



Quarterly Business Partner Showcase

September 15, 2016

Dear Valued WHCA/WiCAL Member,

I am pleased to provide you with the **WHCA/WiCAL Quarterly Business Partner Showcase**. The useful information included in this mailing offers valuable background on the products and services available through our association's Business Partners, truly our "partners in care."

Please take a few minutes to review their materials. Also note that this file is available online along with previous Business Partner Showcases at www.whcawical.org/bps. For your convenience, this file is organized with bookmarks to access the flyers of specific companies.

Since switching to an electronic version of this mailing, in addition to realizing cost savings for our members, we have seen a nearly 50 percent increase in participation of WHCA/WiCAL Business Partners in this mailing! It is my sincere hope that by making these quarterly mailings available electronically, WHCA/WiCAL Business Partners will have the opportunity to provide value for both WHCA/WiCAL members and that Business Partners will be able to realize greater opportunities for sales and networking opportunities.

WHCA/WiCAL Business Partners are a valuable part of our association, and Member facilities are encouraged to consider turning FIRST to Business Partners for products and services.

Please join me in thanking them for their support of our community of providers!

Sincerely,

John Vander Meer
Executive Director
Wisconsin Health Care Association

WHCA/WICAL ELITE BUSINESS PARTNERS
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At Reinhart, we serve as strategic partners with our health care clients. We make it our business to understand your business, and this equips us to offer practical, real-world solutions that help you resolve challenges, seize opportunities and meet your strategic goals.

Our post-acute and long term care services attorneys have served as CEOs of health facilities and have held high-ranking positions with the Wisconsin Department of Health Services and the Wisconsin Office of the Commissioner of Insurance. This uniquely equips us to provide insight and guidance on the complex business and legal relationships that bind residents, nursing homes, assisted living and housing providers, regulators and third-party payers.

Reinhart attorneys actively representing post-acute and long term care service providers include:

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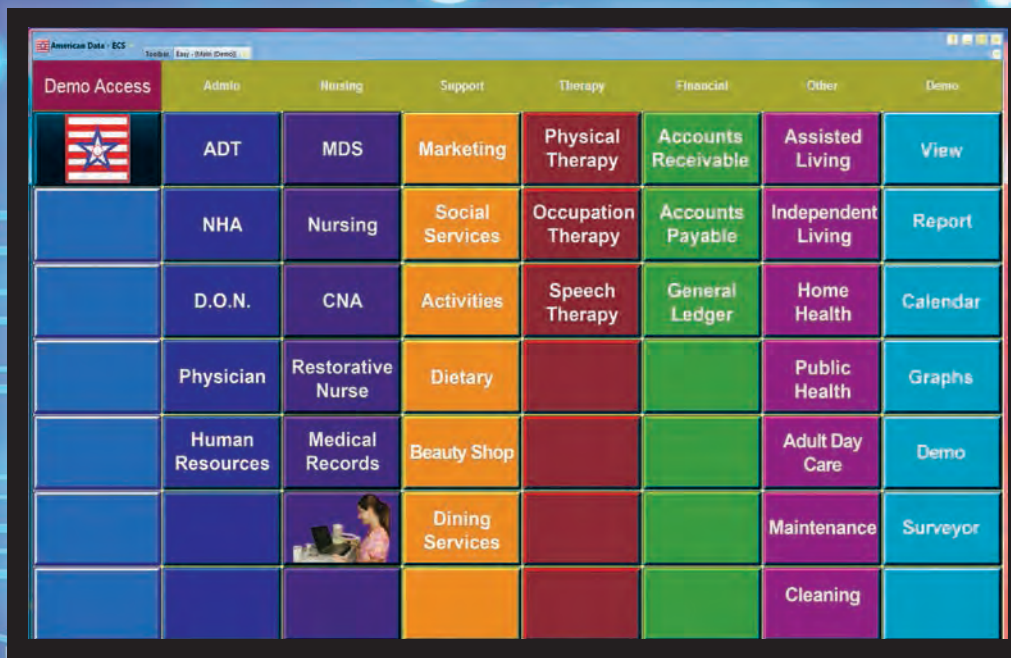
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- **Flexible**
- **Comprehensive**
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- **Interoperable** ECS uses the Health Care Standard (HL7), Consolidated Clinical Document Architecture (C-CDA), Continuity of Care Document (CCD), and SCRIPT v10.6 to interface with: Therapy, Pharmacy, Lab, Health Exchange, Hospital

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"The customer service, and level of support is the greatest aspect of working with American Data. We know that our concerns are taken seriously because every call or e-mail receives a prompt response.

In addition the export feature of the ECS system makes it easier to produce reconciliations and discover variances. I look forward to a long relationship with American Data."

Jeremy Storer,
Maine Veterans' Home

Features

Clinical

Medication Management

- Physician Orders
- Pharmacy Formulary
- e-MAR / e-TAR

Progress Notes & Assessments

- Nurse Charting
- CNA Picture Charting
- Patient Scheduling
- Therapy Ancillary Departments
- Easy Access

MDS & Care Plans

- MDS
- Best Reference
- RUG Forecaster
- Care Plans

Quality Assurance

- QM
- QA
- Status Changes
- Incomplete Record

Care Continuum

- Service Plans
- Care Assist Flow Sheets
- Care Plans
- OASIS
- Face Sheets
- Diagnosis

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- Direct Links to Microsoft Dynamics® & QuickBooks Financial Systems®

Administration

- HL7 / CCHIT / HHS
- E-mail
- Alarms
- Reports
- Marketing
- Time Clock
- Human Resources

Plus so much more!

American Data Presents:

ECS - Electronic Chart and Financial System

American Data's Electronic Chart System (ECS) has been providing EMR/EHR and financial solutions to long-term care providers for over 30 years. With over 600 clients today, our employee-owned and controlled company has the most flexible and comprehensive system on the market. Our integrated software solution streamlines patient care while providing real-time documentation and increasing reimbursement.

Flexible

American Data believes that the software should fit to you – never the other way around. Customization is really about delivering you an EMR system that can reflect your facility's daily workflow. It is about providing you with a product that will eventually reduce costs, increase caregiver's time spent with patients, and be flexible enough to have a long shelf life.

Not only is flexibility important, but you must also consider to what extent the system can be customized as well as the amount of time and energy you must put in to do so. Information on screens in ECS can be customized down to what appears, how it appears, where it appears, and even who it appears to. Modifications are user-friendly and can be done by authorized personnel at each facility. It requires no IT/programming background. In this way the facility can change their system as their needs dictate.

Interoperable ECS uses Health Care Standard (HL7), Consolidated Clinical Document Architecture (C-CDAL), Continuity of Care Document (CCD), and SCRIPT v10.6 to interface with: Therapy, Pharmacy, Lab, Health Exchange, Hospital

A complex health care system requires diverse electronic health record (EHR) products. One size does not fit all. To realize their full potential, EHR products must be able to share information seamlessly. An interoperable health IT environment makes this possible.

EHR interoperability enables better workflows and reduced ambiguity, and allows data transfer among EHR systems and health care stakeholders. Ultimately, an interoperable environment improves the delivery of health care by making the right data available at the right time to the right people.

American Data produces a number of interfaces between ECS and other systems. These interfaces are used for the exchange of demographic, lab, and therapy information as well as physician orders communication with a pharmacy. An HL7 interface exchanges information in real time, with no "download" or "upload" procedure required.

Comprehensive

ECS improves efficiency, eliminates errors and ensures a correct reimbursement for the care given. Daily documentation is entered at the point of care, and pulled into other areas of the medical record. This ensures that the documentation is more accurate, detailed, and complete. Supporting documentation is then populated into assessments making it easier to complete, with supporting documentation just a click away. There is no wasted time tracking down paper charts or digging through filing cabinets. ECS helps the entire facility and staff to work in harmony to accomplish the same goals in less time resulting in greater care for the residents.

USA Cloud-Based Hosting (Optional)

Strategic Elements

- Focus on your core business; leave the rest to someone else.

Architectural Elements

- Simple, abstract environment for development.

Economic Elements

- Eliminate CAPEX expenses.
- Elastic Resource Capacity.

American Data's ECS is designed to work as either a server-based, or cloud-based software system. American Data has provided an optional data center for clients who prefer not to invest in servers to run ECS in their own facilities.

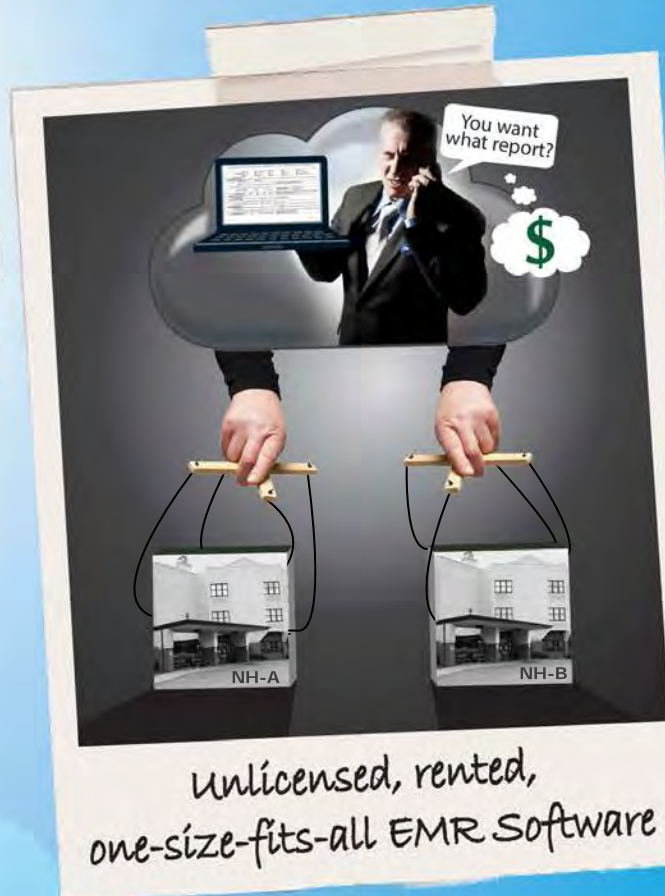
Unlike most LTC software companies, who contract this service out, American Data's data center (and all storage of data) is located within American Data's Campus.

Let us show you the difference. Call for a free demonstration today! 1.800.464.9942

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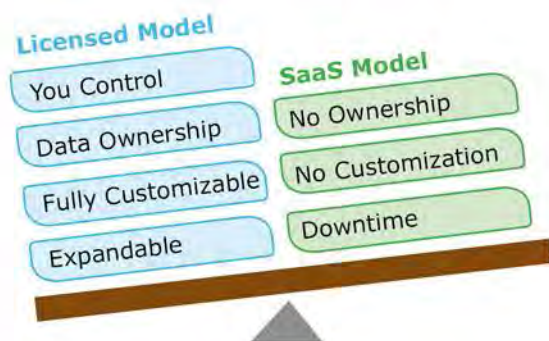
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Control timings of upgrades	Limited control of upgrade timing



“any software that is ‘core’ or ‘mission-critical’ to your prospects should stay licensed”

Benefits of Licensed Software Over SaaS

We would like to share a few of the differences between American Data’s ECS and Software as a Service (SaaS) systems that we feel are significant in these challenging times for the LTC industry.

