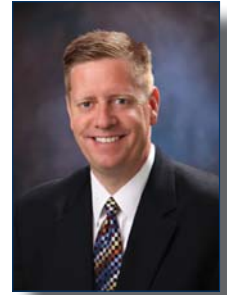


## Awareness, Advocacy & Action

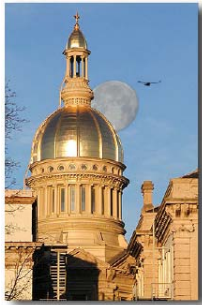
Just as autumn signals children that their school year is in full swing, so too do the President's Day holiday and the Governor's Budget Address indicate the beginning of the New Jersey legislative year in earnest. For the long term care profession, driven by the reimbursement and regulatory environment that impacts our ability to render quality care, the stakes are high and so are our hopes. In promoting our agenda, we use three things to plan a successful government affairs effort: **Awareness, Advocacy & Action.**

Thus, we begin our approach to the next fiscal year State Budget with an **awareness campaign** informing members, elected

leaders and the public of the challenges we face. Our first objective is to bring forth the most credible numbers on the current disparity in our skilled nursing facility (SNF) Medicaid reimbursement rates. For New Jersey, the actual cost of SNF care for state fiscal year 2014 is a statewide average of \$240 PPD (per patient day). Sadly, the actual reimbursement as a statewide average rate is \$210 PPD. Our primary mission is to close that \$30 PPD gap.



Jon Dolan  
President/CEO



### News from the State House

**Governor proposes  
FY 2016 State Budget.  
HCANJ draws focus on  
Medicaid eligibility delays.**

The fiscal year 2016 State Budget season is now in full swing. Kicked off when Governor Chris Christie presented his \$33.8 billion fiscal year 2016 State budget proposal on February 24, the ball is now in the Legislature's court. Commencing March 10, a full schedule of Budget Committee meetings is on tap in both houses to receive public testimony and review each department's budget.

HCANJ will, of course, be making a pitch for increased Medicaid reimbursement to further close the current shortfall as facilities care for an increasingly more frail population. Also among our top priorities is getting the State to finally address the problem of long-delayed Medicaid application approvals, which adversely impact facility cash flow and operations. It is a process that saddles individual facilities with hundreds of thousands, and sometimes a million, dollars or more of uncompensated care as residents await a final determination.

(Continued on Page 6)

Meanwhile, we must also watch and warn you of regulations and other policy initiatives, some helpful and some not so helpful. We promote smart fixes to your daily challenges, such as securing the amending of the autobus commercial driver's license (CDL) law, which had an unintended consequence of a requirement for our members. We inform and defend our profession against requirements such as the bill allowing cameras in residents' rooms. The proper controls or protections of how the images may be used in a tech savvy and litigious world is essential to this legislation as is a cautious pace. By tracking all relevant bills and briefing you, our elected leaders, and often the media or public, on these initiatives, we get set to move forward toward any necessary advocacy for or against those bills.

After promoting **awareness**, we set forth an **advocacy strategy** to fit the political environment. In order to strike a critical balance we must know what to ask, how to ask and when to ask. Do we just tweak a bill or regulation or do we conduct the proverbial full court press? Often, a solution can be a well-placed phone call or meeting. At other times, we might need a year-long campaign for, or against, a bill.

One of the most critical balances in the fiscal arena is to understand the budget and the current fiscal climate. We diligently resource how much money is available for our providers based on the funding of key administration and legislative priorities in the upcoming budget. We aim to make our residents and patients our priority in all we do. We also must be aware of the federal or other mandates on the state budget. How much

(Continued on Page 6)

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4 AAA Drive, Suite 203  
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Telephone: (609) 890-8700  
Fax: (609) 584-1047  
www.hcanj.org

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Jon Dolan

Camera-ready advertising is accepted for Health Care Update. Deadline for submission is the 15th of the month prior to publication. Rates: Full Page \$500, Half Page (horizontal or vertical) \$300, Quarter Page \$175.

As a Membership service, classified advertisements of 75 words or less for positions available can be placed without charge by HCANJ members for two consecutive months.

