HCANJ
Health Care Association of New Jersey

# Health Care Update

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## Remembrance Through Caring

Memorial Day has passed, and as is customary, it signals the beginning of the summer vacation season. However, most Americans and especially those caring for the "Greatest Generation," realize its true purpose – to honor those who gave the full measure of devotion in defense of our nation.

As those many heroes died defending or directly saving others, it is a fitting remembrance that our member facilities care for the special citizens who served beside them, lived with their loss, or lived a long life directly due to their heroic sacrifice.

Jon Dolan
President/CEO

Many states have a veteran's commission or state department which oversees the operation of long term care facilities that provide care for veterans on a sliding scale payment program and/or with VA supplemental payments at real cost. Thus, the taxpayers are invested in providing long term care services for our surviving veterans and/or spouses. For many of these veterans, being among their fellow soldiers, sailors, airmen and marines at the twilight of their lives is an added comfort to the other care they receive.

Sadly, the VA appointment scheduling scandal and historic problems in the VA hospital system have overshadowed the successful efforts of states, and even the federal government, in supporting long term care for veterans. I want to let you know what HCANJ & AHCA is doing to further acknowledge and meet the need for care for our aging veterans.

AHCA and member providers advocate for the continuing vitality of the long term care provider community. We are committed to developing and advocating public policies which balance economic and regulatory principles to support quality of care and quality of life. Therefore, AHCA strongly supports the Veterans Access to Extended Care Act (S. 739/H.R. 1369), which would grant the U.S. Department of Veterans Affairs (VA) the legislative authority to enter into Provider Agreements for extended care services.

The VA released a proposed rule, RIN 2900-A015, on Provider Agreements in February of 2013. This important rule, among other things, increases the opportunity for

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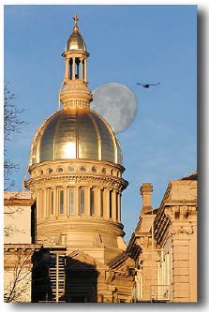

## News from the State House

***HCANJ served a full plate as Legislature's State budget recess ends***

With the Legislature's traditional April budget recess over, a full schedule of State House activity resumed the first week of May. HCANJ has since been juggling our ongoing State budget lobbying efforts with legislation being considered. One of the first bills up was Assembly Bill 3911, which requires nursing facilities along with certain other facilities to provide information concerning palliative care and hospice services.

The original version of this measure would have required all licensed health care facilities to not only provide patients with this information, but also establish a system for identifying patients or residents who could benefit from palliative care. It would have also facilitated access to appropriate palliative care services for patients and residents with serious illnesses. However,

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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.


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

# BRIDGET MOCCIO

*Elk of the Year & Lifetime Achievement Award-winner*

Bridget Moccio was born in Brooklyn, NY, and graduated from high school in 1953. She obtained a position with The Bank of Manhattan and met her husband, Vincent, at a Catholic Youth Organization dance at the Commodore Hotel. They were married in 1955 and had three children, Michael, Maryann, and Stephen.

In 1966 Bridget was the first to heed the call to volunteerism by becoming a den mother for the Boy Scouts. Vincent followed her lead and became a scout leader. Through the years, their volunteer work varied with their children's activities, including Girl Scouts and sports organizations.

Bridget's love for teaching led her to employment with the New York public school system as a classroom aide in a new program for emotionally disturbed children, where she worked for seventeen years. Her love for the children, a class of ten, led her to coordinate a camping trip with the Boy Scouts, so the class could enjoy the scouting experience.

Once the children left home, Bridget and her husband traveled a bit, then moved to Staten Island to be closer to her mother, daughter, and four grandchildren. In 1998 they moved to Florida, where their volunteer work was rekindled by the Elks Club and their church.