Would your facility continue to use the MDS if it didn’t have to? In most cases when asked this question the response would be some variety of: “is this a trick question”. For some facilities their negative response might be a question of the cost of the program to the facility. However, it is our belief that in a good facility where care is focused on the patient rather than the law, the negative response is based on the program being of little value to patient care. In these facilities, the MDS program could be causing the facility to come DOWN to the minimal standard of the MDS if they have an EMR that is focused on law compliance rather than the patient.

What does it mean for an EMR be focused on the patient? An EMR is a documentation and communication tool. In quality nursing homes, assessments are not a quarterly event to feed a document that would not even be done if not required. Assessments and the communication of such are a daily occurrence. Communication is more than knowing the patients latest vital signs, it is knowing and monitoring everything that is going on with the individual patient on a daily basis so interventions if necessary can be initiated immediately. The whole picture needs to be at the fingertips of responsible nurses on a daily basis.

EMR systems where the same screen presentations and the interaction of screens is the same in one facility as they are in the next will cause both facilities (and all that are running the same inflexible software) to follow the procedures set up by the vendor and these procedures will be focused on what is common to all LTC facilities; i.e. the minimal standards of the law. For example: being able to design YOUR own report that best meets YOUR standards of care (far above the minimal standards) might be possible but only with the permission and possibly fees (to discourage your request) of the software vendor. Being able to control your EMR is controlling your facility, the care you provide, and your future.

In a SaaS environment, the facility can be at the mercy of the vendor since they do not have a license to use the software but rather are just “renting” access to the system. Like owning a home versus renting an apartment where there are things that require the landlord’s permission to do to the property in a rental environment. And should the “renter ever want to leave the environment” there may

be consequences in order to “take with you” the items you acquired while being in the environment.

And finally there is the question of having control over where your EMR and financial records are stored. The option of having one’s own server is attractive because it is the ultimate in having control. However, in recent years the cost and configuration challenges of having one’s own server has been increasing. With American Data’s new direct secured access to a server (wherever located) without the need for connection licenses, the option of self-hosting is again available without the high cost and complexities. However, ECS clients also have the option of having their own server located in one of the largest data centers in the country...the Microsoft CLOUD (Azure) where again the facility has total control of how much cost, how much power, and for what duration.

We offer so much more than our license and flexibility. Here are just a few more differences between ECS and SaaS systems:

- ✓ ADL charting can be captured with less time spent in ECS due to your ability to record the number of times a task was performed, thus increasing reimbursement.
- ✓ You can have multiple screens open at the same time in ECS so you do not have to constantly waste time navigating between screens.
- ✓ Special Assessments can be completed with the flexible library of choice answers we offer. Say more than “yes” or “no.” With ECS, the facility controls this library so your caregivers can offer context when completing assessments.
- ✓ Every word written into the clinical record is integrated with the overall resident history with ECS.
- ✓ American Data’s support team is made up of trained Nursing Home Administrators, Nurses, and Accountants. They know the industry inside and out and are dedicated to making operations run smoothly for each facility.
- ✓ American Data is an American company, which means all medical records created by our system are stored in the United States.

Professional Senior Living Services



WIPFLi^{LLP}
CPAs and Consultants
HEALTH CARE PRACTICE

Wipfli brings together the best of both worlds—the resources of a large firm and the commitment to personal service found in smaller firms. We have 175 partners, more than 1,400 associates, 33 offices, and over 50,000 firm clients. Wipfli is ranked No. 20 in the top 100 public accounting firms and is properly licensed for public practice as a certified public accounting firm. Since our firm's founding in 1930, it has been our mission to be the firm of choice in the markets we serve. Today, Wipfli is fulfilling its mission and serving health care clients throughout the nation from our offices in Minnesota, Wisconsin, Washington, Idaho, Montana, Pennsylvania, and Illinois.



To fulfill the needs of our diverse client base, Wipfli has grown into a multidiscipline professional services firm. Services include a wide range of financial and operational consulting services, and the firm has created specialized industry and business unit practices including:

Industry Groups

- Health Care
- Nonprofit and Governmental
- Manufacturing and Distribution
- Financial Institutions
- Construction and Real Estate

Business Unit Practices

- Audit and Accounting
- Tax
- Information Technology
- Human Resources
- Retirement Plan Services

Our Health Care Services

Wipfli's health care industry group has deep experience in the market. We have over 1,700 health care clients, including hospitals, nursing homes, assisted living organizations, and physician practices in 48 states and 100 health care professionals, including 17 partners. Our industry-focused approach means that we are continually refining our understanding of emerging health care industry issues, leading practices, and developing trends to provide well-informed and practical advice for clients in the health care industry.

We have deep industry knowledge in the senior living industry, and Wipfli senior living professionals includes CPAs, licensed nursing home administrators, RNs, senior living market analysts, and nursing home billing specialists. These professionals serve nursing home clients in Wisconsin, Minnesota, Michigan, Washington, Idaho, and Oregon as well as throughout the rest of the nation. As a result, we are familiar with the unique nursing home reimbursement and operational environments in the states, in which your facility operates as well as throughout the rest of the nation.

Wipfli sponsors regional conferences on issues that are important to health care providers. In addition, we lead training and educational sessions and present webinars for industry groups at both the regional and national levels, at state and national senior living associations, the American Institute of Certified Public Accountants, Health Care Financial Management Association, National Rural Health Association, and the National CPA Health Care Advisors Association. Through our active involvement in state, regional, and national associations, we provide education and training to thousands of senior living leaders and professionals annually on a wide variety of topics.

In addition, our health care professionals and the firm maintain memberships in a variety of professional associations including the American Institute of Certified Public Accountants, state societies and institutes of certified public accountants, Healthcare Financial Management Association, state hospital and nursing home associations, the National CPA Health Care Advisors Association, Medical Group Management Association, National Rural Health Association, National Association of Rural Health Clinics, and other health care associations.

We provide value-added observations and recommendations related to accounting processes, practices, and internal controls as part of our audit process. In addition, Wipfli's health care and senior living experts are available as an extension to your internal teams as you grow and enhance your financial performance. Following are just a few examples of the value-added services available to the facility through Wipfli's comprehensive industry-focused experts.

- **Tax Services.** Wipfli has invested tremendous resources in building a team of experienced, creative tax specialists. We believe we have assembled a group of individuals with unsurpassed tax talent who live and work in the area. These individuals include former Big Four partners, seasoned senior managers, experienced National Tax veterans, former revenue agents, and tax attorneys.
- **Audit Services.** We pride ourselves on utilizing deep industry expertise to provide value-added, efficient, and affordable audit services to our health care clients. Our auditors are industry specialists who understand the unique needs and challenges of senior living organizations. We also understand the importance of staff consistency on engagements. These factors result in highly satisfied audit clients who build long-term relationships with our staff.
- **Accounting and Small Business.** Recruiting, retaining, and educating a comprehensive internal staff for accounting, human resources, information technology needs of a small business can be challenging and cost-prohibitive. Wipfli's has a complete team of professionals who are available to add resources to our client's existing capabilities or to serve as an affordable and cost-effective outsourcing solution.
- **Clinical and Operational.** Our team includes clinical and operational experts led by a nationally recognized leader in the nursing home profession. This clinical and operational team of experts provide a diverse set of services ranging from ICD-10 training, MDS coding analysis, mock surveys for regulatory compliance, and staffing and operations assessments.
- **Market Analysis.** Wipfli's senior living market analysis and strategic planning team assists senior living organizations in adapting their services to the changing landscape. This team conducts comprehensive strategic planning engagements, nursing home bed need analysis, and assisted living, independent living, and home health market assessments.
- **Reimbursement.** Our reimbursement experts complete and/or review Medicare and Medicaid cost reports for accuracy and optimization based on the reimbursement environment within each state.
- **Risk Advisory.** Our risk advisory team helps our health care clients ensure the confidentiality, integrity, and availability of protected health information (PHI), including the electronic devices and systems that are used with this information under the Health Insurance Portability and Accountability Act (HIPAA) and by utilizing HITRUST Common Security Framework (CSF) in executing comprehensive security assessments.
- **Information Technology.** Our information technology analysts help clients maximize their information technology investments through network development and support services, conducting information technology environment audits, and helping with software selection and project management for major system implementations.
- **Benchmarking.** Through our proprietary database of nursing home Medicare cost reports, which includes all nursing homes in the nation, we can provide a benchmarking analysis for each facility. This analysis will compare key revenue and cost indicators to state, regional, and national benchmarks.



AMERICAN DATA

Demo Access	Admin	Nursing	Support	Therapy	Financial	Other	Demo
	ADT	MDS	Marketing	Physical Therapy	Accounts Receivable	Assisted Living	View
	NHA	Nursing	Social Services	Occupation Therapy	Accounts Payable	Independent Living	Report
	D.O.N.	CNA	Activities	Speech Therapy	General Ledger	Home Health	Calendar
	Physician	Restorative Nurse	Dietary			Public Health	Graphs
	Human Resources	Medical Records	Beauty Shop			Adult Day Care	Demo
			Dining Services			Maintenance	Surveyor
						Cleaning	

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"The customer service, and level of support is the greatest aspect of working with American Data. We know that our concerns are taken seriously because every call or e-mail receives a prompt response.

In addition the export feature of the ECS system makes it easier to produce reconciliations and discover variances. I look forward to a long relationship with American Data."

Jeremy Storer,
Maine Veterans' Home

Features

Clinical

Medication Management

- Physician Orders
- Pharmacy Formulary
- e-MAR / e-TAR

Progress Notes & Assessments

- Nurse Charting
- CNA Picture Charting
- Patient Scheduling
- Therapy Ancillary Departments
- Easy Access

MDS & Care Plans

- MDS
- Best Reference
- RUG Forecaster
- Care Plans

Quality Assurance

- QM
- QA
- Status Changes
- Incomplete Record

Care Continuum

- Service Plans
- Care Assist Flow Sheets
- Care Plans
- OASIS
- Face Sheets
- Diagnosis

Financial

- Accounts Receivable
- Direct Links to Microsoft Dynamics® & QuickBooks Financial Systems®

Administration

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- Human Resources

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American Data Presents:

ECS - Electronic Chart and Financial System

American Data's Electronic Chart System (ECS) has been providing EMR/EHR and financial solutions to long-term care providers for over 30 years. With over 600 clients today, our employee-owned and controlled company has the most flexible and comprehensive system on the market. Our integrated software solution streamlines patient care while providing real-time documentation and increasing reimbursement.

