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IP Address: 205 173 240 21

Response Started: Friday February 22, 2013 1:08:08 PM

Response Modified: Friday, February 22, 2013 1:14:44 PM

1. What parts of the draft rules do you believe are effective?

The Arizona Health Care Association represents the vast majority of licensed skilled nursing facilities in the state, and I appreciate the opportunity to weigh in. It is our belief that the intent of the rule revision to create an integrated licensure is a positive effort. The "devil is in the details" as they say, and we have some real concerns about the details. That said, we are committed to collaboration and cooperation at every level and pledge our full support to implementation of all rule and law.

2. How can the draft rules be improved?

We are deeply concerned that there is a lack of understanding in the draft about the current environment of behavioral care provided in the SNF setting and whether or not this is currently "behavioral health" care. In some cases it meets the definitions in other situations, it is not the case. We have been driven to this model through the role managed care plays in directing such patients to the SNF setting since over 90% of patient care is reimbursed by CMS and AHCCCS. In reading through the current draft there seems to be a disconnect about the differences between the two levels of care (specialty behavioral care which often involves gero- psych patients) and behavioral health. We also believe that the principles of licensure and the survey process for SNF at the federal level, and the state behavioral health rules portray a vastly different picture of guiding principles in such areas as resident rights. The CMS survey process "trumps" all others, and how could we be held accountable for conflicting behavioral health rules? We feel there is a lack of clarity in this realm and that there has been insufficient dialogue at a stakeholder level, as well as between the managed care health plans and AHCCCS. Though we have participated in the behavioral health rule workgroups, it is as though the current complexities of the SNF environment are not yet reflected in this draft. I am quite uncertain that facilities would know whether or not to participate in an integrated licensure format for behavioral health. They are currently reimbursed for behavioral care by the Plans and there are no indications that the Plans would be willing to pay behavioral health rates. The administrative burden of additional requirements that may be contrary to SNF rules is an added disincentive. I feel strongly this discussion should be continued. The massive detail added in sections R-10- 409 and 415---418 should be reduced or eliminated. Though we recognize that the sections on TRANSPORT, CLINICAL LAB, RADIOLOGY, RESPIRATORY and REHABILITATION were added for uniformity, I am shocked by the degree of detail that is included. If I may say, this all feels very contrary to Director Humble's recognized leadership philosophy of common sense and flexibility -with clear focus on outcomes. These sections read like best practices rather than minimum standards, and will be crippling, time consuming and costly to survey in an inspection process. They are neither inclusive of all the services we provide (dialysis for example) or reflective of innovations that may be around the corner to streamline efficiency and effectiveness. This is not an improvement in the rule. If there is a need for greater accountability, I am supportive of that, but there should be a reasoned approach with rule that will not require constant, costly revision in the years ahead.

Other Specific Concerns: R9-10-402 Regarding the application requirements: this list of services is not accurate or exhaustive, should we also cite behavioral care, hospice, dialysis, behavioral health if not secured? Clarification needed R9-10-403 Administration- would appreciate calcification on A 5 regarding the absence of and administrator for 30 days A 9 is also unclear regarding who approves contracted services. This is currently in the scope of service of the administrator. E.7 references incident reporting and we all agreed that this needs further clarification or perhaps just policy direction from DHS. R9-10-406 Personnel and Staffing #2. Leaves direct care in, and # 4 takes it out. Please clarify. The definition of a volunteer in # 8 was identified as an issue. We ask for as much flexibility to maintain community support and involvement without additional administrative requirements. This is also referenced in #10 R9-10-410- 2 e References the choice of the resident's physician. Though we do not disagree in principle, in reality the majority of patients receive an assignment of a physician by their managed care plan. There is effectively no "choice" except for the private pay patient, a very small disappearing minority of the population served by most skilled nursing facilities. #2 O discusses the medical record- is there a required time frame? R9-10-414 Behavioral Health This speaks directly to some of our confusion about the behavioral health component and whether CNA's will be behavioral health technicians - and if this will be in behavioral care sections of a facility or only licensed behavioral health sections. How will these two sets of services coexist in the same facilities, and will facilities currently providing behavioral care will be forced to license as behavioral health. R9-10-419 Medication Services B.5 references a 3 month review of a residents medications. This does not take into account the growing population of short term transitional care patients we serve, many who are in our facilities for less than 2 weeks. R9-10-420 Food Services section C d ii References only a common area for feeding assistance. We would recommend that there be a revision stating "within the direct supervision of a nurse" rather than referencing an actual space such as a "common area". This is in keeping with the culture change espoused by CMS that has evolved since the passage of this legislation in 2005 and protects the dignity of resident and patient safety by ensuring the necessary clinical supervision and support is at hand. Also, under NUTRITION FEEDING ASSISTANT TRAINING PROGRAMS We understand from our questions at the meeting that a facility can be designated

