ong-term care (LTC) facilities face some economic uncertainty, federal regulations, new COVID variants, and other challenges in 2023. The White House’s reform agenda in 2022 increased accountability in long-term care facilities to improve quality of care. However, state officials are providing more supportive policies, especially with regard to Medicaid reimbursement. This is great news since staffing shortages continue to plague our LTC facilities, which, as we know, affect our overall quality of care.

Some states, such as Florida and Illinois, have already used the Medicaid boosts and have directly tied them into increasing staff wages. All employees in skilled nursing facilities (SNFs) benefited from this incentive already. If more states could push Medicaid rates to sustainable levels, so that operators actually are being paid to cover the costs of care, investors will notice. This will increase the demand for high-quality services for our growing aging population.

CMS (Centers for Medicare & Medicaid Services) released a proposed rule in December 2022 for increased mental health care access for older adults, including those residing in skilled nursing facilities. According to a 2020 Boston College study surveying 1.4 million people in the U.S., the prevalence rates for depression and anxiety soared to 44 and 55 percent, respectively, after the pandemic. More and more PCPs are treating mental health conditions due to the shortage of mental health providers, and this is more apparent in nursing homes and SNFs today. This could provide a growing line of business for SNF providers and integrated mental health care electronic health records.

Relationships between hospitals and SNFs are expected to improve. Hospitals were sometimes unable to discharge patients to post-acute care facilities, mainly due to staffing shortages in those settings. Actions to remedy this are already in the works – such as home health, private-duty home care, and private-pay assisted living to alleviate these bottlenecks. CMS addressed the managed care pitfalls when Medicare Advantage plans deny post-acute care in the SNFs. CMS and The White House are encouraging hospitals to offer boosters to patients prior to discharge, especially if they are headed to a nursing home.

The three-day hospital stay requirement for nursing home residents was waived by CMS to ease access to care during the pandemic. This waiver expired when the public health emergency ended on May 11, 2023. CMS did an analysis over a period from 2014 to 2019 to show how accountable care organizations (ACOs) used the SNF waiver. This showed lower adverse outcome rates, and patients were less likely to experience adverse outcomes compared to the beneficiaries not under the waiver. Even though this analysis is only a short duration over time, the

We are fortunate, as part of a diverse, collaborative group, we have the opportunity to continue working together throughout these trying times.

Continued on page 8
SNF Legislative Overview from an Administrator

By Maggie Dalton, NHA; Administrator, Chatham Glen Healthcare & Rehabilitation, The Villages

Nursing centers will see a funding increase in two areas: $123 million on an annual basis by raising the quality component from 6 to 10 percent of funds and an additional $42 million as a 1 percent increase applied across all care centers.

The use of qualified medication aides (QMAs) was authorized in nursing centers (SB 558), helping to address ongoing workforce challenges by providing opportunities for career growth for Certified Nursing Assistants and helping to free up nurses to focus on higher-level caregiving.

Qualified Medication Aides

QMAs are experienced certified nursing assistants (CNAs) who receive additional training to administer routine medications to residents. This gives nursing centers additional recruitment and retention strategies, and ultimately, has a positive impact on quality care.

Qualifications and Training for QMAs

For initial eligibility, the individual must:

- Hold a clear and active certification as a nursing assistant for at least 1 year
- Complete a total of 40 hours of classroom training
- Demonstrate clinical competency at the facility, both initially and then annually thereafter
- Complete an annual 2-hour in-service training in medication administration and error prevention

Position Duties

- May administer oral, transdermal, ophthalmic, otic, inhaled, or topical prescription medications
- May administer insulin syringe prefilled by pharmacist and insulin pen prefilled by manufacturer
- May maintain record keeping and documentation of administration of medications
- May perform blood glucose level checks, may dial oxygen flow meters to prescribed settings, and may assist with CPAP devices

Accountability Provisions

- May not administer controlled substances except for medications on Schedule V (for example, Lyrica, Robitussin AC)
- May not perform any activities that require nursing knowledge, judgment, or skills
- Must administer medication under the direct supervision (in the building) of an LPN or RN
- The facility must include medication administration in its performance improvement activities (QAPI)
- The hours worked by a QMA may count toward the 0.6-hour portion of the overall 3.6-hour weekly average of direct care

SB 558 was signed into law by the governor and became effective on July 1, 2023.

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Medicaid Funding & Budget Highlights
Gov. Ron DeSantis released his proposed “Framework for Freedom” $114.8 billion budget in early February. The governor’s proposed budget included fully funding nursing center Medicaid rates; however, it did not propose a funding increase.

In addition to the funding increase, the Legislature is adding three new quality measures to the Medicaid value-based reimbursement. Those measures are RN turnover, long-stay anti-anxiety or hypnotic medication, and long-stay return to hospitalization.

