

Nursing & Assisted Living Facility Professional

"NEWS AND VIEWS YOU CAN REALLY USE"

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SENT EACH MONTH TO YOU AS A MEMBER OF THE HEALTHCARE HEROES

THE HAT ADVANTAGE by Rebecca Adelman LOVE LETTERS TO MY PARENTS

Editor's note: I usually don't preface any of our offerings with a little something from me. However in the case of what you're about to read, I felt it important to state that you'll be a stronger, more compassionate and caring person after reading Rebecca Adelman's column this month. You won't be able to help it! Rebecca has my respect and admiration for opening up in such an honest and personal way to our readers. Thank you Rebecca for sharing this most intimate of caregiving stories. All the best to your wonderful parents, and to you! Chip Kessler



"Your dad fell and broke his ribs. He's in the hospital." In my mind and heart, I knew that someday I would receive a call that either my mother or my father experienced an adverse event which would begin the transition to their next phases of living, care and well-being.

Despite having devoted 30

years of professional life to elder care issues, my expertise did not prepare me for this call I received last week. My parents still live at home in Michigan and do their best to take care of each other. As is common with their generation, my parents have not been willing to discuss their desires for higher levels of care or end-of-life planning. My father, 83, has dementia and his body is strong and resilient from the decades of joy through running, biking and swimming. My mother's mind is sharp yet her physical condition has deteriorated at 82. My father's fall has been the beginning of new phases in their lives and has redefined the scope of the relationship my brother and I have with them. As a tribute to my parents and all parents and their children and family and caregivers, I wrote love letters to my parents and tried to imagine what they were feeling and thinking also.

Dear Dad,

I'm so sorry you fell and are in so much pain. Just know that I'm here and will help you make all the best decisions so you can heal and get back to enjoying yourself. You left the hospital and transferred to an excellent rehabilitation center where you're meeting new people who will teach and help you become more independent again. I know you're confused about where you are and what's going on around you. Because I'm not with you every day, I'll have to learn about you in a new way. I already see how you become more confused at the end of the day. I'll have to learn your routine and your habits so I can help others to understand what you need every day to enhance the quality of your life on the road to recovery and beyond. I wish you could be at home, dad, but it's not safe. I love the home where you raised me. You've lived there for over 50 years. Mom is doing fine and home care is with her. I know you miss being home. Together we'll find the best next place for you where you'll be safe and happy have plenty of interesting adventures. I went to the house to gather your things and to visit with mom and introduce. I walked into your closet and

was flooded with memories. I remember how every morning at 5 am you'd turn on your transistor radio before you shaved. You'd wake me up and I'd sit on the counter in the bathroom and watch you shave and follow you around as you got ready for work. You worked so hard for our family for so many years providing for our basic needs and more. I learned so many life lessons spending our mornings together. I wrapped my arms around your tweed sport coats in the closet and was transported back the father-daughter weekends you planned for us until I was a teenager. Once a month, you'd take me to Detroit to see the Pistons, or the Tigers or the Lions or the Red Wings depending on the time of year. We'd visit a museum and have one "fancy" dinner where I'd dress up and you'd wear one of those sport coats. You always made time for me and you. I'm grateful to be able to care for you now. Through the days of being with you back home I'm reminded of those qualities about you that I admire so much. Your gratitude. Your selflessness. Your softness. Your kindness. Your ability to make everyone feel welcomed into your space. Your resilience and wisdoms. Your happiness despite obstacles. Your humor and inner smile. Your modesty and humility. Your loyalty and steadfastness. Your enormous heart. You would keep food and clothes in your car trunk in case you encountered someone who needed help. You made calls and visit to people who had no family to let them know you cared. I'm glad Max is able to know you and you influence his life in so many ways. I looked through all of our photo albums and could experience all of the life you offered to me. Your sacrifices for my music lessons and camps and college and little extras like new clothes at the start of a school year were never taken for granted. Your devotion to our religious and spiritual lives and a moral education teaching me to always be an upstander and to have faith shaped me and your grandson. Above all, you encouraged me to be an independent thinker and entrepreneur starting with my shoe shine business at age 4. So, dad, all this to say that for 52 years you've been the greatest earthly blessing to me. We'll travel together hand-in-hand down this road as we transition through life. Don't worry about a thing. We have miles to go together and many more adventures.

Love,
Rebecca

P.S. I left Hershey bars with almonds in your drawers. The giant ones. We had the all-time best house for Halloween candy thanks to you, dad.

