Haney, Independent Owner Council Chair
Cascade Health Services

Cassandra Mistretta, Multi-Facility Council Chair
Genesis Healthcare

Maryann Earlywine, Assisted Living Council Chair
SAVA Senior Care

Derek Prince, AHCA Council of States
HMG Healthcare

Buddy Parker, Business Advisory Committee Chair
First Choice Medical Supply

Robin Hayes, RN, Nurse Council Chair
Touchstone Communities

Jeff Tait, Administrators' Council Chair
SAVA Senior Care

Brandon Tappan, Elected Director
Kindred Healthcare

Greg Moore, Elected Director
Touchstone Communities

Andrew Kerr, Appointed Director
Senior Care Center

John P. Taylor, Appointed Director
Stonegate Senior Living

Michael Perkins, Region 2 Chair
Pebble Creek Nursing Center

Raul Espinosa, Region 3 Chair
San Pedro Manor

Julie Wyatt, Region 4 Chair
Heritage House of Marshall

Becky LaRocca, Region 6 Chair
Kountze Nursing Center

Connor Greenspan, Region 7 Chair
Park Manor of Quail Valley

Jodi Scarbro, Region 8 Chair
Forum Parkway Health & Rehabilitation

Jim Culp, Region 9 Chair
PowerBack Rehabilitation Richardson

Bill Lowe, Region 10 Chair
Valley Grande Manor/Weslaco

REGION NEWS

A Message from your THC Region Chairs

Thank you! Thank you to all that attended the THCA 66th Annual Convention & Trade Show, "Unity is Strength". It was great to see everyone in San Antonio for some fellowship, networking and professional development. And thank you to all that stopped by our Region Chairs booth in the Trade Show to visit and support our fundraising efforts for our important Political Action Committee, THCAPAC. We appreciate you!

THCA Region Chairs are again working with THCA-Education Foundation to bring presentations with CE's to Region meetings in 2017. We'd like to thank our THCA Associate Business Members who answered the *"Call For Presentations"* by submitting presentations for Region meetings. This truly exemplifies our "Unity is Strength" membership message, and we couldn't be more excited for our 2017 Region Meetings! We will be meeting soon to prepare the 2017 Regional Meetings schedule and content, so be ready for a great year of THCA Region activity! Don't hesitate to contact your area's Region Chair to offer your support. Region Chairs contact info is listed below.

Share the Celebrations in your facilities! Help us keep the positive events in LTC facilities visible by sending in information and photos of your facility's holiday celebrations to share on THCA's Social Media. While many of our social media followers are your colleagues, staff and family members, we also have many that are state legislators and their staff. With the 85th Legislative Session convening next month, this is an excellent opportunity to share our stories with them. Send your information and photos to THCA, Attn: Gina Muniz at gmuniz@txhca.org

A Big Thank You and Happy Retirement to Becky LaRocca, THCA's Region 6 Chair! For many years Becky has been a true leader and advocate for Long Term Care. She has stepped up to help lead her region (twice!); has been a pillar in her community; and has been a valuable resource for legislative and regulatory leadership throughout her long term care career. We are fortunate to have had her representing our profession, and will miss her dearly. Congratulations on your retirement, Becky!

THCA Region 2 Chair: Michael Perkins mperkins@bartletthealth.com
THCA Region 3 Chair: Raul Espinosa respinosa@swltc.com
THCA Region 4 Chair: Julie Wyatt jwyatt@swltc.com
THCA Region 6 Chair: Becky LaRocca mrlarocca@savasc.com
THCA Region 7 Chair: Conner Greenspan conner.greenspan@healthmarkgroup.com
THCA Region 8 Chair: Jodi Scarbro jodi.scarbro@healthmarkgroup.com
THCA Region 9 Chair: Jim Culp james.culp@genesishcc.com
THCA Region 10 Chair: Bill Lowe bl@eldercare.bz
THCA Staff Support for Region Chairs: Gina Ramos Muniz gmuniz@txhca.org

THCA PAC

THCAPAC Contributors Recognition

Thank you to all of our THCAPAC Personal and facility staff contributors! Attached is an updated list of our 2016 contributors. If you have not yet sent in your contributions, please either log onto the PAC online contribution page, https://txhca.org/pac (contact Gina at gmuniz@txhca.org if you need your personal user name and password) or mail-in your contributions (THCA-PAC, 1108 Lavaca Street, Ste. 500, Austin, TX 78701).

THCAPAC at Convention ……
Fundraising events for PAC held during THCA's 2016 Annual Convention & Trade Show were another success! Thanks to all that supported our Golf Tournament, PAC Silent Auction in the Trade Show and the Annual 50/50 Drawing!

THCAPAC PAC relies on our ability to support and participate at the events. A big THANK YOU! to our Official THCAPAC Sponsor, ***Healthcare Services Group***, and all of our sponsors. Please be sure to thank them for helping to make our fundraisers at convention another success! View a complete listing of our Convention & PAC Sponsors here.

A Very Special Thank You to your Region Chairs and volunteers who tirelessly staffed the fundraisers throughout the week**!**

Golf Awards Luncheon opening remarks
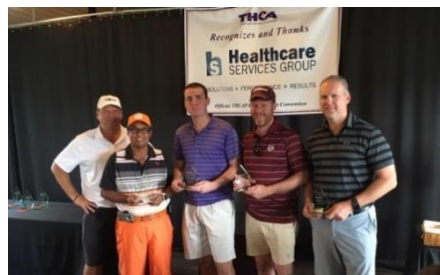from Ron Payne, THCAPAC Chair

THCA President/CEO Kevin Warren
presenting various awards

1st Place Winning Team

2nd Place Winning Team

3rd Place Winning Team

Most Honest Team

Thanks again to our Official THCAPAC Sponsor….

h Healthcare
SERVICES GROUP

SOLUTIONS ● PERFORMANCE ● RESULTS

Official THCAPAC Sponsor

PRODUCTS & SERVICES

AHCA/NCAL PROFESSIONAL DEVELOPMENT PRODUCTS
AHCA/NCAL Bookstore

AHCA/NCAL Bookstore offers a variety of regulatory and training products for the long term care profession. www.AHCApublications.org or www.NCALpublications.org or contact them directly at 800.321.0343.

THCA Business Member, **HUB International** provides an information article, "Common Question Regarding Waiting Periods For Rehires & 13 Week Rule". Click here to view the article.

If you have questions or would like to speak with HUB International about employee benefits then please contact Jeff Sterling, VP-Employee at jeff.sterling@hubinternational.com or call (214) 979-6240.