

DQA Quarterly Information Update October 2008

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E-MAIL SUBSCRIPTION SERVICES

http://dhs.wisconsin.gov/dsl_info/signup.htm

NEW THIS ISSUE



RAI / MDS Provider Training

The Division of Quality Assurance will be presenting two training opportunities for nursing home staff who are involved with using Resident Assessment Instrument (RAI) and completing Minimum Data Set (MDS) assessments and/or are responsible for the transmission of MDS assessment records to the CMS State MDS System. **These programs will be held on November 5th and 6th 2008, at the Holiday Inn in Fond du Lac.**

The RAI Basics program will be held on November 5th and is intended for nursing home staff that are new to using the RAI and completing MDS assessments, and for staff that would like a refresher in the basic coding of assessments.

MDS Automation training will be held on November 6th. This program will review the process required to connect to the CMS State MDS System to transmit MDS records, retrieving and interrupting validation reports, and how to use the Certification and Survey Provider Enhanced Reporting (CASPER) to retrieve Quality Measure/Indicator Reports and other MDS related reports.

These training programs are separate workshops and interested individuals may register for either program or both programs. Training brochures and registration forms have been mailed to all nursing homes. The training brochure and online registration are also available on the DQA online educational opportunity information website at http://dhs.wisconsin.gov/rl_DSL/Training/index.htm

Adult Family Home Webcast - *Opening a New AFH*

Since 2004, the Bureau of Assisted Living has issued 584 AFH licenses, many of these to first time license holders. Many of the Department of Health Service initiatives to move more consumers from institutions to the community has led to this explosive growth. In response to this growth, the Bureau of Assisted Living has developed a webcast to help new providers understand the complexity of starting a facility and the challenges they will face caring for some of Wisconsin's most vulnerable citizens.

The webcast includes information about Wisconsin Administrative Code DHS 88 regulations for AFHs, as well as links to resources regarding public funding, provider associations, emergency preparedness, Wisconsin Caregiver Law, and others. We hope this resource will help prepare new Adult Family Home providers with the tools they will need to provide the best care possible to their residents. A link to the webcast can be found at

http://dhs.wisconsin.gov/rl_dsl/Training/dqaWebcasts.htm

Hospice Conditions of Participation

The new federal Conditions of Participation for hospices were published on June 5, 2008 and will become effective December 2, 2008. The CMS (Centers for Medicaid and Medicare Services) staff is currently working on the interpretive guidelines which will give state agency and hospice staff further guidance as to the intent of the new Conditions. The guidelines have not yet been released.

As a result of the issuance of the federal Conditions of Participation, a workgroup comprised of hospice provider representatives and DQA staff is reviewing the current Wisconsin Administrative Code DHS 131 for needed revisions. The plan is to first identify areas of DHS 131 which may need to be waived temporarily to be consistent with the new federal Conditions. Secondly, the workgroup will re-write DHS 131 to better align it with the federal regulations, keeping in mind that Wisconsin may choose to remain more stringent than the federal regulations in some areas. The re-write process of DHS 131 will likely take several months before it is ready for submission to the legislature for action.

Medication Management Initiative - *Coming Soon to a Computer Near You!*

The Bureau of Assisted Living is very excited to announce that the Assisted Living Medication Management Initiative (M2I) will soon be available on our website. M2I is the product of our proactive response to concerns about medication errors, medication administration, and the increasing acuity of individuals residing in assisted living facilities.

The website will include information on a variety of medication related topics and is intended to support the improvement of medication delivery systems in assisted living facilities. Providers are encouraged to submit materials such as best practice resources, and forms for inclusion on the website.

Completion of the M2I website will be announced by DQA memo and is expected to occur sometime in October 2008.

It is the Bureau of Assisted Living's intent that this website will serve as a "living document" to which information will be added on an on-going basis. We encourage all interested parties to submit materials for possible inclusion on the website. The Bureau's Quality Assurance Committee will review all submissions and post as appropriate. If you would like to submit materials, please contact the Assisted Living Regional Director in your region.

MDS 3.0 is Coming!

The Centers for Medicare and Medicaid Services (CMS) has announced a timeline for the implementation of MDS 3.0. The final implementation date will be October of 2009. The purpose of the MDS 3.0 revisions is to improve the clinical relevance and accuracy of MDS assessments, increase the voice of residents in assessments, improve ease of use, and increase the efficiency of MDS reports. The MDS 3.0 assessment has been tested in 71 community nursing homes in 8 states and 19 VA nursing homes; results were very positive.