Other budget items include raising the resident personal needs allowance from $130 to $160 per month: $125 million for nurse education funding for technical centers, colleges, and universities through the PIPELINE Fund ($100 million) and the LINE Fund ($25 million); funding in the Medicaid Long-Term Care Program for additional home and community-based services (HCBS) to Medicaid beneficiaries; additional PACE slots in several parts of the state; and additional funding to support the existing State Veterans’ Nursing Homes, including funding for engineering and site feasibility for construction of a new home in Collier County.

Tort Reform
Florida remains one of the states hardest hit by litigation claims against senior living and long-term care facilities. Despite the frequency and severity of claims having an impact on operations in Florida, litigation reform for long-term care facilities did not advance this year.

The Florida Legislature introduced SB 1304/HB 1029, “Claims Against Long-Term Care Facilities,” legislation that endeavored to reign in ever-increasing litigation costs by extending safeguards to the long-term care community that are currently available to the hospital and medical community in cases of medical negligence. These bills sought to extend the prohibition on independent adult children recovering non-economic damages to negligence claims against nursing centers and assisted living facilities, tighten standards for expert witness testimony, and clarify requirements and relevancy for admissible evidence.

Given the nature of the debate and legal complexities at hand, Florida lawmakers chose to table discussions on long-term care tort reform until next legislative session.

Education and Training for Alzheimer’s Disease and Related Forms of Dementia
Special emphasis has been placed on Alzheimer’s issues over the past several years with Gov. DeSantis announcing the launch of the Florida Alzheimer’s Center of Excellence within the Department of Elder Affairs (DOEA) in June of 2022. HB 299 will realign the training for long-term care providers under the DOEA and add staff of the providers who were previously not required to complete dementia training, including nurse registries, homemaker and companion service providers, health care services pools, and staff of assisted living facilities in which the facility does not advertise that it provides memory care.

A summary of the training applicable to nursing centers and assisted living facilities is as follows:
- A one-time, 1-hour training provided by the Department of Elder Affairs at no cost to providers is required for all employees.
- For nursing centers, only the timing of training will change for direct care staff, the hours stay the same: 1 hour within the first 30 days, and an additional 3 hours within the first 7 months.
- For general ALFs, direct care staff must complete new training: 1 hour within the first 30 days, and an additional 3 hours within the first 7 months.

For staff hired before July 1, 2023, this training must be completed by July 1, 2026.
- For ALFs that advertise memory care, direct care staff training stays virtually the same: 1 hour within the first 30 days, 3 hours within the first 3 months, an additional 4 hours within the first 6 months, and 4 hours of annual continuing education.
- For ALFs, the initial 1-hour DOEA training may count toward the required 2 hours of pre-service orientation.
- For employees of an ALF licensed as a limited mental health facility, only the initial 1-hour DOEA training is required.

COVID-19 Related Legislation
With some recent measures dealing with varying aspects of COVID-19 sunsets since June 1, 2023, the passage of SB 252 will continue, and in some cases, add to these provisions. This allows health care providers to require the use of masks as medically indicated in health care settings.

SB 252 generally consolidates prohibitions relating to COVID-19. Businesses, government, and educational entities may not require a person to take a COVID-19 test, wear a facial covering to gain entry to or use their services, or document status for any COVID-19 vaccine, mRNA vaccine, or Emergency Use Authorization (EUA) vaccine. Specifically, for purposes of nursing centers and assisted living facilities, the bill:

Continued on page 12
Optional PRE-CONFERENCE
Thursday, Oct. 19, 2023;
7:45 a.m.-6 p.m. Registration & Information

Advance Care Planning, End-of-Life, Best Practices
Sessions 101-103
8:45 a.m.-12 p.m. 101 – The Journey from Advance Care Planning to End-of-Life WORKSHOP (3 hours)
Decision Making Capacity → Advance Care Planning → Functional Status → Prognostication → Serious Illness
Conversations → Goals of Care/Shared Decision Making → Palliative and Hospice Care

- Niharika Suchak, MBBS, MHS, FACP, AGSF; Clinician-Educator and Associate Professor, Department of Geriatrics, Florida State University College of Medicine (FSUCOM); Director, Interprofessional Education, FSUCOM; Education Director, Geriatrics, FSUCOM; Director of Medical Education and Research, Big Bend Hospice, Tallahassee, FL
- Kamala Snow, MTPsy, CDP, LSSGB, EOLD; Ordained Interfaith Minister and Interspiritual Counselor; Manager of Spiritual Care and End of Life Doula Support Services, Big Bend Hospice, Tallahassee, FL;

