News Currents

Signing Of Supplemental Delays IGT Limits

Bill Places One-Year Moratorium On CMS Rule

A rule limiting Medicaid intergovernmental transfer (IGT) payments to public nursing facilities and other providers has been held off for one year, thanks to the passage of an Iraq war supplemental spending bill.

Approved in the House and Senate, and finally signed into law by President Bush, the legislation imposes a one-year moratorium on a Centers for Medicare & Medicaid Services (CMS) rule that would have reduced Medicaid funds by limiting IGTs, as well as several other provisions affecting long term care providers.

The IGT provision had previously passed both chambers as part of a war spending package that was vetoed by the president due to the inclusion of timelines for troop withdrawal from Iraq.

The American Health Care Association (AHCA) lauded Congress and the president for enacting the bill, pointing to the provision's significance in taking "immediate financial pressure off of the Medicaid program, which is critical to continuing quality care for many of our states' most vulnerable citizens," said Bruce Yarwood, president and chief executive officer of AHCA. "No one supports IGTs as a permanent answer to stabilizing the wobbly Medicaid program, but until additional revenue sources are identified, limiting them is not the answer."

Had the moratorium not been enacted, the IGT rule would have cut payments to public nursing facilities, with some providers directly affected because their states rely on IGTs for funding, AHCA said.

> 'Until additional revenue sources are identified, limiting IGTs is not the answer.'

Although CMS issued its final version of the IGT rule on May 25, just hours before President Bush signed the supplemental bill, AHCA officials believe that enactment of the moratorium postpones any attempts by CMS to implement the rule at an earlier date. "We believe the action taken by Congress and the president will negate the CMS rule, delaying its implementation by one year," said Cynthia Morton, AHCA senior director of congressional affairs, "although we will continue to aggressively fight final implementation of the rule this year and next."

Also in the supplemental spending measure is a long-awaited compromise on a minimum wage hike, raising it from $5.15 to $7.25 per hour in three stages over a two-year period. The first stage, which sets the minimum wage at $5.85 per hour, will take effect in late July 2007 in accordance with guidance from the U.S. Department of Labor. The second stage will take effect the following year on the same date, while the third stage will go into effect one year after that.

The bill also contains a Work Opportunity Tax Credit—a federal tax credit that encourages employers to hire eight targeted groups of job seekers by reducing employers' federal income tax liability for qualified workers—which was extended through Aug. 31, 2011.

—Meg LaPorte and Lynn Wagner

In Brief

Bidding War Over, Genesis Chooses Partners

Genesis HealthCare Corp., Kennett Square, Pa., will soon merge with a joint venture of Formation Capital, Alpharetta, Ga., and JER Partners, McLean, Va., for $69.35 per share in cash, following a protracted bidding war that began in April when a second suitor, San Francisco-based Fillmore Capital Partners, stepped in with a higher offer.

Genesis, which ranked No. 3 on *Provider*'s 2007 list of the Top 50 Nursing Facility Chains and No. 11 among the Top 40 Assisted Living Chains (*see June 2007* Provider), entertained competing bids throughout the remainder of April and into May, until shareholders voted to approve the merger on May 30.

The final $69.35 per share price represents a $6.35 jump from Formation/JER's original offer of $63.00 per share in January.

The new price tag brings the value of the deal to approximately $1.9 billion, including the assumption of approximately $475 million in debt.

At press time, Genesis officials expected the merger to be completed in July.

—Meg LaPorte

Providers Help With VA Paperwork

Some Residents Eligible For Additional Benefit

The Department of Veterans Affairs (VA) recently publicized a little known supplemental benefit called Aid and Attendance (A&A) that could help veterans and their surviving spouses receive extra monies for assisted living care. The A&A benefit, available only to individuals eligible for the VA pension or death benefit, is paid in addition to a monthly pension or compensation.

While there are many financial eligibility requirements involved in the A&A benefit, assisted living providers that are familiar with the VA process should have little difficulty filling out the forms, according to Georgiann Deist, executive director for Brandywine Assisted Living at Seaside Pointe, Rehoboth Beach, Del., who says she taught herself with some assistance from the regional VA office.

Brandywine identifies potential applicants for the benefit by asking financial questions during the initial inquiry visit and then through the admission process, Deist says.

The facility has also sent a memo publicizing the benefit to existing residents to determine if any of them are eligible.