The Division of Quality Assurance will be providing training and updates as CMS moves forward with implementation. Information about MDS 3.0 including the Implementation Timeline, Final Report, and MDS 3.0 vs. MDS 2.0 Crosswalk (draft) are available on the CMS MDS 3.0 website at

http://www.cms.hhs.gov/NursingHomeQualityInits/25_NHQIMDS30.asp

Nursing facility staff may also contact DQA with specific questions:

Clinical

Margaret (Peg) Katz
RAI/MDS Education Coordinator
(715) 836-6748
margaret.katz@wisconsin.gov

Technical/Automation

Chris Benesh
MDS Automation Coordinator
(608) 266-1718
chris.benesh@wisconsin.gov

MDS and OASIS Broadband Connection

In July, 2007, Wisconsin nursing homes and home health agencies were able to convert from dial-up to broadband for MDS and OASIS assessment submissions. Sometime in the near future CMS will no longer allow dial-up. Providers will be required to use broadband to connect to the CMS State MDS and OASIS System.

In order to use a broadband connection it is necessary to update the AT&T's Global Network Client software. The most current version is 7.2.1. You can check the version of the AT&T Global Network Client you have by launching the client, left mouse click "Help" on the top menu bar, and select "About." The version number and date will be displayed.

Providers can download the AT&T Global Network Client software by logging onto

<http://www.qtso.com>

and selecting the MDCN/AT&T Client Software Information link in the blue outlined box on the right-hand side of the page. Installation instructions, including network configurations, are also available on this website.

The use of broadband may involve some adjustments depending on your particular computer environment. For example, if you are on a corporate wide area network (WAN) or a local area network (LAN), your network administrator will probably have to configure your network to allow access to the network's broadband connection through the new client. The 7.2.1 version and previous versions of the AT&T Network Client do not support Network Address Translation (NAT) or using network printers. CMS is working to resolve these issues and expects to have a new version of the AT&T Network Client available soon that will correct these problems.

New HHA OBQI Risk Models

New home health (HH) Outcome Based Quality Improvement (OBQI) risk models have been developed and implemented into the HH Casper reports since the end of July. Now all 41 of the outcome measures are risk-adjusted and are included in the Risk Adjusted Outcome Report. Seven of the outcome measures are not considered as strongly predictive as the remaining 34 measures. These 7 measures can be identified on the OBQI reports by a pound sign located immediately after the outcome measure listing. Because all outcome measures are now risk adjusted, the Descriptive Outcome report is no longer necessary and was removed.

An updated version of the CASPER Users Guide that includes how to obtain OBQI reports, is available on the Welcome Page of the CMS State OASIS System. Technical updates of Appendix A and B of the OBQI manual are available on the Home Health Quality Initiative OASIS/OBQI page of the CMS website at

http://www.cms.hhs.gov/HomeHealthQualityInits/16_HHQIOASISOBQL.asp

New OASIS Grouper

A new OASIS grouper version 2.03 was released in late September to accommodate changes in ICD-9 codes effective October 1, 2008. HHAs will need to update their OASIS software to incorporate the new grouper. OASIS records submitted to the State OASIS System that do not include the new version of the grouper will receive Warning Message – 257. Additional information about the new grouper will be posted on the QIES Technical Support Office (QTSO) website at <http://www.qtso.com>

New HHA Quality Improvement Report

The Home Health Quality Improvement (HHQI) national campaign which included Quality Improvement Organizations (QIO) involvement ran through July 2008, which was focused on decreasing the percentage of HHA patients requiring acute care hospitalization (ACH) while under the HHA's care. Through this campaign, a monthly report was generated and distributed to all participating Medicare certified HHAs, to help them improve their ACH rate. With the end of this campaign, the QIOs highly recommended that CMS continue providing the monthly report to HHAs. Thus, a new CASPER report titled HHA Trend Analysis Report became available the end of September 2008.

The HHA Trend Analysis Report will include all 41 outcome measures and will list the actual and risk-adjusted rates along with the state and national percentile rankings. This new report will be available in the OBQI Report category of CASPER.