Overview: Implied consent plays a role in routine patient encounters. When a complex or unplanned discussion or situation occurs, express consent or informed consent should be obtained from the patient. Decision-making capacity is a prerequisite to and integral component of informed consent. The advance care planning process — of which an advance directive is only one part — involves discussion of personal values and complex hypothetical health issues within the context of informed consent. It should include the use of a framework for assessing decision-making capacity, and will lay a strong foundation for the discussion of advance care planning and goals of care. As a person’s health status changes over time, there may be a need to estimate and communicate prognosis periodically. Impairment in functional status is weighted heavily in the estimate of prognosis. The practicing clinician should be familiar with common methods of estimating prognosis and the relevance of functional status as a component of prognostication. Application of a structured approach is key to an effective conversation about goals of care, prognosis, serious illness, and/or shared decision making. An enhanced understanding of a palliative care approach, major criteria for hospice eligibility, and differentiation between the four levels of hospice care will allow the clinician to consider, discuss, and utilize these healthcare service options in a person-centered manner. This 3-part knowledge- and skills-based workshop will add to a healthcare professional’s clinical repertoire using interactive modalities of instruction and engagement as well as application of knowledge and demonstration of skills. Participants will be empowered to apply these skills in future patient encounters.

1:15-2:15 p.m. 102 – Advance Care Planning with Portable Patient-Directed Doctor’s Orders (1 hour);
- Leonard R. Hock Jr., DO, MACOI, CMD

2:25-3:25 p.m. 103 – Panel Discussion: Best Practices in Palliative Care and Hospice Services (1 hour);
- Joseph Shega, MD and David Thimons, MD

TARGET AUDIENCE: Physicians • Advanced Practice Nurses • Pharmacists • Physician Assistants • Directors of Nursing / ADONs
• Administrative Nurses • Long-Term Care Administrators

SPACE IS LIMITED: Workshops are optional and not included in your full registration fee.
Learning About Neuroanatomy
By Michelle Lewis, DNP, APRN, FNP-BC, GNP-BC, PMHNP-BC

Learning about neuroanatomy is essential for gaining insights into human behavior (Schildkrout, 2017). Unfortunately, there are many obstacles encountered when trying to learn more about the brain, especially if you are not a neurologist or someone who studies the brain on a regular basis. The brain has several difficult-to-pronounce terminologies as well as complexities in function and structure (Schildkrout, 2017). Dry, confusing, and boring are some of the descriptions that come to mind when studying the brain. The objective of the health care provider is to be involved in a continuing process of increasing his or her understanding of the brain, body, and human behavior.

Diagnostic Testing
In addition, multiple diagnostic tools have been used to gauge brain inflammation: functional MRI imaging of amyloid deposits, tau, and other proteins; and diffusion tensor imaging. Knowing these tests and diagnostic tools could help the clinician better understand their patient’s diagnoses (Schildkrout, 2017).

While using imaging to examine mental health disorders may be cost-prohibitive, it is an exciting prospect. Several peer-reviewed journal articles discuss imaging to evaluate various mental health disorders. The following article specifically discusses mania.

Functional Neuroanatomy of Mania
Mania is the hallmark symptom of bipolar I disorder. Cotovio and Oliveira-Maia (2022) reviewed research supporting the hypothesis that the functional neuroanatomy of mania is centered on lateralized disruption of specific regions within limbic circuits. The findings were consistent with idiopathic mania. Results of fMRI and PET scans revealed reduced activity in the R ventral prefrontal cortex and increased activity in the L amygdala, L anterior cingulate cortex, and L basal ganglia (Cotovio and Oliveira-Maia, 2022).

Neurological Dysfunction
All healthcare providers should be familiar with the signs and symptoms of focal CNS disorders. For instance, word salad could be caused by Wernicke’s aphasia associated with a stroke. Patients with learning disabilities or post-traumatic brain injuries may have trouble with a variety of different aspects of language and communication such as word retrieval or reading. Somatic symptom disorder could be multiple sclerosis or a brain tumor and a panic disorder might actually be a seizure disorder. It is important to identify effective strategies to teach neuroscience into practice will greatly benefit their future patients’ overall mental and physical health.

References:

Call for Abstracts for Posters and Rapid-Fire Presentations
FMDA's 32nd Annual Conference & Trade Show
Oct. 19-22, 2023 | Rosen Shingle Creek Orlando

Poster Presentations
FMDA is hosting its 20th Annual Poster Sessions during the Best Care Practices Conference, Oct. 19-22, 2023. Poster sessions provide an opportunity to share research results, best practices, and outcomes with colleagues. The sessions are visual presentations using diagrams, charts, and figures.

Poster presentations may be on any aspect of the following categories: clinical care, pharmacology of medicine, medical education, medical direction, medical care delivery, medical/nursing/pharmacist ethics, economics of medicine, and pediatric long-term care — and in any post-acute and long-term care setting.

The top three posters will be presented with gift cards ranging from $125 to $250!