“We’re providing a service to residents by informing them of the pension benefit that may give them additional income to meet their needs,” says Deist.

“With additional income, the resident may not have to spend down on their assets as quickly.”

Necessary forms for the A&A benefit are available on the VA Web site, although Deist keeps copies in her office and uses the appropriate VA form to explain the benefit to the resident or family member. It often takes several months to obtain VA’s approval once the application has been submitted, she says.

In addition to the forms filled out by the applicant, VA also requires documentation from the assisted living residence, and Deist has developed a form letter that can be personalized for the applicant. Such letters must contain the facility’s letterhead, as well as such information as the monthly costs for room and board, any additional care services, and the date the resident entered the facility.

For a wartime veteran or surviving spouse to qualify for the monthly pension or death pension benefit with the A&A supplemental, the veteran must have served at least 90 days of active military service, at least one of those days during a period of war. The veteran must be discharged under conditions other than dishonorable.

—Lisa Gelhaus

Stock Check

PROVIDERS	Symbol	Where Traded	Current Price 5/31/07	Adjusted P/E Ratio	% Change From 1/1/07	52-Week Range High	Low
Skilled Nursing							
Advocat	AVCA	NASDAQ	$12.51	8.3	-22%	$21.03	$10.73
Genesis Healthcare Corp.	GHCI	NASDAQ	$68.30	11.1	45%	$69.24	$43.72
Kindred Healthcare	KND	NYSE	$32.00	8.4	27%	$36.67	$23.78
Manor Care	HCR	NYSE	$68.00	12.2	45%	$68.86	$45.10
National HealthCare	NHC	AMEX	$53.25	9.6	-4%	$59.00	$39.22
Skilled Healthcare Group	SKH	NASDAQ	$15.83	10.2	2%	$16.57	$15.22
Sun Healthcare Group	SUNH	NASDAQ	$14.30	11.4	13%	$15.20	$7.69
Developmental Disability Service Companies							
ResCare	RSCR	NASDAQ	$20.70	N/A	11.6%	$21.25	$16.59
Assisted/Independent Living							
Assisted Living Concepts	ALC	NYSE	$11.40	14.9	15%	$13.18	$7.44
Brookdale Senior Living	BKD	NYSE	$47.21	18.6	-2%	$54.25	$39.80
Capital Senior Living	CSU	NYSE	$11.12	13.9	5%	$12.22	$8.50
Emeritus Assisted Living	ESC	AMEX	$35.75	16.7	44%	$36.70	$16.47
Five Star Quality Care	FVE	AMEX	$8.16	10.8	-27%	$12.46	$7.28
Sunrise Senior Living	SRZ	NYSE	$39.16	N/A	27%	$41.50	$24.40

Quotes courtesy of Irving Levin Associates, New Canaan, Conn. Phone: (203) 966-4343.

PROVIDERS	Symbol	Where Traded	% Current Price 5/31/07	Adjusted P/E Ratio	Change From 1/1/07	52-Week Range High	Low
REITs							
Health Care Property Investors	HCP	NYSE	$32.67	5.4%	-11%	$42.11	$25.55
Health Care REIT	HCN	NYSE	$43.77	6.0%	2%	$48.55	$33.93
Healthcare Realty	HR	NYSE	$32.77	8.1%	-17%	$44.19	$29.81
LTC Properties	LTC	NYSE	$23.98	6.3%	-12%	$29.25	$20.28
National Health Investors	NHI	NYSE	$35.48	5.6%	8%	$35.48	$24.31
Nationwide Health Properties	NHP	NYSE	$31.07	5.3%	3%	$35.01	$20.92
National Health Realty	NHR	AMEX	$23.80	5.6%	-1%	$25.30	$17.20
Omega Healthcare	OHI	NYSE	$17.21	6.3%	-3%	$19.17	$11.60
Senior Housing Properties Trust	SNH	NYSE	$23.50	5.8%	-4%	$26.83	$17.00
Universal Health Realty	UHT	NYSE	$35.15	6.5%	-10%	$42.05	$29.55
Ventas	VTR	NYSE	$42.36	4.5%	0%	$47.97	$31.20

(1) Adjusted P/E=(market cap + total debt + capitalized leases = cash)/annualized EBITDAR based on the most recent quarter.