OASIS Clarification for M0150

Recently, with the expansion of Family Care in Wisconsin, HHAs have had questions related to how to answer the OASIS item M0150 – Current Payment Source for Home Care, for a patient who is being provided with home health services under Family Care.

Family Care is a managed care program that is supported by Medicaid funding under an approved Medicaid waiver. Most Family Care participants are Medicaid eligible. OASIS applies to home health agency skilled patients who are Family Care members **and** who are Medicaid eligible. OASIS item M0150 should be answered 3 – Medicaid (traditional fee-for-service) for these patients because response 3 includes patients receiving services provided as part of a Medicaid waiver. Response 7 should be coded for non-Medicaid eligible Family Care skilled patients. OASIS would not apply for these patients unless the patient is also covered under Medicare for their home health services, then M0150 response 1 or 2 would also be coded.

Information about the coding of M0150 for Family Care patients was initially addressed in a BQA (now DQA) Quarterly Newsletter article in the May 2006 issue.

New Construction Plan Review Status Report

As a result of collaboration with various stakeholders regarding the status of construction plans submitted, the Division of Quality Assurance staff has developed a report that will be posted weekly. This report will provide the plan status of the previous week. The report can be accessed at

http://dhs.wisconsin.gov/rl_dsl/PlanReview/index.htm

If you have any questions, please contact

Jan Heimbruch (608) 266-0371 or

Mark Andrews (608) 266-0269

Office of Caregiver Quality (OCQ) Updates

Wisconsin Nurse Aide Verification

Recently, the Department has received a number of questions from healthcare providers as to whether a nurse aide from another state can work in Wisconsin before being listed on the Wisconsin Nurse Aide Registry.

Per Wisconsin State Statute 146.40, a person must be listed on the Wisconsin Nurse Aide Registry, current, and in good standing in order to work as a nurse aide in Wisconsin nursing homes, hospitals, ICF/MRs, home health, and hospice agencies.

Some facilities felt that checking the nurse aide's status in the state they were transferring from prior to employing them was sufficient. This is **not** correct. Each state has its own statutes and/or rules for training, testing, registry placement, and eligibility to work as a nurse aide in that state. Some examples include:

- Some states allow an individual to take the test without having to complete a training program; Wisconsin does not.
- Some states include individuals who completed less than the minimum 75 hours of training required by CFR 42, paragraph 483.152, listed on its registry; Wisconsin does not.
- Some states do not track whether a nurse aide has performed nursing related duties in the previous 24-month time period as required by CFR 42, paragraph 483.75; Wisconsin does track this requirement.

Wisconsin State Statute 146.40 states that individuals must successfully complete a training program and competency evaluation program approved by the Department of Health Services. The Department has reviewed the training and testing programs for all states and approved only those state programs that meet the requirements specified in Wisconsin State Statute 146.40 and HFS 129, Wisconsin Administrative Code.

In other instances, some healthcare providers have allowed individuals from another state to work in their facility based on CFR 42, paragraph 483.75, which applies only to nurse aide students employed in a federally certified nursing home. A nurse aide student who is actively enrolled in a nurse aide training program may be permitted to work for 120 calendar days from the date of enrollment, if that person is employed full-time by a federally certified nursing home.

This student may be allowed to provide direct nursing related duties for which the student has been trained and found proficient by the primary instructor. The employer must ensure that the student does not perform services for which they have not been trained and found competent to perform. Students who provide services to residents must be under the general supervision of an RN or LPN.

By the 120th day, the individual must have successfully completed both the written and skills portions of the competency evaluation examination program and be listed on the state's registry

in order to continue performing nurse aide duties. However, a nurse aide transferring from another state is **not** a nurse aide student and this exception does not apply to nurse aide transfers.

If your facility is a nursing home, ICF/MR, home health agency, or hospice, and the individual you are considering for employment as a nurse aide is not listed on the Wisconsin Nurse Aide Registry, the person can not be hired to perform nurse aide duties at your facility. You must verify that the person is included on the Wisconsin Nurse Aide Registry prior to hiring them as a nurse aide.

