

DQA Quarterly Information Update APR 2014

Telephone: (608) 266-8481 • TTY: (608) 266-7376 • FAX: (608) 267-0352 • <http://www.dhs.wisconsin.gov>

NEW THIS ISSUE

13th Annual FOCUS Conference	1
MDS and OASIS Updates	2
SRO Quarterly Communication Meeting	4
2013 Top Ten Federal Health Citations for Nursing Homes	5

REGULAR FEATURES

Changes in DQA Staff	6
DQA Numbered Memos	6
CMS Survey & Certification Letters	6

DQA QUARTERLY CONTACT

Gina Bertolini
Division of Quality Assurance
P.O. Box 2969
Madison, WI 53701-2969
Gina.Bertolini@dhs.wisconsin.gov
(608) 266-8368

E-MAIL SUBSCRIPTION SERVICES

http://www.dhs.wisconsin.gov/rl_dsl/Listserv/signup.HTM



Breakfast of the Birds, 1934 Gabriele Münter

NEW THIS ISSUE

13th Annual FOCUS Conference

Bureau of Education Services and Technology

Special Session

The Art and Science of End of Life Care
Wednesday, November 19, 2014

FOCUS 2014 Conference

Teach, Learn, Collaborate
Thursday, November 20, 2014

The Wisconsin Department of Health Services, Division of Quality Assurance is pleased to announce the 13th annual FOCUS Conference for health care providers and DQA staff on November 19 and 20, 2014, at the Kalahari Convention Center in Wisconsin Dells. The Focus 2014 Conference is being developed in collaboration with health care provider and provider association representatives.

(continued)

This year's Special Session is entitled, *The Art and Science of End of Life Care*. The keynote speaker is Dr. Ira Byock, and the title of his keynote is *The Best Care Possible through End of Life*. The breakout sessions will address a wide variety of topics related to end of life care.

The theme of the FOCUS 2014 Conference is, "Teach, Learn, Collaborate." The keynote speaker is Dr. Allen Power, who will present on current standards and innovations in dementia care. The breakout sessions will address a wide variety of health care related topics.

Save the date and stay tuned for more information!

MDS and OASIS Updates

Bureau of Education Services and Technology

MDS / OASIS – Internet Explorer

CMS will not support access to CMS computer systems using Internet Explorer v 8.0 effective 10/01/2014. This includes CMS systems home health agencies use to submit OASIS records and that nursing homes use to submit MDS records.

CMS currently supports Internet Explorer v 9.0. and will continue to support this version after October 1st. CMS is also validating using Internet Explorer v 10.0, but users of this version may need to operate in "compatibility mode" in order for this software to function properly.

The CMS minimum system requirements are posted on the main web page of the QIES Technical Support Office website at: <http://www.qtso.com>

OASIS Submission Updates

Beginning on October 1, 2014, the submission format for OASIS assessment data will change from the current fixed-format record layout to Extensible Markup Language (XML). When the new system is implemented, both OASIS-C and OASIS-C1 data will be submitted to a centralized system called the Assessment Submission and Processing (ASAP) system. ZIP files that contain one or more XML files will be submitted to ASAP.

Draft versions of the new data submission specifications for OASIS-C and the data specification for OASIS-C1 are available on the CMS OASIS website located at: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/OASIS/DataSpecifications.html>

The CMS OASIS System will be shut down starting September 26, 2014, to transition to ASAP which will be available for OASIS submissions on October 1st.

Updated OASIS Resource for Wisconsin HHAs

The Division of Quality Assurance sponsors a website dedicated to OASIS related information. This is pertinent to all Medicare certified home health agencies (HHAs) because they are required to use the OASIS dataset as part of their patients' comprehensive assessment tools. This state sponsored website strives to be a "one-stop-shop" in helping Wisconsin HHAs locate the OASIS information they are seeking. Since OASIS

related information can be found in various locations around the internet, the DQA website maintains numerous ‘hyperlinks’ capable of taking the reader to the exact internet web page with the information they require. This web page has been recently updated with additional OASIS related topics, including links to OASIS-C1 information. The DQA HHA - OASIS Information web page is located at:

http://www.dhs.wisconsin.gov/rl_DSL/HHAs/HHAOASIS.htm

OASIS-C1 for Home Health Agencies

The CMS-proposed OASIS-C1 dataset received federal approval in February and becomes effective October 1st of this year. OASIS-C1 is the updated version of the current “patient assessment dataset” utilized by federally-certified home health agencies for their adult Medicare and Medicaid patients. Retrieve your copy of the approved dataset at: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/OASIS-C1.html>