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Pathway to Rehabilitation Excellence

By Gina Tomcsik
Director of Compliance
Privacy Officer

2018 Medicare Part B “Hard Cap”

As you probably already know, there is a Medicare Part B “Hard Cap” that went into effect 1/1/18 because Congress didn’t act to extend the exceptions process nor did they repeal the therapy caps altogether. As a result, residents receiving Part B therapy in 2018 will have a “Hard Cap” of \$2,010 for Physical Therapy (PT)/Speech Therapy (ST) and a “Hard Cap” of \$2,010 for Occupational Therapy (OT). **The “Hard Cap” means that once the \$2,010 amount is met for each cap, Medicare will no longer cover therapy services for the 2018 calendar year.** Yep! That’s it! Medically necessary therapy services beyond the cap may be paid for privately by the patient/responsible party but this can only occur with a resident/responsible party signed ABN that is provided by the facility.

The ABN should be provided to the patient/responsible party any time when therapy is not medical necessary or not covered under Medicare. Once the \$2,010 cap is met, Medicare will no longer cover therapy services for the calendar year. A few examples of when the ABN should be issued:

- The therapist determines that the therapy services no longer requires the skills of a therapist to treat the residents condition and therefore, the services are no longer medically necessary but the patient/responsible party would like therapy to continue
- Changes in frequency when the therapist determines that the less therapy is medically necessary but the patient/responsible party wants to continue at the same frequency. Example: 3x/wk. was originally provided and therapist will decrease frequency to 2x/wk. The ABN should be issued to the patient/responsible party for the 3rd
- Medicare doesn’t cover a particular therapy intervention(s) but the patient/responsible party wants that particular therapy intervention(s). The “Hard Cap” falls under this category.

Now that the “Hard Cap” is in place, the ABN form must be completely filled out according to the ABN instructions and it must be signed by the patient/responsible party in order for therapy services to continue beyond the \$2,010 cap for PT/ST and \$2,010 cap for OT. The patient/responsible party will need to check off their choice on the ABN and if they choose to continue therapy knowing Medicare will deny (the Medicare benefit only covers up to \$2,010 for each cap), this will pass the financial liability on to the patient/responsible party. The most updated ABN form can be found on the CMS Website.

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There is always a possibility that Congress will pass an exceptions process but that may not happen until March of 2018 if it happens at all. In the meantime, having a process in each facility is necessary to ensure tracking of Medicare Part B dollars spent and to ensure timely issuance of the ABN.

For more information, please contact Gina Tomcsik, Director of Compliance, Functional Pathways at gtomcsik@fprehab.com or call 865-531-2204. You may also discover more at www.functionalpathways.com



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Assessing and Managing Sex Offenders in the LTC Setting

Part IV Documentation

By Paige Hector and Steven Greenwald



Excellent documentation is necessary to demonstrate that safe and effective care is being provided and that the care provided meets legal requirements. Documenting is a skill; it requires training and ongoing mentorship, especially with sensitive topics such as those that may surface with a justice involved individual. Do not assume that staff know how to document such topics; even the experienced clinician may struggle with accurate wording that not only demonstrates the care provided but does so in a defensible manner (as read by a surveyor or legal counsel).

This article provides guidance for what a narrative note should include for a justice involved individual. Staff from different departments (nursing, social work and activities) should document on a regular basis as well as regular entries from the medical provider that establish collaboration with the professional team. Documentation should also clearly demonstrate that staff is following the facility policy and procedure.

Upon admission and on an as needed basis, documentation should reflect writer knowledge of the individual's criminal past, including necessary specifics as well as details about all applicable reports and web based registries that were used to identify potential issues. There should be some type of "Risk Screening Assessment" with documented results and involvement of the professional team.

Once the individual has been in the facility for a short period of time, there should be a summary of the initial adjustment period that addresses these questions: Is behavior stable? (What exactly does 'stable' mean for this individual?) Are there concerns about behavior? If so, how is behavior being managed/addressed? Has staff consistently followed the care plan? If privileges have been limited (outside passes, control of trust fund money, intervention with friends/family) ensure that documentation reflects the rationale for these decisions with a clear plan for the individual to earn the privileges back. What is the individual's reaction to living in the facility and following the care plan? If the behavior is so concerning that plans are being made to transfer the individual, documentation must reflect such plans meet the criteria in the revised State Operations Manual.

Regular narrative entries should paint a picture of the individual's life in the facility. Topics to include: the person's behavior (including positive behavior!), level of stability (measured by compliance with care objectives, engagement in treatment and respectful behavior towards others) steps taken to minimize any risks, compliance with the treatment plan and a behavior contract (if one is in place) and the person's engagement in the facility milieu.