Submission of a proposal is a commitment by at least one author to be present at the designated times to discuss the information in the poster with conference participants. We have arranged the schedule so that there is no overlap between educational sessions and poster exhibit times.

Go to www.bestcarepractices.org/posters for the poster schedule, criteria, topic areas, practical application, innovation, and deadlines, and submit your proposal online today at www.bestcarepractices.org/posters/.

*The first 10 poster applicants who are accepted by the Review Committee will receive complimentary registration to the 2023 conference (only one applicant per poster presentation will be considered).

Compete for:
- Abstract of the Year and a $500 gift card.
- Be Eligible for:
- Top three posters will win gift cards ranging from $125 to $250.

Novice to Expert Rapid-Fire Presentations
FMDA’s Version of TED Talks
Based on the success of previous TED Talk-type presentations, we are inviting medical, nursing, and pharmacist practitioners, fellows, residents, and students to a 60-minute (CME/CE) session where each one will have 5 to 10 minutes to deliver their presentation. Abstracts are TED-like talks on topics related to research, health care delivery, medical/nursing/pharmacist ethics, etc., in the PALTC continuum.

Submissions should be based on the areas of interest to nursing home medical directors, physicians, advanced practice nurses, physician assistants, consultant pharmacists, and other professionals with issues related to PALTC. Abstracts are personal. The only reason to give an abstract is that you feel passionate about something, and your sense of purpose creates an energy boost for both you and your audience. Abstracts are intended to take us on a journey. As the speaker shares his or her transition from ignorance to understanding of some important truth, we follow along in his or her footsteps. Abstracts are also about the process of realizing how you’re going to get there.
Abstracts are concise. Because times are short, speakers have generally done the hard work of cutting out any extraneous ideas. Ideally, every word counts — and that’s very different from the public speaking most of us are used to! And finally, abstracts feel important. Almost every speech presents an “ah-hah!” moment, and recounts with great intensity what it feels like to break through a problem in your mind. The problems themselves are often weighty — but even when they’re not, hearing about a breakthrough moment makes you feel that something big is at stake.

Thank you for your interest. For more information, visit www.bestcarepractices.org. For questions, contact the Business Office at (561) 689-6321.

*The top scoring Rapid-Fire Presentation will be designated the Abstract of the Year and receive a $500 e-gift card! To submit your abstract online visit: www.bestcarepractices.org/student-presentations

FMDA thanks FL-GAPNA for sponsoring this year’s poster sessions and Novice to Expert Rapid-Fire Presentations.
MDA’s Quality Champion Award is seeking nominations honoring exceptional clinicians working day-in, day-out to serve the most-frail population in Florida. It is presented in recognition of the skills, talents, expertise, commitment, and personal attributes that encompass quality patient-centered care in PALTC. According to Dr. Bernardo Reyes, chair, Robert Kaplan Quality Champion Award Committee, “This award embodies the best of the best from clinicians whose skills, talents, expertise, commitment, and personal attributes encompass quality patient-centered care. It honors Florida-based clinicians who to serve in Florida’s post-acute and long-term care continuum.”

FMDA’s 5th Annual Quality Champion Award to Recognize and Honor Exceptional Clinicians in PALTC — Introducing FMDA’s Robert Kaplan Quality Champion Award

FMDA is very excited to provide this unique opportunity to recognize worthy colleagues who are committed to providing the best care in our continuum!

FMDA President, Dr. Diane Sanders-Cepeda added, “The recipient of this award exemplifies the highest standards of dedication, leadership, engagement, and innovation and is personified as a cornerstone in his or her respective field as well as within the facilities served.

“FMDA is very excited to provide this unique opportunity to recognize worthy colleagues who are committed to providing the best care in our continuum!” she concluded.

Eligibility: Physician, medical director, advanced practice nurse, consultant pharmacist, and physician assistant practicing in PALTC for at least five years. Either the nominee or nominator must be a member of FMDA in good standing. Nominees may not self-nominate but may be nominated by other FMDA members, colleagues, or other health professionals involved in PALTC.

Award: The recipient of this award epitomizes the highest standards of dedication, leadership, engagement, and innovation. The award winner will be announced during FMDA’s 32nd Annual Conference, on Saturday, Oct. 21.

Online Nominations: Go to www.fmda.org/awards.php. Thank you for helping us recognize an outstanding Florida-based PALTC clinician who embodies the highest standards of dedication, leadership, engagement, and innovation.

A user-friendly online submission asks six open-ended questions covering such characteristics as leadership, role modeling and mentoring, clinical outcomes, quality and safety improvement, impact on the nominee’s profession and in the community, and the extraordinary qualities that make the nominee stand out.