For additional information regarding the Wisconsin Nurse Aide Registry, please see the Wisconsin Nurse Aide Training Program & Registry Manual at

<http://dhs.wisconsin.gov/caregiver/publications/NATDMan.htm>

DQA Wins National Award for Abuse Prevention Training

The Division's Office of Caregiver Quality (OCQ) is the winner of the 2008 Association of Health Facility Survey Agencies' Promising Practices award in the education category. The Wisconsin submission was based on the CMS-sponsored Caregiver Project, which developed and delivered statewide abuse and neglect prevention training for direct caregivers in long-term care settings. Over 34 hours of multi-media training was developed during the project, in which OCQ partnered with the UW-Oshkosh Center for Career Development and Employability Training.

Training materials include eight reality-based scenarios of caregiver misconduct in which participants take on the life of another character in order to learn skills to prevent abuse and neglect. This training is available as both a live training and on DVD. Additional training topics include Keys to Professional Caregiving, Supporting the Professional Caregiver, Conducting Internal Investigations of Caregiver Misconduct, and Responding to Challenging Situations. All training materials are available at

<http://www.dhs.wisconsin.gov/caregiver/training/trgIndex.htm>

In order to sustain the training, DQA has offered train-the-trainer sessions to facilities statewide. Between October 2007 and July 2008, 383 persons attended a variety of workshops. Participants estimated that they, in turn, expected to train over 60,000 direct caregivers. Additional workshops are scheduled this fall. To register or get more information, go to

<http://www.caregiverproject.org>

Questions? Contact:

DQA Office of Caregiver Quality

(608) 261-8319 Phone

(608) 264-6340 Fax

DHSCaregiverIntake@wisconsin.gov

Federal Regulations Updates – F371 & F325

Recently, CMS has revised the federal regulations for F371 and F325. Effective 9/1/08, F370 has merged with F371. F326 has merged with F325. The regulatory language for F371 and F325 has not changed, but the interpretive guidelines have. The revisions were made to provide definition, education, clarification, and surveyor guidance.

F371 revised guidance includes, but is not limited to, references to current standards of practice, clarification on "no bare hand" contact with ready to eat foods, approved food sources, time and temperature control systems, danger zone temperatures (above 41 degrees and below 135 degrees), the need for surveyors to increase their observation time spent in the SNF kitchens, and examples of citations with severity clarification. A collaborative effort with Public Health, CMS, and DQA has resulted in a webcast, which can be viewed in the DQA Webcast Library under **F371 Sanitary Conditions** at

http://dhs.wisconsin.gov/rl_dsl/Training/dqaWebcasts.htm

F325 revised guidance includes, but is not limited to, acceptable parameters of nutritional status, avoidable and unavoidable examples of those parameters not being met, current standards of practice, dietary supplements (vitamins, etc.), nutrition supplements (Ensure, food supplements, etc.), insidious weight loss, and therapeutic diet now including mechanically altered foods. It also includes the need for surveyors to review all of Phase 1 sampled residents on the respective parameters of nutritional status. Previously, surveyors only reviewed residents that flagged on the matrix for weight concerns. A webcast, for both surveyors and providers, concerning the newly revised tag has been added to the DQA Webcast Library under **F325 Nutrition** at

http://dhs.wisconsin.gov/rl_dsl/Training/dqaWebcasts.htm

The current MDS, Version 2.0, does not reflect the F325 changes on mechanically altered diets. Continue to code the MDS, Version 2.0, as your current practice, which states, "A mechanically altered diet should not automatically be considered a therapeutic diet." The MDS is in the process of being updated.

A Q & A document for F371 & F325 is in the process of being developed. This document will be posted on the web. For further assistance on these issues, contact:

Kitty Friend

414-227-4106

Katherine.Friend@wisconsin.gov

September was National Preparedness Month

Check out the info at:

- [U.S. Department of Homeland Security's \(DHS\) Ready Campaign](#)
 - [Wisconsin's Pandemic Flu Resource](#)
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2007 Wisconsin Act 108 Relating to Treatment Records and Patient Health Care Records

Health information exchange (HIE) is necessary to improve the quality and safety of health care. Variations in health information privacy law can result in limitations on the development of HIE in Wisconsin. On March 17, 2008, Governor Jim Doyle signed 2007 Wisconsin Act 108 into law addressing certain of these limitations. The new law makes changes to Chapters 51.30 and 146, Wis. Stats., relating to the confidentiality of patient records and disclosure of health information. All provisions of Act 108 are effective as of October 1, 2008.

