The association's informative bi-monthly newsletter for the senior living industry.

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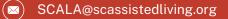
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Rein in 'alarming' Medicare Advantage, expand Medicare services, LTC advocates tell Congress

Congress should do more to control Medicare Advantage spending and put traditional Medicare on more equal footing, a major nursing home advocacy group told a federal healthcare task force this month. Halting overpayments to Medicare Advantage organizations and examining how the program's "advantages" have actually made MA more expensive than traditional Medicare "warrant a look by Congress," LeadingAge said in a letter.

The provider association made its views clear to the US House Health Care Task Force, following a request for information on ways the government could "modernize and personalize the health care system, support innovation, and increase patient access to quality and affordable care."

MA organizations are especially concerning because some wrongly deny services or don't pay providers enough, while overwhelming them with administrative tasks, said Nicole O. Fallon, vice president of Integrated Services & Managed Care for LeadingAge. Her <u>letter</u> included harsh words for MA plans that say they are reducing costs. Expenditures are lowered "on the backs of post-acute care providers and beneficiaries who are wrongfully denied Medicare covered services based upon an artificial intelligence algorithm," Fallon wrote. She also highlighted a report from MedPAC, an advisory group to Congress, that found Medicare pays 6% more for MA beneficiaries than those enrolled in the original fee-for-service program.

Read more at Mcknights.com <u>HERE</u>

Update on State & Federal Long-Term Care Staffing Requirements

Long-term care workforce shortages exist in in all states, exacerbated by an <u>increasingly older U.S. population</u> with complex care needs and <u>high turnover rates that have not recovered</u> since the COVID-19 pandemic. Within this space, nursing facilities are facing unique pressure through proposed federal rules that may increase demand for long-term care professionals.

Since 1996, research has identified nursing staffing levels as a critical factor in quality of care in nursing facilities. <u>A 2001 study by the</u> <u>Centers for Medicare & Medicaid Services</u> (CMS) recommended a total of 4.1 hours of nursing care per resident per day (HPRD), including:

- 0.75 hours provided by a registered nurse (RN).
- 0.55 hours provided by a licensed professional nurse (LPN) or licensed vocational nurse (LVN).
- 2.8 3.0 hours provided by a certified nursing assistant (CNA).

The federal government historically has not set HPRD or staffing ratio requirements. States may set minimum staffing requirements, and most fall short of recommended staffing levels.

Proposed Federal Staffing Requirements

<u>Federal law currently requires</u> nursing homes that receive reimbursement from Medicaid or Medicare to provide 24-hour licensed nursing services, which are "sufficient to meet the nursing needs of [their residents]."

In September 2023, CMS issued a proposed rule that would establish the first minimum staffing levels for nursing facilities. The rule would require 24/7 RN staffing and set HPRD requirements for RNs and CNAs, but does not include requirements for LPNs or LVNs. All facilities would have to complete an individual needs assessment within 60 days following publication of the final rule. Urban and suburban facilities would have three years following publication to implement staffing requirements; rural facilities would have up to five years. The proposed rule would permit a hardship exemption if a facility can document the unavailability of a local nursing workforce and good faith efforts to hire and retain staff.

<u>According to KFF</u>, over 80% of nursing facilities would need to hire nursing staff to meet the required number of hours for registered nurses and nurse aides if the rule were to pass. In more than half of states, less than one-quarter of nursing facilities would meet the proposed staffing requirements.

The rule is open for <u>public comment</u> in the Federal Register until Nov. 6, 2023 (click "Submit a Formal Comment").

Read more <u>HERE</u>

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- Tuberculosis Testing

- Molecular Gastrointestinal Panel
- Pharmacogenomics (PGx)
- ✓ Comprehensive Blood Panels
- Covid-19 Testing
- / Toxicology
- Antibiotic Resistance (ABX)
- Culture and Sensitivity

Around the nation:

COVID-related criminal charges dismissed against Silverado

How Operators Are Shifting the Senior Living Paradigm for the Baby Boomers

COVID-related criminal charges dismissed against Silverado



If you are wanting to stay informed and get the latest news and information then join us.

> www.scassistedliving.org SCALA@scassistedliving.org





Member News:

Congratulations to Rainbow Restoration of Greenville - They were named the 2023 Rainbow Restoration Franchise of the Year.

fynn.io has launched a new website: <u>https://fynn.io/</u>

Job Openings:

LawyerLisa, an elder law firm serving the entire state of SC, is looking for an Elder Care Coordinator for the Upstate.

The perfect candidate will have a well-versed knowledge of the senior living industry in the Upstate and the challenges seniors face, connections with local resources, a passion for serving seniors and helping them plan for their future. The position requires travel to meet clients. If this sounds like you, contact Diane Brazier at dianeelawyerlisa.com for more information.

Executive Director at Harbor Cove Memory Care/Premier Senior Living.

