

## **Long-Term Care Survey Alert**

## MDS, Survey, Medication Safety & Compliance News

Make sure you're on top of the Oct. 1 RAI manual revisions. "Several chapters and appendices of the RAI User's Manual have been updated," says **Jennifer Pettis, RN, WCC, RAC-MT,** director of program development for Harmony Healthcare International in Topsfield, Mass. "Many include only minor changes and edits," she adds, but "there are several significant updates that providers should take note of. Multiple changes related to the scheduling and billing effects of PPS assessments (as a result of the final rule) have been outlined in Chapters 2 and 6," Pettis says.

"The SNF Medicare team must consider the new PPS MDS schedule, as well as the new Change of Therapy OMRA rules" and End of Therapy OMRA rules, adds Pettis.

"Harmony Healthcare International strongly recommends that facility staff, including clinical, billing and administrative staff, carefully review the updated sections, including the many examples that CMS has included," says Pettis.

Judy Wilhide Brandt, RN, RAC-MT, C-NE, says she finds the following revision for Section I to be unclear: "Do not include conditions that have been resolved or have no longer affected the resident's functioning or plan of care, **or that the resident has adjusted to as their 'new normal,'** during the last 7 days" (page I-3).

"I have no idea how to teach what 'new normal' means," says Brandt, of Judy Wilhide MDS Consulting Inc. in Virginia Beach, Va. Brandt says she's "hoping we'll get some clarification or examples on that. For example, diabetes is 'normal' for folks living with it for years ... does that mean we don't count it?"

Check out all of the revisions at www.cms.gov/NursingHomeQualityInits/45 NHQIMDS30TrainingMaterials.asp#TopOfPage.

In an August survey & cert memo, CMS notes that the Affordable Care Act "mandates the inclusion of training for nurse aides working in nursing homes on abuse prevention and care of persons with dementia." The memo goes on to point out that "the initial training requirements for new nurse aides currently include these topics." But to comply with the ACA, CMS says it "revised the Interpretive Guidelines for regulatory tag F497 to mandate the inclusion of these two topics in each nurse aide's yearly training program." CMS says it's also "revising the regulation to specifically include these two topics."

The memo includes an attached list of "alternative training materials for Sec 6121 of the Affordable Care Act." Read the memo at www.cms.gov/Surveycertificationgeninfo/downloads/SCLetter11 35.pdf.

Do you have patients taking citalopram? In a drug safety communication, the FDA says that the antidepressant "should no longer be used at doses greater than 40 mg per day because it can cause ... prolongation of the QT interval ..." This "can lead to an abnormal heart rhythm (including Torsade de Pointes), which can be fatal. Patients at particular risk for developing prolongation of the QT interval include those with underlying heart conditions and those who are predisposed to low levels of potassium and magnesium in the blood," the FDA reports.

Also: "Citalopram should not be used in patients with congenital long QT syndrome," the alert says.

To read the full communication, go to www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm269481.htm

You must use the new ABN for Part B by Nov. 1, CMS says. It may seem like just yesterday that you switched over to the latest version of the ABN, which is a combined ABN/NEMB form, but it's actually time again to upgrade to a newer version of the advance beneficiary notice.



The latest version of the ABN form CMS-R-193, with the release date of 3- 20-11, is now available at www.cms.gov/BNI by clicking the "revised ABN" link, said CMS' **Donna Williamson** during a recent CMS Open DoorForum.

A caller to the forum asked why the form was updated in the absence of substantial changes, because many practices find it cumbersome and expensive to switch over to new forms. CMS' **Stewart Streimer** replied that the current ABN form had an expiration date on it, and forms are customarily updated every three years based on provider comments.

Editor's note: The above news item is excerpted from The Coding Institute's Part B Insider, which includes more in-depth coverage on the ABN. For subscription information, call 1-800-508-2582.

Got EHRs? Test for this security issue. In a recent HEAT training session **Julie Taitsman, MD, JD**, chief medical officer for the OIG noted that in some of the OIG's "information technology audits, we have OIG auditors who will sit in the parking lot of a hospital with a laptop computer and drop on to the hospital's wireless network and actually be able to access patient information that's supposed to be private," she cautioned.

Tips: The best way to detect that problem, says HIPAA expert **Jim Sheldon-Dean**, is "to do just what the investigators do. Set up a laptop to be used as a wireless access testing tool and use it regularly and all over your facility." He notes that "this kind of a tool is cheap to set up (it uses a low-end laptop and free software) and easy to use." And "if a facility doesn't have the expertise to do this themselves, they should ask for professional assistance, as it is absolutely necessary to protect networks and all the data they hold access to by checking for open access points," adds Sheldon-Dean, principal of Lewis-Creek Systems in Charlotte, Vt.

"You can even find out a lot just by using a regular laptop with a wireless card and no special software to find and catalog all accessible networks," Sheldon-Dean advises. "Go somewhere in the facility, sit down, and see what wireless networks you can get into. Then try a different location. You may be surprised to find out how much open access there may be."