Flexible

American Data believes that the software should fit to you – never the other way around. Customization is really about delivering you an EMR system that can reflect your facility's daily workflow. It is about providing you with a product that will eventually reduce costs, increase caregiver's time spent with patients, and be flexible enough to have a long shelf life.

Not only is flexibility important, but you must also consider to what extent the system can be customized as well as the amount of time and energy you must put in to do so. Information on screens in ECS can be customized down to what appears, how it appears, where it appears, and even who it appears to. Modifications are user-friendly and can be done by authorized personnel at each facility. It requires no IT/programming background. In this way the facility can change their system as their needs dictate.

Interoperable ECS uses Health Care Standard (HL7), Consolidated Clinical Document Architecture (C-CDAL), Continuity of Care Document (CCD), and SCRIPT v10.6 to interface with: Therapy, Pharmacy, Lab, Health Exchange, Hospital

A complex health care system requires diverse electronic health record (EHR) products. One size does not fit all. To realize their full potential, EHR products must be able to share information seamlessly. An interoperable health IT environment makes this possible.

EHR interoperability enables better workflows and reduced ambiguity, and allows data transfer among EHR systems and health care stakeholders. Ultimately, an interoperable environment improves the delivery of health care by making the right data available at the right time to the right people.

American Data produces a number of interfaces between ECS and other systems. These interfaces are used for the exchange of demographic, lab, and therapy information as well as physician orders communication with a pharmacy. An HL7 interface exchanges information in real time, with no "download" or "upload" procedure required.

Comprehensive

ECS improves efficiency, eliminates errors and ensures a correct reimbursement for the care given. Daily documentation is entered at the point of care, and pulled into other areas of the medical record. This ensures that the documentation is more accurate, detailed, and complete. Supporting documentation is then populated into assessments making it easier to complete, with supporting documentation just a click away. There is no wasted time tracking down paper charts or digging through filing cabinets. ECS helps the entire facility and staff to work in harmony to accomplish the same goals in less time resulting in greater care for the residents.

USA Cloud-Based Hosting (Optional)

Strategic Elements

- Focus on your core business; leave the rest to someone else.

Architectural Elements

- Simple, abstract environment for development.

Economic Elements

- Eliminate CAPEX expenses.
- Elastic Resource Capacity.

American Data's ECS is designed to work as either a server-based, or cloud-based software system. American Data has provided an optional data center for clients who prefer not to invest in servers to run ECS in their own facilities.

Unlike most LTC software companies, who contract this service out, American Data's data center (and all storage of data) is located within American Data's Campus.

Let us show you the difference. Call for a free demonstration today! 1.800.464.9942

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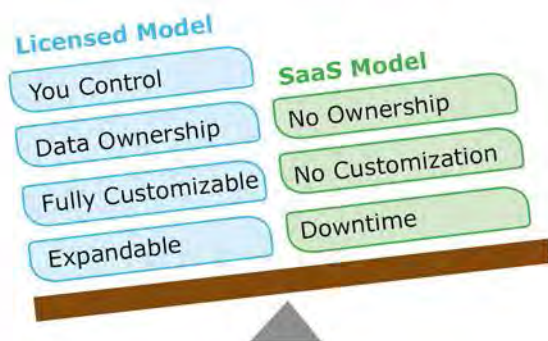
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Data Ownership & Custody Control	No direct data, custody, data ownership must be clearly defined in T's and C's
SLAs for support response	SLAs for support & availability
Control timings of upgrades	Limited control of upgrade timing



“any software that is ‘core’ or ‘mission-critical’ to your prospects should stay licensed”

Benefits of Licensed Software Over SaaS

We would like to share a few of the differences between American Data’s ECS and Software as a Service (SaaS) systems that we feel are significant in these challenging times for the LTC industry.

Would your facility continue to use the MDS if it didn’t have to? In most cases when asked this question the response would be some variety of: “is this a trick question”. For some facilities their negative response might be a question of the cost of the program to the facility. However, it is our belief that in a good facility where care is focused on the patient rather than the law, the negative response is based on the program being of little value to patient care. In these facilities, the MDS program could be causing the facility to come DOWN to the minimal standard of the MDS if they have an EMR that is focused on law compliance rather than the patient.

What does it mean for an EMR be focused on the patient? An EMR is a documentation and communication tool. In quality nursing homes, assessments are not a quarterly event to feed a document that would not even be done if not required. Assessments and the communication of such are a daily occurrence. Communication is more than knowing the patients latest vital signs, it is knowing and monitoring everything that is going on with the individual patient on a daily basis so interventions if necessary can be initiated immediately. The whole picture needs to be at the fingertips of responsible nurses on a daily basis.

EMR systems where the same screen presentations and the interaction of screens is the same in one facility as they are in the next will cause both facilities (and all that are running the same inflexible software) to follow the procedures set up by the vendor and these procedures will be focused on what is common to all LTC facilities; i.e. the minimal standards of the law. For example: being able to design YOUR own report that best meets YOUR standards of care (far above the minimal standards) might be possible but only with the permission and possibly fees (to discourage your request) of the software vendor. Being able to control your EMR is controlling your facility, the care you provide, and your future.

In a SaaS environment, the facility can be at the mercy of the vendor since they do not have a license to use the software but rather are just “renting” access to the system. Like owning a home versus renting an apartment where there are things that require the landlord’s permission to do to the property in a rental environment. And should the “renter ever want to leave the environment” there may

be consequences in order to “take with you” the items you acquired while being in the environment.

And finally there is the question of having control over where your EMR and financial records are stored. The option of having one’s own server is attractive because it is the ultimate in having control. However, in recent years the cost and configuration challenges of having one’s own server has been increasing. With American Data’s new direct secured access to a server (wherever located) without the need for connection licenses, the option of self-hosting is again available without the high cost and complexities. However, ECS clients also have the option of having their own server located in one of the largest data centers in the country...the Microsoft CLOUD (Azure) where again the facility has total control of how much cost, how much power, and for what duration.

We offer so much more than our license and flexibility. Here are just a few more differences between ECS and SaaS systems:

- ✓ ADL charting can be captured with less time spent in ECS due to your ability to record the number of times a task was performed, thus increasing reimbursement.
- ✓ You can have multiple screens open at the same time in ECS so you do not have to constantly waste time navigating between screens.
- ✓ Special Assessments can be completed with the flexible library of choice answers we offer. Say more than “yes” or “no.” With ECS, the facility controls this library so your caregivers can offer context when completing assessments.
- ✓ Every word written into the clinical record is integrated with the overall resident history with ECS.
- ✓ American Data’s support team is made up of trained Nursing Home Administrators, Nurses, and Accountants. They know the industry inside and out and are dedicated to making operations run smoothly for each facility.
- ✓ American Data is an American company, which means all medical records created by our system are stored in the United States.



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PBJ Reporting Requirements

Beginning on **July 1, 2016** Long Term Care (LTC) facilities are **required by law** to submit staffing and census information to the Centers for Medicare and Medicaid Services (**CMS**) via the newly developed Payroll Based Journal (**PBJ**) system.

Per CMS, all employee hours paid to deliver services must be:

- Reported based on 'Absolute Day' (midnight to 11:59 PM);
- Allocated using the 40 CMS Job Title Codes;
- Inclusive of agency and contract staff hours;
- Be uploaded in XML file format;

Information Controls is uniquely positioned to deliver on these CMS reporting requirements which will help you remain compliant and to avoid potential fines or penalties.

Contact Us

Whether you are a large, multi-state/multi-site organization, or a single location serving the needs of your residents, the CMS PBJ reporting requirements affect you.

To ensure you are in position to accommodate the CMS PBJ requirements, contact Information Controls for a **no cost, no obligation introductory meeting**. July is right around the corner, so let's get started today!

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tcasey@icico.com | (708) 655-3150 cell | 815.484.2100 x 207 ofc | 815-229-5351 fax



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JUST CLOSED



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AVAILABLE



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Our work

We improve health care for patients and residents, and provide technical assistance to health care providers.



Part of MetaStar's work includes collaborating with nursing homes in Wisconsin to assist with quality improvement practices. MetaStar's nursing home team includes two project specialists.

For more information about our work in nursing home quality improvement, please contact:

Liz Dominguez or Emily Nelson
608-274-1940

MetaStar represents Wisconsin in the Lake Superior Quality Innovation Network.

Clinical Leader's Guide

October 1, 2016 MDS Changes

Introduction

Many CMS programs resulting from the Accountable Care Act of 2010, the National Quality Strategy and the IMPACT Act of 2014 are effective in 2016. This means a number of changes for Nursing Homes, including the introduction of three new Quality Measures for the CMS Quality Reporting Program. These new measures are cross-setting measures for patients covered by Medicare Part A. The same information is being collected by CMS from Inpatient Rehab Facilities, Long Term Care Hospitals and Nursing Homes in 2016. CMS has adjusted the SNF MDS 3.0 to include information that supports the new Quality Measures (QMs).

New Quality Measures

Falls with Major Injury Measure: Application of Percent of Residents Experiencing One or More Falls with Major Injury (NQF #0674)

Pressure Ulcer Measure: Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (NQF #0678)

Application of Percent of Long Term Care Hospital (LTCH) Patients with Admission and Discharge Functional Assessment and Care Plan That Addresses Function (NQF #2631)

Falls with major injuries and pressure ulcers that are new or worsened are current MDS 3.0 items. No changes to the MDS 3.0 are needed for CMS to collect data for these two measures.

The third measure; **Patients With Admission and Discharge Functional Assessment and Care Plan That Addresses Function** requires the addition of Section GG to the MDS 3.0 item set used for Medicare Part A PPS admissions and the addition of a Medicare Part A PPS Discharge assessment to the MDS item sets.

Section GG poses a few challenges for providers. The section differs from the current MDS 3.0 Section G in definitions for resident self-performance scoring, the observation periods, process for determining accurate resident self-performance codes and the inclusion of discharge goals for each Section GG item on the 5-day PPS MDS 3.0.

Although some of the items in Section GG are subsets of items currently coded in Section G, the scoring definitions are dramatically different. Separate documentation will be required to capture specific information to code Section GG.

Section GG

Upon admission, the facility will assess the resident's Usual (baseline) Self-performance for each item in Section GG during the first three days of the Medicare Part A covered stay. The facility will establish functional discharge goals for as many Section GG items as possible at admission. The resident's Usual Self-performance will not represent the resident's most independent or most dependent performance during the first three days of the Medicare Part A covered stay but rather the resident's Usual Functional ability for each Section GG item.

CMS expects that an assessment of the resident's Usual Self-performance will be conducted by professionals using information about the resident's self-performance during the first three days and last three days of the resident's Medicare Part A stay. The assessment must include information from direct observation, resident and family interview, staff interview and medical record documentation.