In addition, public comments that were made regarding the proposed dataset, along with federal responses to those comments, and other supporting documents for the update to OASIS-C1 can be found at: <http://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing-Items/CMS-R-245.html?DLPage=1&DLFilter=CMS-R-245&DLSort=1&DLSortDir=descending>

CMS OASIS-C1 Training

CMS is planning to host a live OASIS-C1 training webinar on **April 30th at 1:00 p.m.** CMS has announced that they will not be conducting live Q&As at the time of the webinar but, rather, would like HHAs to submit any questions regarding the use of the OASIS-C1 dataset in advance so that their answers may be incorporated into their presentation.

No further details are known at this time; however, any additional information released by CMS regarding this webinar will be posted to the Wisconsin OASIS website. Check at the following link for updated information: http://www.dhs.wisconsin.gov/rl_DSL/HHAs/HHAOASIS.htm

DQA OASIS-C1 Training

DQA will also be hosting a live OASIS-C1 training webinar on **May 22nd at 12:30 p.m.** DQA, which has been sponsoring a live quarterly webinar for HHAs entitled *The OASIS Educational Forum* since early 2013, plans to dedicate May’s broadcast solely to OASIS-C1. The focus of this live webinar will be dedicated to staff-level use of the C1 dataset items, with attention to changes in the dataset. Additional details regarding this webinar will be posted to the Wisconsin OASIS website in the future, so check the website regularly for updated information at: http://www.dhs.wisconsin.gov/rl_DSL/HHAs/HHAOASIS.htm

Each *OASIS Educational Forum* utilizes an internet meeting format for sharing information. If you are new to this format and need details about participation (such as computer requirements, testing your computer’s connectivity, and a *Quick Start Guide*), read the original article in the January 2013 issue of the *DQA Quarterly Information Update* (page 4) at http://www.dhs.wisconsin.gov/rl_DSL/Publications/dqa-update-1-13.pdf. It is highly suggested to do this several days in advance of the training date in order to be adequately prepared.

On the day of the OASIS-C1 training webinar, simply connect online to our “virtual meeting room” about

10 to 15 minutes prior to the start time at <https://connect.wisconsin.gov/dhsdqaoasis>. Attendees should enter as a “Guest” and sign in using the name of your HHA and the number of participants at your location.

To either submit a suggestion for inclusion in the OASIS-C1 training or to make suggestions for future *OASIS Educational Forum* discussion topics, send an email to MaryJo.Sutton@dhs.wisconsin.gov.

HHA Conversion from ICD-9 to ICD-10

HHAs need to plan their conversion to utilization of ICD-10 coding (which begins on October 1st of this year) simultaneously with the switchover to utilization of the OASIS-C1 dataset. Patient episodes may span the October 1 date and it may be difficult in some situations to determine whether to use ICD-9 or ICD-10 coding for a patient’s episode. Consequently, the Medicare Learning Network (MLN) has established a reference guide, *Special Instructions for ICD-10 Coding on HH Episodes that Span the October 1 Date*, to assist with selecting and submitting the correct version of ICD codes.

Download your copy of the MLN guide at: <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1410.pdf>

SRO Quarterly Communication Meeting

Bureau of Nursing Home Resident Care (Southern Regional Office)

Thanks are extended to all who came to the January Quarterly Communication Meeting that was hosted by the Southern Regional Office, Bureau of Nursing Home Resident Care. The next meeting is scheduled for:

Wednesday, April 23, 2014

9:00 - 11:00 AM

Please check and mark your calendars for the following meetings, as well:

Wednesday, July 23, 2014

1:00 - 3:00 PM

Wednesday, October 22, 2014

1:00 - 3:00 PM

Meetings will be held at:

Iowa County Health and Human Services Building

Community Room

303 W. Chapel St.

Dodgeville, WI 53533

There is no cost to attend these meetings and everyone is encouraged to participate.

Pat Virnig, SRO Regional Field Operations Director, and Ann Angell, SRO Regional Field Operations Supervisor, will meet with facility staff from throughout the Southern Region in an informal communication meeting. If there are questions or specific topics you would like addressed at an upcoming meeting, contact Pat or Ann so that they can ensure that the agenda meets the needs of those attending.