an "agency" and apply for training but this is unclear in the reading of the draft. Also, RN is left off the list of trainers under I #2. R9-10-422 Environmental Standards #3 needs to address Arizona law indicating no smoking is allowed indoors. R910-423 Safety Standards A 2 regarding oxygen signs, we ask that this be corrected in accordance with life safety NFPA standards

3. Has anything been left out that should be in the rules?

R9-10-410 1. A We are uncertain why the section stating that "a resident is treated with consideration dignity and respect" was struck. This is a guiding principle of SNF licensure and we believe it is important and should remain in rule. R9-10-412 14 and 15 We are uncertain why the reference to medication errors and unnecessary drugs was struck. This is a continued focus of every SNF and part of our quality management and the inspection process

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2. How can the draft rules be improved?

In reference to the definition "Registered dietitian" means an individual approved to work as a dietitian by the American Dietetic Association's Commission on Dietetic Registration, you will want to know the American Dietetic Assoc. has changed it's name to the Academy of Nutrition and Dietetics. Cathy Shumard, RD Cell: 602-908-6011

3. Has anything been left out that should be in the rules?**No Response**

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2. How can the draft rules be improved?

Sun Valley Lodge is submitting our comments regarding the proposed rule changes that DHS is considering for nursing care institutions. We are submitting comments on Title 9, Chapter 10, Article 4 Nursing Care Institutions, and we are also submitting comments on Title 9, Chapter 10, Article 1 General. We will start by addressing Article 1 General first. Page 11 the definition for transfer needs a slight change. Many times residents are transferred with the intention of returning to the sending facility. A suggestion would be to use the wording "with or without intending". Page 11 the definition for the term volunteer is most unacceptable. In the current rules for Assisted Living it is very clear when DHS wrote this definition years ago they were talking about individuals who provided care for residents without compensation were considered volunteers. IN the current rules for Nursing Care Institutions the definition for volunteer has a typo. There was a supposed to be a comma after the words "family member". We say this for 2 reasons. It makes the definition for volunteer consistent in the current rules for both Assisted Living and Nursing Care Institutions. It also does not make sense that DHS would be describing what level of care a family was providing the resident. We have no problem with the intent of DHS holding those individuals who are providing care to residents without compensation being held to higher standards. We are strongly opposed to including individuals who do not provide actual care to residents to the same standards as those who do provide care for residents. Many of our volunteers are elderly and our residents love them. These volunteers will leave us if they are forced into all of these requirements and our residents will suffer. Our volunteers pass candy, deliver mail, answer phones and call bingo. Please fix this proposed definition for volunteer for our resident's sake. Suggested wording for this definition would be "Volunteer means an individual authorized by a health care institution to provide health related services without compensation". 3 This article addresses on several pages the volunteer requirements being the same as actual paid employees. We have no problem with all of these if you change your proposed definition for volunteer. Otherwise, we are opposed to them as the costs to the facility to implement all of this would be excessive. Requiring a schedule, a formal orientation, inservice hours, T B testing, volunteer record (like an employee personnel folder), formal application, for a person who comes in once a week to visit with our residents is nonsense. Respectfully, Michael Fahey, Administrator, Sun Valley Lodge

3 Has anything been left out that should be in the rules?**No Response**