The deadline for nominations is Monday, Sept. 18, 2023, and the award winner will be announced during FMDA’s 32nd Annual Conference, on Saturday, Oct. 21. This year’s award is sponsored by CVS/Omnicare.

Please join us and the Kaplan Family as we recognize a worthy recipient and honor Dr. Robert Kaplan for his extraordinary contribution to quality care.

For more information, contact FMDA at info@fmda.org or (561) 689-6321.

Editor’s Corner: Updates in Long-Term Care 2023

Continued from page 1

ACO data show it’s a more effective way to manage patients. I have seen firsthand patients who were were admitted from home or after being discharged home from a hospital under this guideline. It prevents re-admission rates for hospitals for patients who need a little extra help before they can be discharged safely in their home environment — as long as the waiver is continued for those patients with less serious conditions, such as for falls. Now that this three-day hospital stay waiver will expire, only certain ACOs and Medicare Advantage ISNPs can continue admitting to SNFs beyond the public health emergency. In addition, only SNFs that possess a rating of 3 stars or higher will be able to admit under these conditions. SNF advocates say the three-day hospital stay policy is outdated and needs to be relinquished.

These are some of the changes, challenges, and paradigms for the skilled nursing sector in 2023. As the ancient African proverb says, “It takes a village to raise a child.”

There is an abundance of opportunity to help make our long-term nursing community stronger and more sustainable.

We are fortunate, as part of a diverse, collaborative group, we have the opportunity to continue working together throughout these trying times. It is imperative to stay up to date on the medical guidelines and regulatory reforms and implement them into our daily practices.
Conference Hotel Headquarters

Rising above the horizon stands Rosen Shingle Creek® Orlando, a sight welcoming you to experience the personal touch of an independent, full service, luxury hotel with all the amenities you expect. The location is prime — on Universal Boulevard, east of the Orange County Convention Center North/South expansion, and 10 minutes from the Orlando International Airport. Rosen Shingle Creek’s third and best-known quality creates the perfect trifecta — award-winning customer service.

Golf, dine, shop, and relax. Everything you need for a special getaway is here. Shingle Creek Golf Club features challenging yet rewarding greens, by the Arnold Palmer Design Company. Orlando’s foodie experts herald A Land Remembered and Cala Bella as must-eat fine-dining restaurants as well as the plethora of casual restaurants and lounges in the hotel.

Venture outside to any of the four seasonally heated pools amidst tropical settings for an incredibly relaxing experience. Even a simple stroll around the hotel sets busy minds at ease.

**AMENITIES:** 4 outdoor swimming pools, spa, fitness center; Golf club, tennis, volleyball, 15 dining options including in-room dining, Gift shop and more!

**HOTEL RESERVATIONS:** FMDA has reserved a block of rooms at Rosen Shingle Creek, 9939 Universal Boulevard, Orlando, Florida 32819.

The group rate is $209 single/double occupancy; discounted self-parking ($18/day) and valet parking ($35/day) for all attendees over the dates of the program; and no daily resort fee.

To make a reservation, please call Rosen Reservation Center at (866) 996-6338, and mention you are attending FMDA – The Florida Society for PALTC Medicine/Best Care Practices conference. To guarantee rate and room availability, you must make your reservations no later than Oct. 2, 2023. This special group rate will be applicable three (3) days prior to and three (3) days following the main program dates, subject to availability. Reserve your hotel room today at [www.bestcarepractices.org/venue.html](http://www.bestcarepractices.org/venue.html).
Honoring Dr. Robert G. Kaplan – FMDA’s Guiding Light

By Ian Cordes, MBA, NHA
Executive Director

On Monday, July 31, FMDA lost one of its treasured leaders, Dr. Robert Kaplan. He passed away suddenly and unexpectedly that morning. Dr. Kaplan first joined the FMDA board in 2009. After stints as the chair of various committees, he was elected vice president in 2011, he became president in 2013, immediate past-president in 2015, and then chair in 2017. He remained active at the committee level, has been a perennial Florida delegate to AMDA’s House of Delegates, spearheaded quality initiatives, and just a few weeks ago, he represented FMDA at the annual meeting of the Florida Medical Association’s (FMA) Council of Medical Specialty Societies – as well as being our lone delegate to FMA’s House of Delegates.

His passion and drive were laser-focused on improving patient care in SNFs. He championed an FMDA initiative surrounding “Minimum Credentialing in PALTC Medicine” and penned the FMDA resolution titled “Requirement for Minimum Education Standards for Medical Directors in PALTC Facilities.”

In fact, both resolutions were presented and passed by the American Osteopathic Association’s House of Delegates a few weeks ago. He was very happy and proud when he learned the outcome.

We will miss his wisdom, kindness, professionalism, collaborative spirit, and mentorship. This was a great loss on many fronts and we hope his legacy will be remembered through the newly named FMDA’s Robert Kaplan Quality Champion Award. He touched many lives and now his legacy will live on. He was our Guiding Light!

