Long Term Care Stakeholder Meeting

Bureau of Survey and Certification

July 18, 2023

LARA
LICENSING AND REGULATORY AFFAIRS

LTC Section Manager Introductions

- Cheryl Howlett- Lansing Southwest
- Cynthia Thelen- Lansing South
- John Rojeski- Lansing North
- Julie Saladin- Lansing Northwest
- Stacey Goodman- Detroit South
- Nicole Langmesser- Detroit Central
- Heather McInchak- Detroit Northeast
- John Woodcox- Interim Up North
- Laura Funsch- Quality Assurance, Training, and IDR
- Laura Remus- Environmental Health and Safety
- Kristal Foster- Federal Enforcement
- Jerry Rodabaugh- Supervisor, Fire Safety Unit

3 Tips to help someone who lost Medicaid or CHIP coverage

Starting February 1, 2023, states can resume Medicaid and CHIP eligibility reviews that they temporarily stopped during the pandemic. When states resume these reviews, millions of people could lose their current Medicaid or CHIP coverage.

If someone loses their Medicaid or CHIP coverage, here are 3 things you can do to help:

1. **Encourage them to update their contact information so they don't miss important information or deadlines.**

   They should contact their state or health plan to update their contact information (like address, phone number, and email address).

   Make sure they have the phone number and website for their state's Medicaid

2. **Ask if they got a letter about their coverage status from their state or health plan.**

   If not, have them contact their state or plan to find out if a letter is coming.

   If they did get a letter, tell them to check it carefully for:

   - Information about their Medicaid or CHIP coverage status.
   - A renewal form they might need to fill out and send back to renew their coverage. If they get a renewal form, it's important they send it back by the deadline in the letter to avoid gaps in their coverage.

   Note: If the person lost coverage because they didn't return their renewal form, they may still be within

3. **Tell them about their other health coverage options if they no longer qualify for Medicaid or CHIP.**

   People who lose Medicaid or CHIP coverage may be able to get health coverage through the Health Insurance Marketplace®.

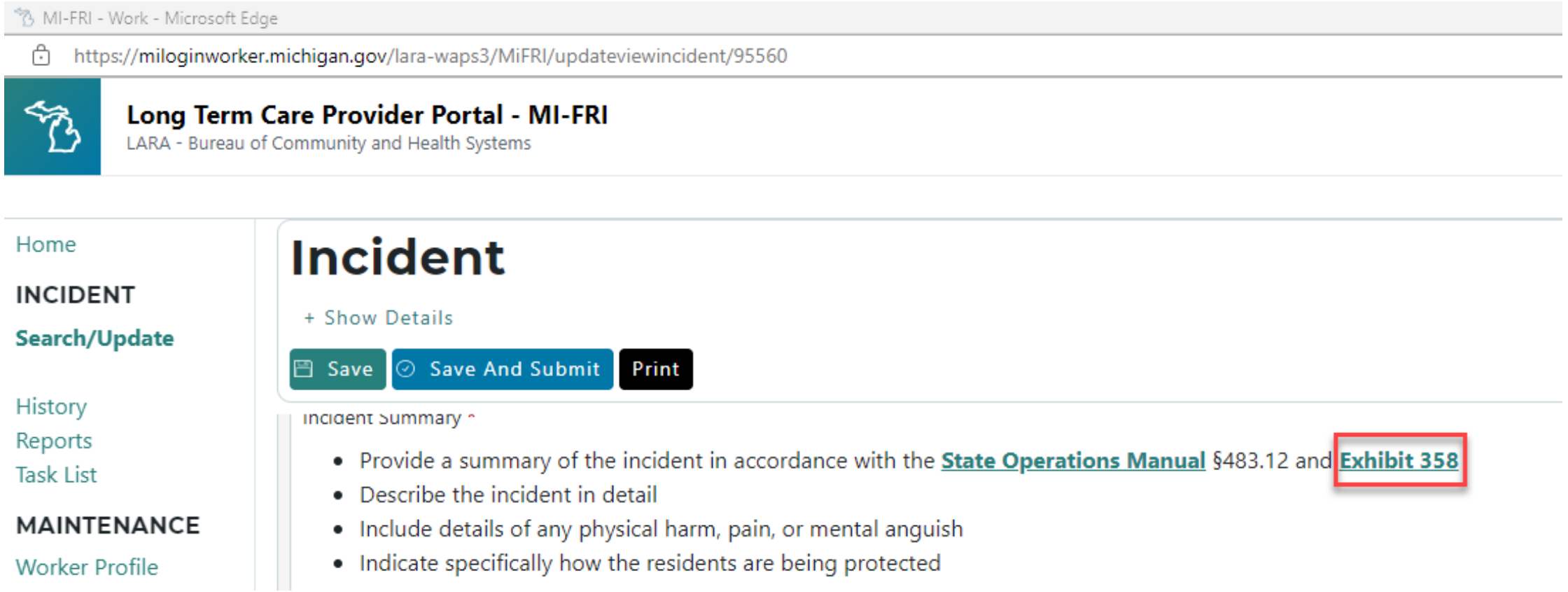
   - Most people qualify for savings on a health plan to lower their monthly premium and what they pay when they get care. Savings are based on their household income and size.
   - All Marketplace plans cover things like prescription drugs,