The rate used to capitalize the leases has been changed from 12.5% to 10.0% effective 1/31/06 to better reflect market conditions

House Launches LTC Insurance Probe

Committee Chairs Seek Documents From Carriers

The claims-handling policies and business practices of the long term care insurance industry have recently come under scrutiny by the U.S. House of Representatives in response to allegations in the *New York Times* that insurers are "selling policies that make it difficult—if not impossible—for policy holders to get paid."

Conseco and Penn Treaty American Corp., two of the largest long term care insurers, were targeted in the investigation, which was launched by Energy and Commerce Committee Chair Rep. John Dingell (D-Mich.) and Rep. Bart Stupak (D-Mich.), chair of the Oversight and Investigations subcommittee. The two congressmen sent letters to both companies requesting documents relating to "allegations of unfair and deceptive business practices" on the part of the carriers.

In addition to the *New York Times* article, Dingell and Stupak cited data from the National Association of Insurance Commissioners, which indicated that a high number of policy holders seeking both nursing facility and home- and community-based care have complained of improper denials of valid claims.

According to a committee statement, the investigation singles out companies that underwrite, market, and sell long term care nursing facility and home-health insurance policies and "will focus on the practices and protocols that some of the larger long term care insurers use for handling claims." The probe will also examine the effect of improper claims denials on the Medicaid and Medicare programs, the statement said.

> 'A high number of policy holders have complained of improper denials.'

In the letters, Dingell and Stupak requested an extensive list of documents, including records of complaints, grievances, and appeals concerning the denial of claims for long term care services; documents related to administrative proceedings initiated against Penn and Conseco by any state insurance commissioner or state insurance department arising out of denial of claims for long term care services; training manuals and materials, employee instructions, and advisories related to claims review, claims handling, investigation protocols, and dispute resolution procedures; and job performance evaluations and bonus criteria for claims processors and customer-service representatives.

While statements from both companies expressed support for the investigation, Penn Treaty officials cited its "excellent record" of approving more than 95 percent of new claims submissions over the past three years and paying millions of dollars in claims to its policy holders.

Conseco responded similarly, stating that its insurance companies had paid "more than $600 million in claims on long term care policies last year" and had "improved our core business processes."

—**Meg LaPorte**

Court Mulls Overtime Pay For Home Care

Home care agencies could be forced to pay overtime to their employees if the U.S. Supreme Court rules in favor of Evelyn Coke, a 73-year-old former home care aide who sued her New York-area employer in 2003 because she was not paid overtime.

The case landed in the Supreme Court, where Coke's attorneys, supplied by the Service Employees International Union (SEIU), argued that the U.S. Department of Labor's (DOL) interpretation of the statute does not comport with Congress' interpretation of it, thus entitling Coke to overtime pay.

If the court rules in Coke's favor, it could "affect home care agencies across the nation," SEIU says. Current law allows home care agencies to be exempted from paying overtime to their aides.

During oral arguments, Justice Stephen Breyer expressed concerns that a favorable opinion for Coke could raise the cost of home care to a prohibitive level and put "millions of sick people" in institutions. "I think it's probably very common that all over the country it's the family, the children, the grandchildren, an aunt, an uncle, maybe a good friend who is paying for a companion for an old, sick person so they don't have to be brought to an institution," Breyer said.

"And if you win this case, it seems to me, suddenly there will be millions of people who will be unable to do it and, hence, millions of sick people who will move to institutions."

Arguing against Coke's claims, counsel for DOL cited evidence of the statute's standing, based on the fact that "Congress has refused to revise or repeal the agency's interpretation of the statute" and a previous Supreme Court decision that holds "a long-standing, contemporaneous construction of a statute by the administering agencies is entitled to great weight."

At press time, the court was expected to render a decision before July 1.

—**Meg LaPorte**

Hospice Oversight Found Lacking

OIG Cites Deficiencies In Care Planning, Quality Issues

The rapidly growing Medicare hospice program is in need of greater oversight and regulation, including more frequent certifications and additional enforcement measures similar to those used for nursing facility oversight, according to a report from the U.S. Department of Health and Human Services' Office of Inspector General (OIG).

The report, which contains a series of recommendations for "improving the oversight of the hospice program," was based primarily on analysis of data from the Centers for Medicare & Medicaid Services (CMS) Online Survey Certification and Reporting system.