Consider these questions as well: What level of supervision/attention is necessary and how is it being provided? Where are staff expected to document summaries of the level of supervision? Remember that the onus is on the facility to ensure the safety of all residents so communication with and amongst staff as well as excellent documentation are crucial.

For the individual that has resided in the facility for a longer time, document their behavior and adjustment over this period. Does the person demonstrate healthy interaction patterns? Does he/she follow

facility rules? Is he/she compliant with safety rules and requirements of probation/parole? Taking medications as prescribed? Have there been any observed or reported episodes of bullying or antagonizing others? Have there been any inappropriate behaviors and if so, how did staff respond and what was the individual's response?

Documentation Examples

Example #1 "The resident is a 48-year-old male who was admitted with several medical conditions related to substance abuse, including tobacco abuse. He is identified as a "justice involved individual" related to criminal behavior while in his 20's. This behavior included crimes of a sexual nature and he is required to register with the State and is on the State Police website. There is no evidence of criminal behavior in the past 20 years. The resident, in fact, adamantly denies criminal activity since his incarceration and attributes his 'rehabilitation' to court ordered treatment for alcohol and narcotic abuse. He maintains that he is clean and sober for the past 15 years and denies drinking or using in that period of time. He continues to smoke, however, and is observed following the rules (including allowing staff to store all smoking materials and smoking outside, in the designated patio area). He has been offered cessation services and declined.

This writer completed a Risk Screening Assessment based upon personal observations, interviews with staff and review of the clinical record. The risk assessment incorporates factors including his history, any signs/symptoms of mental illness, substance abuse, sense of remorse/regret and proclivity towards violence. He scored in the 'low risk' category.

He demonstrates positive signs of adjustment including integration with peers, engagement in programs, attending the twice weekly 'sobriety/substance use treatment' group and there is no overt behavioral expression (He is coded with zero's in MDS Section E). Given his criminal history, he receives additional staff supervision and observation when intergenerational activities occur in the facility and his behavior has been appropriate consistently. In his own words, he blames his depression and substance abuse for his criminal behavior and has stated to this writer that he regrets what occurred and wishes he could somehow rectify the past.

The resident denies any thoughts or impulses towards self-harm or harm towards others. There is no evidence of hallucinations or delusions. He indicates multiple factors for depression during the PHQ interview, including feeling down/depressed at times, struggling with sleep, having little energy on some days and feeling that he is a failure and sometimes an embarrassment to his family. On the PHQ his total severity score was 11 (out of 27). He has been compliant with his medications. He is in group treatment, as noted above and will be referred for individual psychotherapy to the facility's consulting psychologist.

He is presently working with his community health plan case manager on potential relocation to an apartment in the community. He has limited income and this presents additional challenges."

Example #2 - Below is an entry when an individual is demonstrating behavioral challenges in the facility.

"The resident is a 48-year-old male who fits the justice involved person description related to criminal activity in his 20's. He is a poor historian and seems intentionally vague and evasive when staff interview him and ask him specific questions related to the criminal behavior. He acknowledges committing crimes of a sexual nature but will not provide details. He uses phrases such as 'That was a long time ago...I don't recall' to respond to most questions. The facility was able to gain

Dear Mom,

I'm taking good care of dad and helping him to help himself. I'll also take care of you and you won't have to leave your home unless there's no other choice to keep you safe and cared for. I really like the home care people and I respect how you are adapting. I know you're afraid being alone without dad after living together for 60 years. Just know that you're not alone. When I visit, I see the anger and fear in your eyes that life didn't go exactly liked you planned. Your body is failing and there's little you can do on your own. Being dependent and having to rely on others was never your style. You're doing your best and I understand. As I was moving through the house, I appreciated the cleanliness and order. I was raised in a much different time than I'm raising your grandson. It was a more simple time and you provided to me and my brother a structure and rituals around our daily lives. We had good meals, a clean home, celebrations and time to play. We never missed a rehearsal, practice, game, service or a meal. We had rules about homework first and play after. Your standards and expectations were high. Our neighborhood and our schools were safe. We were encouraged to learn and grow and be ourselves. You did your best to be expressive in light of your own history and just know that I always understood and understand now. I can model for you how to care for someone unconditionally and love someone. It will be my great pleasure to serve you, mom, as you transition through the next passage of life separated for some time from dad. I'll take care of everything. Not to worry. I know how you like everything done and I'll do my best to enhance the quality of your life every day and to help you and dad continue to grow.

Love,
Becka

P.S. I still can't believe how you use your iPad and how much technology you know!

