FLORIDA HEALTH CARE ASSOCIATION

# PULSE

MAY
2017

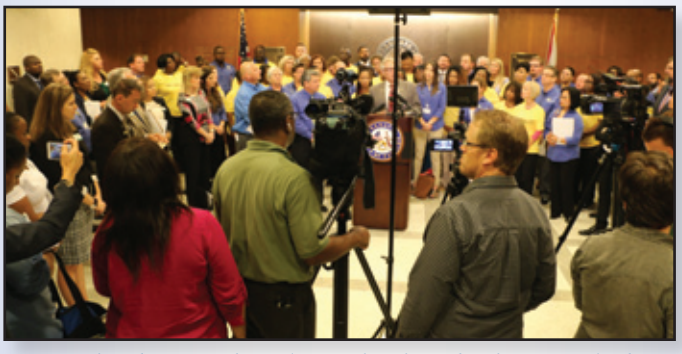
A PUBLICATION FOR FLORIDA'S LONG TERM CARE COMMUNITY


## National Nursing Home Week 2017

Every skilled nursing care center embodies a unique and vibrant spirit and community for residents, volunteers and staff alike. Acts of kindness, generosity and compassion from proud veterans, immigrants, and hardworking people of different faiths fill the walls of each center. During National Nursing Home Week® (NNHW), May 14 to 20, 2017, skilled nursing care centers will unite under the theme, "The Spirit of America." This theme underscores the bond between staff, volunteers and residents that capture the American spirit.

Visit www.facebook.com/NursingHomeWeek to see what's happening nationwide and stay tuned next month for photos from events and activities across the state.◆

## FHCA members stand united on legislative issues



*FHCA hosted a press conference last month with members from across Florida to show support of the Senate Prospective Payment System Plan.*

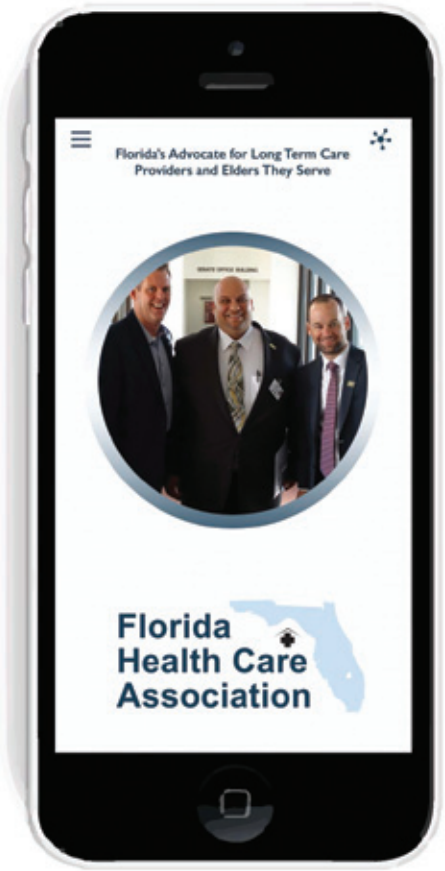
*Representatives from Southern Healthcare Management spent the day in Tallahassee meeting with legislators, including Rep. Alex Miller (R-Sarasota, left).*

## IN THIS ISSUE



PRESRT STD
U.S. POSTAGE
PAID
Tallahassee, FL
Permit No. 801

Florida Health Care Association
P.O. Box 1459
Tallahassee, FL
32302-1459




# STAY CONNECTED:
## Download FHCA's New Mobile App

**FHCA's FREE Mobile App will keep you up to date on the latest long term care developments, as well as activities and events happening with the Association.**

**FHCA's App includes:**

- Calendar of Events
- Updates On Legislative Advocacy Initiatives
- LTC Job Listings and Members-Only Access to Post Vacancies
- Emergency Preparedness Resources
- Links to FHCA's Social Media Channels and Videos

**Available for Apple and Android users**

Available on iTunes  GET IT ON Google Play

Florida
Health Care
Association

# New councils bring added value to FHCA membership

By John Simmons, MSW, NHA
*FHCA President*

*Last month I had the opportunity to experience, first-hand, the value of FHCA's many member benefits and how that plays into my daily practice as a nursing home administrator. I traveled to Tampa, first to take part in meetings of two newly-established Councils of FHCA's Quality Cabinet, then to attend the Association's seminar on the new CMS Requirements of Participation.*

Each meeting was unique. The seminar was informative and the Council meetings were thought-provoking, with each group of members bringing different strengths and expertise to the table.

The Workforce Council, chaired by Luke Neumann of Palm Garden Healthcare, is made up of human resource and public relations professionals, as well as administrators and clinicians. The PR component of the Council added a new perspective to the discussions that we have had in the past. Most workforce conversations we've had at the Board level focused on the shortages we're facing and strategies we can pursue to recruit and retain qualified nurses and other frontline caregivers. In this meeting, Council members focused more on public relations initiatives and how to change the perception about careers in long term care at a much earlier stage in individuals' lives. Educational investments, such as scholarships, and building an organizational culture that values staff engagement were also common talking points among the group.

And while the Rules and Regulations Committee was meeting on a number of proposed rules down the hall, the Workforce Council also referenced the need for regulatory support to ensure it doesn't conflict with the person-centered care environment and a center's ability to build a stable workforce.

FHCA's new Risk and Compliance Council also held their first meeting, with Hazel Mahoney of Advanced HSG taking lead. This group consists primarily of risk managers and compliance officers. We've long heard members tell us the need for FHCA to have a focused risk management program, and this Council will be a tremendous benefit as they work to develop tools, best practices, trainings and policy guidelines that will benefit the membership.

Both Councils will better serve us as long term care professionals, and I'm thankful the Quality Cabinet recognized how member engagement in these areas will position us to be better prepared to meet the challenges of a shrinking labor pool and the demands of complying with the CMS Requirements of Participation.

Speaking of which, I had the opportunity the following day to visit with over 300 members during FHCA's Requirements of Participation seminar and was thoroughly impressed by the information that was presented. Partnering on this complex rule with American Health Care Association was a smart way to make sure we received the depth of information that is available. They don't call it the CMS Mega Rule for nothing; there are a significant number of changes and much we'll have to do as administrators to comply as the Requirements are phased in over the next few years.

FHCA has more planned for us to prepare for these changes, through the Nurse Leadership Program at the end of this month and Annual Conference later this summer.

We're all in this together, and as your FHCA President (and the administrator's president), you can rest assured that you won't have to go it alone. Your FHCA Board of Directors and the volunteers working on our committees are all looking out for your best interests and developing ideas to help you better serve your residents, engage your workforce and operate effectively in these changing times.◆



*PULSE* **May 2017**

FHCA Pulse is a monthly publication of the Florida Health Care Association, P.O. Box 1459, Tallahassee, FL 32302-1459. To contact FHCA, call (850) 224-3907.

