

## Seema Verma Confirmed as New CMS Administrator

### INSIDE THIS ISSUE:

CMS Administrator 1

S&C Updates 2

LSC Updates 4

### CONTACT US:

For suggestions or sub-  
missions, contact

Victoria.vachon@cms.hhs.gov

This newsletter is intended solely as a communications modality and should not be considered to be an official publication of HHS or CMS



CMS welcomed it's new CMS Administrator on March 13<sup>th</sup>.



The Administrator has a Master's degree in Public Health from Johns Hopkins School of Public Health. Her health policy consulting group was instrumental in the redesign of the Indiana Medicaid program. [For more information, go to https://www.cms.gov/about-cms/leadership/](https://www.cms.gov/about-cms/leadership/)

## Did You Know...?

The Updated Interpretive Guidance for Appendix C for laboratories are now publically available at [https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap\\_c\\_lab.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_c_lab.pdf)

# C M S U P D A T E S

## Federal Register

CMS Posted a notice of delay on 4/03/2017, announcing the revised COP Final Rule for HHA to become effective January 13, 2018. The announcement and information regarding the comment period can be reviewed at <https://www.federalregister.gov/documents/2017/04/03/2017-06540/medicare-and-medicaid-programs-conditions-of-participation-for-home-health-agencies-delay-of>

## S&C Memos

- **S&C letter 17-20-NH** dated March 2, 2017 captures the Special Focus Facility program updates. The number of slots are not changed however, you may want to review the graduation criteria at <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-17-20.pdf>

as well as the sections on progressive enforcement and who all gets notified of selections.

- One of the more interesting components of the new Emergency Preparedness requirements, which became effective in November of 2016, is the participation in community-wide exercises or drills. What do you do if no exercises are conducted? What if you had a disaster, activated your plan and later conducted a tabletop exercise? CMS understands there

will be nuances such as these. **S&C 17-21-ALL**, dated March 24, 2017 provides information to assist with demonstration of compliance with the requirements. Documentation as to why there was no participation in a community level exercise e.g. none occurred, or if a live event and a tabletop were conducted that year. The document can be retrieved at <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-17-21.pdf>

- Also published on March 24, 2017, is **S&C letter 17-22-ALL**, announcing a Save the Date for a CMS Medicare Learning Network call on the Emergency Preparedness requirements. If you still have questions, not answered in the FAQs <https://www.cms.gov/medicare/provider-enrollment-and-certification/surveyscertemergprep/emergency-prep-rule.html> or the above S&C letter, the call is scheduled to cover the training and testing requirements. Block your calendars on Thursday, April 27<sup>th</sup>, from 1:30-2:30 Central time. Registration information can be reviewed in the notice <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-17-22.pdf>

C  
M  
S  
C  
P  
D  
A  
T  
E  
S

- A final Rule of CMP Adjustments was published on March 31, 2017 in S&C letter 17-23-NH/HHA/CLIA. In accordance with the Federal Civil Penalties Inflation Adjustment Act...of 2015, the law requires CMS to adjust amounts of impositions. For long term care providers, the CMP tool for calculating penalties will also be revised. The notice can be persused at <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-17-23.pdf>

**DAB Decision**

Lifehouse of Riverside Healthcare. The March 3, 2017 case included an often discussed distinction of “willful” and “intent” with abuse cases. The decision continues to affirm that a failure to prove “intent to harm” is not required to support citing a facility for a violation of 483.13. <https://www.hhs.gov/sites/default/files/board-dab2774.pdf>



**Fired Up**

**The Heat Is On**

There have been two fires in the Midwest recently where the fire occurred overnight in a locked area and staff did not have access to the room. As a result staff were unable to take appropriate action before things got out of control. There are many code references that cover this situation, for example: NFPA Standard: 2012 NFPA 101, 19.1.1.3.1 All health care facilities shall be designed, constructed, maintained, and operated to minimize the possibility of a fire emergency requiring the evacuation of occupants.

If you have a locked room and none of your staff have keys, how can staff who know there is a fire situation gain access to the area to help fight the fire? Consider your kitchens, staff offices, boiler rooms, laundry rooms, etc. All areas must be maintained and operated to minimize the possibility of a fire.

Have you had a fire? Don't forget to notify your Fire Marshal and State Health Agency.  
K. Achor, CMS RO VII