Dr. Kaplan’s family requests that donations in his memory be made to FMDA – The Florida Society for Post-Acute and Long-Term Care Medicine. To make a donation, please click the link at the top of the home page at www.fmda.org.

By Diane Sanders-Cepeda, DO, CMD
President

We give honor to Dr. Robert Kaplan – our Teacher, Mentor, Colleague, Medical Director, Friend, and Guiding Light. Dr. Kaplan, a fierce advocate for PALTC, devoted his 40-year career to caring for PALTC residents, educating our future leaders, and championing quality in PALTC.

Dr. Kaplan served as a multi-facility medical director, attending physician, and Optum ISNP medical director before formally retiring in 2022. As a past-president of FMDA – The Florida Society for Post-Acute and Long-Term Care Medicine, he was one of our most active members, continuing his service on FMDA’s Education Committee while providing advocacy to advance the quality care in PALTC across the state of Florida. Dr. Kaplan’s passion for education led him to serve as a Core Curriculum faculty member for 13 years and to serve as chair of the American Board of Post-Acute and Long-Term Care Medicine.

Dr. Kaplan’s served AMDA – the Society for Post-Acute and Long-Term Care Medicine by being a vocal participant in the House of Delegates for many years and participated on multiple committees including the Education Committee and Annual Program Planning Subcommittee. In 2020, Dr. Kaplan’s commitment to education was celebrated with the James Pattee Award for Excellence in Education bestowed to him by the Foundation for Post-Acute and Long-Term Care Medicine.

Of all the titles Dr. Kaplan had, it is the title of Husband and Father that made him most proud. His immense love for his family remained his foundation and a timeless lesson to us all.

Dr. Kaplan will forever be our Guiding Light; driving us to deliver quality, provide compassionate care, noble service, and enduring grace. May we all live His Legacy!!

The Dr. Robert Kaplan Memorial Legacy Fund

In response to the profound sentiment of loss and reverence on a national scope in the passing of our friend, leader, and advocate, Dr. Robert Kaplan, the Foundation for Post-Acute and Long-Term Care (PALTC) Medicine and the Florida Society for Post-Acute and Long-Term Care Medicine (FMDA) are working collectively and with the support of the Kaplan Family to establish a named endowed fund preserving Dr. Kaplan’s passion and commitment to PALTC education.

All donations and the sentiments expressed will be shared with the Kaplan Family and listed on the Foundation’s Wall of Caring and Honor and will be designated to establish an annual scholarship for the benefit of educating and stewarding a future PALTC practitioner. Donations may be made at the Foundation for PALTC Medicine website and by designating your gift to the Dr. Robert Kaplan Memorial Fund.

https://form-renderer-app.donorperfect.io/give/paltc-foundation/online-gift-card
Mission – Describes the fundamental purpose of an organization, why it exists, and what it does to reach its vision.

The mission of FMDA – The Florida Society for Post-Acute and Long-Term Care Medicine is to promote the highest quality care as patients transition through the post-acute and long-term care continuum. FMDA is dedicated to providing leadership, professional education, and advocacy for the inter-professional team.

Vision – Describes the desired future state of an organization in terms of its objectives. It is a long-term view.

FMDA – The Florida Society for Post-Acute and Long-Term Care Medicine will provide professional leadership to disseminate information and provide access to resources and experts.
FMDA will further advance as the professional hub for education on best care practices, evidence-based medicine, regulatory compliance, and practice management.
FMDA will continue to be the model organization that collaborates with related organizations to promote the highest quality patient care and outcomes in the post-acute and long-term care continuum.
SNF Legislative Overview from an Administrator
Continued from page 3

• Creates a new section in statute 408.824, to establish requirements for the wearing of masks or facial coverings in health care settings, including nursing centers and assisted living facilities. While most businesses are prohibited from requiring masks, this section of the bill recognizes instances where masking is clinically appropriate.
  • The Department of Health and the Agency for Health Care Administration adopted emergency rules to establish the standards for the appropriate use of facial coverings for infection control by July 1, 2023.
  • Health care providers must adopt facial covering policies in compliance with the standards by August 1, 2023. The policies must be posted on the provider’s website or conspicuously displayed in the lobby of the facility.
• Prohibits employment discrimination in hiring or discharge based on vaccination status, post-infection status, or failure to take a COVID-19 test.
• Requires a business to provide reasonable religious and medical accommodations in compliance with federal law in relation to other (non-COVID-19, non-mRNA, and non-EUA) vaccines.
• Establishes new provisions addressing patients’ rights involving COVID-19 treatments and medications.

As a reminder, this bill does not extend the tort liability protections from COVID-19 related actions; therefore, COVID-19 claims that accrue on or after June 1, 2023, are not covered by the liability protection provisions under section 768.381, Florida Statutes.