Pat Virnig at Pat.virnig@dhs.wisconsin.gov

Ann Angell at Ann.Angell@dhs.wisconsin.gov

2013 Top Ten Federal Health Citations for Nursing Homes

Bureau of Nursing Home Resident Care

The chart below shows the ten most frequently cited federal health citations against nursing homes in 2013. The first column shows the ten most frequently cited nursing home health regulations across all states and the District of Columbia. The second column shows this same information for Wisconsin as a whole and the subsequent columns show the same information for each regional office in Wisconsin.

<i>ITALICS</i> – Not in State's Top Ten		RED - New to Top Ten Compared to Entity's 2012 Data				
Nation	State	Southern (Madison)	Southeastern (Milwaukee)	Northeastern (Green Bay)	Northern (Rhineland)	Western (Eau Claire)
F323 Supervision to prevent accidents (6412)	F441 Infection control (209)	F371 Store, prepare, and serve food under sanitary conditions. (47)	F323 Supervision to prevent accidents (54)	F441 Infection control (61)	F441 Infection control (30)	F441 Infection control (54)
F441 Infection control (6020)	F323 Supervision to prevent accidents (174)	F282 Care in accordance with care plan (39)	F225 Investigate allegations of abuse. (47)	F314 Prevention of pressure ulcers (48)	F314 Prevention of pressure ulcers (27)	F371 Store, prepare, and serve food under sanitary conditions. (49)
F371 Store, prepare, and serve food under sanitary conditions. (5251)	F314 Prevention of pressure ulcers (173)	F323 Supervision to prevent accidents (33)	F314 Prevention of pressure ulcers (42)	F371 Store, prepare, and serve food under sanitary conditions. (40)	F323 Supervision to prevent accidents (22)	F323 Supervision to prevent accidents (40)
F309 Care promotes highest level of well-being. (5056)	F371 Store, prepare, and serve food under sanitary conditions. (172)	F225 Investigate allegations of abuse. (32)	F329 Drug regimen is free of unnecessary drugs. (35)	F425 <i>Medication system assures accurate receipt/administration.</i> (30)	F309 Care promotes highest level of well-being. (20)	F280 Periodically review and revise the plan of care. (36)
F329 Drug regimen is free of unnecessary drugs. (3712)	F225 Investigate allegations of abuse. (150)	F441 Infection control (29)	F309 Care promotes highest level of well-being. (35)	F315 Services to restore as much normal bladder function as possible (8)	F315 Services to restore as much normal bladder function as possible (17)	F329 Drug regimen is free of unnecessary drugs. (33)
F279 <i>Develop comprehensive care plan.</i> (3613)	F329 Drug regimen is free of unnecessary drugs. (128)	F329 Drug regimen is free of unnecessary drugs. (27)	F441 Infection control (35)	F225 Investigate allegations of abuse. (26)	F225 Investigate allegations of abuse. (16)	F225 Investigate allegations of abuse. (29)
F431 <i>Labeling of drugs and biological</i> (3005)	F309 Care promotes highest level of well-being. (105)	F314 Prevention of pressure ulcers (27)	F279 <i>Develop comprehensive care plan.</i> (31)	F323 Supervision to prevent accidents (25)	F329 Drug regimen is free of unnecessary drugs. (13)	F314 Prevention of pressure ulcers (29)
F514 <i>Documentation</i> (2980)	F282 Care in accordance with care plan (103)	F309 Care promotes highest level of well-being. (25)	F425 <i>Medication system assures accurate receipt/administration.</i> (26)	F312 <i>Services to maintain good nutrition, grooming, personal and oral hygiene</i> (24)	F371 Store, prepare, and serve food under sanitary conditions. (12)	F282 Care in accordance with care plan (26)
F241 <i>Resident dignity</i> (2829)	F280 Periodically review and revise the plan of care. (99)	F280 Periodically review and revise the plan of care. (13)	F157 <i>Promptly consult with MD after significant condition change.</i> (25)	F329 Drug regimen is free of unnecessary drugs. (35)	F332 <i>Medication error rate is less than 5%.</i> (12)	F279 <i>Develop comprehensive care plan.</i> (26)
F281 <i>Professional standards of practice</i> (2749)	F315 Services to restore as much normal bladder function as possible (99)	F281 <i>Professional standards of practice</i> (21)	F371 Store, prepare, and serve food under sanitary conditions. (24)	F498 <i>Nurse aides able to demonstrate competency in care</i>	F241 <i>Resident dignity</i> (11) F279 <i>Develop comprehensive plan of care</i> (11)	F514 <i>Documentation</i> (24)