**EDITORIAL:** To submit information, guest articles, press releases, etc., contact Kristen Knapp, APR, Director of Communications, at (850) 224-3907 or via e-mail kknapp@fhca.org. Fax information to (850) 681-2075 and include your name, telephone number and e-mail address.

**ADVERTISING:** For information on Pulse advertising rates and availabilities, contact Jenny Early at FHCA at (850) 701-3553 or via e-mail at jearly@fhca.org.

All articles and advertising are subject to editorial review.

by J. Emmett Reed, CAE

*FHCA/Our Florida Promise Executive Director*

# The gift that nobody wants

I once heard a speaker say something so profound it nearly stopped me in my tracks. He was talking about a gift that nobody wants…pain.

Who the heck wants pain? Not me. Not you. Not America for sure. Just take a look at all the commercials dealing with aspects of pain. My Pillow will give you pain free sleeping; Tommy Copper relieves pain in the knees and ankles; and Blu Emu will do the same without the stinky order of other pain relievers. I could go on but I digress.

I started thinking about the concept of pain being an actual gift. I remember when I was nursing a broken arm as a child. The doctor tried to lift my spirits by telling me the broken section of my arm would actually grow back stronger than before. The pain, he said, was the bone actually getting stronger.

Do you exercise and diet? I've done more programs than Oprah herself in trying to get back to a healthy weight. And while I've gone up and down on the scale, I'm no quitter. So a few months ago, I bit the bullet and decided to hire a personal trainer who I meet with twice a week. My trainer played football for the University of Florida and in the NFL. Suffice it to say, he can bring the pain.

In the short time I've endured the 45 minute workout sessions (pain) and maintained healthy eating habits, the progress has been incredible. The working out part actually breaks down your muscles, and with proper nutrition and rest, your muscles will grow stronger as a result of the pain they're being put through.

But what about pain that you don't willingly bring on yourself?

Take Bethany Hamilton, the world champion surfer from Hawaii. At 13-years old, Bethany was soaring toward her life-long dream of being a professional surfer. One day while surfing with friends, a large bull shark bit off Bethany's arm from the shoulder down. She was lucky to survive. Imagine both the physical and mental pain caused by that event.

After some time feeling sorry for herself, Bethany got back out on a surfboard. She went on to realize her dream of being a professional surfer and winning the Surf n Sea Pipeline Women's Pro event in 2014.

Along with that, her autobiography, *Soul Surfer*, became a bestseller, and she was honored for her courage by MTV, ESPN, and the United States Sports Academy. She also took third place in *The Amazing Race* and has made appearances on *The Biggest Loser* and *Extreme Makeover: Home Edition*.

Because of Hamilton's pain, she has been able to share her courage while being a positive role model to so many. Just read what she has to say about it, "I could never have embraced this many people with two arms." Wow!

And that brings me to the story of the pain FHCA has been going through for the past several years trying to find the right model to transition from a cost-based reimbursement system to a prospective payment system (PPS).

Nobody is getting their arm bitten off while trying to pass this type of legislation, but it would be foolish not to recognize that it has been a painful journey to achieve consensus on the issue. As I write this article, we're at the midway point of session, and I don't know if the Legislature will agree to move to a PPS. As it stands today, the Senate is the only chamber with PPS language in its budget.

Two years ago, when the Legislature indicated a PPS was imminent, our members started cobbling together ideas of what that might look like. There was no doubt a PPS was preferred among the vast majority of our members. The challenge, and pain, came from the "how do we get there" part of the plan.

*continued on page 6*

# The importance of reading your mail

By Karen Goldsmith

All too often, we hear from clients who want us to negotiate their civil money penalty (CMP); they don't realize they are contacting us after the deadline. Rarely will the Centers for Medicare and Medicaid Services (CMS) or the Agency for Health Care Administration (AHCA) make an exception. Let me explain.

When you have a survey, you typically receive a letter from AHCA with your 2567. This letter sets out the recommendation that AHCA has sent to CMS regarding penalties which could be imposed as a result of the survey. Unless the letter gives you a point of entry into the administrative process, the sanctions set out therein are usually recommendations only.

If the State is going to impose sanctions against your facility, you will receive an administrative complaint that gives you a point of entry if you wish to challenge the sanction. If you miss the deadline and do not file for a hearing, AHCA will issue a final order finding the facts in the complaint to be true and impose the sanction.

The federal letter that you will receive does not take the form of an administrative complaint. These letters are several pages long, and providers often miss the heart of the letter - the sanctions being imposed - because they are a small portion of a significant amount of information.

When you receive a federal sanction, you have 60 days to ask for an administrative hearing. In addition, you can get a 35% reduction off a federal CMP if you waive your right to a hearing during that same 60 days. If you are negotiating a reduction or modification of a specific deficiency, you are still bound by the same 60 days. There is no tolling of the time because you are trying to work something out.

The 60 days can only be lengthened for extenuating circumstances. During a seminar presentation I was once delivering, an attendee shared that she filed a petition late because of Hurricane Katrina and CMS did not accept that as good cause to file late. The moral of her story was she should have filed earlier in anticipation of the hurricane!

This timeframe is particularly important if the sanction is more severe, such as termination or denial of payment. No one wants a termination because they missed a deadline. However, this has happened in the past and could happen again.

The federal sanctions letter also tells you the dates you could receive a denial of payment. There are two types of Denials of Payment for New Admissions (DPNA); one is discretionary and one is mandatory. The discretionary DPNA can occur any time after you are given notice. You will not be able to bill for residents who are admitted while the DPNA is in effect, so it is important that you know when that will occur. If you are out of compliance for 90 days, the DPNA is mandatory and will automatically go into effect. This is the law, and CMS has no discretion.

Payment resumes for those residents for whom you could not bill under the DPNA when it is lifted. Billing inappropriately is grounds for sanctions, which can be criminal. This makes it even more important that you are fully aware of the starting and ending dates of the DPNA.

Likewise, termination of your Medicare contract can be discretionary or mandatory. Mandatory decertification occurs if you are not in substantial compliance for 180 days. It takes much longer for you to be recertified than it does to have a DPNA lifted. There are a number of formalities you must follow, and you must be able to ensure continuing compliance. This can take a year or more, and Medicaid participation is also terminated when Medicare participation is.