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The assessed information will be entered into the resident's 5-day PPS MDS and Medicare Part A Discharge MDS. When asked who could conduct the assessments, CMS representatives at the Provider Training on June 22, 2016 said that professional standards of practice for assessment and documentation should be followed as well as facility, State and Federal regulations and guidelines.

MDS Changes Preparation Checklist

Knowledge	
	The MDS Coordinator(s) and therapy staff enrolled in education about the new MDS section and process.
	The interdisciplinary team is aware of the changes to the MDS and additional assessment to be scheduled
	Leadership and the QAPI Committee has received information about the new Quality Measures
	Education is scheduled for CNAs and nurses about required supporting documentation for Section GG
Systems	
	The EHR vendor has communicated how supporting documentation for Section GG will be configured
	The process for collection of Section GG information has been discussed and there is a preliminary plan for completion of the required assessment
	MDS has identified the number of residents with Medicare Part A who stay in the facility for more than one day after coverage ends. (new Medicare part A discharge MDS required)
	Leadership and the MDS department have identified the impact of additional Medicare Part A Discharge MDSs on workload for the MDS Coordinator(s) and IDT.
Using Data for Quality Improvement	
	There is a process for review of Quality Measure data to identify opportunities for improvement
	Quality Measure data is used to track improvements
	The QAPI Committee has discussed how to use the new Quality Measures for performance improvement

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Iveta Carpenter

Iveta Carpenter of Baraboo just completed her Bachelor of Arts degree with a major in accounting, and a perfect 4.0 GPA, from Lakeland College.

“Lakeland is proud to call Iveta one of our accounting alumni. It is very rare for an accounting student to graduate from Lakeland College with a perfect 4.0 GPA. Lakeland College’s accounting program was recently named one of the nation’s 25 best online bachelor’s degree earning programs by Accounting.com, and Iveta will make us proud in her future professional endeavors,” said Brett Killion, CPA and Assistant Professor of Accounting at Lakeland College.

We at Poppy CPA are proud of Iveta! Iveta accomplished her perfect grade point average in her Bachelor’s degree all the while she was working full-time and raising a family. Her second child was born last year during tax season and she kept up with all of her client work, never missing a deadline.

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Your Senior Living Brokerage Representatives



Senior Living Investment Brokerage, Inc. (SLIB)—a leading seniors housing market expert—is passionate about facilitating the confidential sale of seniors housing and long-term care communities. Since the firm's inception in 1997, SLIB's team of industry professionals has represented hundreds of transactions across 40 states. SLIB represents long-term care and seniors housing transactions in Wisconsin, including: skilled nursing, assisted living, memory care, independent living and CCRC.

THE CORNERSTONE OF SUCCESS

The foundation of SLIB's success is built on a nationwide network of over 100,500 communities and identified owners, and more than 5,000 national, regional and local active buyers. We provide a platform in the marketplace exclusively for the seniors housing industry. Over the years, our straightforward approach to gathering data and building relationships has provided SLIB clients unprecedented access to a large database of potential sellers or buyers, a structured platform for negotiating the sale of seniors housing communities, and an unmatched overall experience.

In addition, SLIB provides potential buyers with an offering memorandum that includes in-depth market information, rent/vacancy surveys and demographic information. The professionals at SLIB continue to stay informed of changes in the market, and are equipped to accurately assess property values based on facility type, size and location.

PRESERVING CONFIDENTIALITY

When it is time to sell seniors housing or long-term care communities, a critical need of the seller is confidentiality. Preserving confidentiality helps reduce the risk of jeopardizing the reputation with residents, staff and the community. Properly exposing and promoting a property to a broad range of potential buyers is a complex issue for the brokerage community. Doing so in a manner that insures confidentiality during the marketing process helps protect relationships with valuable employees and residents of the community. Please contact us today to learn more about what your community is worth.

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Our proven track record, repeat business and ability to close transactions are a result of:

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- a high level of commitment and capability in negotiating, due diligence, financing and closing process





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Wipfli brings together the best of both worlds—the resources of a large firm and the commitment to personal service found in smaller firms. We have 175 partners, more than 1,400 associates, 33 offices, and over 50,000 firm clients. Wipfli is ranked No. 20 in the top 100 public accounting firms and is properly licensed for public practice as a certified public accounting firm. Since our firm's founding in 1930, it has been our mission to be the firm of choice in the markets we serve. Today, Wipfli is fulfilling its mission and serving health care clients throughout the nation from our offices in Minnesota, Wisconsin, Washington, Idaho, Montana, Pennsylvania, and Illinois.



To fulfill the needs of our diverse client base, Wipfli has grown into a multidiscipline professional services firm. Services include a wide range of financial and operational consulting services, and the firm has created specialized industry and business unit practices including:

Industry Groups

- Health Care
- Nonprofit and Governmental
- Manufacturing and Distribution
- Financial Institutions
- Construction and Real Estate

Business Unit Practices

- Audit and Accounting
- Tax
- Information Technology
- Human Resources
- Retirement Plan Services

Our Health Care Services

Wipfli's health care industry group has deep experience in the market. We have over 1,700 health care clients, including hospitals, nursing homes, assisted living organizations, and physician practices in 48 states and 100 health care professionals, including 17 partners. Our industry-focused approach means that we are continually refining our understanding of emerging health care industry issues, leading practices, and developing trends to provide well-informed and practical advice for clients in the health care industry.

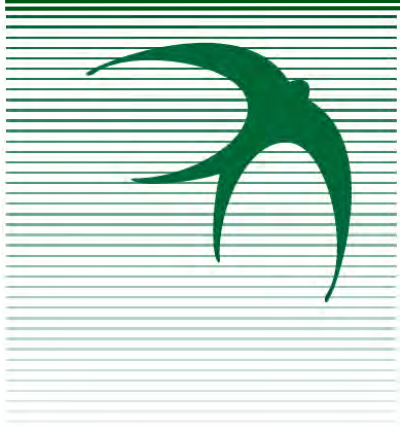
We have deep industry knowledge in the senior living industry, and Wipfli senior living professionals includes CPAs, licensed nursing home administrators, RNs, senior living market analysts, and nursing home billing specialists. These professionals serve nursing home clients in Wisconsin, Minnesota, Michigan, Washington, Idaho, and Oregon as well as throughout the rest of the nation. As a result, we are familiar with the unique nursing home reimbursement and operational environments in the states, in which your facility operates as well as throughout the rest of the nation.

Wipfli sponsors regional conferences on issues that are important to health care providers. In addition, we lead training and educational sessions and present webinars for industry groups at both the regional and national levels, at state and national senior living associations, the American Institute of Certified Public Accountants, Health Care Financial Management Association, National Rural Health Association, and the National CPA Health Care Advisors Association. Through our active involvement in state, regional, and national associations, we provide education and training to thousands of senior living leaders and professionals annually on a wide variety of topics.

In addition, our health care professionals and the firm maintain memberships in a variety of professional associations including the American Institute of Certified Public Accountants, state societies and institutes of certified public accountants, Healthcare Financial Management Association, state hospital and nursing home associations, the National CPA Health Care Advisors Association, Medical Group Management Association, National Rural Health Association, National Association of Rural Health Clinics, and other health care associations.

We provide value-added observations and recommendations related to accounting processes, practices, and internal controls as part of our audit process. In addition, Wipfli's health care and senior living experts are available as an extension to your internal teams as you grow and enhance your financial performance. Following are just a few examples of the value-added services available to the facility through Wipfli's comprehensive industry-focused experts.

- **Tax Services.** Wipfli has invested tremendous resources in building a team of experienced, creative tax specialists. We believe we have assembled a group of individuals with unsurpassed tax talent who live and work in the area. These individuals include former Big Four partners, seasoned senior managers, experienced National Tax veterans, former revenue agents, and tax attorneys.
- **Audit Services.** We pride ourselves on utilizing deep industry expertise to provide value-added, efficient, and affordable audit services to our health care clients. Our auditors are industry specialists who understand the unique needs and challenges of senior living organizations. We also understand the importance of staff consistency on engagements. These factors result in highly satisfied audit clients who build long-term relationships with our staff.
- **Accounting and Small Business.** Recruiting, retaining, and educating a comprehensive internal staff for accounting, human resources, information technology needs of a small business can be challenging and cost-prohibitive. Wipfli's has a complete team of professionals who are available to add resources to our client's existing capabilities or to serve as an affordable and cost-effective outsourcing solution.
- **Clinical and Operational.** Our team includes clinical and operational experts led by a nationally recognized leader in the nursing home profession. This clinical and operational team of experts provide a diverse set of services ranging from ICD-10 training, MDS coding analysis, mock surveys for regulatory compliance, and staffing and operations assessments.
- **Market Analysis.** Wipfli's senior living market analysis and strategic planning team assists senior living organizations in adapting their services to the changing landscape. This team conducts comprehensive strategic planning engagements, nursing home bed need analysis, and assisted living, independent living, and home health market assessments.
- **Reimbursement.** Our reimbursement experts complete and/or review Medicare and Medicaid cost reports for accuracy and optimization based on the reimbursement environment within each state.
- **Risk Advisory.** Our risk advisory team helps our health care clients ensure the confidentiality, integrity, and availability of protected health information (PHI), including the electronic devices and systems that are used with this information under the Health Insurance Portability and Accountability Act (HIPAA) and by utilizing HITRUST Common Security Framework (CSF) in executing comprehensive security assessments.
- **Information Technology.** Our information technology analysts help clients maximize their information technology investments through network development and support services, conducting information technology environment audits, and helping with software selection and project management for major system implementations.
- **Benchmarking.** Through our proprietary database of nursing home Medicare cost reports, which includes all nursing homes in the nation, we can provide a benchmarking analysis for each facility. This analysis will compare key revenue and cost indicators to state, regional, and national benchmarks.



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AMERICAN MEDICAL TECHNOLOGIES, AMT, is the leading independent provider of wound care solutions for Long Term Care facilities in the United States. We have been providing quality wound care programs since 1994 and currently service residents in over 4,600 facilities nationwide. Our wound care program is designed to help your facility and staff in four key ways:

- + Enhance the quality of resident care.
- + Increase educational resources available to your staff.
- + Reduce wound care related costs for your facility.
- + Assist with mandatory CMS documentation.

AMT is a member of the National Pressure Ulcer Advisory Panel, NPUAP, in addition to many other state and national organizations. We are a fully accredited and Participating Durable Medical Equipment, Prosthetic, Orthotic and Supplies Medicare Part-B Supplier. As part of our commitment to excellence in Nursing Home Care, AMT has long been an active champion of the Advancing Excellence in America's Nursing Homes campaign.

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All good clinical care starts with proper education and training. By partnering with AMT, staff is trained to meet the CMS DME POS supplier standards.

- + Provide clinical, regulatory and documentation education to facility staff related to wound care products.
- + Provide ongoing education tailored to each facility's needs.
- + Offer education to ensure proper product utilization.
- + Trusted education advisor for each facility.
- + Tele-education program provides on demand education and access to wound care literature and standards of care.