REGULAR FEATURES

Changes in DQA Staff

Bureau of Nursing Home Resident Care (BNHRC)

Garry Nicolas, OPA (Southeastern Regional Office – Milwaukee)

As of 03/24/14, Garry Nicolas is the new Operations Program Associate (OPA) in Milwaukee. Garry comes to DQA from UW Hospitals in Madison, where he has worked as an OPA since May 2012.

DQA Numbered Memos (January, February, March)

Access these memos at http://dhs.wisconsin.gov/rl_DSL/Publications/BQAnodMems.htm or via individual providers' publications pages at http://dhs.wisconsin.gov/rl_DSL/.

Memo No.	Title	Summary	Providers Affected
14-001	Informal Dispute Resolution (IDR) Update	This memo describes the revised procedure under which health care facilities may work to informally resolve differences they have with citations issued by the Division of Quality Assurance. The procedure took effect January 15, 2014.	Nursing Homes Facilities Serving People with Developmental Disabilities
14-002	Release of the Revised CBRF Medication Administration Curriculum	The Bureau of Assisted Living and the CBRF Training and Registry Services released newly updated and approved Medication Administration (MA) Curriculum and associated training materials on March 1, 2014.	Community-based Residential Facilities

CMS Survey & Certification Letters (January, February, March)

Listed below are Survey and Certification (S&C) Letters distributed by The Centers for Medicare and Medicaid Services (CMS) during the last quarter. The CMS Internet site for reviewing all S&C memos is located at <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions.html>

S&C No.	Title	Summary	Providers Affected
14-10-HHA	Moratoria on HHA Enrollment - Phase 2 - Metropolitan Areas of Ft Lauderdale, Detroit, Dallas, Houston and Extension of Moratoria on Metropolitan Areas of Miami and Chicago	Moratoria: CMS announced new moratoria on HHA enrollment in four geographic areas and an extension of the existing moratoria in two geographic areas, effective January 30, 2014. Effective 01/30/14, CMS halted the enrollment of new HHA providers and HHA branch locations in the	State Agency Home Health Agencies

		<p>metropolitan areas of Fort Lauderdale, FL, Detroit, MI, Dallas, TX and Houston TX, and extend the existing moratoria in Miami, FL and Chicago.</p> <p>Length of Moratoria: The moratoria will be in place for six months. Federal regulations allow CMS to lift the moratoria as necessary or to extend the moratoria for six month periods by notifying the public.</p> <p>HHA Application Status: Prospective HHA applications within the affected areas which were not approved prior to 01/30/14 will be denied by the Medicare Administrative Contractor (MAC). “Approved” means that, by 12:00 AM 01/30/14, the initial certification survey was completed; the second MAC review was completed; the CMS Regional Office sent the tie-in notice to the MAC; the MAC performed a site visit and the MAC decided to switch the HHA’s Provider Enrollment Chain Organization System record to an “approved” status.</p> <p>State Survey Agency Regional Office Review: As of 12:00 AM on 01/30/14, the SAs and ROs must cease all review of any initial HHA applications pending within the SA or RO for prospective providers in the affected zip codes of the moratoria. In addition, the SAs/ROs may not review any application for an HHA branch location within the affected zip codes throughout the duration of the moratoria.</p>	
<p>14-11-CLIA</p>	<p>Publication of Final Rule “Clinical Laboratory Improvement Amendments (CLIA) Program and Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule; Patients’ Access to Test Reports”</p>	<p>Goal: To support the commitment of the DHHS, CMS, and the Office of Civil Rights (OCR) that patients should have access to their personal health information, including access to their laboratory test reports.</p> <p>Notice of Final Rule: CMS-2319-F was published in the Federal Register on February 6, 2014.</p> <p>CLIA Regulations: The regulations at §493.1291(f) have been revised by replacing the phrase “individual responsible” with “persons</p>	<p>State Agency CLIA</p>