For Department guidance regarding the provisions of Act 108, please refer to the memo issued jointly by the Office of Policy Initiative and Budget, Division of Mental Health and Substance Abuse Services and the Division of Quality Assurance at

<http://ehealthboard.dhs.wisconsin.gov>

Please direct your questions or comments regarding the implementation of Act 108 to the contacts identified on page four of the memo.

REGULAR FEATURES



Changes in DQA Staff

Bureau of Assisted Living - SERO

Sharon Gries joined the Southeast Regional Office as a Nurse Consultant assisted living surveyor on 9/15/08. Sharon has an excellent background in nursing, including as a CNA trainer, Director of Health Services, and as a RN Manager for a Residential Care Apartment Complex (RCAC).

Bureau of Assisted Living – NRO

With the vacancy of the Assisted Living Regional Director in the Northern Region Office (NRO), Susan Murphy, Assisted Living Regional Director of the Western Regional Office (WRO) has been appointed the interim director for the NRO. Providers should still contact the NRO for any of their correspondence.

Life Safety Code Engineer Assignment - Short Term Changes for the Bureau of Nursing Home Resident Care and Bureau of Assisted Living

Effective October 1, 2008, DQA made short term assignment adjustments of Life Safety Code surveys and plan reviews for assisted living and nursing home facilities in the State. These reassignments are the result of staff vacancies and are temporary. DQA is actively attempting to

fill its open positions and return assignments to the appropriate regional offices as soon as possible.

Questions regarding these temporary assignments can be directed to the regional offices:

NRO: Northern Regional Office – Rhinelander
NERO: Northeastern Regional Office - Green Bay
SRO: Southern Regional Office - Madison
SERO: Southeastern Regional Office - Milwaukee
WRO: Western Regional Office - Eau Claire

http://dhs.wisconsin.gov/rl_DSL/Contacts/reglmap.htm

Listed below are the counties affected by this temporary change.

- The following counties will be temporarily reassigned **from NRO to WRO**:
Clark, Rusk, Taylor
- The following counties will be temporarily reassigned **from NRO to SRO**:
Adams, Juneau
- The following counties will be temporarily reassigned **from NERO to SRO**:
Green Lake, Marquette, Waushara
- The following counties will be temporarily reassigned **from NERO to NRO**:
Door, Kewaunee, Marinette, Menominee, Oconto, Shawano
- The following counties will be temporarily reassigned **from NERO to SERO**:
Fond du Lac, Sheboygan
- The following counties will be temporarily reassigned **from NERO to BHS** (Bureau of Health Services):
Brown, Calumet, Manitowoc, Outagamie, Waupaca, Winnebago

CLIA Section Contact

If there are any questions regarding Clinical Labs or CLIA regulations, please contact:

Barbara Saar, QAPS Senior
(608) 261-0653
Barbara.Saar@wisconsin.gov

DQA Numbered Memos (July, August, September)

Access these memos via

http://dhs.wisconsin.gov/rl_DSL/Publications/BQAnodMems.htm

or from individual providers' publications pages via

http://dhs.wisconsin.gov/rl_DSL/

Memo No.	Title	Summary	Providers Affected
08-022	Wisconsin Nurse Aide Certificate Update	The purpose of this memo is to provide clarification regarding nurse aide requirements for employment eligibility in healthcare provider settings in Wisconsin, and to explain the rationale for removing the expiration date from the Nurse Aide Card.	Licensed Adult Family Homes Community Based Residential Facilities Facilities Serving People with Developmental Disabilities Home Health Agencies Hospices Hospitals Nurse Aide Training Programs Nursing Homes Residential Care Apartment Complexes
08-023	Electronic Video Monitoring and Filming in BAL Regulated Facilities	This memo provides guidance to providers on the impact of electronic video monitoring and filming on residents and tenants' right to privacy in facilities regulated by the Bureau of Assisted Living (BAL). It describes the permissible circumstances and locations for facility-initiated use of electronic video monitoring or filming equipment under existing Wisconsin State Statutes and Administrative Rules.	Adult Family Homes Community Based Residential Facilities Residential Care Apartment Complexes

08-024	Assisted Living Management Initiative	The purpose of this memo is to report on the outcome of the Medication Management Workgroup Initiative workgroup's endeavor and introduce the Assisted Living Medication Management Information Website, which is the product of the initiative.	Adult Day Care Centers Adult Family Homes Community Based Residential Facilities Residential Care Apartment Complexes
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HFS Administrative Rules Update

HFS 12 - Caregiver Background Checks

On May 15, 2008, the Wisconsin Administrative Register published a Statement of Scope of proposed rules to revise Chapter HFS 12, Caregiver Background Checks. 2007 Wisconsin Act 172 created section 50.065 (2m) (d) of the Statutes, effective April 10, 2008. Section 50.065 (2m) (d) requires the Department to promulgate rules to specify crimes for which an entity must disclose to a client or the client's guardian, a conviction of a caregiver who is assigned to provide personal care services to the client in the client's personal residence, and to specify who is a "substitute caregiver."