After some health issues, they moved to Montgomery Township, New Jersey, where they became involved with activities at St. Joseph's Church and became Eucharistic Ministers, taking communion to patients at Carrier Clinic. With their passion for helping others, it didn't take long for them to connect with the Princeton Elks. They visited the veterans at the VA hospital in Lyons, became involved with Camp Moore for special needs children, and ran fundraisers to support the many Elk's programs for veterans, children, and adults in need. For her dedication to serving others, Bridget was chosen as "Elk of the Year" in 2008. In 2014 both she and her husband received "Lifetime Achievement" award plaques, two weeks before Vincent passed away.

Bridget moved to The Avalon at Hillsborough and proudly displays her awards in her apartment. She believes that her husband's wish for her has been fulfilled. She is not alone and has the care she needs. Although she is without her love of 60 years, she has found a way to enjoy volunteering at The Avalon. She conducts a program with memory care residents, which includes word games, reminiscing, and reading short stories.

Bridget and the Activities Director, Tonikia VanNess, came up with a new program called "Let's Talk About It." The purpose of the program is to create a more close-knit community by providing an opportunity for our residents to learn more about each other. Bridget identified with the idea because she was touched by hearing the stories shared by the residents during the Veteran's Day program.

Bridget says, "You have to have a heart to pitch in and help where needed." It's clear, that no matter where she lives, you can count on Bridget to follow her heart.

*- Ella Furlong*
*Executive Director, The Avalon at Hillsborough*

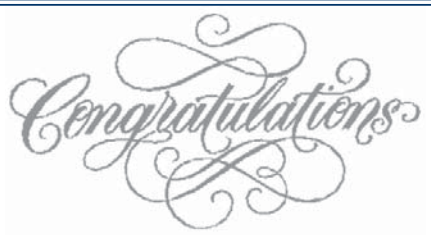
## Upcoming Recognition Dates

### JUNE

National Safety Month
Cataract Awareness Month
***11 - 18***
Nursing Assistants' Day & Week
***15 - 21***
National Men's Health Week
***7***
Cancer Survivors' Day

### JULY

UV Safety Month
Eye Injury Prevention Month
National Minority Mental Health Awareness Month
***26***
National Parents Day




### 2015 AHCA Bronze Quality Award Winners

| | |
|---|---|
| Seacrest Village Nursing and Rehabilitation | *Little Egg Harbor* |
| Leisure Park Health Center | *Lakewood* |
| Inglemoor Center | *Englewood* |
| Willow Creek Rehab and Care Center | *Somerset* |
| Brookdale Echelon Lake | *Voorhees* |
| Clark Nursing and Rehabilitation Center | *Clark* |
| Emeritus at Cape May | *Cape May Court House* |
| Elmora Hills Healthcare & Rehabilitation Center | *Elizabeth* |
| Avalon at Bridgewater | *Bridgewater* |
| Hunterdon Care Center | *Flemington* |
| Berkeley Heights Nursing & Rehab | *Berkeley Heights* |
| Christian Health Care Center | *Wyckoff* |
| Oak Ridge Rehabilitation & Nursing Center | *Wayne* |

CLINICAL CORNER

# The Basics of Medication Reconciliation

Jennifer Hardesty, Pharm.D., FASCP, Chief Clinical Officer, Remedi SeniorCare

Medication reconciliation is a process that helps reduce medication errors and the risk of resident harm by identifying discrepancies in drug therapy. This is accomplished by comparing the current medication regimen against prior medications taken at home, or while in another health care setting. While this sounds like a simple concept in theory, timely, accurate, and complete medication reconciliation is often a challenge. There are several key pieces of information that are ideally needed to perform comprehensive medication reconciliation for a resident recently discharged from an acute care setting:

1. Resident's home medication list, prior to hospitalization prescription and over-the-counter medications
2. Medication list from acute care setting/discharge summary
3. Current proposed medication list in your LTC facility
4. Resident/Caregiver interview or history

***Tips for Conducting a Patient Medication Interview or Discharge Summary Review***

**Medication Information:**

To obtain or verify a list of the resident's current medications, you should inquire about:

- Prescription medications
- Over-the-counter (OTC) drugs
- Vitamins
- Herbals /Nutraceuticals/Health supplements
- Respiratory therapy-related medications (e.g., inhalers)

Full dosing information should be captured, if possible, for each medication. This includes:

- Name / Strength /Dose of the medication
- Formulations (e.g., extended release, controlled delivery, etc.)
- Route
- Frequency
- Last dose taken

*Note: Discharge Summaries may have key medication information documented in a variety of places, or may have last-minute therapy changes noted in the text, but not in the discharge medication list.*

**Medication History Prompts**

Incorporating various types of "probing questions" into the resident interview may help trigger their memory on what medications they are currently taking.

- Use both open-ended questions (e.g., "What do you take for your high cholesterol?") and closed-ended questions (e.g., "Do you take medication for your high cholesterol?") during the interview.
- Ask about routes of administration other than oral medicines (e.g., "Do you put any medications on your skin?"). Residents often forget to mention creams, ointments, lotions, patches, eye drops, ear drops, nebulizers, and inhalers.
- Ask about what medications they take for their medical conditions (e.g., "What do you take for your diabetes?").
- Ask about the types of physicians that prescribe medications for them (e.g., "Does your 'arthritis doctor' prescribe any medications for you?").
- Ask if their doctor recently started them on any new medicines, stopped medications they were taking, or made any changes to their medications.

Once a comprehensive medication list is obtained, it should be maintained in a single place - the concept of "One Source of Truth." This "One" list should be shared and utilized by all disciplines caring for the resident, regardless of the format (electronic or paper-based). The list should be centrally located and easily visible within the patient's medical record, and becomes the reference point for ordering decisions and determining the medication regimen upon discharge.

Reference:
Medications at Transitions and Clinical Handoffs (MATCH) Toolkit for Medication Reconciliation. Gleason KM, Brake H, Agramonte V, Perfetti C. Rockville, MD: Agency for Healthcare Research and Quality; Revised August 2012. AHRQ Publication No. 11(12)-0059.

*Reprinted with permission from Remedi SeniorCare, a United States-based institutional pharmacy business, serving a growing number of facilities extending from the Mid-Atlantic to the Midwest. (www.remedirx.com)*

## Remembrance Through Caring

*(from Page 1)*

veterans to obtain non-VA extended care services from local providers, like our member facilities, that furnish vital and often life-sustaining medical services. This rule is an example of how government and the private sector can effectively work together for the benefit of veterans who depend on long term and post-acute care.

In the last Congress, close to half of the U.S. Senate chamber and 109 U.S. House members signed onto a letter to the VA encouraging the release of the final VA provider agreement rule. It was determined that the VA needs the legislative authority to enter into these agreements, which the Veterans Access to Extended Care Act provides.

Regrettably, it has been a long-standing policy that Medicare (Parts A and B) or Medicaid providers are not considered to be federal contractors. However, if a provider currently has VA patients, they are considered to be a federal contractor and under the Service Contract Act (SCA). The Veterans Access to Extended Care Act would ensure that providers could enter into VA Provider Agreements, and would, therefore, not have to deal with complex federal contracting and reporting rules and the red tape that comes with being deemed a federal contractor or under the SCA.

Federal contracts come with extensive reporting requirements to the Department of Labor on the demographics of contractor employees and applicants, which have deterred providers, particularly smaller ones, from VA participation. The use of Provider Agreements for extended care services would facilitate services from providers who are closer to veterans' homes and community support structures. Once providers can enter into Provider Agreements, the number of providers serving veterans will increase in most markets, expanding the options among veterans for nursing center care and home and community-based services. Services covered as extended care under the proposed rule include: nursing center care, geriatric evaluation, domiciliary services, adult day health care, respite care, palliative care, hospice care, and home health care.