The penalties for not reading your mail can be severe. It is your responsibility to read the AHCA and CMS letters carefully, so be sure you understand what rights you have. Not reading the letters thoroughly is an all too common mistake made by providers.♦

*This column is for general purposes only and is the opinion of the author based on general facts. It is not specific legal advice.*

*Karen Goldsmith of Goldsmith & Grout, PA serves as FHCA's Regulatory Counsel. Her office is located at PO Box 875, Cape Canaveral, FL 32920. She is available to members by phone at (321) 613-2979 or e-mail at klgoldsmith@ggfllawfirm.com.*

# FHCA Quality Department Expands with Clinical Expert

## *Kim Broom Named Director of Clinical and Regulatory Services*

Florida Health Care Association is pleased to announce Kim Broom as the newest member of the Quality Affairs team.

In this newly-created position, Kim will be responsible for developing, analyzing and offering guidance to members on rules, laws and policy affecting nursing centers and assisted living communities. With her expertise, FHCA will increase its strategies, initiatives and projects to support members' clinical needs and help them improve how care is delivered and measured. Kim will also help guide the creation and enhancement of FHCA resources and educational programs that will support members with their pursuit of providing high-quality, person-centered care.

Kim brings more than 30 years of experience in nursing and 20 years working in the long term care profession. She has served in various roles, ranging from MDS Coordinator to Director of Nursing to Administrator. She most recently served as Regional Clinical Specialist for the not-for-profit Florida Living Options, which operates the Hawthorne Villages in Florida. She is a Registered Nurse, as well as a licensed Risk Manager and Assisted Living Administrator. She has served as a member of the FHCA Florida Center for Assisted Living (FCAL) Committee for a number of years and was most recently the FCAL Chair and ALF Vice President on the Board of Directors. She is also an active member of the FHCA Senior Clinicians Council and a 2011 Florida Leader graduate. In 2010, Kim was named FHCA's Assisted Living Administrator of the Year.◆

*Kim begins her tenure with FHCA on Monday, May 8, and can be reached at kbroom@fhca.org.*

*DIRECTOR'S DESK, continued from page 4*

## The gift that nobody wants

You see, while most everyone agreed that our profession would be better served by the certainty of a PPS, not many members were willing to go through the financial pain that would come with an immediate transition.

Over the past two years, FHCA leadership, my staff and I have fielded many angry phone calls from both sides of the issue. There were those who accused us of being in the pockets of the "big corporate owners," and those who accused us of of letting a minority of the membership influence us away from a PPS.

All the while, we kept meeting, and talking, and meeting some more. Ideas were shared, then scrapped, and back to the drawing board we would go, trying to find a plan we could build consensus around. Many weekends, Bob Asztalos, Tom Parker, Kristen Knapp and I would huddle up to discuss our latest ideas. By the way, and trust me on this, you never want a call at 9 p.m. from Bob Asztalos during the legislative session. That only means it's time to go back to the drawing board.

From the beginning, my message to members has never changed. Either we find consensus, or we don't get PPS.

I am happy to report that FHCA has found consensus and is currently supporting the Senate plan to move to a PPS. But we have much work ahead of us.

There are still detractors fighting to keep the old model in place; let me give you an example to show you what we are up against. One opponent of the Senate plan actually does well under that model. They argue they don't care about the fact that they are held harmless, but rather, they are upset that other groups do well. Huh? Talk about a sore winner! When the opposition is relegated to a few outliers, you know things are heading in the right direction.

It will be interesting to see where this all lands, and by the time you receive this publication we may already know. Either way, I can tell you the pain of this entire process has been an incredible growing experience for FHCA as an organization, and me and my staff as professionals.

It takes courage and hard work in order to find consensus on issues that are as sensitive as how a nursing center is reimbursed for the care they deliver, but I am proud of our leadership for helping us navigate these rough waters.

I will end with a quote from Bethany Hamilton, "Courage doesn't mean you don't get afraid. Courage means you don't let fear stop you."◆

# Health care company agrees to pay $325,000 to settle disability suit

By Mike Miller

Miller Tack & Madson, FHCA Labor Relations Consultant

Recently, a California company operating health care and assisted living facilities agreed to pay $325,000 to settle a federal disability discrimination lawsuit that was filed by the U.S. Equal Employment Opportunity Commission (EEOC) in September 2015. The EEOC claimed that this company engaged in discriminatory conduct in violation of the Americans with Disabilities Act (ADA) by unlawfully firing employees with actual disabilities and by firing employees who the company regarded as being disabled. The EEOC also alleged that the company violated the ADA by refusing to hire applicants based upon these same discriminatory practices. Additionally, the EEOC claimed that the company had rescinded offers of employment based on applicants' post-offer medical examinations if a record of disability or if current medical restrictions were found. According to the EEOC, the company basically required employees to be free of medical restrictions in order to work.

To settle the lawsuit, in addition to paying $325,000, the company also agreed to hire an ADA/equal employment opportunity consultant to revise its disability discrimination policies and procedures, provide training with a focus on disability discrimination, and maintain a system for tracking accommodation requests and complaints.

An EEOC official commenting on the case, noted "[t]he EEOC continues to see employers failing to properly engage in the interactive process or implementing policies that undermine the purpose of the ADA, particularly in the health care industry." This case serves as an important reminder that employers, before making an adverse employment decision, must engage in the interactive process on a case by case basis to determine whether a reasonable accommodation would allow an applicant or employee to perform the essential functions of the job.

## *President Trump rolls back federal regulations*

On March 31, 2017, President Trump signed a Congressional joint resolution disapproving the rule relating to drug testing of unemployment compensation applicants, which was issued by the U.S. Department of Labor (DOL) on August 1, 2016. The rule that was rescinded had identified the various occupations in which it would be permissible to drug test unemployment compensation applicants, including jobs that require carrying a firearm, aviation flight crews, air traffic controllers, commercial drivers, railroad crews, pipeline crew members, commercial maritime crew members, and occupations specifically identified in a state or federal law as requiring an employee to be tested for controlled substances. According to the joint resolution, "[t]his list is considered too narrow and the rule generally considered too prescriptive and overly constraining of states." In other words, the rule controlled how states could go about drug testing applicants for unemployment compensation. President Trump's recent signature on joint the resolution kills the rule.

Additionally, on March 27, 2017, President Trump signed a Congressional joint resolution disapproving the federal blacklisting rule published by the Federal Acquisition Regulatory (FAR) Council on August 25, 2016, which required, among other things, that federal contractors disclose labor law violations (including, e.g., non-final determinations and decisions) for consideration by federal agencies prior to the awarding of federal contracts. The rule had been issued to implement the Fair Pay and Safe Workplaces Executive Order signed by President Obama on July 31, 2014. In addition to signing the joint resolution, President Trump also revoked that executive order (and its amendments) effectively killing the federal blacklisting rule.