Workforce-Related Legislation

The following workforce-related bills successfully passed out of the legislature and are headed to the governor for his approval.

Department of Health

HB 1387 eliminates the skills demonstration portion of the CNA exam if the applicant completed a CNA training program within 6 months of filing the application for certification. The bill also addresses other issues under the authority of the Department of Health that do not have a direct impact on long-term care providers. This legislation became effective on July 1, 2023.

Health Care Provider Accountability

HB 1471 is an Agency for Health Care Administration-backed bill that will address unlicensed health care providers along with nursing center resident rights.

For nursing centers, the bill adds specific items to the list of residents’ rights: the right to be free from sexual abuse, neglect, and exploitation. These rights are not new and are already addressed in the Code of Federal Regulations and in Chapter 415, F.S., Adult Protective Services. Since the state and federal definitions of the terms are different, FHCA sought, and was successful, in obtaining a House floor amendment to eliminate confusion. The final bill that passed and was approved by the governor now includes a reference to the narrower definitions used in the federal code.

Interests of Foreign Countries

SB 264 is a bill that primarily restricts governmental entities from contracting with certain foreign countries of concern thereby preventing those countries from purchasing agricultural land and land near military installations in Florida. This passed.

For long-term care providers, the passage of this bill means that the Florida Electronic Health Records Act will be amended to require that the storage of medical records must be physically maintained in the continental U.S., U.S. territories, or Canada. During the licensing process, health care providers will be required to sign affidavits attesting that patient information is physically maintained within those requirements. In addition, the licensee must ensure that a person or entity that has a controlling interest does not hold an interest in an entity that has a business relationship with a foreign country of concern. This includes the People’s Republic of China, the Russian Federation, the Islamic Republic of Iran, the Democratic People’s Republic of Korea, the Republic of Cuba, the Venezuelan regime of Nicolás Maduro, and the Syrian Arab Republic.

Health Care Legislation

The following health care bills successfully passed out of the legislature and are headed to the governor for his approval.

Elder Abuse and Vulnerable Adult Abuse Fatality Review Teams

SB 1540 expands the scope of the review teams adopted in legislation passed in 2020 to include review of abuse, neglect, or exploitation that has caused or contributed to a fatal incident. The legislation gives the review teams the ability to identify process breakdowns in the care of elders in Florida. The amendments ensure the confidentiality of work performed and to prevent review team information from being introduced into civil proceedings. The bill became effective on July 1, 2023.

Health Care Practitioner Titles and Designations

SB 230 requires a physician to wear a name tag with his or her name and profession or specialty designation when treating or consulting with a patient. The bill also addresses physician advertising that is misleading, deceptive, or fraudulent. Nurses were included in an earlier version of the bill and were amended out of the final version. The bill became effective July 1, 2023.

Reference:
https://contentsharing.net/actions/email_web_version.cfm?ep=cIIxqj4ra3H-wEmJLA1Djy3WYEYGAGQbie0INP42unj30-sN6CB7Ps5QhaRQGaZjimGCMs2SyxLC5fp114KQBPOmR_3GCQzYg-fqf1VbQAQy7xesZHwZzAbFsCyirQiP4
Early-Bird DEADLINE is Sept. 21, 2023

2023 REGISTRATION FORM

Yes, I would like to register now!

- Paid-up members: Full Registration* (choose one)  ○ FMDA, ○ NADONA, ○ FL-GAPNA, or ○ FGS .......................... $359
- New/renewing FMDA members: Full Registration* (includes $100 for annual dues) .................................................. $459
- Non-member Practitioners: Full Registration* ............................................................................................................... $509
- Unlicensed Registrants: Full Registration* includes Organizational Affiliate Membership ............................................. $689
- Physician Fellows, Interns, and Residents in geriatrics, family practice, or internal medicine (Full Registration*) .. $75
- Full-time Students: MD/DO/PA/NP/RN/PharmD/RPh/NHA or ALF administration (Full Registration*) ................................................. $75
- Friday-only Registration: Includes all sessions, CMEs/CES/CPEs, Trade Show, scheduled meals, product theaters, and reception .... $229
- Saturday-only Registration: Includes all sessions, CMEs/CES/CPEs, Trade Show, scheduled meals, and reception ................ $229
- Sunday-only Registration: Includes breakfast, educational sessions, and CMEs/CES/CPEs .................................................... $149

Pre-conference: End-of-Life Workshops
- 101: The Journey from Advance Care Planning to End-of-Life (3.0 hrs.) Morning Session Only ........................................... $99
- 102: Advance Care Planning with Portable Patient-Directed Physician Orders (1.0 hr.) .......................................................... $55
- 103: Expert Panel Discussion: Best Practices in Palliative Care and Hospice Services (1.0 hr.) ........................................... $55
- All three (3) Pre-conference Sessions: (101-103) on Thursday, Oct. 19, 2023 (5.0 hrs.) .......................................................... $185

- Misc.: One-day Trade Show Pass (not intended for vendors) ............................................................................................... $65

*FULL REGISTRATION FEE: Includes attendance at all receptions, planned meals, Trade Show admission, and educational sessions, starting with session #104 on Thursday, Oct. 19, through the end of Sunday, Oct. 22, 2023. Pre-conference workshops are extra.