OIG's examination of 2,537 hospices revealed that while 86 percent had been certified within the standard six-year time period, the remaining 14 percent (365) were past due for certification. Moreover, Medicare payment data showed that all hospices with past-due certifications continued to receive Medicare payments, averaging $2.7 million each.

Given these findings, OIG recommends that certification of hospice providers should be more in line with industry standards set by other accrediting organizations, such as the Joint Commission and the Community Health Accreditation Program, which require that hospices be certified every three years. "The frequency of hospice certification is far different from the certification frequencies required for nursing homes, hospitals, and home-health agencies," the report says.

A review of data from a three-year time period (2002 to 2005) revealed that among the 1,815 certifications for Medicare hospices by state agencies, 46 percent were cited for at least one health deficiency, and 15 percent received repeat citations for deficiencies that had been cited during previous surveys.

Within the same time frame, state agencies conducted 981 complaint investigations, 26 percent of which were cited for health deficiencies.

According to the report, the most frequently cited health deficiencies resulting from certification surveys and complaint investigations related to care planning and quality issues. "The cited deficiencies that we reviewed, when taken together, identify potentially serious problems in care planning and quality," OIG reported.

As one step in addressing "at-risk" hospices, OIG suggests that CMS develop a standard set of indicators for hospice performance and the implementation of scope and severity ratings similar to those used for nursing facility deficiency data.

CMS' only enforcement remedy against poorly performing hospices is termination of the hospice from the Medicare program, which is rarely imposed, OIG found. As an alternative, the report suggests, additional enforcement remedies for poor-performing hospices would enable CMS to be more effective in addressing performance problems that do not merit termination.

"A potential array of enforcement measures could include directed plans of correction, directed inservice training, denials of payment for new admissions, civil monetary penalties, and imposition of temporary management," OIG suggests.

Between 2001 and 2004 the number of patients served under the Medicare hospice program rose by nearly 34 percent. Expenditures for the program increased by 145 percent in almost the same time period (2001 to 2005), from $3.5 billion to $8.6 billion, according to the report.

—Meg LaPorte

ResCare Expansion Spurs Rebranding

In addition to unveiling a new corporate logo, Louisville, Ky.-based ResCare recently announced the branding of its home-care services line, which for the past several years was fragmented under different brands that were legacies of earlier acquisitions, according to company officials.

The new brand, ResCare Home Care, includes signage that mirrors the company's new corporate logo, which includes a description of its mission: "ResCare, Respect and Care, Assisting People to Reach Their Highest Level of Independence." "We believe the new icon and tagline do a much better job of illustrating what we do in all our service lines," said Ralph Gronefeld, ResCare president and chief executive officer.

In conjunction with the release of its new brand and logos, ResCare announced the opening of its new headquarters in Louisville, which "for the first time in years puts all the resource center employees under one roof," Gronefeld said.

—Meg LaPorte

Workforce Survey Sets Benchmarks

Job Satisfaction Is Higher Than Expected

Based on a recent nationwide survey of the nursing facility workforce, 61 percent of employees rated their job satisfaction as either "good" or "excellent," according to numbers compiled by MyInner View (MIV), a Wasau, Wis.-based applied research company.

In addition, the survey found that 63 percent of employees said they would recommend their facility as a "good" or "excellent" place to work, and 72 percent said they would recommend their facility as a "good" or "excellent" place to receive care.

The survey was the first of its kind, and it will serve as a baseline for future employee satisfaction surveys, says MIV researcher Leslie Grant, who noted that MIV collected 106,858 survey responses from nurses, nurse assistants, managers, and other employees representing 1,933 facilities throughout the United States. Nurses and nurse assistants comprised 55 percent of the survey respondents.

"This is a huge leap forward for the nursing home industry, because it's created a national benchmark on levels of employee satisfaction," says Grant. "It's historically unique in that no one has done this before; no one has ever compiled this large of a data set."

In addition to shedding light on some key drivers of workplace contentment—management and supervision, help with job stress, training and orientation, and level of pay, for example—the results of the "2006 National Survey of Nursing Home Workforce Satisfaction" provide a prescient window on employee attitudes in a profession that has long struggled with inadequate staffing and high turnover rates.

For one thing, providers can take heart in the fact that job satisfaction in nursing facilities (61 percent positive) compares quite favorably with the 47 percent job satisfaction rate in the U.S. workforce overall, according to MIV's report.