Dear Becka,

It's so lonely without your dad and so quiet in the house. I'm afraid and I need help. Will you be able to help me even though you live in Memphis? I'm glad you're here because I don't see many people anymore. I only have a few people who visit because people moved to Florida or to other places away from our small farm town. I really like the home care people who are coming every day. I realize that I have much less control over my life. I have to allow other people to help me. I wish my life could have been different and that I would have made different choices. I like the caregivers that come to the house. I'm taking your advice and getting to know them and telling them my story and listening to theirs. I let one of the caregivers wash my hair. They know how I like things around the house. One of them told me I talk in my sleep! I didn't know that! Can I still be happy even though I can't take care of myself anymore? Sometimes I get angry and sad because of how my life feels. Thank you for encouraging me to find the good and to be grateful that I have been gifted another day. What will happen to your dad? Will I ever see him again in the house? Will he remember who I am over time? Who is making sure he gets the sports page every day and eats fruit? I've been married to your dad for 60 years. He is the kindest man there ever was. I'm so glad your brother moved to Memphis and that you have each other. You both work too hard and must be exhausted. How is my grandson doing in school? I wish we could see each other more. I used to travel everywhere with your dad and now I can't go anywhere. I want us to be friends and please tell me good things you remember about your life. It helps me stay positive. I'm proud of you and the person and mother you are. Someday you could be President. What would you wear to the inauguration? I love you, Becka. Thank you for being there for me and your dad.

Love,
Mom

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Getting on The Same Page continued from page 3

more specific information related to his criminal history from a state website. He does not take responsibility for his criminal past, nor does he share a sense of regret or remorse. He has resided in this building for four weeks and has generally behaved appropriately; however, he has not complied with smoking rules (including turning in all of his smoking materials to staff) and has been found smoking in his room. He has had verbal altercations with at least two male peers, been argumentative with staff and demonstrated poor impulse control and a lack of conflict resolution skills. He has not been observed sexually inappropriate and this is being monitored in accordance with his plan of care. He is presently being referred for both psychiatric intervention and psychological evaluation and treatment. He appears to lack insight and 'lives in the moment' with no observable 'self-improvement' plan. His care plan has been modified to reflect this information and social work staff are working with him on behavior management, including improving social skills (e.g., conflict resolution, respect for oneself and others and self-management of negative impulses)."

As both examples depict, documentation must provide an accurate picture of the situation and be defensible. As part of facility process improvement, commit to regular documentation reviews. Consider using a peer review process or committee and self-review techniques with built-in feedback loops. Emphasize learning and growing, not punitive measures.

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Consultation Group provide educational services to many long-term care facilities in several states including Illinois, Wisconsin, Indiana, Michigan and Florida. Mr. Greenwald is a popular instructor at seminars and workshops designed to enhance the delivery of social work and mental health services in long-term care and hospital settings. He is recognized as an authority in the field of long-term care and has provided testimony as an expert witness. Mr. Greenwald became a member of the Academy of Certified Social Workers (ACSW) early in his career and is a Licensed Clinical Social Worker (LCSW). He has received national recognition for his long-term care resource books and newsletter publication.

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Dear Rebecca,

I'm so glad you're here, daughter, because I'm afraid and I don't know where I am. At first I didn't recognize you but then I heard your voice and you held my hand and I remembered. Why am I in so much pain? I don't know where I am? I don't think I'll live much longer so make sure you take care of everything. Will you be here for my funeral? How is mother eating? Who is taking care of her? Where are my keys and billfold? I want to go home. I like the people I see every day here. It's nice to see people and I walk around with my walker to different places to visit. I used to run and bike and swim every day. Did I hurt myself running? I've run over 400 road races. I remember running the Chicago Marathon with you, honey. It was one of the greatest days of my life. I want to go home. Where are my keys and billfold? I'm not sure I'll live much longer. Where are all my important papers? I was an accountant at the family's wholesale grocery business, wasn't I? Remember how I would take you to work with me and get you out of school so you could see how the real world was? I was hiring women then in executive positions so you would see that you could do anything you wanted. "Be an independent thinker!" Those were my words to you. I'm so proud of you. How is Max? How old is he? What sports does he play? Do you still work out? Remember all the races we ran together and the one time a bee flew in my ear and I had to go to the hospital? How did my clothes get here? Where are my keys and billfold? I want to go home. I was also a teacher. I retired from the family business and wanted to teach kids. I went back to school for my master's degree in Political Science and Criminal Justice and taught at Saginaw Valley for years. Did you know I founded the women's cross country team? Can you imagine the school didn't have a team for women? I wanted you to see that women can do everything. I love going to the cross country and track events. Can we go to one tomorrow? Am I spending the night here? How is your mom eating? I've lived a long time. I don't think there's much left for me. I'm old. I remember so many things from the past but not so much about what's happening to me now. Do you remember the smell of the roasted nuts at Tiger Stadium when we'd go watch ball games? I loved our father/daughter weekends. Can we go now? I knew I would grow old someday. I'm not afraid of growing old. I'm sad about not seeing you again. Thanks for encouraging me to "never quit". I really like the person who visits me in the evening who keeps me company. She says you called her to come visit every day and be a guardian. That's nice. It reminds me of the times you were sick as a child and in the hospital when you were young. I would stay next to you and never leave your side. They let me sleep at the hospital in your room. I want to spend more time with you and my grandson. Will I be getting out of here? I'm starting to feel better and can remember more things. My life seems less stressful in some ways being here with people caring for me and helping me. Please check on me all the time. Please visit me all the time. I don't know how long I'll be around and I want to be sure we are together as much as possible. I love you and Max. This life passed by so fast. Remember that life begs to be lived. Daughter, you're so beautiful to me.