Name: _______________________________ Title: _______________________________ License #: _______________________________ State: _______________________________

Facility Name/Affiliation: _______________________________ Specialty: _______________________________

Mailing Address: ________________________________________________________________

City: _______________________________ State/ZIP: _______________________________ Phone: _______________________________

Bring a First-Time Colleague Bonus — I referred: 1. _______________________________ 2. _______________________________

Fax: _______________________________ Email: _______________________________ Amount enclosed: $ _______________________________

☐ By checking this box, I consent to have FMDA share my contact information with BCP 2023 exhibitors and sponsors. FMDA relies on exhibitors and sponsors to help support the organization and the conference. We hope that you will opt-in to sharing your contact information with our supporters as they promote their presence at FMDA’s 32nd Annual Conference.

Make checks payable to “FMDA” and mail to: 400 Executive Center Drive, #208, West Palm Beach, FL 33401

Credit Card Information:  □ MasterCard  □ VISA  □ American Express  □ Discover

Name on Card: _______________________________ Card Number: _______________________________

Expiration Date: ___________ CVV: _______________________________ Amount: $ _______________________________

Billing Address: ________________________________________________________________

Signature: _______________________________ Date: _______________________________

Please Help Us Better Process Your Registration (agenda subject to change)

1. Yes, I would like to make a special meal request (contact Shane Bellotti at sbellotti@fmda.org). 2. New FMDA members: Name of the FMDA member who referred you? _______________________________. 3. Yes, I am a 1st-time attendee. 4. NOTE: Due to space limitations, planned conference meals are provided only to registrants.

*Confirm your attendance with the product theaters when you arrive at the conference – first come, first served – as space is limited.

There will be a $75 administration fee for all written cancellation requests received on or prior to Sept. 28, 2023. There will be no refunds after Sept. 28, 2023. There is a $35 charge for all returned checks.

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Sign Me Up!

I am interested in joining the following FMDA committees, initiatives, and special interest groups for 2023-2024 (1-year terms).

FMDA members: Please check as many as you like.

- Education — Annual Conference planning and other programming
- Fundraising — Sponsorships, Capital Campaign and Donations
- Government / Legislative Affairs
- Grants Submission Task Force
- Innovation Task Force
- Journal Club
- Membership Development
- Newsletter / Communications
- Patient Directed Doctors Orders (formerly known as POLST)
- Quality Advocacy Coalition
- Quality Champion Award

Name: ____________________________ Title: ____________________________

Mailing Address: ______________________________________________________

City: ____________________________ State: ________ Zip: __________________

Daytime Phone: __________________ Fax: ________________________________

Email Address: ______________________________________________________

I AM ALSO INTERESTED IN. . . . . .

- Yes! I want to volunteer as a Florida delegate or alternate to AMDA – The Society for Post-Acute and Long-Term Care’s Annual Conference, March 9-12, 2024, in San Antonio, TX.

All delegates and alternates must be voting members of AMDA.

Thank you for supporting our association.

Please submit by email to info@fmda.org, or fax to (561) 689-6324.
Like us and follow us on Facebook, visit us on LinkedIn today!

FMDA’s Progress Report

September 2023

Early-Bird Deadline is
Sept. 21, 2023
Register Online:
www.bestcarepractices.org

Stand Up and Be Counted

We invite each member to become more involved in FMDA by becoming a volunteer. Numerous opportunities are available to serve for a year, a month, or a day. You can help guide our organization through committees, task forces, educational grants, and initiatives that advise the board of directors, provide advice, and facilitate or lead various programs.

Volunteers are the heart of FMDA. Our strength is a result of the time and effort provided by those who volunteer their time and knowledge to serve their colleagues and to further all physicians, medical directors, advanced practice nurses, physician assistants, consultant pharmacists, nurse administrators, and administrators in post-acute and long-term care.

Participating as a volunteer provides a gateway to develop and hone leadership skills, increase professional contacts, and give back to the profession. Let us know what types of volunteer opportunities interest you.

We look forward to your participation. Should you have any questions, please contact Ian Cordes, executive director, at (561) 689-6321 or ian.cordes@fmda.org.

Sign up now:
www.fmda.org/join-fmda.php

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