## *Eleventh Circuit decides FMLA interference claim against employer*

In a recent U.S. Eleventh Circuit Court of Appeals decision (which covers Florida), the court concluded that a reasonable jury could find that a Florida hospice organization, which made negative comments to an employee regarding the employee's unpaid absences from work, interfered with the employee's rights under the FMLA. The organization argued that the negative comments were based on its mistaken belief that the employee had been a no call, no show. However, even assuming the organization's explanation was reasonable, which according to the court was doubtful, it was not the only reasonable inference that could be drawn. Ultimately, because a reasonable jury could find that the organization sought to discourage the employee from taking FMLA leave, the case was allowed to proceed to trial. Also noteworthy, the court recognized that an employer's intent is not relevant to an FMLA interference claim.

This case serves as an important reminder to exercise caution in communications with employees who have requested or who are taking FMLA leave.◆

*Mike Miller is with Miller Tack & Madson, FHCA's Labor Relations Consultant. Learn more about MTM at www.peolawyers.net.*

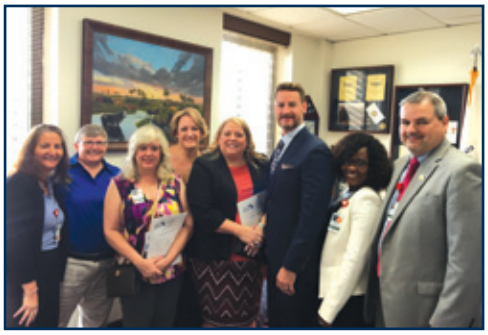
# Lobby Wednesdays

*Over 500 FHCA members traveled to Tallahassee this session to help advocate for important long term care priorities. Owners, executives, administrators, nurses, social workers, activity professionals and other frontline caregivers, as well as associate members, all joined together to help educate legislators about they important work they do in caring for Florida's frailest elders.*

*Special thanks to our Lobby Wednesday sponsors, Bouchard Insurance, Health Care Professional Consulting Services, Inc. and Medline Industries, Inc.*

*Representatives from Palm Garden Healthcare before heading up to the Capitol.*

*Shevon Chester of Rehabilitation and Healthcare Center of Cape Coral (right) with Rep. Heather Fitzenhagen (R-Fort Myers).*



*Members from District V with Sen. Greg Steube (R-Sarasota, center).*

*At left, FHCA Reimbursement Committee Chair James Ashenbeck and Legislative Committee Chair Kathy Gallin lead a team of Signature HealthCARE professionals.*

*Okeechobee Health Care Facility Administrator Andy McKillop with Sen. Denise Grimsley (R- Lake Placid).*

*Team members from Parkside Health and Rehabilitation Center with Rep. Shawn Harrison (R-Tampa, center).*


*Representatives from Consulate Health Care.*

*FHCA Senior Vice President Alex Terentev of Gulf Coast Health Care with Gov. Rick Scott.*

*Daniel Galbut of Plaza Health Network (left) with Sen. Rene Garcia (R-Hialeah).*

*FHCA Florida Leaders with Rep. Tracie Davis (D-Jacksonville, center).*

# Workforce challenges and opportunities

By Robin A. Bleier and Rhonda Blum

*The focus on hiring and retaining quality employees is a key issue being discussed in many circles in our profession these days. We all know this emphasis is based on multiple reasons that include quality (care and services), as well as financial accountability that comes with recognizing the costs associated with not being successful in this area. There are many considerations based on this topic. In this article we focus on key business components, key employee considerations and important aspects of successful employee programs.*

In reality, a key component of running any business (including a nursing center or assisted living community) needs to be the incorporation of three questions:

1. Recognizing that the needs of employees has changed throughout the years, what is the ideal employee experience in today's workplace?
2. What impact could a positive employee experience have on key outcomes (such as retention and enhanced teamwork, to name a few)?
3. How can organizations drive more positive employee and consumer experiences, which promote stability (financial and quality)?

These three questions correlate to the following three key employee considerations all centers experience:

1. Engagement;
2. Turnover (and its cost); and
3. Leadership, with a focus on the encouragement of employee strengths.

During a recent leadership training performed by Robin for FHCA's Florida Leaders class, the roles of managers vs. leaders was considered. It was noted that leaders set the stage. Managers, on the other hand, play a powerful role in setting the overall tone and direction of an organization, effectively supporting the stage for a more positive employee experience and ultimately, improved quality of care. The value of both managers and leaders was discussed and affirmed. The group recognized that this includes a level of clarity around future direction followed by an emphasis on why employees matter in successfully moving the organization forward.

The value of a positive work culture is something many discuss. It is noted that a stronger culture leads to a stronger workplace. A stronger workplace should be considered a more human workplace as well. The human aspect translates to the employees and appreciation and an acknowledgement of years of service. This leads to employee engagement and results in employee retention and a stronger corporate culture. An employer is truly obligated to provide tangible proof of an employee's value to the company.

It is common sense that a positive employee experience is linked to better work performance. So, an employer can diagnose opportunities by listening regularly to employees. They can also act by treating performance as a continuous conversation fueled by social recognition as opposed to an annual event.

Employee programs have key roles in success. In moving forward, consider breaking down your employee retention programs into one or more of the six following categories:

i. Proper hiring, orientation, in-service/education, and communication;
ii. Safety and risk programs, which improve safety, attendance, reduce turnover, reduce accidents and reduce insurance costs;
iii. Employee/Customer recognition programs, such as length of service award programs. Be sure to recognize and reward your employees and provide thank you notes for achievements;
iv. Sales and marketing incentive programs, such as sales incentive programs, frequent purchase programs for customers and loyalty programs;
v. Product and productivity incentive; and
vi. Always remember employee holiday gatherings and/or gifts.

The result of one or more cost effective programs will be that employees have a sense of belonging, purpose and happiness. The energy at which they will go about their jobs will lead to substantive achievement, and your business will grow with the resulting success because of costs saved on hiring and training new employees.

In summary, there are many important considerations to the organization of our centers, including the leadership direction, management support, cultural influences, ability to hire, retain, promote, and ultimately, to be the employer we all want to be.◆

*Robin A. Bleier is the President of RB Health Partners, Inc. a clinical risk Medicare operational consultancy firm that consults with FHCA on quality affairs. She can be reached at (727) 786-3032 or robin@rbhealthpartners.com.*

*Rhonda Blum is an Associate Member with Geiger Bros and a member of FHCA's Public Relations Committee. She can be reached at (727) 232-6250 or rblum@geiger.com.*

# The other CMS rule: emergency preparedness

*November 15, 2017 implementation deadline*

*By April Henkel*

With the Centers for Medicare and Medicaid Services (CMS) Requirements of Participation Rule taking top billing in the long term care profession, the CMS Emergency Preparedness Rule (EP Rule) may have taken a bit of a back seat. That is, until CMS released its March 24 memo to State Survey Agency Directors.

