



# **Welcome to the Nursing Facility News Hour**

**April 25, 2024**  
11:00 AM – Noon

# General Announcements

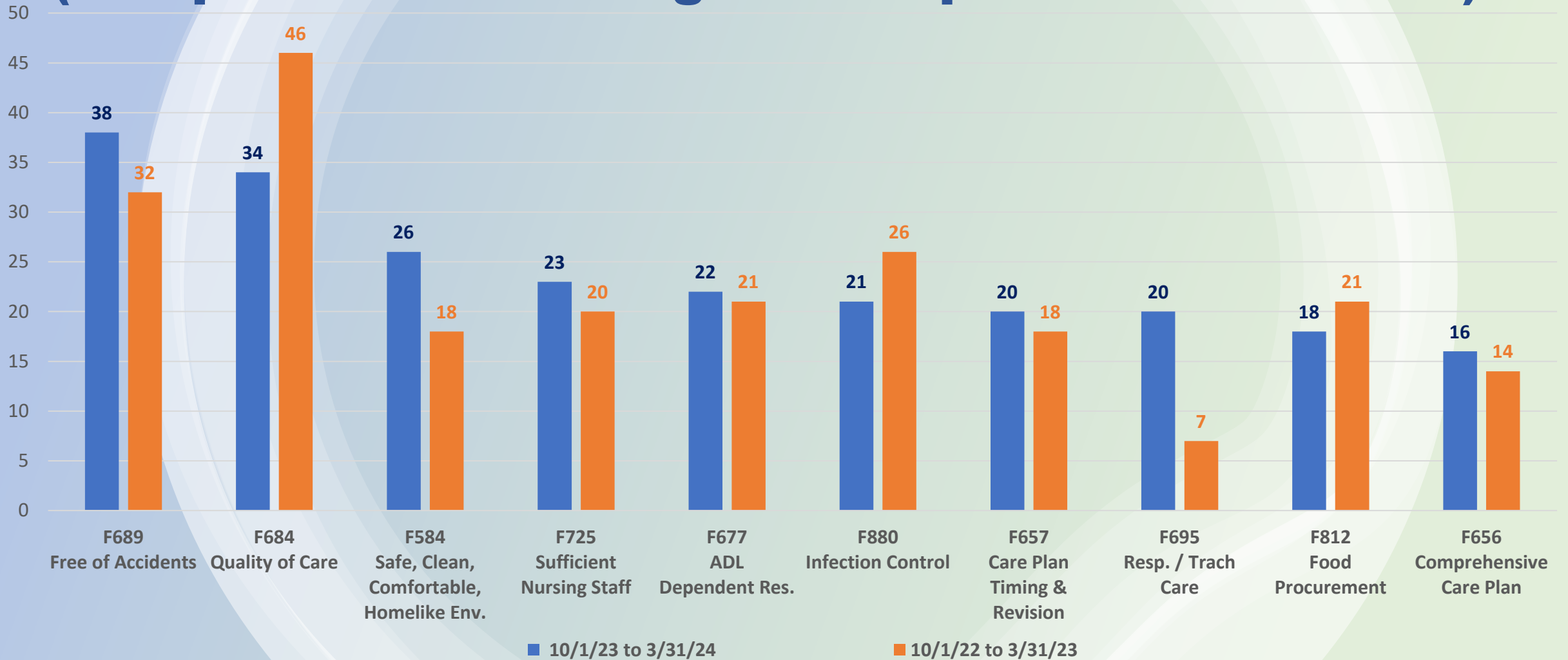
## HEPA Filters

- No Cost to Nursing Facilities
- Provided by OHA
- **NOT A SCAM**
- Questions? See Provider Alert - [ODHS-24-024-CBC-NF](#)

## OHCA Conference Presentation Elopement Materials

- Posted on [NFLU Communications web page](#)

# FY2024 First and Second Quarter Top 10 F-Tags (compared to same tags/same quarters in FY2023)



# CMS Required Documentation Acute Transfer Form

## Notice of Transfer to Acute Care (APD Form 100-469950)

Updates to 42 CFR 483.15(c)(5), F622 and F623 in Appendix PP of the State Operations Manual (SOM), requires nursing facilities to issue a notice of transfer **PRIOR** to each resident being sent to an acute care setting (i.e. a hospital or emergency room) or as soon as practical.

In order to prevent any delays in transfers to acute care, the Nursing Facility Licensing Unit developed a simplified notice of transfer form for providers to use.