It is for these reasons that AHCA & HCANJ endorse S. 739/H.R. 1369. It will ensure that those veterans who have served our nation so bravely have access to quality health care.

If you have further questions on this matter, you may contact me at dolan@hcanj.org or the AHCA staffer who has worked tirelessly for this legislation and who provided much of the information for this month's column – Dana Halverson, AHCA's Senior Director of Not for Profit & Constituent Services at dhalverson@ahca.org or (202) 898-2822.

# 17th Annual Assisted Living Conference - May 10, 2015

HCANJ was honored to have Lieutenant Governor Kim Guadagno as our opening speaker at this year's Annual Assisted Living Conference.



NJ Department of Human Services Deputy Commissioner Lowell Arye delivered the keynote address.

Kanmi Arogundade of Angelic Helpers spoke about Preventing and Reducing Rehospitalizations.

the mandate to facilitate access to these services was removed. The bill now requires nursing facilities along with hospitals, extended care facilities, ambulatory health care facilities providing long-term care services, and licensed rehabilitation facilities to simply provide information about these services to patients and residents with serious illnesses or a family member. HCANJ supported this proposal, which was released from the Assembly Health and Senior Services Committee on May 7.

Also advancing out of committee on May 7 was Assembly Bill 4233. This legislation provides Medicaid coverage for advance care planning. It was reported favorably out of the Assembly Financial Institutions and Insurance Committee, but because it carries a fiscal impact, was second referenced to the Assembly Appropriations Committee.

The Legislature's return to Trenton also brought forth some newly-introduced legislation. One, Senate Bill 2878, would establish minimum certified nursing assistant to resident ratios in nursing homes.

Specifically, the measure would require one certified nursing assistant (CNA) to every six residents during the day shift, one CNA to every nine residents during the evening shift, and one CNA to every 14 residents during the night shift. This would cost nursing facilities over $123 million annually! HCANJ is, therefore, strongly opposed to this measure. It is important to keep in mind that federal rules require nursing facilities "to assure that sufficient qualified nursing staff are available on a daily basis to meet residents' needs." If there is a problem due to inadequate staffing, a facility would already face a penalty, so that is not an issue. The price tag of this legislation is something that nursing facilities cannot afford.

A second proposal that swiftly caught HCANJ attention is known as the "Out of Network Consumer Protection, Transparency, Cost Containment and Accountability Act," Senate Bill 20 and Assembly Bill 4444. The measure targets occasions when a patient undergoes a medical procedure, surgery or emergency room visit, for example, at a network facility, but is billed by an out-of-network health care provider such as an anesthesiologist.

In its original form the legislation contains a definition of health care facility that is so broad that it captures assisted living and nursing facilities as well as home health agencies. In addition, the legislation does not define medical "procedure" and leaves it unclear if this would include the likes of wound care and physical or infusion therapies.

HCANJ brought its concerns to a stakeholders' meeting held the Friday before Memorial Day weekend. When the bill was scheduled for discussion only on June 1, Assembly bill sponsor and Assembly Financial Institutions and Insurance Committee Chairman Craig Coughlin announced that our concerns will be addressed through plans to narrow the definition of health care facility to include only acute care hospitals and ambulatory surgery centers.

One bill that HCANJ was very pleased to see introduced is Senate Bill 2896, the "Uncompensated Pending Medicaid Beneficiary Payment Relief Act." This is a counterpart to Assembly Bill 3928, which already passed that House. The measure 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. New Jersey regulations say that they should normally be processed within 45 days. Until approved, facilities receive no Medicaid payment for the cost of providing care. They should not have to wait 90 days, six months and sometimes 18 months or more to be paid. Until the eligibility determination process is improved, enactment of this legislation would provide much needed cash flow relief.

Between now and June 30, when the FY 2016 State Budget is due, this legislation and Medicaid reimbursement increases for assisted living, nursing and special care nursing facilities are HCANJ's top priorities.