The CMS memo (S&C 17-21-ALL) states that affected providers and suppliers must meet all of the applicable requirements of the EP Rule by November 15, 2017 — no exceptions. And, there are no phase-in dates. This means Florida providers must comply with the CMS EP Rule and the Agency for Health Care Administration's Comprehensive Emergency Management Planning criteria, which has been in place since 1994.

The March 24 CMS memo focused on compliance with the new training and testing requirements, detailed in the 186-page final EP Rule published in the Federal Register (42 CFR, FR, Parts 403, 416, 418, et al.). The section applicable to long term care facilities is located at §483.73, and the training and testing requirements are found at §483.73(d).

## All staff must be trained

The Part (d) training and testing section states that the long term care (LTC) facility must develop and maintain an emergency preparedness training and testing program that is based on the facility's emergency plan, as described in previous sections of the rule. The training and testing program must be reviewed and updated at least annually, and specific standards are outlined, including initial training on emergency preparedness (EP) policies and procedures to all new and existing staff, including those providing services under arrangement and volunteers consistent with their roles. As would be expected, documentation of training must be maintained, but note that the requirements further state that the facility must be able to demonstrate staff knowledge of emergency procedures.

## Two annual exercises

The testing portion of the new EP Rule requires LTC facilities to conduct exercises at least annually, including unannounced staff drills using the facility's emergency procedures. Two annual exercises must be conducted. The facility must "participate in a full-scale exercise that is community-based" AND an additional exercise, which could be another full-scale community-based exercise or an individual, facility-based exercise. The EP Rule states that a tabletop exercise may also meet the additional exercise requirement, provided that it includes a facilitated group discussion using a narrated, clinically-relevant emergency scenario and problem statements to challenge the facility's emergency plan. FHCA members who have attended an FHCA/FPL discussion-based exercise workshop in the past will be familiar with the tabletop training approach.

In all exercises conducted, there is an expectation that the facility will review its response and use it to revise and improve the facility's emergency plan. Simply attending a community-based exercise and obtaining a certificate of attendance will not be sufficient to meet the new CMS EP Rule requirements. In addition to attending a community-based training, providers will be expected to use the knowledge gained to revise their emergency plan in response to identified gaps (for example — using an After Action Report process).

## Evaluate your training and exercise plan

To ensure that your center is in compliance with the training and testing requirements by the November 15, 2017 deadline, take time to compare your existing training and exercise program with the CMS standards and expectations. Be sure to read the CMS Frequently Asked Questions documents and other resources listed below for a complete understanding of the requirements set forth in the CMS EP Rule.

## How to find a community-based exercise

Your local healthcare preparedness coalition (HCC) organizes and conducts community-based exercises in which you and your staff may participate. You will see references to HCCs throughout the new EP Rule, and we hope many FHCA member centers are already connected to their local HCC as we have been promoting them for

*continued on page 11*

*April Henkel is FHCA's Project Manager. She can be reached at ahenkel@fhca.org.*

## CMS EP Rule — Quick Facts

- Implementation deadline — November 15, 2017 (the rule was published September 16, 2016).
- Applies to 17 provider and supplier types as a condition of participation for CMS.
- All are required to meet four core elements — Emergency Plan based on a Risk Assessment; Policies and Procedures; Communication Plan; a Training and Testing Program — with specific requirements adjusted based on the individual characteristics of each provider and supplier.
- LTC facilities must meet the same requirements as hospitals, with two additional requirements.

By Lorne Simmons, Moore Stephens Lovelace

# CJR and Cardiac Care Models delayed

On March 20, the Centers for Medicare and Medicaid Services (CMS) posted an interim final rule that delays the effective date of the Advancing Care Coordination Through Episode Payment Models (EPMs); Cardiac Rehabilitation Incentive Payment Model; and Changes to the Comprehensive Care for Joint Replacement (CJR) Model Final Rule from March 21, 2017 until May 20, 2017. CJR specific regulations now are set to take effect October 1, 2017 instead of this July. The agency is also weighing whether to push back implementation of all bundled payment initiatives until 2018. Remember, these programs are mandatory and different from the voluntary Bundled Payments for Care Improvement initiative, which is not affected by the interim rule.

## *Hospital readmissions*

It seems like yesterday I wished everyone a Happy New Year, but this year is going fast. Mother's Day is just around the corner, and the kids will be enjoying summer break in another month. Also fast approaching is the new federal fiscal year and unfavorable changes to Medicare reimbursements. For the past several years, we've been discussing the coming changes due to the Protecting Access to Medicare Act (PAMA) of 2014. This act authorized changes to the Value Based Purchasing (VBP) Program requirements to include a readmission quality score, performance standards and other measures to incentivize reductions to hospital readmissions. To fund the Program, 2% of SNFs' Medicare payments will be withheld and used for incentive payments totaling 50-70% of the amount withheld from SNFs' payments for providers that achieve certain standards and improvement in the readmission rates.

Although the VBP Program isn't slated to begin until fiscal year 2019, the 2% reduction to Medicare payments for SNFs begins October 1 this year. More importantly, we are currently in the performance period for the SNF 30-Day All Cause Readmissions Measure (SNFRM), the first of two measures required by the PAMA Act. The SNFRM will calculate an individual SNF's performance period rate during CY 2017 so hospital readmissions are extremely important now and providers should have policies and procedures in place to minimize them. It is important to understand that the information is based on Medicare hospital claims and not SNF claims. Additionally, the SNFRM measure will differ from the readmission measures on Nursing Home Compare and the measure adopted by the SNF Quality Reporting Program.

In order to achieve a portion of the incentive payments, a SNF must accumulate points through their Achievement Score and their Improvement Score. The Achievement score points are awarded by comparing a facility specific readmission rate with the performance of all facilities nationally during the baseline period (CY 2015). Points are awarded on the basis of achieving the benchmark or a level between the benchmark and a minimum threshold. A score at or above the benchmark results in the maximum points achievable. A score below the threshold results in zero incentive payments. A score between the two measures will be awarded according to a formula.