## Notice of Transfer to Acute Care

This notice is issued by (facility name):

To (resident name):

Copies of this notice have also been issued to the following people (include address and relationship to resident) and agencies:

**Oregon Long-Term Care Ombudsman:** 830 D St NE, Salem, OR 97301

**Enter Local Office Case Manager (if Medicaid):**

**Resident/Responsible Party Name and Address:**

**Date of transfer:**

**Location that resident is going to:**

☐ Hospital/Emergency Room or Other Acute Care Transfer Location:

**This action is taken or proposed to be taken because:**

(Check appropriate box(es))

☐ Transfer Due to Medical Emergency — OAR 411-088-0020(1)(d)

☐ Voluntary Transfer — OAR 411-088-0007(1)

**Requirements Regarding Emergency Transfers to Acute Care**

**42CFR483.15(c)(4) (F623) — Timing of the notice**

(ii) Notice must be made as soon as practicable before transfer or discharge when —

(D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section.

**OAR 411-088-0050 - Right of Return from the Hospital and Bed Hold**

(1) If a resident is transferred to a hospital, the facility may not fill the resident's bed with another person if the resident or the resident's legal representative offers

# Acute Transfer Form

## Notice of Transfer to Acute Care (Form APD 100-469950)

**English:**

<https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/se-469950.pdf>

**English Large Print:**

<https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/sw-469950.pdf>

# STAFFING

## Bariatric Rule and Mitigation Consideration

<https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=306752>

411-086-0100(5)(o) - If an individual meets the criteria documented in 411-070-0087, and the Department has authorized the bariatric rate, the facility must provide one (1) additional Certified Nursing Assistant (CNA), for each shift, above the licensing staffing standard in OAR 411-086-0100(5), for the third through fifth approved individuals for the bariatric rate. Another CNA is then required, for each shift, for every additional five (5) individuals receiving the bariatric rate.



# Bariatric Rule – Example

## Example:

- (A) For the first two (2) approved individuals, the facility must meet the requirements in OAR 411-086-0100(3).
- (B) For three (3) to five (5) approved individuals, one (1) CNA would be required above staffing standard, for each shift.
- (C) For six (6) to ten (10) approved individuals, two (2) CNAs would be required above staffing standard, for each shift.

Reminder to update email address for staffing reports:

[DHS.NASTAFFING@odhsoha.oregon.gov](mailto:DHS.NASTAFFING@odhsoha.oregon.gov)



# **Senate Bill 99 Passed in 2023**

## **New LGBTQIA2S+ Training Requirements**

- New training requirements apply to all Nursing Facilities, CBC and AFH settings
- “Introductory” LGBTQIA2S+ Training and other training being developed and solicited for approval
- Anticipate approved training will be available by July 1, 2024
- All NF staff and some NF contract staff must complete training by December 31, 2024
- ODHS held at least 3 Rule Advisory Committee’s (RAC’s) regarding this new legislation

# OARs: New LGBTQIA2S+ Training Requirements

## Review changes to all Divisions highlighted in **RED**:

- Division 85 - <https://www.oregon.gov/odhs/rules-policy/apdrules/411-085-temp-notice.pdf>
- Division 86 - <https://www.oregon.gov/odhs/rules-policy/apdrules/411-086-temp-notice.pdf>
- Division 88 - <https://www.oregon.gov/odhs/rules-policy/apdrules/411-088-temp-notice.pdf>

## Current temporary rules that went into place April 1, 2024:

- Division 85 - <https://www.oregon.gov/odhs/rules-policy/apdrules/411-085.pdf>
- Division 86 - <https://www.oregon.gov/odhs/rules-policy/apdrules/411-086.pdf>
- Division 88 - <https://www.oregon.gov/odhs/rules-policy/apdrules/411-088.pdf>

# NF Licensing Verification Web Page

<https://www.oregon.gov/odhs/licensing/nursing-facilities/Pages/license-verification.aspx>

## Nursing Facility License Verification

### Nursing Facility Licensing

News and Alerts

Nursing Assistant Staffing  
Program

Resources

### License verification

Use the table below to verify license information for licensed nursing facilities in Oregon. You can search by facility name or license number.



Sort ▾

Reminder to update email addresses that use @state.or.us

[NFLicensing@odhsoha.oregon.gov](mailto:NFLicensing@odhsoha.oregon.gov)

# QUESTIONS FROM FACILITIES

Unmute to speak or type in the chat feature  
to ask a question or email us later:

[NF.LICENSING@ODHS.Oregon.gov](mailto:NF.LICENSING@ODHS.Oregon.gov)



**THANK YOU FOR JOINING US TODAY**