However, says researcher Mauro Hernandez, while MIV's findings for nursing facility job satisfaction were somewhat unexpected, they are not all that dissimilar from some smaller, previous studies. "Our findings, I think, are consistent with other reports that have also looked at [nursing facility staff satisfaction]. Once I saw these others studies, I was less surprised," he says.

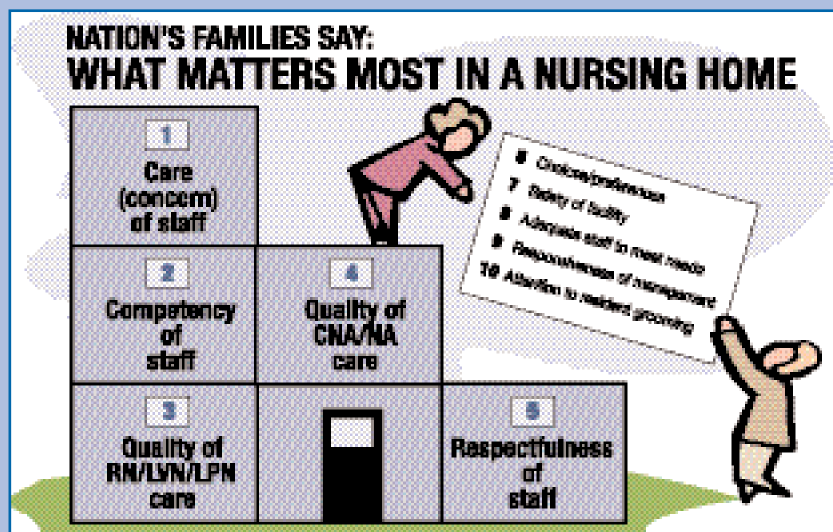
In looking at the data on key drivers of workforce satisfaction, specifically for nurses and nurse assistants, the researchers were able to determine that these workers respond most positively to such factors as responsive management, help dealing with job stress, and safety in the workplace.

"Providing better support with job stress and burnout and adopting more caring and attentive management practices show the most promise for improving national job satisfaction rates among both nurses and nurse assistants," the report said.

Somewhat surprising was the fact that levels of compensation proved least predictive for triggering a positive employee recommendation among all respondents—"suggesting that people who work in nursing homes are not in it strictly for the money," the report said.

Also surprising to MIV researchers were the ages and tenure of those who responded to the survey. Well over half of the respondents were age 40 or older, including 65 percent of the ➤

By The Numbers



Top 10 rankings are based on correlational analyses between responses to a "Recommendations to others" survey item and other individual survey items.

Source: 2006 National Survey of Resident and Family Satisfaction in Nursing Facilities by MyInnerView Inc.

News Currents

nurses and 57 percent of the nurse assistants. In addition, 87 percent of survey respondents were women, and 61 percent had been on the job for more than two years.

In order to put these data in the context of the widespread concerns about the labor shortage, MIV also looked at the tenure of respondents and found that they are more likely to have spent five or more years working in the same facility. In addition, there is a "sizable proportion of older workers [50 plus], particularly among nurses, and that this proportion increases with tenure," the report said. Among the categories of nurses and nurse assistants who have the most years of service, at least one in two workers was age 50 or older.

"When [the older workers] retire, there's going to be a huge vacuum that policy makers and practitioners are going to have to figure out how to fill," says MIV President Neil Gulsvig, noting that only 12 percent of the respondents were age 30 or younger. He speculated that "there doesn't seem to be enough in that younger age bracket to fill those empty slots."

Addressing these and other findings of the survey, MIV suggests that providers will need more effective strategies for dealing with workforce satisfaction, especially among direct-care nursing staff, to support ongoing quality improvement efforts.

"We hope to point out to the industry that they need to address job satisfaction for their employees, especially for nurses and nurse assistants, and especially because it will become more of a problem as the labor shortage becomes more acute," Gulsvig says.

—Meg LaPorte

In Brief

Ventas Sells Underperforming Properties

Louisville, Ky.-based Ventas Real Estate Investment Trust (REIT) is selling 22 underperforming facilities to Kindred Health Care, also based in Louisville, for $171.5 million. The assets comprise 21 skilled nursing facilities in 14 states and one long term care hospital in Detroit. The sale will take place in separate transactions and includes a $3.5 million lease termination fee. Kindred currently operates the facilities, which consist of 2,634 licensed nursing beds and 220 licensed hospital beds.