The Department asked representatives from advocacy organizations, trade and professional associations, and other interested parties to review the proposed rule and make recommendations for change. The Department revised the proposed rule based upon comments received. For more information, you may view the Statement of Scope on the Wisconsin Administrative Rules website at <http://adminrules.wisconsin.gov/>

DHS 83 - Community Based Residential Facilities

On October 18, 2007, the Wisconsin Administrative Register published the Initial Proposed Rulemaking Order including a summary and text of the proposed rule, Wisconsin Administrative Code Chapter DHS 83. The goal of the proposed rule is to focus on resident outcomes and quality of life and quality of care, improve readability and organization, eliminate excess and prescriptive language, revise staff training standards establishing a more cost effective system for providers, and promote the use of nationally recognized standards of practice.

Public hearings were held in December 2007 in five locations: Eau Claire, Milwaukee, Green Bay, Rhinelander, and Madison. The final proposed Rule Order and Report to the Legislature were submitted to the legislature on August 29. For more information, you may view the proposed rule on the Wisconsin Administrative Rules website at <http://adminrules.wisconsin.gov/>

DHS 85 - Non-Profit Corporation as Guardian

On September 19, 2006, the Wisconsin Administrative Register published a Statement of Scope of proposed rules to amend Chapter DHS 85, Non-profit Corporation as Guardian. Through this initiative the Department proposes to make the rule reflect current standards of practice, recognizing the increase in the number of adults in need of guardianship and the increase in the complexity of their needs.

An Advisory Committee, including advocates, providers, registers in probate, and County adult protective services staff, met and reviewed proposed rule language and made recommendations for change. The Department revised the proposed rule based upon comments from the Advisory Committee. The proposed Rule Order is currently under review by the DHS Office of Legal Counsel. For more information, you may view the Statement of Scope on the Wisconsin Administrative Rules website at <http://adminrules.wisconsin.gov/>

DHS 124 - Hospitals

On April 1, 2005, the Wisconsin Administrative Register published a Statement of Scope of proposed rules to amend Chapter 124. The Department is planning to update Chapter DHS 124 to eliminate overly prescriptive and outdated regulations, clarify the Department's enforcement authority, and make the rule more consistent with the federal Medicare requirements.

The Department asked representatives from a large number of trade and professional associations, hospitals, and other interested parties, to review proposed revisions to the rule and make recommendations for change. The Department is reviewing their recommendations and preparing a revised draft of Chapter DHS 124 for further review by stakeholders. For more information, you may view the Statement of Scope on the Wisconsin Administrative Rules website at <http://adminrules.wisconsin.gov/>

DHS 129 - Certification Programs for Training and Testing Nurse Assistants, Home Health Aides and Hospice Aides

On May 6, 2008, the Wisconsin Administrative Register published the Initial Proposed Rulemaking Order including a summary and text of the proposed rule, Wisconsin Administrative Code Chapter DHS 129. Through this initiative, the Department proposes to make the rule more consistent with federal regulations, to include the feeding assistant and medication aide training and testing program requirements, and to reflect the Department's decision to standardize administration and operation of nurse aide competency evaluation by contracting for this service.