Clinical Expertise

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- + Licensed healthcare providers with expertise in wound care.
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- + More than 2,000 collective years of clinical experience you can trust.
- + Proprietary tracking software provides essential Medicare documentation.
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Clinical Leader's Guide

October 1, 2016 MDS Changes

Introduction

Many CMS programs resulting from the Accountable Care Act of 2010, the National Quality Strategy and the IMPACT Act of 2014 are effective in 2016. This means a number of changes for Nursing Homes, including the introduction of three new Quality Measures for the CMS Quality Reporting Program. These new measures are cross-setting measures for patients covered by Medicare Part A. The same information is being collected by CMS from Inpatient Rehab Facilities, Long Term Care Hospitals and Nursing Homes in 2016. CMS has adjusted the SNF MDS 3.0 to include information that supports the new Quality Measures (QMs).

New Quality Measures

Falls with Major Injury Measure: Application of Percent of Residents Experiencing One or More Falls with Major Injury (NQF #0674)

Pressure Ulcer Measure: Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (NQF #0678)

Application of Percent of Long Term Care Hospital (LTCH) Patients with Admission and Discharge Functional Assessment and Care Plan That Addresses Function (NQF #2631)

Falls with major injuries and pressure ulcers that are new or worsened are current MDS 3.0 items. No changes to the MDS 3.0 are needed for CMS to collect data for these two measures.

The third measure; **Patients With Admission and Discharge Functional Assessment and Care Plan That Addresses Function** requires the addition of Section GG to the MDS 3.0 item set used for Medicare Part A PPS admissions and the addition of a Medicare Part A PPS Discharge assessment to the MDS item sets.

Section GG poses a few challenges for providers. The section differs from the current MDS 3.0 Section G in definitions for resident self-performance scoring, the observation periods, process for determining accurate resident self-performance codes and the inclusion of discharge goals for each Section GG item on the 5-day PPS MDS 3.0.

Although some of the items in Section GG are subsets of items currently coded in Section G, the scoring definitions are dramatically different. Separate documentation will be required to capture specific information to code Section GG.

Section GG

Upon admission, the facility will assess the resident's Usual (baseline) Self-performance for each item in Section GG during the first three days of the Medicare Part A covered stay. The facility will establish functional discharge goals for as many Section GG items as possible at admission. The resident's Usual Self-performance will not represent the resident's most independent or most dependent performance during the first three days of the Medicare Part A covered stay but rather the resident's Usual Functional ability for each Section GG item.

CMS expects that an assessment of the resident's Usual Self-performance will be conducted by professionals using information about the resident's self-performance during the first three days and last three days of the resident's Medicare Part A stay. The assessment must include information from direct observation, resident and family interview, staff interview and medical record documentation.

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The assessed information will be entered into the resident's 5-day PPS MDS and Medicare Part A Discharge MDS. When asked who could conduct the assessments, CMS representatives at the Provider Training on June 22, 2016 said that professional standards of practice for assessment and documentation should be followed as well as facility, State and Federal regulations and guidelines.

MDS Changes Preparation Checklist

Knowledge	
	The MDS Coordinator(s) and therapy staff enrolled in education about the new MDS section and process.
	The interdisciplinary team is aware of the changes to the MDS and additional assessment to be scheduled
	Leadership and the QAPI Committee has received information about the new Quality Measures
	Education is scheduled for CNAs and nurses about required supporting documentation for Section GG
Systems	
	The EHR vendor has communicated how supporting documentation for Section GG will be configured
	The process for collection of Section GG information has been discussed and there is a preliminary plan for completion of the required assessment
	MDS has identified the number of residents with Medicare Part A who stay in the facility for more than one day after coverage ends. (new Medicare part A discharge MDS required)
	Leadership and the MDS department have identified the impact of additional Medicare Part A Discharge MDSs on workload for the MDS Coordinator(s) and IDT.
Using Data for Quality Improvement	
	There is a process for review of Quality Measure data to identify opportunities for improvement
	Quality Measure data is used to track improvements
	The QAPI Committee has discussed how to use the new Quality Measures for performance improvement

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To fulfill the needs of our diverse client base, Wipfli has grown into a multidiscipline professional services firm. Services include a wide range of financial and operational consulting services, and the firm has created specialized industry and business unit practices including:

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Our Health Care Services

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We have deep industry knowledge in the senior living industry, and Wipfli senior living professionals includes CPAs, licensed nursing home administrators, RNs, senior living market analysts, and nursing home billing specialists. These professionals serve nursing home clients in Wisconsin, Minnesota, Michigan, Washington, Idaho, and Oregon as well as throughout the rest of the nation. As a result, we are familiar with the unique nursing home reimbursement and operational environments in the states, in which your facility operates as well as throughout the rest of the nation.

Wipfli sponsors regional conferences on issues that are important to health care providers. In addition, we lead training and educational sessions and present webinars for industry groups at both the regional and national levels, at state and national senior living associations, the American Institute of Certified Public Accountants, Health Care Financial Management Association, National Rural Health Association, and the National CPA Health Care Advisors Association. Through our active involvement in state, regional, and national associations, we provide education and training to thousands of senior living leaders and professionals annually on a wide variety of topics.

In addition, our health care professionals and the firm maintain memberships in a variety of professional associations including the American Institute of Certified Public Accountants, state societies and institutes of certified public accountants, Healthcare Financial Management Association, state hospital and nursing home associations, the National CPA Health Care Advisors Association, Medical Group Management Association, National Rural Health Association, National Association of Rural Health Clinics, and other health care associations.

We provide value-added observations and recommendations related to accounting processes, practices, and internal controls as part of our audit process. In addition, Wipfli's health care and senior living experts are available as an extension to your internal teams as you grow and enhance your financial performance. Following are just a few examples of the value-added services available to the facility through Wipfli's comprehensive industry-focused experts.

- **Tax Services.** Wipfli has invested tremendous resources in building a team of experienced, creative tax specialists. We believe we have assembled a group of individuals with unsurpassed tax talent who live and work in the area. These individuals include former Big Four partners, seasoned senior managers, experienced National Tax veterans, former revenue agents, and tax attorneys.
- **Audit Services.** We pride ourselves on utilizing deep industry expertise to provide value-added, efficient, and affordable audit services to our health care clients. Our auditors are industry specialists who understand the unique needs and challenges of senior living organizations. We also understand the importance of staff consistency on engagements. These factors result in highly satisfied audit clients who build long-term relationships with our staff.
- **Accounting and Small Business.** Recruiting, retaining, and educating a comprehensive internal staff for accounting, human resources, information technology needs of a small business can be challenging and cost-prohibitive. Wipfli's has a complete team of professionals who are available to add resources to our client's existing capabilities or to serve as an affordable and cost-effective outsourcing solution.
- **Clinical and Operational.** Our team includes clinical and operational experts led by a nationally recognized leader in the nursing home profession. This clinical and operational team of experts provide a diverse set of services ranging from ICD-10 training, MDS coding analysis, mock surveys for regulatory compliance, and staffing and operations assessments.
- **Market Analysis.** Wipfli's senior living market analysis and strategic planning team assists senior living organizations in adapting their services to the changing landscape. This team conducts comprehensive strategic planning engagements, nursing home bed need analysis, and assisted living, independent living, and home health market assessments.
- **Reimbursement.** Our reimbursement experts complete and/or review Medicare and Medicaid cost reports for accuracy and optimization based on the reimbursement environment within each state.
- **Risk Advisory.** Our risk advisory team helps our health care clients ensure the confidentiality, integrity, and availability of protected health information (PHI), including the electronic devices and systems that are used with this information under the Health Insurance Portability and Accountability Act (HIPAA) and by utilizing HITRUST Common Security Framework (CSF) in executing comprehensive security assessments.
- **Information Technology.** Our information technology analysts help clients maximize their information technology investments through network development and support services, conducting information technology environment audits, and helping with software selection and project management for major system implementations.
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- McKnight's Long-Term Care, "New Construction with FHA Financing" - 2015.
- Senior Housing News, "Pricey Acquisitions Lead Small Operators To Bank on Construction" - 2015.
- The Senior Care Investor, "Expert Opinion" - 2015.
- Assisted Living Federation of America (ALFA), "Lancaster Pollard Announces Leadership Changes" - 2015.

Lancaster Pollard at a Glance

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- Business Products & Services
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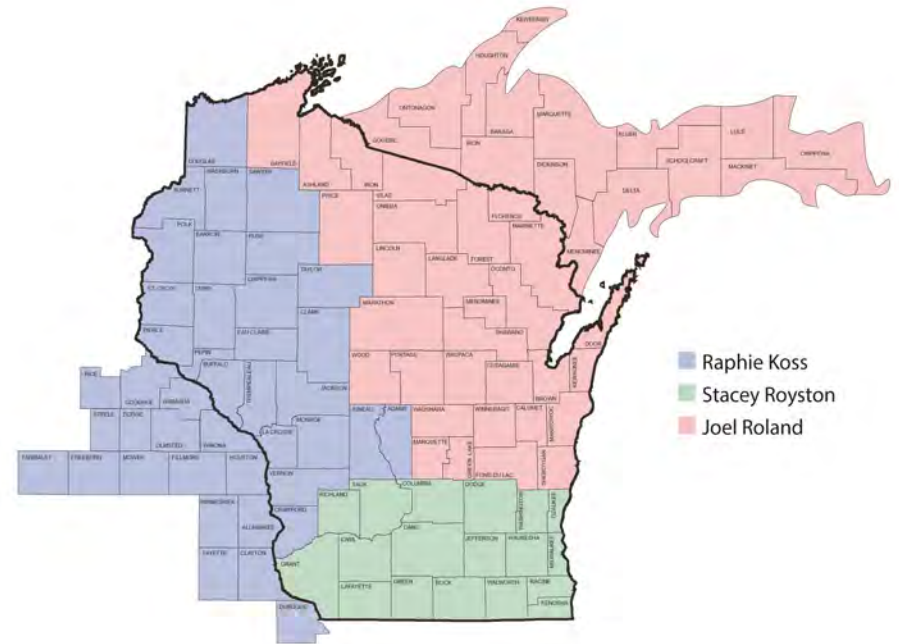
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Account Managers

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Lead Account Manager
rolandj@sps-gpo.com
Cell: (920) 471-3907

Raphie Koss

Account Manager
kossr@sps-gpo.com
Cell: (715) 379-9218

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hauserj@sps-gpo.com

Sue Heilman

Member Coordinator
heilman@sps-gpo.com

Access the guidance, savings and tools available to long-term care providers by contacting SPS at:

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At VITAS Innovative Hospice Care®, we understand the challenges assisted living communities face with end-of-life issues. Your residents want to age in their homes, surrounded by the people, the things and the routines they know. As they near the end of life, the need to be comfortable and at home is even more important.