Following the sale, Ventas expects to record a gain of some $129 million in the second quarter, which the company plans to redeploy to fund its Sunrise REIT acquisition.

Extendicare To Acquire Tendercare

Milwaukee-based Extendicare Health Services, ranked No. 7 this year on *Provider*'s list of the Top 50 Nursing Facility Chains, announced recently that it will acquire Sault Ste. Marie, Mich.-based Tendercare, for an estimated $202.5 million, including debt.

Tendercare, which ranked No. 26 on *Provider*'s Top 50, operates 31 senior care facilities, including 29 skilled nursing facilities, one assisted living facility, and one rehabilitation facility in the state of Michigan.

Extendicare officials reported that its parent company, Extendicare Real Estate Investment Trust, will finance the acquisition using available cash on hand.

Tendercare Chief Executive Officer Timothy Lukenda said in a statement that Tendercare centers will retain their name and staff and will experience "very few changes within the centers" following its sale.

Capital Senior Living Plans New Seniors Housing Community

Capital Senior Living Corp., Dallas, and Prudential Real Estate Investors (PREI), Newark, N.J., acting on behalf of unnamed institutional investors, have formed a joint venture to develop a seniors housing community in Miamisburg, Ohio.

Construction on the new community, which will consist of 101 independent living and 45 assisted living units, is expected to begin immediately, with its opening scheduled for the second or third quarter of 2008.

The new venture will be funded 10 percent by Capital Senior Living and 90 percent by PREI. Under the venture agreement, Capital Senior Living, ranked No. 14 on *Provider*'s 2007 list of the Top 40 Assisted Living Chains, will earn development and management fees and may receive incentive distributions, according to a company statement.

Juniper Acquires 16th Property

Juniper Communities, Bloomfield, N.J., recently announced the acquisition of its 16th property, an assisted living facility, from Grane Healthcare, a Pittsburgh-based long term care provider.

Prior to the acquisition, Juniper closed on a $34.9 million seven-year, first mortgage transaction with GE Healthcare Financial Services, which the company used, in part, to launch its "major branding initiative," including the renaming of its communities to "Juniper Village."

The GE Healthcare financing will enable Juniper to "expand its market operations in its current regions and beyond" as well as utilize existing systems and processes to improve the quality of life at its facilities, the company said.

—Meg LaPorte

Meg LaPorte

Storm Summit Stresses Readiness

Transportation, Communication Among Key Issues Of Discussion

With the Gulf Coast region preparing for yet another active hurricane season, long term care stakeholders and emergency management officials from seven Southern states gathered in St. Petersburg, Fla., recently, in an effort to improve the plight of long term care residents during major disasters.

For the second time since the region was battered by Hurricanes Katrina and Rita, representatives from the local, state, and federal levels, including the state emergency command centers, the Federal Emergency Management Agency (FEMA), the Centers for Medicare & Medicaid Services (CMS), AARP, the motor coach industry, and the American Health Care Association (AHCA) and its state affiliates, gathered for the Nursing Home Hurricane Summit in an "unprecedented cooperative effort" to work together before another disaster strikes. The two-day meeting was hosted by the Florida Health Care Association.

Lessons Of Katrina

"Katrina taught me a lot of lessons I had not anticipated," said Scott Bell, chief executive officer of Delta Health Care, which operates facilities in Alabama, Florida, and Mississippi. Having evacuated one facility and sheltered in place with another during the hurricanes of 2005, Bell learned that transportation and effective communication are fundamental to successfully surviving a disaster.

Bell's observations were echoed by summit participants, who concluded that resolving transportation and communication problems would most likely take some unconventional solutions, such as the one offered by motor coach industry representative Robert Watkins, vice president of Consolidated Safety Services, who suggested that facilities consider purchasing out-of-service metropolitan buses to serve as emergency transportation vehicles. These low-cost vehicles have double-wide doors and are low to the ground for easier transfers and access, Watkins said.

"If a facility owned such a bus, it's an asset they could always control," he said, noting that a third party such as a motor coach carrier could lease and maintain the bus and assume liability for it. "There is a lot of potential, especially if it is negotiated on a large scale."