Public hearings were held in June 2008 in 4 locations: Milwaukee, Wausau, Rice Lake and Madison. The final proposed Rule Order and Report to the Legislature were sent to the legislature on August 25. For more information, you may view the proposed rule on the Wisconsin Administrative Rules website at <http://adminrules.wisconsin.gov/>

CMS Survey & Certification Letters (July, August, September)

Listed below are Survey and Certification (S&C) Letters distributed by CMS during the last quarter. Please note that the CMS Internet site where you can review all S&C memos is

<http://www.cms.hhs.gov/SurveyCertificationGenInfo/PMSR/list.asp>

S&C No.	Title	Summary	Providers Affected
08-28	Issuance of Revised Nutrition and Sanitary Conditions as Part of Appendix PP, SOM	Revised guidance for long-term care surveyors regarding Nutrition and Sanitary Conditions (Tags F325 and F371) will be effective September 1, 2008. An advance copy of this guidance and training slides are attached. A comprehensive training guide has been sent to State and regional office training coordinators under separate cover to assure that all surveyors who survey nursing homes are trained in the revised guidance by the implementation date.	Nursing Homes
08-29	Revision of Publication 100-07, State Operations Manual (SOM) – FQHCs	Sections 2002, 2003A, 2005, and 2825-2826 of the SOM are being revised to update general Medicare enrollment information, as well as the process for enrolling FQHCs in Medicare, and for handling complaints about FQHCs. A new Exhibit 179, Information on Medicare Participation, FQHCs, is introduced and is to be made available by Regional Offices (ROs) or State Agencies (SAs) to potential FQHC applicants.	Federally Qualified Health Centers

08-30	2008 Physician Fee Schedule Changes Affecting Survey and Certification	On November 27, 2007, CMS published revisions to payment policies under the Physician Fee Schedule. These changes affected certain CMS Conditions of Participation.	
08-31	Draft Inperpretive Guidance for the Survey Process of the New ESRD Conditions for Coverage	We invite staff of State agencies, members of the renal community, and our Federal colleagues to provide additional input to CMS' revision of the surveyor Interpretive Guidance by way of comment to the attached draft Interpretive Guidance for the new ESRD regulation. The attached document includes the regulatory language that was published as a Final Rule for the ESRD Program in the Federal Register on April 15, 2008, as well as regulatory text that was incorporated by reference in that Final Rule.	End Stage Renal Dialysis
08-32	State Selection of SFFs for Technical Assistance by QIOs – New 9 th Scope of Work Item	The 9th Scope of Work for QIOs directs each QIO to provide technical assistance to a SFF nursing home in each State in each of the three years of the contract.	Nursing Homes

08-33	Survey and Certification Issues Related to Hurricane Gustav	<p>The President has declared a national emergency in specified counties in the States of Louisiana, Texas, Mississippi, and Alabama. In addition, Mike Leavitt, the Secretary of the U.S. Department of Health and Human Services, has declared a public health emergency in specified counties in these same States. CMS may waive or modify, to the extent necessary, certain requirements or timetables if providers, acting in good faith to provide needed forms and services, are unable to comply with the requirements as a result of the effects of the disaster.</p>	
08-34	Compliance With State Fire and Safety Code in Lieu of Life Safety Code	<p>CMS has adopted the 2000 edition of the National Fire Protection Association's (NFPA) Life Safety Code (LSC) as part of Medicare health and safety standards for certified providers and suppliers. It is permissible to use a State fire and safety code (State Code) in lieu of the NFPA 2000 LSC, if CMS finds that the State Code is imposed by State law and that it adequately protects residents or patients. There are also financial implications for State Survey Agencies (SAs).</p>	

08-35	Drug or Alcohol Screening/Testing and CLIA Certification	<p>This memorandum provides additional guidance regarding the circumstances when laboratories performing drug or alcohol screening and/or testing must be CLIA certified, and should be considered an addendum to the attached February 05, 1993 memorandum Guidance on the Applicability of the Clinical Laboratory Improvement Amendments of 1988 (CLIA) to Substance Abuse Testing. We are restating our ongoing policy that laboratories performing drug or alcohol screening and/or testing followed by individual treatment must be CLIA-certified. Facilities found to be performing such testing without CLIA certification are in violation of CLIA.</p>	
08-36	Survey and Certification Issues Related to Hurricane Ike	<p>Mike Leavitt, the Health and Human Services Secretary, has declared a public health emergency in affected counties in Texas which invokes time-limited statutory authority under section 1135(b) of the Social Security Act (SSA) to permit CMS and its agents to waive or modify certain requirements, or modify certain deadlines and timetables for the performance of required activities.</p>	

08-37	Impact of Nursing Shortage on Hospice	This memorandum extends the period of time for hospice agencies to qualify for an "extraordinary circumstance" exemption when they believe that the nursing shortage has affected their ability to directly hire sufficient numbers of nurses.	Hospice
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