Please see job posting on Indeed: https://www.indeed.com/job/executive-director-7ee186eb65e8b1b1

Open positions at DHEC HERE

Submit member news or job openings to SCALA@scassistedliving.org

2023 Tax Brackets & Planning Information

There's actually some good news for 2023, thanks to inflation. The Internal Revenue Service (IRS) adjusts tax brackets for inflation each year, and because <u>inflation remains high</u>, it's possible you could fall to a lower bracket for the income you earn in 2024. Your standard deduction — the amount you can use as a deduction without itemizing — will also be higher. If you start now, you can make plans to reduce your 2024 tax bill. Knowing the tax brackets for 2024 can help you implement smart tax strategies, like adjusting your income tax withholding, so you don't get caught with a big tax bill next year.

How the brackets work

In the U.S. tax system, income tax rates are graduated, so you pay different rates on different amounts of taxable income. There are seven of these tax brackets in all. The more you make, the more you pay. Importantly, your highest tax bracket doesn't reflect how much you pay in federal income taxes. If you're a single filer in the 22 percent tax bracket for 2023, you won't pay 22 percent on all your taxable income. You will pay 10 percent on taxable income up to \$11,000, 12 percent on the amount from \$11,000 to \$44,725, and 22 percent above that (up to \$95,375).

Tax brackets for income earned in 2023

- 37% for incomes over \$578,125 (\$693,750 for married couples filing jointly)
- 35% for incomes over \$231,250 (\$462,500 for married couples filing jointly)
- 32% for incomes over \$182,100 (\$364,200 for married couples filing jointly)
- 24% for incomes over \$95,375 (\$190,750 for married couples filing jointly)
- 22% for incomes over \$44,725 (\$89,450 for married couples filing jointly)
- 12% for incomes over \$11,000 (\$22,000 for married couples filing jointly)
- 10% for incomes of \$11,000 or less (\$22,000 for married couples filing jointly)

Married filing separately pay at same rate as unmarried. Source: Internal Revenue Service

In addition, the standard deduction is \$13,850 for single filers for the 2023 tax year, up from \$12,950 the previous year. The standard deduction for couples filing jointly is \$27,700 in 2023, up from \$25,900 in the 2022 tax year. Single filers age 65 and older who are not a surviving spouse can increase the standard deduction by \$1,850. Each joint filer 65 and over can increase the standard deduction by \$1,500 apiece, for a total of \$3,000 if both joint filers are 65-plus. You can also itemize individual tax deductions, for things like charity donations, but they need to add up to more than the standard deduction to make itemizing worthwhile. If you paid a big tax bill in 2023, talk with a tax adviser about how to reduce your bill in 2024. It's probably easier to have more money withheld from each paycheck than to face a big tax bill next year. A good first step is to look at how much tax you get taken from your paycheck. The IRS has a free withholding estimator that can tell you how much you should have taken out.



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All About Seniors





































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Optional State Supplementation (OSS) Rate Increases

The South Carolina Department of Health and Human Services (SCDHHS) has increased the reimbursement rates for OSS providers effective for dates of service beginning July 1, 2023. Through the rate increase, all OSS providers will receive a \$25 rate increase per resident, per month. The maximum payment allowed to a facility will increase from \$1,620 to \$1,645. The net income limit will increase from \$1,699 to \$1,724. The increase in the monthly amount will be reflected in the regularly scheduled check for July 2023 services issued Sept. 1, 2023.

As a reminder, facilities are responsible for ensuring residents receive their personal needs allowance (PNA). The PNA for OSS recipients who receive recurring income only through supplemental security income (SSI) will remain \$79 per month. The PNA for OSS recipients who have income other than SSI will remain \$99 per month.

The new daily rate per resident amounts used to calculate payments for July-December 2023 dates of service are below.

Date of Service	Daily rate per resident	T C
July 2023	\$55.61	c b F
August 2023	\$55.61	<u>S</u> Р
September 2023	\$57.47	a (
October 2023	\$55.61	
November 2023	\$57.47	
December 2023	\$55.61	

The OSS payments made on behalf of residents to CRCFs are considered payment in full. Any differences caused by rounding in the payment system cannot be billed to the resident or deducted from residents' PNA. For additional information, refer to the <u>Optional State</u> <u>Supplementation Services provider manual</u>.

Providers with questions about the rate increases announced in this bulletin should email: <u>OSS-Policy@scdhhs.gov</u>.





Information & Updates from the Community Residential Care Committee Meeting with Associations- October 26

Top 5 Citations related to food/kitchen safety:

5. Non-food contact - food shelves, floors, oven, hoods, need to be free of dust or cleaned. Also includes pest control.

4. Food conditions safety- no spoiled food, check expiration dates, no dented cans. Dented cans should be stored in a separate area or disposed.

3. Presence of person in charge - whoever is in charge and present needs to have food service knowledge. Certified food handler, certificate for food safety.