		<p>responsible.” A new regulation has been added at §493.1291(1) to specify that, upon a request by a patient (or the patient’s personal representative), the laboratory may provide patients, their personal representatives, and those persons specified under 45 CFR 164.524(c)(3)(ii), as applicable, with access to completed test reports that, using the laboratory’s authentication process, can be identified as belonging to that patient.</p> <p>HIPAA Privacy Rule: The rule was amended at 45 CFR §164.524 to remove the exceptions that relate to CLIA and affect an individual’s right of access. This change preempts any contrary provisions of State law.</p>	
14-12-ALL	Survey and Certification Emergency Preparedness Initiative: S&C Emergency Preparedness Checklist Revision	<p>Revised Emergency Preparedness Checklist: CMS is alerting healthcare facilities that CMS has revised current emergency preparedness checklist information for health care facility planning. These updates provide more detailed guidance about patient/resident tracking, supplies, and collaboration.</p>	State Agency All
14-13-NH	For Information Only: Public Comments on the Report of the National Background Check Program (NBCP) Long-Term Care Criminal Convictions (LTCCC) Work Group	<p>Purpose: To make State Survey Agency Directors and Stakeholders aware of the release of comments on the LTCCC Work Group report.</p> <p>National Background Check Program Long Term Care (LTC) Criminal Convictions Work Group: CMS convened a workgroup in response to the Office of Inspector General’s recommendation to CMS that CMS develop standards to define direct patient access, as well as convictions that should disqualify individuals from direct access employment with LTC facilities and providers, the conviction types that should be considered for mitigation or rehabilitation, and the time period for which each conviction should disqualify individuals from employment.</p> <p>Public Comments: Public comment was accepted until September 16, 2013.</p>	State Agency Nursing Homes

<p>14-14-HHA</p>	<p>Home Health Agency (HHA) State Operations Manual (SOM) revisions: Appendix B, HHA Enforcement Guidance and Revisions to Chapter 2, Certification Process</p>	<p>Appendix B – Guidance to Surveyors: Recent establishment of survey and enforcement regulations, as well as changes to other HHA policies, have necessitated revisions to previously published survey guidance.</p> <ul style="list-style-type: none"> • HHA Survey and Enforcement Regulations: The final rule on available alternative sanctions for HHAs with condition-level deficiencies was published in 2012. Among other things, this rule allows for the imposition of civil money penalties (CMP), directed in-service training, directed plan of correction, suspension of payment, and temporary management. CMS has developed a new SOM Chapter 9 to guide State Agencies and Regional Offices on imposing these sanctions, as well as on the procedures regarding an informal dispute resolution process (IDR). • SOM, Chapter 2, Certification, Sections 2180-2202.19: Survey protocols, HHA enforcement regulations, changes to Outcome and Assessment Information Set (OASIS) data transmission, and other policy changes have resulted in the need to update the HHA sections of Chapter 2. 	<p>State Agency Home Health Agency</p>
<p>14-15-Hospital</p>	<p>Requirements for Hospital Medication Administration, Particularly Intravenous (IV) Medications and Post-Operative Care of Patients Receiving IV Opioids</p>	<p>Medication Administration: CMS is updating guidance for hospital medication administration requirements to:</p> <ul style="list-style-type: none"> • Make clear that the medication administration requirements under the nursing services condition of participation (CoP) are related to only some components of the overall hospital medication process, but that hospitals are expected, through this and the related requirements under the pharmaceutical services and quality assessment/performance improvement CoPs, to take a comprehensive approach to the medication process. • Update guidance for IV medications 	<p>State Agency Hospital</p>

		<p>and blood transfusions in general; and</p> <ul style="list-style-type: none"> • Reflect need for patient risk assessment and appropriate monitoring during and after medication administration, particularly for post-operative patients receiving IV opioid medications, in order to prevent adverse events. <p>Immediate Post-operative Care: Clarification is also being made to the guidance for the surgical services CoP requirement for hospitals to have adequate provisions for immediate post-operative care, to emphasize the need for post-operative monitoring of patients receiving IV opioid medications, regardless of where they are in the hospital.</p>	
<p>14-16-OPO</p>	<p>Interpretive Guidance for the Survey Process of the Organ Procurement Organization (OPO) Conditions for Coverage, published May 31, 2006, in the Federal Register – Interim Final</p>	<p>This memo communicates an advanced copy of the Interpretive Guidance and associated revisions to Chapters 2 and 3 of the State Operations Manual (SOM) for the OPO Conditions for Coverage.</p>	<p>State Agency Organ Procurement Organization</p>