For further information contact Pattie Tucker by phone at 609-890-8700 or via e-mail at [pattie@hcanj.org](mailto:pattie@hcanj.org).

## Who's Who in New Jersey Long Term Care Facilities



### JANE E. NIXON

*Outstanding teacher and role model*

Jane Nixon, a resident of The Longview Assisted Living Residence at Christian Health Care Center, has a vivacious personality and a wonderful sense of humor. She talks lovingly of her own children, as well as those she taught for more than 30 years.

Jane Ellen McCarthy was born in the Bronx, NY, to Sally and Albert. Her father owned a fish market at the Fulton Street Market. He died at a young age when Jane was only 9. Her mother went back to work to support the family, which included Jane and her younger siblings Fred and Sheila. As the oldest child, Jane helped raise her brother and sister, all of them now living in Rochelle Park, NJ.

After high school, Jane worked as a secretary for the president of a bank in New York City. She met her husband, Jack Nixon, at Arcola Pool in Rochelle Park. She married Jack, a milkman, and they had three children: Beth, Pam, and Robert. While the children were young, Jane worked part-time. As they got older, Jane worked full-time at Ascension School in New Milford as a teacher's assistant while going to school at night to obtain her teacher's degree at Paterson State College (now known as William Paterson University). She received her degree in four years, and in 1970, as her daughter Beth was graduating high school, Jane graduated college!

Jane went on to work in the Paramus public schools for 27 years and was voted "Teacher of the Year." She taught fifth grade at Farview School and then eighth grade English and social studies at the Westbrook Middle School. Though Jane says "the students cried when they found out that they had her," they soon learned that though she came on strong in the beginning, she eased up on them as time went on. Students loved her and kept in touch with her through the years.

According to Jane's daughter Beth, her mom was "always strict, but fair" with her students and her own children as well. Jane stressed the importance of education to her children and they all went on to successful careers of their own: Beth as a nurse, Pam as a teacher, and Robert as a businessman. Her children visit on a daily basis.

Jane was very active with the Rosary Society, Parish Committee, and Mother's Guild at Sacred Heart Church in Rochelle Park. She and her husband Jack also started the first CYO in Rochelle Park, organizing trips for the local teens - once to the World's Fair! Jane also volunteered for years at Englewood Hospital and Medical Center, and cooked and delivered dinners for HIV housebound residents in the area. Her daughter Beth said she signed up to cook once monthly, but made dinners more frequently than that, at a time when not many were willing to get involved with HIV patients.

For all of these contributions to society, we think Jane is truly a legend of New Jersey long term care facilities.

- Pamela Rooney

Administrator, The Longview Assisted Living at Christian Health Care Center

(Who's Who continued on Page 5)



# Upcoming Recognition Dates

## MARCH

- National Colorectal Cancer Awareness Month
- National Social Work Month
- National Women’s History Month
- Brain Injury Awareness Month
- Natl. Developmental Disabilities Awareness Mo.
- Save Your Vision Month
- National Nutrition Month
- 8 - 14**
- National Patient Safety Awareness Week
- Long Term Care Administrators Week
- National Pulmonary Rehabilitation Week
- 20**
- World Oral Health Day
- 24**
- American Diabetes Alert Day
- 30**
- National Doctor’s Day

## APRIL

- National Parkinson’s Awareness Month
- National Occupational Therapy Month
- National Cancer Control Month
- Stress Awareness Month
- 6 - 12**
- National Public Health Week
- 12 - 18**
- National Volunteer Week
- 14 - 20**
- National Minority Cancer Awareness Week
- 19 - 25**
- Administrative Professionals Week
- 7**
- National Healthcare Decisions Day
- 22**
- Earth Day
- 23**
- Take Our Daughters and Sons to Work Day



Speak the language of Familia, Vida and Amor during National Nursing Home Week 2015!

Imagine an event that brings the long-term care (LTC) COMMUNITY of residents, rehab patients, families and care center staff together for a weeklong festival in 2015.

In fact, let’s plan on a week-long bash in May, starting on Mother’s Day. Think of all the fun your LTC community can have, which is precisely why the American Health Care Association (AHCA) will designate National Nursing Home Week (NNHW), May 10 to 17, 2015, as “Bring on the Fiesta!” week.