Another potential solution, posed by Donnard Miller, a state planner with the Mississippi Department of Health, also caught the attention of the group. He recently explored the idea of converting school buses into ambulance or hospital buses using retrofit "kits" supplied by a bus manufacturing company.

Several participants raised more immediate concerns regarding the availability of transportation. Texas, for example, has contracted for 1,100 buses to evacuate people in emergency situations, said Dorothy Crawford, director of policy and regulatory analysis for the Texas Health Care Association. "But that doesn't include nursing facilities," she said. "As a result, some facilities are now unable to get a contract themselves."

Some 65 persons attended the "hurricane summit" in St. Petersburg, Fla.

Keeping In Touch

Although much of the discussion centered on transportation, the issue of viable communication was cited as another integral ingredient to successful preparedness. To that end, the Alabama Health Care Association reported that it had obtained a grant to install satellite phones in each of its facilities. However, Tom Scheidel, CMS' senior advisor to the National Preparedness Program, cautioned that while satellite phones are an excellent option, they have been known to fail due to limited battery capacity.

Miller reported that facilities in Mississippi have had success with ham radios during emergency situations. ➤

Additional clinical resources.

At no cost to your nursing home.

Find out how at:
WhatIsEvercare.com

- Learn more about how Evercare works
- Download an information packet
- See testimonials from people who have worked with Evercare
- Find out why nursing homes across the country love Evercare

Visit us today at:
WhatIsEvercare.com

Helping make great nursing homes even greater.

©2007 United HealthCare Services, Inc.

Scheidel agreed and added that "while [ham radio] operators were more organized many years ago, they still exist today and they don't need much equipment."

The Florida Health Care Association shared a new computer model that supports the development of emergency and evacuation plans for both nursing and assisted living facilities.

Guidelines And Protocols

According to Janice Zalen, AHCA senior director of special programs, the Survey and Certification division of CMS is expected to issue a series of six memoranda on emergency preparedness for state survey agencies before next March. "These memos will serve only as interpretive guidelines—not regulations," Zalen said.

In addition, the U.S. Department of Health and Human Services' assistant secretary for preparedness response has joined FEMA in conducting a gap analysis, with AHCA as the only nongovernmental entity involved in the process. "I've been attending the meetings as the only nonfederal person to keep reminding them that 'you need to include long term care,'" Zalen said.

Finally, AHCA's efforts to persuade CMS to develop a protocol that clarifies reimbursement issues following an emergency is making some progress, according to Zalen. "The idea is that a protocol will answer many questions such as whether the three-day hospital stay rule will be waived or how reimbursement rates might be applied to facilities that evacuated to another state," she said. "Instead of all those questions, we've asked CMS to have it in advance so that when an emergency hits we're all on the same page."

Safety First

Although reimbursement is a legitimate concern for providers, Bell stressed that keeping his residents and staff safe is paramount. "In a time of disaster, reimbursement issues don't matter to us; we're going to spend whatever we need to move our residents to shelter and keep them safe."

The decision to evacuate or shelter in place was raised as another issue of concern among summit participants. Bell noted that the administrator's role in the decision to stay or evacuate has changed dramatically in the past 20 to 30 years. "It used to be the administrator was the one who made the decisions," he said. "But once it became apparent that the owners could be held liable for negligent homicide in the event that you don't evacuate, that changed quite a bit. Now, the administrator's role is to help me decide when we will move. I stay very, very close to that process."

Participants agreed that sheltering in place is, in most cases, far better for residents than evacuating. One factor that plays into his decision, said Bell, is surge. "My buildings are very sturdy and able to handle very strong winds, but water is unforgiving."

Sheltering in place has its own issues, however. Some participants reported losing staff members who had fled to higher ground with their families and, in some cases, did not return after the hurricanes. "Staffing becomes critical during these storms," said Bell, who noted that he takes care of his staff by bringing them and their families to the facilities.

Nursing facilities in New Orleans are still reeling from the hurricanes' aftermath, where staffing remains a persistent problem. "We need to get manpower moving back into the area; the problem is that [prospective staff] have nowhere to live," said Joe Donchess, executive director of the Louisiana Health Care Association, who noted that 15 nursing facilities in the area have not yet reopened.

Another source of anxiety was the fear of abandonment by emergency personnel in the event of another disaster. Many have heard from state and local officials that they are "on their own," said Donchess.