Love,
Your daddy



Rebecca Adelman, PLLC, Esq. - Ms. Adelman is an entrepreneur and founding shareholder of Hagwood Adelman Tipton, PC and practices in the firm's Memphis, TN office. For nearly 30 years, Rebecca has concentrated her practice in insurance defense litigation representing national insurance carriers and self-insureds with a concentration in healthcare law. She also has an active business and employment practice. Please feel free to contact her at radelman@hatlawfirm.com or visit her website: www.rebeccaadelman.com and Instagram @rebecca_adelman

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invested money in is working. If you did, then you may not continue spending \$\$\$ if you're getting little or no results. One other thing to keep in mind: don't confuse people telling you "I heard your radio commercial" or "I saw your newspaper ad" with getting results. Sure "hearing" and "seeing" is nice ... getting a new resident from the commercial or advertisement is better! The bottom line is this: you must track everything. It's the only way to know what you should keep spending your money on, and not!

Chip Kessler's the author of two books on marketing: "Making Them Believe" and "The No B.S. Guide to Marketing to Boomers and Seniors." He's General Manager of Extended Care Products, the nation's leader in Family Education, and Staff Training/ Development Programs for the Nursing and Assisted Living Facility Profession. Discover more at www.ExtendedCareProducts.com

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THE BACK PAGE

by **Chip Kessler**

Tracking for Fun and Profit (i.e. New Residents)

Happy New Year; however will it truly be one, or will you be looking back a year from today and bemoaning what could have been? It's something that's truly up to you. Right now, is your facility's census where you want it to be? If so, there little reason to change anything, only to keep constant vigil in case of any slippage through the coming months ahead.

It's no secret that it's more challenging for both nursing and assisted living facilities to get new residents. The emergence of home healthcare has put a major dent into your pool of potential candidates. It's why you have to be that much sharper and stay on top of things. Here's an important tip/suggestion to follow: *track where every new resident comes from.*

This is vitally important. Ideally, you should be able to walk down the hall of your facility and be able to know that Mrs. Jones came from the hospital discharge planner at Mercy Hospital (for example), and how Mr. Smith's here because of our radio commercial on the 8 a.m. newscast. Without this knowledge, you're just guessing on what's

working, and most importantly from a dollars and a time perspective, isn't producing new residents. Perhaps you inherently know that things have bogged down a bit in getting hospital referrals- this can be easier to track. However what about all the additional marketing and advertising you're doing?

If you can't answer this question, then you might just be throwing a lot of your facility's dollars out the window. How to get this kind of insightful detail? You have to ask new admitting families, responsible parties, and residents. And you must look to get specific answers; not something like "I've always known about your facility." All well and good, but how did they know about you- was it your website, your newspaper ad, the fact that your facility calls bingo each week at the Senior Citizen's Center?

Sadly, many businesses, healthcare and otherwise, fail to track this useful data. It may have something to do with the line actor Jack Nicholson uttered in the movie *A Few Good Men*: "You can't handle the truth" as in there are some people who don't want to be shown that their marketing/advertising isn't producing results. This is a hard truth to take! No one wants to discover that a newspaper ad or radio commercial they were so proud of didn't wind up getting new residents. As well an ad or other effort (whatever it may be) may have done well for a period of time, but now isn't, and yet there's a resistance to change or drop it.

As we wind things up, let me share a secret. Salespeople don't want you to track outcomes. Why? Because doing this holds said advertising/marketing piece or effort accountable. ATTENTION: people selling you advertising don't want you to know if what you've