The Improvement Score awards points by comparing a facility's rate during the performance period (CY 2017) with its previous performance during the baseline period (CY 2015). The same scoring formula as used in the Achievement Score also applies to the Improvement Score, so as facility readmission rates improve (decrease), the more points they can achieve through the improvement score. It is important to note that the measure used in the VBP Program is not the same as the readmission measure posted on the Nursing Home Compare website and not the same as the measure adopted for the SNF Quality Reporting Program. CMS has begun providing quarterly confidential feedback reports via the Quality Improvement Evaluation System (QIES) and the CASPER reporting application currently used by SNFs to report quality performance. CY 2015 data is planned to be provided in June. If your facility is having any difficulty obtaining your SNF VBP feedback reports through CASPER, we encourage you to contact the QUIES Technical Support Office (QTSO) Help Desk: help@qtso.com.◆


*Lorne Simmons and Sandy Swindling are with Moore Stephens Lovelace, P.A., FHCA's CPA Consultant. Learn more about MSL at www.mslcpa.com.*

EMERGENCY PREPAREDNESS, *cont. from page 10*

# The other CMS Rule: emergency preparedness

several years. Florida has 15 HCCs and all offer training, exercises and other valuable resources that can help providers meet the new CMS training and testing requirements. You can find a list of Florida's HCCs on the LTC preparedness portal at www.LTCprepare.org (search for Healthcare Coalitions in Florida), or contact April Henkel at *ahenkel@fhca.org*.

Visit the Emergency Preparedness section of FHCA's website at www.fhca.org for a list of resources and webinar recordings related to the EP Rule.◆

# Mega Rule 2017 Phase 2 Implementation

By Rob Taymans, RPh

On October 4, 2016, the Centers for Medicare and Medicaid Services (CMS) released the final revised Requirements for Participation, otherwise known as the "Mega Rule." The components of the requirements phase-in over time. The first phase took effect on November 28, 2016; the second phase goes into effect on November 28, 2017. Phase 2 implementation presents an opportunity to work with your consultant pharmacist and pharmacy provider to ensure regulatory compliance.

There are many components associated with the Mega Rule; this article focuses on major components involving the center and pharmacy services and is presented in an abbreviated format.

Perhaps the most significant change for 2017 is related to Unnecessary Drugs (F329) moving from Quality of Care to Pharmacy Services CFR 483.45. The definition of "psychotropic drug" has been modified to read "any drug that affects brain activities associated with mental processes and behavior." Drugs now considered to be "psychotropic" include antipsychotics, anti-depressants, anti-anxiety, and hypnotics. The definition does not include opioid analgesics.

Based on a comprehensive assessment of the resident, the center must ensure the following:

A. Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record.

B. Residents who receive these drugs must receive gradual dose reductions and behavioral interventions, unless otherwise contraindicated, in an effort to discontinue these drugs.

C. Residents are not to receive PRN orders for psychotropic drugs unless the drug is intended to treat a condition that is documented in the clinical record.

D. PRN orders are limited to 14 days, unless the prescriber believes it is appropriate to extend the order beyond 14 days and documents this in the clinical record and indicates the duration for the PRN order.

E. PRN orders cannot be renewed beyond 14 days unless the prescriber has evaluated the resident for the appropriateness of the medication. If the prescriber believes the resident requires an antipsychotic drug on a PRN basis for longer than 14 days, he/she will be required to write a new PRN script every 14 days after the resident has been evaluated.

Centers should begin working on internal processes in conjunction with their consultant pharmacist and pharmacy provider to monitor and manage psychoactive PRN orders. This should include the use of Interim MRRs to be completed by the consultant pharmacist with recommendations returned to the Director of Nursing and the Medical Director. In addition, the center and pharmacy should work together to apply automatic stop orders for PRN psychoactive medications.

The second significant center / pharmacy component of the Mega Rule implementation for November 2017 falls under Infection Control (F441) under CFR 483.80. The center must develop an Infection Prevention and Control Program (IPCP) that includes an Antibiotic Stewardship Program and designate at least one Infection Preventionist (IP). Additional requirements are to be implemented in Phase 3. Skilled Nursing Facilities, consultant pharmacists and pharmacies should be encouraged to begin working on these changes now in preparation for the November 28, 2017 implementation.◆

*Rob Taymans is President/Owner of Guardian Pharmacy, an associate member of FHCA. He can be reached at rob.taymans@guardianpharmacy.net.*

# The Preferred Pharmacy Provider for Assisted and Skilled Facilities in Florida

- 24/7 Pharmacy Support
- Dedicated Pharmacy Account Representative
- eMAR - Electronic Medical Record Solutions
- Multiple, Timely and Accurate Deliveries to Your Facility Daily
- Custom Packaging and Repackaging
- Audit Reviews & Med Pass Observations
- Custom Education and Training for Facility Staff
- Billing Accuracy Reviews & Support Services
- Medication Carts

Guardian pharmacy florida

guardianpharmacyflorida.com

# Key Considerations for Section GG

By: Robin A. Bleier, RN, LHRM, CLC

The purpose of the Minimum Data Set (MDS) Section GG is to assess the resident's need for assistance with self-care and mobility activities. This article is to assist the administrator with evaluating the status of their facility program and success. Let's start with some key points of the newer section, which includes:

### Scoring system

- Independent: Resident completes the activity by himself/herself with no assistance from a helper.
- Setup or clean-up assistance: Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity.
- Supervision or touching assistance: Helper provides verbal cues or touching/steadying assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.
- Partial/moderate assistance: Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
- Substantial/maximal assistance: Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
- Dependent or helper does ALL of the effort: Resident does none of the effort to complete the activity or the assistance of two or more helpers is required for the resident to complete the activity.

### Rule for how the scoring should be determined - we score based on "usual performance."

- Usual performance will be assessed over a three-day period. For admission assessments, Day 1 through Day 3 of the PPS stay. For planned discharge assessments, it is the last three days of the stay and would reflect the typical performance of the skill being assessed.

### Assessment areas include the following new items:

- Eating
- Oral hygiene
- Toileting hygiene
- Sit to lying
- Lying to sitting on side of bed
- Chair/bed-to-chair transfer
- Toilet transfer

### Does the resident walk?

- Walk 50 feet with two turns
- Walk 150 feet

### Does the resident use a wheelchair/scooter?

- Wheel 50 feet with two turns
- The type of wheelchair/scooter used (Manual or Motorized if the resident uses a wheelchair/scooter) to Wheel 50 feet.
- Wheel 150 feet
- The type of wheelchair/scooter used (manual or motorized if the resident uses a wheelchair/scooter) to Wheel 150 feet.

Each of these requires establishing a discharge goal during the five-day assessment.