Reminder: F609 and F610 Updates

- Key Changes for F609
- *…must provide in its report sufficient information to describe the alleged violation and indicate how residents are being protected [see §483.12(c)(3)]. It is important that the facility provide as much information as possible, to the best of its knowledge at the time of submission of the report, so that State agencies can initiate action necessary to oversee the protection of nursing home residents…*
- *See Exhibit 358 for a sample form*

- Key Changes for F610
- *…must provide in its report sufficient information to describe the results of the investigation, and indicate any corrective actions taken…provide as much information as possible…so that State agencies can initiate action necessary to oversee the protection of nursing home residents [see §483.12(c)(4)]. The facility should include any updates to information provided in the initial report.*
- *See Exhibit 359 for a sample form*

Reminder: F609 and F610 Updates



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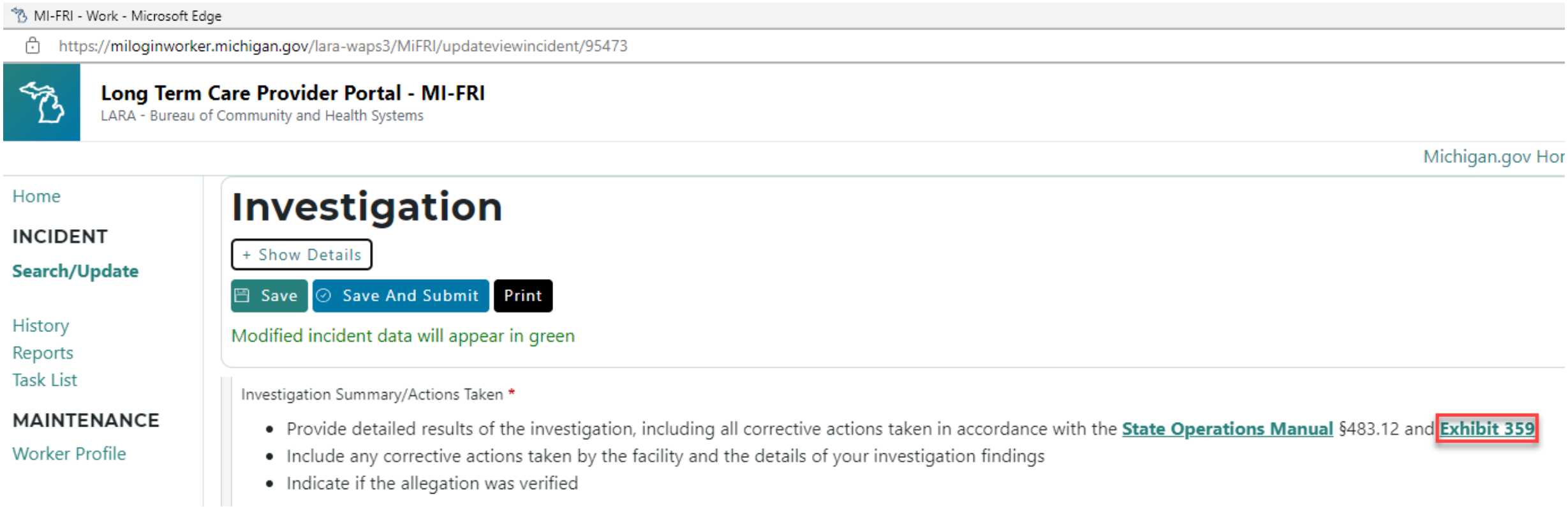