We call on everyone to strut their stuff this week. Make it a special time of entertainment and education for all while focusing on bringing to life the subtheme of “Familia, Vida and Amor” (family, life, love). Show how your care center, as part of culture change, brings these vital attributes of quality care to the forefront, irrespective of anyone’s age or physical or intellectual ability.

Try to weave into your Fiesta! a celebration of cultures, and how people of various backgrounds put on a Fiesta.

We see this as an opportunity to entice in new guests, infrequent visitors and local VIPs to realize and appreciate the importance of a kind word, a personal touch and being connected to the resident.

Encourage visitors and younger volunteers to make time with loved ones a special event by putting aside the Smartphone along with Facebook, Twitter, Instagram, and all other impersonal distractions in order to be part of the Fiesta! and Familia, Vida, Amor.

So, BRING ON THE FIESTA! for all to enjoy the chance to whoop it up, enjoying the crowds, the activities, the comradery and the feelings engendered by Family, Life, Love (Familia, Vida, Amor).

Tell everyone to step out of their fast lane and have some old fashioned FUN!

*- American Health Care Association*

### HCANJ CLASSIFIEDS

**REGIONAL ACTIVITES DIRECTOR** Chelsea Senior Living is seeking a Regional Activities Director to oversee and coordinate Alzheimer’s and Assisted Living programming throughout NY, NJ and PA. Strong background working with seniors and activities programming is a must. Multi facility oversight experience a plus. Please send resumes to [cacrecruiter@yahoo.com](mailto:cacrecruiter@yahoo.com).



# CLINICAL CORNER

## 5-Star Changes

New 5-Star changes in staffing will focus on accuracy and transparency of reported staffing, especially RN staffing. Beginning January 2015, CMS is taking the following steps to validate and improve the reliability of staffing data reported on Nursing Home Compare by:

- **Implementing Payroll-Based Staffing Reporting**
  - Nursing facilities will be required to submit quarterly electronic reports of their staffing levels. This information will be verified by payroll data and also allows for the calculation of other quality measures including staff turnover and retention.
    - CMS will begin pilot testing this system in 2015 and expects all nursing facilities to be using the system by the end of 2016.
- **Conducting Focused Staffing/Minimum Data Set (MDS) Surveys**
  - Nationwide surveys will be conducted to verify MDS coding accuracy and nursing facility staffing levels. Record review, resident observations, and staff/resident interviews will be used during this 2-day process for data validation.
- **Changing 5-Star Scoring**
  - CMS is also changing the way in which they calculate Five-Star Quality ratings, placing more emphasis on data that is verified by independent sources rather than data that is self-reported.

In addition to staffing, **CMS will introduce additional quality measures and strengthen requirements to ensure that states complete inspections of nursing facilities in a timely and accurate manner.**

Here are some tips to get ready for the 5-Star changes.

### 1. Get Predictive and Flexible

With 5-Star Quality Ratings, organizational performance and quality care are the focus. The best staffing strategy is one that prioritizes flexibility and predictability.

Adjust staffing based on a seven-day basis to make sure needs are covered and adjustments to staffing levels can be made.

For example, if several resident admissions are planned for the next day, calculate the additional hours needed to achieve your staffing target. If several discharges are planned, there may be an opportunity to staff down and still provide quality resident care.

There should be a plan in place to cover call-outs or any emergency understaffing situation. There may be float employees or a PRN pool of potential candidates to cover in these situations. If you use a supervisor to cover an opening make sure you put them on the schedule in that role.

### 2. Staff to Acuity, Census and Activity

According to 2013 AHCA Quality Report, 95.2% of individuals who enter a Medicare-covered, post-acute stay require assistance with four or five ADLs, bathing, bed mobility, transfers, toilet use and eating.

With complexity of care considered in the 5-Star Quality Rating, how you staff to resident acuity can make a significant difference to your rating.

### 3. Make Staffing A Daily Process

Managing staffing based on historical data is not effective in this new age of transparency. Staffing is a dynamic process with constant shift updates including call-offs, time-off requests, employee no-shows, and fluctuations in census. For short stay units create a policy that ensure staffing levels are checked and modified if necessary, more frequently, possibly every shift.