In summary, it takes a team to be successful. Determining which team member has responsibility for ensuring scoring accuracy and leading the process is key. A back-up should also be trained. Please keep in mind that MDS Section GG measures will record usual performance and there must be documentation supporting the usual performance as part of the health record.◆

*Robin A. Bleier is the President of RB Health Partners, Inc., a clinical risk Medicare and operations consultancy firm that consults with FHCA on quality affairs. Robin can be reached at (727) 786-3032 or robin@rbhealthpartners.com.*

## WELCOME NEW MEMBERS

### NURSING HOME MEMBERS

**Cross City Rehabilitation & Healthcare Center**

**Lafayette Health Care Center,** *Mayo*

**Lake Park of Madison**

**Westwood Nursing and Rehabilitation Center,** *Fort Walton Beach*

### ASSOCIATE MEMBERS

**EarlySense, Inc.,** *Waltham, MA*

**Forman Dermatology,** *Tampa*

**Jesse's Place Consulting, Inc.,** *North Miami*

**Mom's Meals NourishCare,** *Ankeny, IA*

**SeniorsFirst Risk Retention Group,** *Orlando*

**SmartScrubs,** *Phoenix, AZ*

**Tandus Centiva,** *Windermere*

# RECOGNIZE THE LEADERS IN LONG TERM CARE

**Nominations open for FHCA LTC Achievement Awards**

Florida Health Care Association's Long Term Care Achievement Awards recognize the exemplary contributions of long term care leaders and volunteers who daily demonstrate commitment to quality care through their dedication to residents, staff, and the long term care (LTC) profession. Nominations are now being accepted for the Nursing Home and Assisted Living Facility Administrators of the Year, Media & Community Involvement Award, Resident of the Year and Volunteers of the Year (Group, Adult, Young Adult). **Nominations will accepted through 5:00 p.m. EST on Monday, May 22.**

These annual awards are presented during FHCA's 2017 Annual Conference & Trade Show, which will take place July 31-August 4 at the Rosen Shingle Creek in Orlando. To learn more about the awards and use the online submission process to nominate an individual or center, visit www.fhca.org/membership/ltcawards.

# FHCA 2017 NURSE LEADERSHIP PROGRAM

## Be the Gold Standard

**May 31 - June 2, 2017**

*Pre-Sessions May 30*

**Don CeSar Hotel**

*St. Pete Beach, FL*

### Program Highlights

Dynamic Speakers featuring leading advocate and dementia specialist Teepa Snow

14 contact hours of continuing education

Long Term Care Excellence in Nursing Awards Recognition and Luncheon

Welcome Reception and Tabletop Expo

**For more information, visit www.fhca.org/events/nlp.**

# Assisted Living – Social or Medical?

By Deborah Franklin

Assisted living communities are usually described as an alternative to institutionalized nursing center care. They provide a non-medical option with a home-like environment and promote consumer choice. Some assisted living providers, however, care for residents with the same acute medical conditions who, just a few years ago, were being cared for in a nursing center. Does this mean the assisted living community will shift to a medical model in the coming years?

Assisted living denotes a type of residential long term care that offers various levels and combinations of services, care and privacy. Assisted living provides or coordinates oversight and services to meet residents' individualized scheduled needs, based on assessments and plans, and their unscheduled needs as they arise. The basic tenet of creating a home-like environment, with a focus on autonomy and individuality, is designed to provide care based on a social model rather than a medical model.

In a medical model, like a nursing center, all services are physician driven. A resident can only be admitted or discharged on a physician's order. The plans of care start with the physician's orders and are developed to meet the resident's physical, social and psychological needs through the lens of the physician. Medical needs come first and are fulfilled with the other needs of a resident.

Conversely, the social model approach treats the needs of a resident on an equal setting. It does not ignore medical conditions, but they are not treated as primary care needs. The physician is not the lead on the resident's care and does not direct all aspects of his/her life; the resident's choices guide their care.

Over the past 20 years, assisted living has been the fastest growing component of long term care in the United States. This growth is due, in part, to consumer demand. Consumers are increasingly choosing to age in place, at home or, at the very least, in a community facility with a home-like environment, regardless of their medical condition.

The first licensure requirements for assisted living were developed in 1989 in Oregon. Some states started reimbursing for assisted living services through the Medicaid Home and Community-Based Waiver to help those who need long term care services remain in a community setting, such as an assisted living community, and hopefully prevent the higher cost nursing center setting.

Currently in Florida, admission to an assisted living community does not require a physician's order. 58A-5.0181 FAC requires a physician's exam report on the Agency for Health Care Administration (AHCA) Form 1823. The assisted living community is required to develop a Plan of Care or service plan for residents in certain situations. It must also maintain a written record of significant changes and illnesses and keep a Medication Observation Record and nursing notes. These requirements were designed to accommodate the social model that is caring for a higher acuity without moving entirely to the medical model.

The National Center for Assisted Living (NCAL) depicts assisted living on a continuum of long term care as a step between independent living and skilled nursing center care. In the beginning, assisted living was considered a social model that combines personal services with health care in a home-like setting, compared to the largely medically-based skilled nursing center.

In recent years, there has been a trend toward higher acuity levels in assisted living communities. Market changes have forced higher levels of acuity in nursing centers, which in turn filters to assisted living communities. Assisted living communities increasingly are viewed as an optimal setting for Alzheimer's care. They determine the range of services offered, from those that are extremely limited to comprehensive services that can accommodate a high acuity level.

The goal of any new standards for assisted living communities should not be to displace residents into nursing centers, but rather to implement an assisted living system that can provide the quality of care and quality of life residents deserve in a setting they choose.◆

*Deborah Franklin is FHCA's Senior Director of Quality Affairs. She can be reached at dfranklin@fhca.org.*

# good news

florida health care association around the state

## National Networking

*Lyn Bentley (left) and Holly Harmon (center) of American Health Care Association provided an update to over 300 FHCA members last month on the CMS Requirements of Participation. Pictured with Lyn and Holly are FHCA President John Simmons, Sr. Director of Quality Affairs Deborah Franklin (right center) and Director of Clinical and Regulatory Services Kim Broom (right).*

## Making News

*FHCA members Patti Spears of Oakbrook Health and Rehabilitation Center and Luke Neumann of Palm Garden Healthcare were part of the WGCU call-in show, Gulf Coast Live, educating listeners about managed care and its impact on Florida's nursing center residents.*

## Breaking Ground

*In March, FHCA Multifacility Vice President Kathy Gallin was part of the Signature HealthCARE groundbreaking for a new 120-bed facility in Middleburg, FL. The "all in the neighborhood" care model will include a wide variety of services and neighborhood-like amenities, including a "city center" with an arts and crafts center, multi-purpose theater and full service salon, as well as state of the art therapy equipment and an outdoor trail with putting green.*

*Bishop's Glen Retirement Center, a Retirement Housing Foundation Community (RHFC), recently held a 55th Anniversary event for RHFC. Residents, state and local dignitaries and members of the Holly Hill community all took part in the celebration. Pictured from left are FHCA Communications Director Kristen Knapp, RHFC CEO Dr. Laverne Joseph, Bishop's Glen Acting Executive Director Diane King, and Sen. Dorothy Hukill Legislative Assistant Lindsey Swindle.*

# UPCOMING EVENTS

Some meetings noted herein may also carry CE credits. Additional information and registration can be found at www.fhca.org.