As one of the nation's oldest and largest hospice providers, VITAS has the expertise, the staff and the specialized services that make that possible. Our goal is to bring quality of life to the end of life. For our assisted living partners, that means helping their residents stay out of emergency rooms, hospitals and nursing homes.

The expertise to keep residents at home

Intensive Comfort Care®. When a resident's medical crisis would ordinarily require hospitalization, VITAS caregivers are available to complement assisted living staff by providing short-term, intensive medical management through our Intensive Comfort Care® (Continuous Care) program. Provided up to 24 hours per day and delivered by a nurse with support from a hospice aide, this hands-on management can make the difference between a resident remaining in his or her home and being sent to the emergency room for treatment.

- **VITAS Telecare 24/7 support.** Our Telecare service provides immediate telephone access to a clinical expert who can assess the situation and provide medical advice. Nearly 122,000 after-hours calls are handled by VITAS clinicians each month.¹
- **Consistent and ongoing clinical care.** On average, five or more visits per week by a member of the VITAS care team (which includes a hospice physician, nurse, social worker, hospice aide, chaplain and team volunteer) provide extra support for residents and their families. This high volume of visits is often instrumental in averting medical crises.



- **Effective pain management.** As a palliative care pioneer, VITAS has developed effective pain management protocols that are customized for the individual resident—which is critical in an assisted living setting. In addition to addressing physical and medical issues, our multidimensional approach addresses spiritual and emotional needs as well.

Supporting your residents and staff

- **Comprehensive clinical education.** VITAS offers a variety of educational programs customized for your assisted living community that better prepare staff to care for residents near the end of life. A variety of in-services for clinicians and nonmedical staff are approved for continuing education credits in accordance with state requirements. VITAS provided more than 30,000 CE credits in 2009.^{2*}

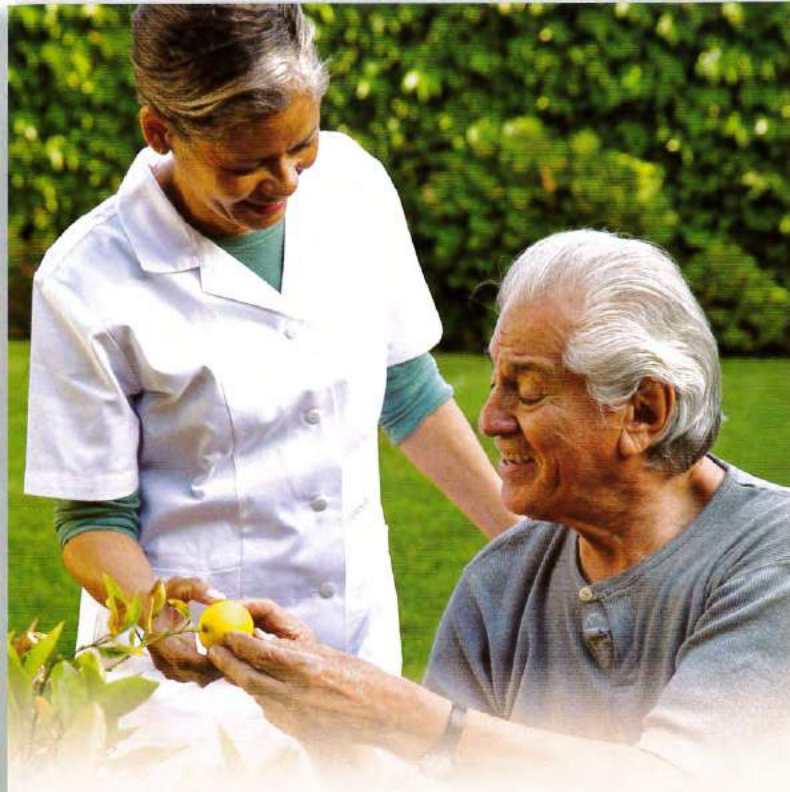
*Does not include CE credits issued in California or Ohio.

¹Some of VITAS' specialized services are only available on a regional basis.

¹Data on file, VITAS, 2010.

²Data on file, VITAS, 2010.

³Data on file, VITAS, Q1 2010 QAPI.



- **Specialized care programs and benefits:**

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- Alzheimer's/dementia programs
- COPD program
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- Jewish accreditation
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- Memory Bears
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- Massage therapy
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- "Living memorials" to honor a resident's life
- Funeral planning assistance
- Anticipatory grief support during the illness
- Bereavement support groups for 13 months after the death

Check with your local VITAS representative to see what programs are available in your area.[†]

Innovative Hospice Care
VITAS[®] Hospice Care
 2675 N. Mayfair Rd.
 Suite 500
 Wauwatosa, Wisconsin 53226
 Referrals 800.93.VITAS

- **Improved patient satisfaction.** By providing outstanding clinical care and excellent communication with residents and families, VITAS *receives high satisfaction scores* from those we serve.³
 - 96 percent of patients rated the care received through VITAS to be excellent, very good or good.
 - 97 percent of patients and families would recommend VITAS services to others.
 - 97 percent of patients and families felt that the VITAS team kept them informed of the patient's condition.

Selecting a strategic partner

Choosing the right hospice partner is critical. Your hospice care provider should offer:

- Rapid response time; same-day admission seven days per week
- Direct access to clinicians 24 hours per day, seven days per week
- Ability to accept complicated cases
- Continuous care staffing for periods of crisis
- Extra support at the time of death, as well as formal bereavement and support groups
- Specialized service options for assisted living communities, such as staff training and education, and development of customized protocols
- Joint marketing opportunities

We support your residents' desire to remain in their home even as their health declines. The most important step you and your staff can take is to proactively identify those at risk for a medical crisis. VITAS can help by providing HIPAA-compliant case reviews with your team. We are also happy to meet with residents and their families for an information-only discussion of end-of-life care options that can help them explore hospice and palliative care with their physician.

Ask your VITAS representative to share more details about the many benefits we can provide your residents.

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Clinical Leader's Guide

October 1, 2016 MDS Changes

Introduction

Many CMS programs resulting from the Accountable Care Act of 2010, the National Quality Strategy and the IMPACT Act of 2014 are effective in 2016. This means a number of changes for Nursing Homes, including the introduction of three new Quality Measures for the CMS Quality Reporting Program. These new measures are cross-setting measures for patients covered by Medicare Part A. The same information is being collected by CMS from Inpatient Rehab Facilities, Long Term Care Hospitals and Nursing Homes in 2016. CMS has adjusted the SNF MDS 3.0 to include information that supports the new Quality Measures (QMs).

New Quality Measures

Falls with Major Injury Measure: Application of Percent of Residents Experiencing One or More Falls with Major Injury (NQF #0674)

Pressure Ulcer Measure: Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (NQF #0678)

Application of Percent of Long Term Care Hospital (LTCH) Patients with Admission and Discharge Functional Assessment and Care Plan That Addresses Function (NQF #2631)

Falls with major injuries and pressure ulcers that are new or worsened are current MDS 3.0 items. No changes to the MDS 3.0 are needed for CMS to collect data for these two measures.

The third measure; **Patients With Admission and Discharge Functional Assessment and Care Plan That Addresses Function** requires the addition of Section GG to the MDS 3.0 item set used for Medicare Part A PPS admissions and the addition of a Medicare Part A PPS Discharge assessment to the MDS item sets.

Section GG poses a few challenges for providers. The section differs from the current MDS 3.0 Section G in definitions for resident self-performance scoring, the observation periods, process for determining accurate resident self-performance codes and the inclusion of discharge goals for each Section GG item on the 5-day PPS MDS 3.0.

Although some of the items in Section GG are subsets of items currently coded in Section G, the scoring definitions are dramatically different. Separate documentation will be required to capture specific information to code Section GG.

Section GG

Upon admission, the facility will assess the resident's Usual (baseline) Self-performance for each item in Section GG during the first three days of the Medicare Part A covered stay. The facility will establish functional discharge goals for as many Section GG items as possible at admission. The resident's Usual Self-performance will not represent the resident's most independent or most dependent performance during the first three days of the Medicare Part A covered stay but rather the resident's Usual Functional ability for each Section GG item.

CMS expects that an assessment of the resident's Usual Self-performance will be conducted by professionals using information about the resident's self-performance during the first three days and last three days of the resident's Medicare Part A stay. The assessment must include information from direct observation, resident and family interview, staff interview and medical record documentation.

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The assessed information will be entered into the resident's 5-day PPS MDS and Medicare Part A Discharge MDS. When asked who could conduct the assessments, CMS representatives at the Provider Training on June 22, 2016 said that professional standards of practice for assessment and documentation should be followed as well as facility, State and Federal regulations and guidelines.

MDS Changes Preparation Checklist

Knowledge	
	The MDS Coordinator(s) and therapy staff enrolled in education about the new MDS section and process.
	The interdisciplinary team is aware of the changes to the MDS and additional assessment to be scheduled
	Leadership and the QAPI Committee has received information about the new Quality Measures
	Education is scheduled for CNAs and nurses about required supporting documentation for Section GG
Systems	
	The EHR vendor has communicated how supporting documentation for Section GG will be configured
	The process for collection of Section GG information has been discussed and there is a preliminary plan for completion of the required assessment
	MDS has identified the number of residents with Medicare Part A who stay in the facility for more than one day after coverage ends. (new Medicare part A discharge MDS required)
	Leadership and the MDS department have identified the impact of additional Medicare Part A Discharge MDSs on workload for the MDS Coordinator(s) and IDT.
Using Data for Quality Improvement	
	There is a process for review of Quality Measure data to identify opportunities for improvement
	Quality Measure data is used to track improvements
	The QAPI Committee has discussed how to use the new Quality Measures for performance improvement

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Pressure Injury Staging - New NPUAP Terminology and Definitions

October 12, 2016



**Nancy Morgan, RN, BSN, MBA, WOC,
WCC, DWC, OMS**

Wound Care Education Institute

Overview

- Identify stages of pressure injuries according to the 2016 National Pressure Ulcer Advisory Panel Staging guidelines
- Describe four tissue types associated with pressure ulcers
- List external factors related to pressure injury development

1 CEU will be provided by Wound Care Education Institute®
<http://www.wcei.net/CME-CE>

Peristomal Skin Complications

November 9, 2016



**Joy Hooper, RN, BSN, CWOCN,
OMS, WCC**

Wound Care Education Institute

Overview

- Identify clinical characteristics of 3 or more peri-stomal skin complications
- Choose treatment plans for peri-stomal skin complications based upon etiology and clinical characteristics

1 CEU will be provided by Wound Care Education Institute®
<http://www.wcei.net/CME-CE>

Treating Chronic Diabetic Wounds

December 14, 2016



**Nancy Morgan, RN, BSN, MBA, WOC,
WCC, DWC, OMS**

Wound Care Education Institute

Overview

- Identify 3 risk factors that lead to diabetic ulcer development
- List 3 treatment modalities that are used to successfully treat diabetic ulcers

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Medical Device Reprocessing Issues and Solutions

October 17, 2016

Chuck Hughes

VP Consulting Services

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The Importance of Environmental Disinfection within the Ambulatory Care Setting

October 18, 2016

Susan Burns, BS, MT, CIC, VA-BC™

Medical Science Liaison

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Soap: The Science Behind It, the Changing Regulatory Landscape Ahead, Tools and Tips For Selecting a Hand Soap That's Right For Your Practice/Facility

October 19, 2016

Megan J. DiGiorgio MSN, RN, CIC

Clinical Specialist

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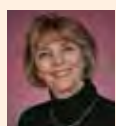
Weighing Rigid Containers Against Sterilization Wrap in the War on Infections

October 20, 2016

Peggy Pinz Leubbert, MS, MT(ASCP), CIC, CHSP

Consulting Educator

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Needlestick Injury Prevention: Strategies to Protect the Staff From Infection and to Keep the Practice Compliant to Regulatory Requirements

October 21, 2016

Elise M. Handleman, RN, BSN, Med

Occupational and Environmental Health Consultant

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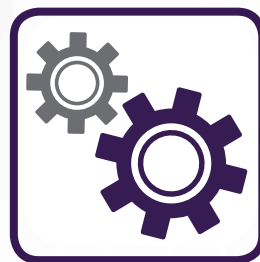


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Scope



Governance &
Leadership

CMS Says...