IDR/IIDR Transition to BSC July 1,2023

SOM ADHERENCE / STANDARDIZING PROCESS / QA MONITORING

Bifurcated review option discontinued...iMPROve will conduct all IDR/IIDR requests at no cost to the provider.

Telephonic review options for IDR and IIDR will be charged to the provider when selected.

IDR outcome options – Support, Delete, Amend scope/severity only for SQoC and IJ citations.

Revised forms

LTC IDR

LTC IIDR

Proactive QA actions

Development of QC workgroups

IDR outcome data will be shared at the quarterly QA advisory workgroup meetings.

Facility Initiated Transfers

F623

(Rev. 211; Issued: 02-03-23; Effective: 10-21-22; Implementation: 10-24-22)

§483.15(c)(3) Notice before transfer.

Before a facility transfers or discharges a resident, the facility must—

(i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman.

(ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and

(iii) Include in the notice the items described in paragraph (c)(5) of this section.

§483.15(c)(4) Timing of the notice.

(i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged.

(ii) Notice must be made as soon as practicable before transfer or discharge when—

(A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section;

(B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section;

(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section;

(D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or

(E) A resident has not resided in the facility for 30 days.

Facility Initiated Transfer Form

STATE OF MICHIGAN
Michigan Department of Licensing and Regulatory Affairs
Bureau of Community and Health System

FACILITY- INITIATED TRANSFER FOR NURSING HOMES

As defined in 42 CFR 483.15(c)(1), this form is to be used when there is a transfer of a resident from the federally certified nursing home to another facility, such as an acute care hospital, with the expectation that the resident will return to the nursing home.

Resident Name		
Guardian/Resident Representative, if applicable	Name	
	Address	
	City State, Zip	
	Email	
	Phone	

Focused Concern Surveys (FCS)

- Completed by one Federal Surveyor conducting an independent investigation of the identified concern areas
- Conducted the second 6 months of the year
- Occur within 60 calendar days after a state standard survey, FIC, revisit, or complaint survey
- The Federal Surveyor follows all investigative protocols and pathways for the concern areas to assess the effectiveness of the state's performance.