## MEETINGS/EVENTS

### MAY

*May 12, 2017*

**FHCA Board of Directors Meeting**

Ft. Myers, FL

### JUNE

*June 5-6, 2017*

**AHCA/NCAL Congressional Briefing**

Washington, DC

## CONTINUING EDUCATION/TRAINING

### MAY

*May 30, 2017*

**FHCA Nurse Leadership Program Pre-Sessions**

Don CeSar Hotel • St. Pete Beach, FL

### JUNE

*May 31 - June 2, 2017*

**FHCA Nurse Leadership Program**

Don CeSar Hotel • St. Pete Beach, FL

FHCA

**2017 Annual Conference & Trade Show**

**FHCA UNIVERSITY**

*Leading the Charge in Education and Excellence*

**JULY 31-AUGUST 4, 2017**

*Rosen Shingle Creek, Orlando, FL*

*www.fhcaconference.org*

# Special Thanks to Our CMS Requirements of Participation Seminar Sponsors

## TITLE SPONSOR

*MatrixCare*

## SEMINAR SPONSORS

*Guardian Pharmacy*

*Healthcare Services Group*

*HPSI Purchasing Services*

*McAuley Medical, LLC*

*McKesson*

*NaturZone Pest Control*

*RB Health Partners, Inc.*

*Restore Therapy*

*RXPERTS Pharmacy*

*SigmaCare*

*Sounds for Seniors*

# FHCA SERVICE CORPORATION

*Save on your long term care products and services with our trusted group of FHCA Service Corp members.*

## BOUCHARD INSURANCE

Bouchard Insurance is one of the largest privately held insurance agencies in the country, serving over 14,000 clients throughout the U.S. and in many countries around the world. They specialize in the senior living industry and manage all lines of insurance, including general and professional liability, property, workers' comp and group health. Bouchard helps clients to identify and analyze risk within their organization. Once they have identified the issues, they develop and implement cost-effective solutions to reduce risk and improve efficiencies. Bouchard has created a systematic approach to managing every line of coverage for their clients, giving them the confidence to focus on their business, rather than the insurance business. Contact Jeff Welch at (727) 451-3195 or jeffwelch@bouchardinsurance.com for more information, or visit www.bouchardinsurance.com.

## EDGE INFORMATION MANAGEMENT INC.

Since becoming an approved service corporation company for FHCA in 1993, Edge has helped over 250 FHCA members meet their background screening requirements and kept them informed of pertinent legislative issues. Edge offers a variety of background checks including: drug screening, fingerprints, criminal, sexual offender, license verifications and references. Contact Nate Archibald at (321) 676-8822 or by email at natea@edgeinfomation.com, or visit www.edgeinformation.com for more information.

## HEALTHCARE SERVICES GROUP

Since 1976, Healthcare Services Group has delivered exceptional housekeeping/laundry and dining/nutrition services to an ever-changing healthcare industry. Currently serving over 250 facilities in Florida, we provide professional management of ancillary services to a diverse mix of satisfied clients. Flexible and responsive, our people are trained to help you achieve success by delivering innovative solutions, exceptional performance and measurable results. For more information contact Yale Metz at (800) 433-2710 or ymetz@hcsgcorp.com. Visit our website at www.hcsgcorp.com.

## HPSI PURCHASING SERVICES

HPSI Purchasing Services, one of the nation's fastest growing Group Purchasing Organizations, is privately owned and has served the senior health care community for over 50 years. HSPI leverages the purchasing power of over 15,000 members to provide substantial savings and discounts on a wide range of products and services including: Dietary, Medical, Maintenance, Housekeeping, Linens, Capital Equipment, Technology, Administration, Pharmacy and more. What sets HPSI apart from its competition is the personal service provided by 40 Purchasing Consultants located nationwide. Call your Purchasing Consultant for a free cost analysis to get you started on your pathway to greater savings. East Florida: Mike Donohoo (407) 928-5870; West Florida: Russ Holmes (407) 719-0229; Panhandle: Bill Bayhi (985) 718-7830; Corporate and National Accounts: MaryClare Soliman (540) 589-2772; or visit www.hpsionline.com for more details.

## OFFICE DEPOT

Office Depot offers Florida Health Care Association members extra discounts and services due to the cooperative purchasing power of FHCA. We offer a wide variety of benefits, including 50 items which have been reduced based on volume ordering up to 80 percent off the list prices (the "High Use Item List"); next-day delivery on everyday office products; an award-winning Web site which links you to your pricing and into the warehouse and keeps 12 months of tracking information at your fingertips. For more information or to set up an account contact Terry Bush at terry.bush@officedepot.com or (850) 624-9979.

## SENIOR CRIMESTOPPERS

The Senior Crimestoppers program is a proven, effective, proactive crime prevention system that combines proven components to help provide safe, crime-free facilities for residents, staff, visitors and vendors. Personal lock boxes for use by residents and/or family members, an around-the-clock, completely anonymous "tip line" call center, cash rewards of up to $1,000 posted on any and all incidents that occur and educational materials for residents, families, management and staff members are a few of the components that make up the program. More details can be found at www.seniorcrimestoppers.org or contact Kay Joest at (800) 529-9096 for more details.

# FHCA UNIVERSITY

## Leading the Charge in Education and Excellence

### 2017 ANNUAL CONFERENCE & TRADE SHOW

***JULY 31 - AUGUST 4, 2017***

**ROSEN SHINGLE CREEK • ORLANDO, FL**

## INCREDIBLE KEYNOTE SPEAKERS

**Leigh Anne Tuohy** inspires audiences to recognize the full potential of individuals in their community. She shares her personal "Blind Side" story and how the experience changed her as a person and the Tuohys as a family.

**Platon** shares his experience photographing an eclectic mix of world leaders, celebrities and human rights champions. He takes his audience on a roller coaster of emotions through the stories behind the photos.

## ANNUAL CONFERENCE HIGHLIGHTS

- 60 Continuing Education Sessions, with the potential for 27 contact hours
- 280+ booth Trade Show featuring products and services, the AMSC Wine Toss and Scratch Off, Professional Head Shot and Internet Lounges, FHC PAC Silent Auction, raffle prizes and more
- NEW Leadership Pre-Session with Dr. Earl Suttle, a high-energy and motivational program that will leave participants with a great desire to manage their personal and professional growth
- Networking and Social Gatherings, including the Opening Social, Awards Ceremony, Fun Night, Annual Golf Tournament and Cardio Networking
- Bonus education, including the Preceptor Provider Training and Preceptor Refresher Course (combined)

***To register, reserve your hotel room or learn more about FHCA's 2017 Annual Conference & Trade Show, visit www.fhcaconference.org.***

CONFERENCE TITLE SPONSOR

Bouchard® Insurance
Client First

Florida Health Care Association