2. Proper date marking- up to 7 day.

1. food contact surfaces sanitized- this includes ice machine, cutting boards, can openers, microwaves

Expectations of kitchen walk-thru:

- whoever is in charge must be assigned and present, proper certificates are important.
- when we scan appearance of employees- hair net, beard net, cleanliness.
- check of food temps, proper holding temps or cooling methods- oven, fridge etc.
- proper food storage- check that dates are marked correctly
- dented cans- are they in designated area or disposed of depending on the facility's preference.
- Food separation- raw chicken or other meats and items-no cross-contamination.
- Food storage labels need to be correct. Staff should also have knowledge when asked questions.
- staff washes hands with soap and warm water.
- Proper sanitation- sanitizer on hand and the correct testing kits are available.
- Do not stack wet dishes.
- Dish machine needs to be working

ACCIDENT/INCIDENT INFORMATION SECTION ~ Type of Report: 24 Hour Report Type of Accident/Incident: -- Choose One-Date the Accident or Incident Occurred: RESIDENT/CLIENT/PATIENT INFORMATION SECTION Number of residents, clients, or patients directly injured or affected by accident or incident: List age, gender and (optionally) the initials of each individual affected (click the plus sign to add additional individuals): Sex: O Male O Femal Age: Resident/Client/Patient #: 1 First and Last Initial Number of employees directly injured or affected by accident or incident: Number of visitors directly injured or affected by accident or incident: Witness Name(s): Was the cause investigated and/or identified? O Yes O No

Reporting Accidents/Incidents:

Please be sure the report lists the actual accident/incident rather than choosing the "other" option. There is an issue with people not selecting the right choice.

Incident/Accident Reporting

Reporting Loss of Services/Utilities:

Please be sure the report the loss of any services or utilities to: firewatchedhec.sc.gov

Extreme weather conditions may severely impact the safety of residents, patients or clients in facilities that are licensed by Healthcare Quality. Extreme temperatures place a heavy burden on heating, ventilation, and air conditioning equipment. Associated increased electrical needs may overwhelm the power supply resulting in burn outs or complete loss of power. Facilities must plan ahead to address these issues and are expected to have emergency plans to accommodate disruptions in power.

As a reminder, should a facility licensed by Healthcare Quality experience a loss of cooling or heating, interruption of potable water supply, loss of electrical power or other conditions affecting the continuity of essential services, the facility must notify the Department immediately after ensuring the safety of the residents, patients or clients. You may contact the Department at (803) 545-4370. After hours, please contact the Department at (803) 606-0767. Failure to notify Healthcare Quality promptly may result in sanctions from the Department.





Information & Updates from the Community Residential Care Committee Meeting with Associations- October 26 Continued....

South Carolina Law (<u>44-29-10</u>) and Regulations (<u>61-20</u>) require reporting of specified contagious and infectious diseases and conditions to the local health department "in the form and manner as prescribed by DHEC in regulations concerning infectious diseases. The reports must be made to the Bureau of Disease Control in the manner required in the regulations. When available, clinical information supporting the diagnoses, including results of specific diagnostic tests, must be included.

List of Reportable Conditions

Fire/Life Safety Reminders:

Non-compliant tags need to be fixed ASAP. If a system is non-complaint, insurance companies may not pay out for any losses so keep that in mind. 38 systems failed last year due to freezing, and the low temperatures we had for an extended tim. Get unit inspections now before it gets cold and companies are busier.

This form should be completed anytime your facility has a change in administrator:

Administrator change form

Q&A from associations at the meeting with DHEC representatives:

Q: Is there an opportunity for there to be separate regulations for small facilities versus large facilities? A: This would require a legislative action. It could be considered, but would require legislative action from an association not DHEC for any changes to be made. Keeping in mind, this is costly, lengthy process.

Q: Can notifications be sent quarterly to facilities when they have an inspection done? Not necessarily letting fcilities know the exact day or week even but just letting them know they will be receiving an inspection that quarter?A: notifications will not be given, as inspections are supposed to be a surprise to the facility. Communities are always supposed to be ready for inspections so notifications/reminders are not going to be provided.

Q: If an administrator notifies DHEC they are on vacation or out of the office and due for an inspection, can the inspection be done at a different time not during the time the administrators are away? A: inspectors will take that into account, but usually they will come anyway because it's planned. Always be ready.

Q: Will the planned restructuring of DHEC affect communities?

A: no, there should be no changes at the facility level affecting communities.



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South Carolina LTC Resources:

Medicaid Agency: Medicaid

State Long Term Care Websites: <u>Bureau of Long Term Care and Behavioral Health</u> <u>Services</u>

Area Agencies on Aging: <u>South Carolina AAAs/Title VI Agencies</u>

Provider Enrollment: <u>Provider Enrollment Information</u>

Medicaid Reimbursement Information: <u>Fee Schedules</u>

Waiver Information: <u>The Medicaid Home and Community-Based</u> <u>Services (HCBS) Waiver Program Application</u> <u>Additional 1915(c) waiver information</u> Waiver Information:

<u>The Medicaid Home and Community-Based</u> <u>Services (HCBS) Waiver Program Application</u> <u>Additional 1915(c) waiver information</u>

Centers for Medicare and Medicaid Services (CMS)/Health and Human Services (HHS) Regional Office: <u>HHS Region 4</u>

State Directory of Helplines, Hotlines, and Elder Abuse Prevention Resources: from National Center on Elder Abuse, Administration on Aging <u>State Resources</u>

Long Term Care Ombudsman: Long Term Care Ombudsman Program





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