Develop a system where staffing information is easily accessed. Dashboards that identify staffing requirements based on census, against scheduled hours, will help identify the gaps so adjustments can be made.

Creating a strategic staffing plan and updating it daily is the first step to effectively prevent staffing shortages to ensure your 5-Star Rating staffing star enhances your success.

*(Clinical Corner continued on next page)*



## LTC Trend Tracker - Your Quality and Performance Solution

Skilled nursing care centers have a lot to keep track of: 5-Star ratings, quality measures, staffing, cost reports ... the list goes on. It's challenging enough to keep a center going, nonetheless keep track of every aspect. However, properly keeping track of this information could set your center apart from those that just stay afloat, to those that thrive.

That's why the American Health Care Association (AHCA) created LTC Trend Tracker, a web-based tool that enables long term and post-acute care providers to find all this information in one central place. This AHCA member service gives you access to government data collected by the Centers for Medicare and Medicaid Services (CMS) on skilled nursing centers. It also includes exclusive reports on hospital readmissions and discharge to community rates you can't find anywhere else. All this data is at your fingertips, and with it, you can build and save custom reports to understand your performance.

This sort of information couldn't be more important as our profession continues on a quality journey. LTC Trend Tracker allows you to monitor your progress on quality measures, 5-Star, Quality Initiative goals and more. Use it to identify areas your organization should address and set your own quality goals. If you're doing well, LTC Trend Tracker can help you demonstrate your success to your consumers and partnering providers with verifiable results.

However, monitoring only your own performance isn't enough to stay relevant in today's long term and post-acute care market. LTC Trend Tracker provides information on your fellow providers from a local, regional and national perspective, so you can see how you measure up.\* Benchmark yourself to those of your peers and keep your organization ahead of the curve.

AHCA recently revamped LTC Trend Tracker to make the tool cleaner, faster and easier to use. With a more modern look and feel, it is now more intuitive, so you can navigate through and find customizable information. The new platform also has a sleeker, yet more comprehensive dashboard. So right when you login, you can see how you're trending on key metrics. Additionally, you can create and save your favorite reports and quickly jump to the data trends that matter most to you. And you can instantly email those reports to share with staff or collaborate with area providers.

AHCA will continue to add features to LTC Trend Tracker throughout 2015, such as Length of Stay and turnover data. Look for more information to come on new features and check out this video to learn more. And if you haven't signed up, visit [www.lcttrendtracker.com](http://www.lcttrendtracker.com) today!

*\*An individual organization's information stays private. LTC Trend Tracker only reports in the aggregate.*

*- American Health Care Association*

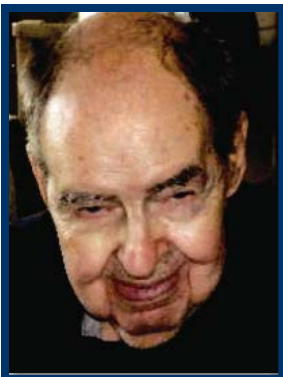
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## Who's Who in New Jersey Long Term Care Facilities

### ALFRED QUIGG

*20 years of service in the US Army and 50 years as a firefighter*



It isn't every day that you come across a person who gives 20 years of his life to the United States Army transporting supplies back and forth to other soldiers during wartime and then another 50 years as a firefighter.

Alfred is a hero to us because of his long career protecting our freedom through battles and war and for his devotion to continued service in the name of safety and security as a life member of Washington #1 Fire Department in Delanco.

This is a man who has spent his whole life putting others' lives and safety ahead of his own, whether in combat or fighting fires. He is truly someone who should be honored.

*- Maria Gommell  
Activity Director, Mount Laurel Center*

## News from the State House

(from Page 1)

Until the approval process is reformed, HCANJ hopes that partial relief will come in the form of the “Uncompensated Pending Medicaid Beneficiary Payment Relief Act.” Enactment of this legislation, Assembly Bill 3928, would provide nursing facilities reimbursement for up to half of the Medicaid reimbursement anticipated to be owed when a Medicaid eligibility determination is delayed more than 90 days. The proposal took its first step forward when it was released from the Assembly Health and Senior Services Committee by unanimous vote on March 2.