A QAPI program must be ongoing and comprehensive, dealing with the full range of services offered by the facility, including the full range of departments. When completely implemented, the program should address clinical care, quality of life, resident choice and care transitions. It aims for safety and high quality with all clinical interventions.

The nursing home administration develops and leads a QAPI program that involves leadership, working with input from facility staff as well as from residents and their families and/or representatives. The governing body assures the QAPI program is adequately resourced to conduct its work.

abaqis Performs...

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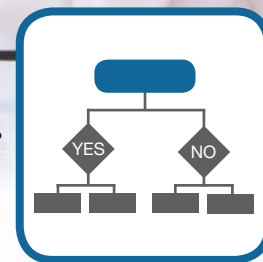
- Incorporates input from all community stakeholders
- Provides extensive training on concepts and technology
- Shows priority areas for improvement
- Standardizes processes to work through turnovers



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**Performance Improvement
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& Systemic Action**

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- Systematic assessments draw from records, interviews and observations
- Comprehensive regulation-specific monitoring
- Monitors wide range of care and services, including customer service and care transition
- QCLIs track care processes and outcomes against QIS thresholds

The facility conducts Performance Improvement Projects (PIPs) to examine and improve care or services in areas that are identified as needing attention, typically a concentrated effort on a particular problem.

- Identifies areas for improvement
- Includes functionality to create and track PIPs
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The facility uses a systematic approach to determine when in-depth analysis --including Root Cause Analysis-- is needed to fully understand the problem, its causes, and implications of a change, using a thorough, highly organized and structured approach. Systemic Actions look to prevent future events and promote sustained improvement.

- Helps providers with comprehensive and replicable assessment of services
- Assists in problem identification and prioritization
- Elicits trends and highlights root causes with robust drill-down capability



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1. Kramer, A.M., Fish R., Schreuder, I. (2012) The Effect of Continuous Quality Improvement Using the abaqis® Quality Management System on Nursing Home Survey Results.



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Milwaukee, WI
\$19,000,000

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50-bed Skilled Nursing
Terraceview Living Center
Shell Lake, WI
\$1,900,000

JUST CLOSED



Two 50-bed SNFs & ALF
BHS Properties
Duluth & Plainview, MN
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AVAILABLE



CCRC Campus
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AVAILABLE



59-unit Asst. Lvg. (RCAC)
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200-bed County-Owned SNF
Ridgewood Care Center
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Ray Giannini, *First VP of Investments / Director* | ray.giannini@marcusmillichap.com

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Ziegler's Corporate Finance team is focused on delivering best-in-class advisory and financing solutions for companies and organizations across Wisconsin. In our core practice areas of nursing homes, assisted living, CCRC, hospice, and home healthcare providers, Ziegler is one of the most active M&A firms offering innovative sell-side, buy-side, recapitalization, restructuring, and strategic partnering services. In addition, our FHA/HUD lending practice is dedicated to providing fixed-rate, non-recourse financing options to the senior living industry.

* Number of middle market healthcare transactions (valued at less than \$100M) in 2015. Based on full credit given to financial advisors for healthcare M&A transactions completed nationally. Rankings and amounts through Thomson Financial Securities Data as of 3/7/16.

OUR SERVICES

- Facility Sales
- Sale-Leasebacks
- Strategic Advisory & Valuations
- Refinancing
- FHA/HUD Approved Mortgage Lender

OUR CLIENTS

- Nursing Homes
- CBRFs/RCACs
- CCRCs
- Hospice Care Providers
- Home Healthcare Providers

NICK GLAISNER

SENIOR VICE PRESIDENT
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Greenfield Rehabilitation Agency

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Your performance is driven by how effective your rehab partner is. Greenfield Rehab strives to optimize performance and set your facility apart in the community. Our expertise in regulatory compliance and commitment to consistent communication ensures that you can achieve your goals.



Benefits of a Partnership

Greenfield Rehabilitation Agency has been achieving outstanding therapy outcomes with our patients while ensuring exceptional customer service and communication with our partners. Our commitment to providing the essential training and education needed to stay on the leading edge of regulations and clinical advancements sets us apart from other providers.

We create a dynamic therapy presence in your center to enhance your presence in your community. Our ACE Programs ensure that all residents on your campus are identified when they can benefit from skilled therapy services. In addition, our commitment to marketing allows us to partner with you to ensure the community and important referral sources can see the exceptional outcomes we can achieve.

Contact us today to set up an appointment with Kate Brewer, PT, MBA, GCS, RAC-CT, President to find out the benefits of partnership with a company focused on your success.

KBrewer@grawi.com or 1-800-704-GRAI (4724) ext 217.

Contact Us

Kate Brewer, PT, MBA, GCS,
RAC-CT

President & Owner

kbrewer@grawi.com

Office: 414-327-6603 x 217

Cell: 414-534-0100



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Rehabilitation Agency**

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Leading the way in Rehabilitation Services for 48 years!



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Long-Term Care



Excellence in contract therapy services has never been more challenging. MJ Care makes it happen for you.



Experience **Matters**

MJ Care has provided fully customized contract therapy, administration, and consulting services for healthcare facilities for nearly forty years. We design customized programs to provide exactly the therapy, administrative, and marketing services required to make your operation perform and meet or exceed your clinical and financial goals.

It's all about **the patient**

One must never get too far away from this fundamental truth. Professional, compassionate care is at the core of everything we do. MJ Care was founded by a Christian Physical Therapist, Mary Van Lare, whose integrity and vision of excellence continues to inspire the company, both through her active leadership and her legacy of service.

(866) MJCARE1
information@mjcare.com

MJCare.com

The Best Therapists

It's the therapist who must deliver the best care possible, and we believe quality of care must also be delivered with sincere compassion for the patient.

We recruit and retain the physical, occupational, and speech therapists that everyone wants to have as part of their organization. They stay with us, because this is a therapist-led company, and they appreciate the clear vision, the unsurpassed training, and the smooth-running systems.

Our therapists accept the importance of following billing regulations for reimbursement, and we provide the technological infrastructure and streamlined documentation that helps them to stay on top of these procedures without losing focus on quality of care. They attend to evolving patient needs, and this leads to new programs that result in higher caseloads.

MJ Care Administers Your Therapy Program **To Achieve Excellence**

MJ Care's consultants are expert in relevant disciplines, so they collaborate to provide continuous and comprehensive training and support for therapists. Our staff development and training programs are created by nationally-recognized professionals.

To manage the staff and all daily clinical operations within the department, MJ Care provides an on-site and fully-dedicated Rehab Director. Clinical and operational support is provided by a Regional Director who visits regularly and maintains consistent contact with Nursing and Administration. A Rehab Tech manages the clinic office to assure maximum quality time for therapists to treat patients.

Survey compliance is a top priority, including measurement of physical, psychological and psychosocial functioning of all Medicare and Medicaid patients using the Long-Term Care Minimum Data Set (MDS). All patients are screened for therapy needs. Specially designed programs are used to address the Health Care Financing Administration's 24 Nursing Home Quality Indicators, including therapy programs centered on ADL function, range-of-motion, dining, fall prevention, dementia, and mobility.

Outpatient therapy programs often need targeted marketing campaigns in order to reach their growth potential. MJ Care has extensive experience expanding therapy programs in continuing care communities. We can collaborate with you to plan communication efforts directed to referral sources and residents in the community, as well as residents of your independent and assisted living apartments. Such campaigns may include direct mail, newspaper advertisements, brochures, and special events.



How We Consult With You to **Raise Your Therapy Program to New Levels of Excellence**

Following are some of the ways our consultants apply their seasoned judgment to help your facility achieve its aspirations:

Conduct rehab and Medicare audits to review clinical, documentation, coding, billing and operational issues that may dramatically impact your ability to optimize reimbursement and meet survey requirements.

Work with therapy and restorative nursing to design individualized functional maintenance programs that meet Medicare and Medicaid criteria for skilled nursing services.

Create clinical dementia and restorative nursing programs that capture reimbursable patient treatment accurately and also positively impact your survey process.

Enhance traditional PT, OT, and Speech Therapy programs by adding cognitive treatment that opens up new opportunities to enhance residents' quality of life and creates additional facility revenue sources.

Make recommendations to address the rehab needs of your long-term population through caseload development and appropriate Medicare Part B utilization.

Determine potential increases in the Medicaid case mix index reimbursement for restorative nursing and therapy programs.

Complete an operational review to identify opportunities or threats to the success and stability of your community and create a success plan for the future.



The Story of MJ Care

The story began in 1977 when the founder of MJ Care, Mary Van Lare, Physical Therapist, determined to build a therapy practice based on bringing hope and joy into each treatment, while achieving outstanding patient outcomes. That ideal remains central to the business over three decades later.

MJ Care stands for an exceptionally positive experience every time—one that clients want to tell others about. As a company, recruiting and training remarkable, talented staff who can achieve this result is imperative.

The company has grown rapidly as our professional, caring, and encouraging approach has attracted more and more healthcare providers, who appreciate the difference we make in the lives of their clients. Our customer base continues to grow throughout the Midwest and beyond, as we hold to our simple philosophy, while putting the latest methods and technologies to work.

Today, MJ Care is leading the way in values-driven rehabilitation, school billing services and staffing solutions. Our vision is one of excellence, leadership, and growth, even in times of dynamic change in the healthcare and insurance industries.



The Values That Guide MJ Care

The experience gained by MJ Care across generations has earned increasing levels of trust, because everything we do is guided by a special set of values. The way we put these values into practice is what makes MJ Care unique:

Respect – Treating our customers and associates with courtesy, consideration, and appreciation at all times, under all circumstances.