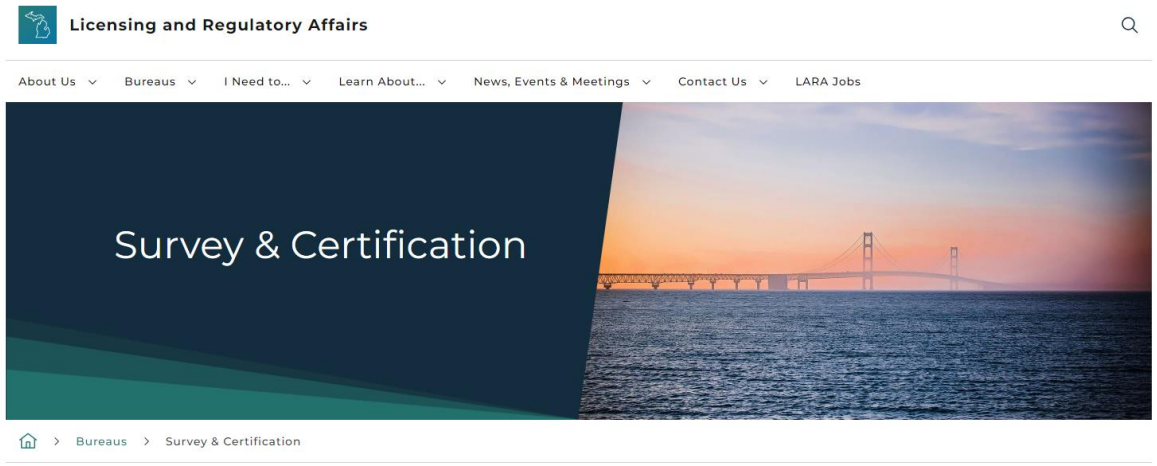
FY 22/23 Focus Concern Areas

#	Focus Concern	F-Tags	Critical Element Pathways/ Memos
1st	Behavioral Health	• F740 • F741 • F742 • F743	• Behavioral and Emotional Status Critical Element Pathway
2nd	Immunizations	• F883 • F887 • F888	• Infection Prevention, Control, and Immunizations Critical Element Pathway
3rd	Infection Preventionist	• F882	• Infection Prevention, Control, and Immunizations Critical Element Pathway
4th	Language/ Communication	• F676	• Activities of Daily Living (ADL) Critical Element
Optional	TBD	TBD	In addition to the concern areas identified above, the Federal Surveyor will have the option of selecting an additional area(s) of concern that is unique to the survey and does not fall within the concerns identified above.

CY 23 Frequent Citations

Tag	Cite Frequency	% of Total Cites (2812)	Average Severity	Average Scope
0689 - Free of Accident Hazards/Supervision/Devices	138	4.91%	2.42	1.13
0812 - Food Procurement,Store/Prepare/Serve-Sanitary	97	3.45%	2.00	2.96
0684 - Quality of Care	89	3.17%	2.35	1.06
0880 - Infection Prevention & Control	73	2.60%	1.97	1.89
0686 - Treatment/Svcs to Prevent/Heal Pressure Ulcer	72	2.56%	2.46	1.04
0761 - Label/Store Drugs and Biologicals	65	2.31%	2.00	1.57
0656 - Develop/Implement Comprehensive Care Plan	56	1.99%	2.04	1.14
0677 - ADL Care Provided for Dependent Residents	53	1.88%	2.02	1.30
0550 - Resident Rights/Exercise of Rights	45	1.60%	2.02	1.42
0657 - Care Plan Timing and Revision	43	1.53%	2.00	1.12
0921 - Safe/Functional/Sanitary/Comfortable Environ	43	1.53%	2.05	2.30

BSC Website

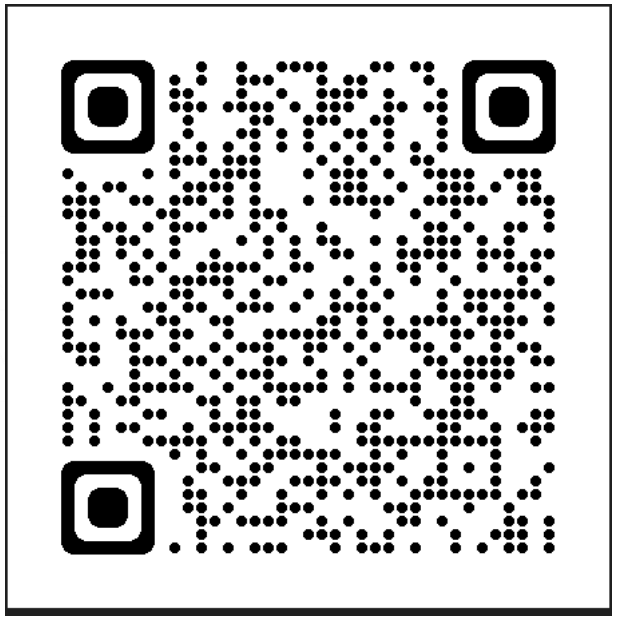


Long Term Care Division

The Long Term Care Division works under the regulatory authority and directives of the Centers for Medicare/Medicaid Services (CMS) to perform surveys and investigations of healthcare facilities. These surveys and investigations ensure that residents receive quality health care in a safe environment by confirming Long Term Care facilities are following the CMS regulations to receive Medicare/Medicaid payment for services.

Resources for Providers

- CMS State Operations Manual
- Fire Watch and Emergent Even Reporting
- Administrator/Leadership Change Request Form



Questions?