Another major HCANJ initiative advancing through the Legislature is a proposal to exempt certain health care facility vehicles from the statutory requirement that drivers possess a commercial driver license. This measure, Assembly Bill 3951/Senate Bill 2596, cleared its final legislative hurdle, passing the State Senate 36-0 on February 2. It awaits final action by the Governor.

In other legislative action, by a 21 to 14 vote, the full State Senate passed legislation to require hospitals and health care professionals to offer hepatitis C testing to individuals born between 1945 and 1965. The bill, Senate Bill 876, would apply

to licensed health care workers, such as nurses and physical therapists in nursing and assisted living facilities. However, because Medicare will not cover the cost of screenings in long term care facilities and Medicaid pays only if ordered by a doctor, HCANJ was able to secure an amendment requiring only that long term care facilities, and the health care professionals they employ, merely offer to arrange for the provision of a hepatitis C test, not administer the test directly. The proposal awaits further consideration before the Assembly Health and Senior Services Committee.

Finally, on February 2, the Senate Health, Human Services and Senior Citizens Committee released legislation that requires nursing facilities to offer incoming and current residents a form on which they can designate the beneficiary of personal needs allowance (PNA) accounts. Enactment of this legislation, Senate Bill 2110, could take nursing facilities out of the middle of disputes when surviving family members lay claim to whatever funds may remain in a deceased resident’s PNA account.

Next month, expect to hear more about HCANJ’s FY 2016 State Budget advocacy efforts.

## Awareness, Advocacy & Action

(from Page 1)

surplus, deficit, or lapsed funding is available? Properly and realistically explaining our need is essential to making a convincing case. Last year, we highlighted the increase in the acuity of our residents and the difficulty of the managed care transition. Credible illustration of our reality and need is essential.

Creative solutions and presenting how and why we should fit into the overall budget is vital. An industry CPA taught me a lesson in this regard. He said, “Jon, you want to strike a balance in what you seek and what can realistically be delivered in any given year.” He continued, as my predecessor, Paul Langevin, also reminded us, “Remember, pigs get fat but hogs get slaughtered.” As a former legislator, I certainly agree and knew exactly what they meant. I always sought creative solutions and credible arguments to get behind, and win, on the Senate floor.

A well-developed **plan of action**, or execution of strategy, is the final element in the three-part plan for government affairs success. Having great member involvement with empirical data and real stories from the facilities’ and residents’/patients’ points of view is indispensable in telling our story and making our argument.

The issue of Medicaid eligibility delays or “pendings” was so important to our members, both large and small, that a number of them traveled to Trenton last week to testify before the Assembly Health Committee in support of our legislation to have the state pay 50% of all pendings over 90 days. Their initiative to come to the hearing along with their relevant data about their experiences and the impact from this real crisis on their ability to meet the needs of New Jersey’s poor, frail and elderly, was critical to the success of the hearing.

The data provided by one of our Associate Members about what facilities are experiencing, and their comparisons of New Jersey versus other states was very telling. They illustrated how complex our process is and what families and providers go through dealing with the county social welfare offices. Unlike a doctor or dentist, SNFs and ALs cannot cost-shift and just serve a private pay customer instead. We must take in a required number of Medicaid residents and once we do we cannot discharge them unless done so safely to another accepting facility. This Catch-22 for providers and the sad reality of a typical family’s plight hit home because HCANJ members came to the State House, spoke from the heart, and brought truth and common sense to the committee.

We’ll see soon what other efforts are necessary in our **plan of action** for this legislative year. From grassroots-based **advocacy** to key lobbying and negotiation on all our legislative priorities for the year, we have much to accomplish for you. Meanwhile, we will combine those efforts with excellent work by your HCANJ staff to work with facilities and provide creative solutions to the bureaucracy on the pending problem, MLTSS challenges, regulatory and survey issues, labor issues, etc.

Finally, we will also deliver great events such as our annual 20-Hour Symposium this March 17 - 19th at the Resorts Casino Hotel in Atlantic City. Please come join us and realize the value of your membership and learn the latest about our shared profession.