Integrity – A workplace in which the highest standards of ethics and honesty are adhered to at all times and without exception. Doing the right thing even when no one is watching.

Innovation – An atmosphere where new and creative ideas are supported and encouraged by management, associates and staff. An environment where associates are empowered to creatively solve problems and deliver excellent Health Care Services.

Service Excellence – A commitment to providing our customers with the highest caliber of service in all areas of MJ Care's operations.

Quality – Providing services that fulfills the needs of our customers and consistently meets the highest standards of efficiency, effectiveness and compliance.

Education – Providing seminars and continuous education for our associates that fulfills the needs of our clients, associates and consistently meets the highest standards of the industry.



Who Will You Trust With Your Therapy Program?

We offer a free on-site assessment of your operation so you can better understand opportunities for improvement, including clinical enhancements and revenue capture, and what sort of implementation schedule is possible. To take advantage of this free offer—or to get more information about how we might help—contact Jane Beisser, Vice President of Long-Term Care, at:



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information@mjcare.com
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SET YOUR FACILITY APART FROM THE COMPETITION



Valley-Bay Therapy offers Occupational, Physical and Speech Therapy services tailored to the specific needs of your facility.

As a locally owned company with **more than 25 years of experience**, the Valley-Bay team maintains superior clinical excellence in geriatric therapy.

Valley-Bay is your **ideal partner in rehab!** One of the many advantages of teaming with Valley-Bay is our therapists are allotted the time to provide added value services to your facility at **no additional cost**.

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- Actively market therapy to the community
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- Ongoing facility in-service training
- Attend patient and family care conferences
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- Generate and supervise restorative nursing programs

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&

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Schedule a free consultation to discuss how Valley-Bay Therapy can significantly improve your outcomes and increase your caseload!

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Beginning on **July 1, 2016** Long Term Care (LTC) facilities are **required by law** to submit staffing and census information to the Centers for Medicare and Medicaid Services (**CMS**) via the newly developed Payroll Based Journal (**PBJ**) system.

Per CMS, all employee hours paid to deliver services must be:

- Reported based on 'Absolute Day' (midnight to 11:59 PM);
- Allocated using the 40 CMS Job Title Codes;
- Inclusive of agency and contract staff hours;
- Be uploaded in XML file format;

Information Controls is uniquely positioned to deliver on these CMS reporting requirements which will help you remain compliant and to avoid potential fines or penalties.

Contact Us

Whether you are a large, multi-state/multi-site organization, or a single location serving the needs of your residents, the CMS PBJ reporting requirements affect you.

To ensure you are in position to accommodate the CMS PBJ requirements, contact Information Controls for a **no cost, no obligation introductory meeting**. July is right around the corner, so let's get started today!

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tcasey@icico.com | (708) 655-3150 cell | 815.484.2100 x 207 ofc | 815-229-5351 fax



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SAEnCompass clinical software is unique in the long-term care industry, providing a truly interdisciplinary medical record. It is designed to present a chart compliant with Federal and State rules and regulations in a complete, paperless format.

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- ◆ Electronic prescribing and medication administration with bar code verification reduces med errors and improves resident safety.
- ◆ Interface with other software applications facilitates exchange of information.
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HEALTH CARE PRACTICE

Wipfli brings together the best of both worlds—the resources of a large firm and the commitment to personal service found in smaller firms. We have 175 partners, more than 1,400 associates, 33 offices, and over 50,000 firm clients. Wipfli is ranked No. 20 in the top 100 public accounting firms and is properly licensed for public practice as a certified public accounting firm. Since our firm's founding in 1930, it has been our mission to be the firm of choice in the markets we serve. Today, Wipfli is fulfilling its mission and serving health care clients throughout the nation from our offices in Minnesota, Wisconsin, Washington, Idaho, Montana, Pennsylvania, and Illinois.



To fulfill the needs of our diverse client base, Wipfli has grown into a multidiscipline professional services firm. Services include a wide range of financial and operational consulting services, and the firm has created specialized industry and business unit practices including:

Industry Groups

- Health Care
- Nonprofit and Governmental
- Manufacturing and Distribution
- Financial Institutions
- Construction and Real Estate

Business Unit Practices

- Audit and Accounting
- Tax
- Information Technology
- Human Resources
- Retirement Plan Services

Our Health Care Services

Wipfli's health care industry group has deep experience in the market. We have over 1,700 health care clients, including hospitals, nursing homes, assisted living organizations, and physician practices in 48 states and 100 health care professionals, including 17 partners. Our industry-focused approach means that we are continually refining our understanding of emerging health care industry issues, leading practices, and developing trends to provide well-informed and practical advice for clients in the health care industry.

We have deep industry knowledge in the senior living industry, and Wipfli senior living professionals includes CPAs, licensed nursing home administrators, RNs, senior living market analysts, and nursing home billing specialists. These professionals serve nursing home clients in Wisconsin, Minnesota, Michigan, Washington, Idaho, and Oregon as well as throughout the rest of the nation. As a result, we are familiar with the unique nursing home reimbursement and operational environments in the states, in which your facility operates as well as throughout the rest of the nation.

Wipfli sponsors regional conferences on issues that are important to health care providers. In addition, we lead training and educational sessions and present webinars for industry groups at both the regional and national levels, at state and national senior living associations, the American Institute of Certified Public Accountants, Health Care Financial Management Association, National Rural Health Association, and the National CPA Health Care Advisors Association. Through our active involvement in state, regional, and national associations, we provide education and training to thousands of senior living leaders and professionals annually on a wide variety of topics.

In addition, our health care professionals and the firm maintain memberships in a variety of professional associations including the American Institute of Certified Public Accountants, state societies and institutes of certified public accountants, Healthcare Financial Management Association, state hospital and nursing home associations, the National CPA Health Care Advisors Association, Medical Group Management Association, National Rural Health Association, National Association of Rural Health Clinics, and other health care associations.

We provide value-added observations and recommendations related to accounting processes, practices, and internal controls as part of our audit process. In addition, Wipfli's health care and senior living experts are available as an extension to your internal teams as you grow and enhance your financial performance. Following are just a few examples of the value-added services available to the facility through Wipfli's comprehensive industry-focused experts.

- **Tax Services.** Wipfli has invested tremendous resources in building a team of experienced, creative tax specialists. We believe we have assembled a group of individuals with unsurpassed tax talent who live and work in the area. These individuals include former Big Four partners, seasoned senior managers, experienced National Tax veterans, former revenue agents, and tax attorneys.
- **Audit Services.** We pride ourselves on utilizing deep industry expertise to provide value-added, efficient, and affordable audit services to our health care clients. Our auditors are industry specialists who understand the unique needs and challenges of senior living organizations. We also understand the importance of staff consistency on engagements. These factors result in highly satisfied audit clients who build long-term relationships with our staff.
- **Accounting and Small Business.** Recruiting, retaining, and educating a comprehensive internal staff for accounting, human resources, information technology needs of a small business can be challenging and cost-prohibitive. Wipfli's has a complete team of professionals who are available to add resources to our client's existing capabilities or to serve as an affordable and cost-effective outsourcing solution.
- **Clinical and Operational.** Our team includes clinical and operational experts led by a nationally recognized leader in the nursing home profession. This clinical and operational team of experts provide a diverse set of services ranging from ICD-10 training, MDS coding analysis, mock surveys for regulatory compliance, and staffing and operations assessments.
- **Market Analysis.** Wipfli's senior living market analysis and strategic planning team assists senior living organizations in adapting their services to the changing landscape. This team conducts comprehensive strategic planning engagements, nursing home bed need analysis, and assisted living, independent living, and home health market assessments.
- **Reimbursement.** Our reimbursement experts complete and/or review Medicare and Medicaid cost reports for accuracy and optimization based on the reimbursement environment within each state.
- **Risk Advisory.** Our risk advisory team helps our health care clients ensure the confidentiality, integrity, and availability of protected health information (PHI), including the electronic devices and systems that are used with this information under the Health Insurance Portability and Accountability Act (HIPAA) and by utilizing HITRUST Common Security Framework (CSF) in executing comprehensive security assessments.
- **Information Technology.** Our information technology analysts help clients maximize their information technology investments through network development and support services, conducting information technology environment audits, and helping with software selection and project management for major system implementations.
- **Benchmarking.** Through our proprietary database of nursing home Medicare cost reports, which includes all nursing homes in the nation, we can provide a benchmarking analysis for each facility. This analysis will compare key revenue and cost indicators to state, regional, and national benchmarks.

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To provide the best wound care solutions for each facility... one resident at a time.

AMERICAN MEDICAL TECHNOLOGIES, AMT, is the leading independent provider of wound care solutions for Long Term Care facilities in the United States. We have been providing quality wound care programs since 1994 and currently service residents in over 4,600 facilities nationwide. Our wound care program is designed to help your facility and staff in four key ways:

- + Enhance the quality of resident care.
- + Increase educational resources available to your staff.
- + Reduce wound care related costs for your facility.
- + Assist with mandatory CMS documentation.

AMT is a member of the National Pressure Ulcer Advisory Panel, NPUAP, in addition to many other state and national organizations. We are a fully accredited and Participating Durable Medical Equipment, Prosthetic, Orthotic and Supplies Medicare Part-B Supplier. As part of our commitment to excellence in Nursing Home Care, AMT has long been an active champion of the Advancing Excellence in America's Nursing Homes campaign.

Education

All good clinical care starts with proper education and training. By partnering with AMT, staff is trained to meet the CMS DME POS supplier standards.

- + Provide clinical, regulatory and documentation education to facility staff related to wound care products.
- + Provide ongoing education tailored to each facility's needs.
- + Offer education to ensure proper product utilization.
- + Trusted education advisor for each facility.
- + Tele-education program provides on demand education and access to wound care literature and standards of care.

Clinical Expertise

Nationally, wound issues in long term care facilities are one of the most cited deficiencies by state surveyors. Our licensed Clinical Specialists work closely with your staff.

- + Monitor proper utilization and compliance with wound care products.
- + Licensed healthcare providers with expertise in wound care.
- + Decrease the risk of state infractions.
- + Less paperwork for your staff means more time for resident care.
- + More than 2,000 collective years of clinical experience you can trust.
- + Proprietary tracking software provides essential Medicare documentation.
- + Tablets provide live support for your wound care product needs.

Wound Care Products

AMT is able to access a wide array of products to meet the specific needs of residents.

- + Work with most major manufacturers.
- + Ensure appropriate use of dressings over a 30 day period.
- + Supply Medicare approved dressings.
- + Bill the resident's insurance directly through: Medicare Part B, Medicaid, HMO's and other primary payers.
- + AMT accepts full assignment for wound care products provided.
- + Verify insurance prior to providing products to your residents.

PROUD CHAMPION OF:



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