



**THCA**  
Texas Health Care Association

**70<sup>TH</sup> Annual  
Convention  
& Trade Show**

**MCKESSON**  
Official Convention Sponsor

a virtual  
experience  
for 2020

September 21-23

## Educational Sessions

### Monday • September 21

**GS1: Courage in the Storm**

9-10:30 am | Live Stream

Keynote

Stephanie Decker

#### Learning Objectives:

Identify ways to become inspired to overcome any obstacle and adversity

Determine how to find your inner hero as well as the strength to overcome challenges

Learn the importance of developing a “can do” attitude when facing challenges

Since the tornado that took both of her legs, Stephanie Decker had to rethink and rebuild her life as she knew it. Using her own story, Stephanie helps an audience find their inner hero as well as recognize the everyday heroes all around us. She provides the inspirational message to help attendees develop a “can do” attitude to face their own challenges.

*1.5 Hours: CNE, ALM, LNFA, SW, CPE, SHRM*

**L1A: Dare to Lead™: Cultivating Brave Leaders and Courage Cultures**11 am – noon | Live Webinar  
Breakout Session**Andrea Kirksey** Executive Director and General Counsel Stotler Hayes Group**Learning Objectives:**

Learn that daring leadership requires four skill sets that can be learned: Rumbling with vulnerability, Living into our values, Braving trust, and Learning to rise

Understand that leaders must invest a reasonable amount of time attending to fears and feelings, or squander an unreasonable amount of time trying to manage ineffective and unproductive behavior

Recognize common strategies for offloading hurt and learn more effective behaviors for managing emotion and learning to rise

As professionals, we are taught that leadership is strength and knowledge and never showing vulnerability, never experiencing failures. Based on the research of Dr. Brené Brown in her book, *Dare to Lead*, we learn there is a body of research to prove that the definition of a leader is someone who takes responsibility for finding the potential in people or processes and has the courage to develop that potential. Leaders, in order to Dare Greatly, will experience courage and fear at the exact same times during their leadership journeys. The setbacks and failures that occur along the way are all part of the process. Through this journey, we, as daring leaders, learn to rise strong.

*1 Hour: CNE, ALM, LNFA, SW, CPE, SHRM*

**Q1A: Nine Dementias and Their Care**11 am – noon | Live Webinar  
Breakout Session**Tam Cummings, Ph.D. Gerontologist** Tam Cummings LLC**Learning Objectives:**

Identify and compare the nine most common forms of dementia. Participants will be able to recognize and differentiate the presentation of behaviors of PWD in Stage Five and Stage Six. Participants will be able to identify and distinguish the feature functions of the four major lobes of the brain.

Describe three behaviors indicating damage to the Parietal Lobes. Participants will be able to demonstrate the "Filing Cabinet" memory analogy. Participants will be able to summarize the total decline dementia causes, from first symptoms to the end of life.

Recognize pain behaviors via the PAINAD in PWD in their communities. Participants will be able to analyze behavior via The Dementia Behavior Algorithm. Participants will be able to employ two forms of stress management breathing.

Identifying the nine most common forms of dementia is critical in care planning. Persons With Dementia (PWD) are eight times more likely to develop infection and six times more likely to break a bone than normal aging adults. Clinical features and behaviors help identify which form of dementia a person might have and which forms it cannot be. Connecting the dementia to the PWD's decline in abilities, changes in behavior, and progression of the disease allows care givers to adjust and adapt their approach to assist the PWD in the Activities of Daily Living. Use of staging tools for dementias, pain and behavior assessments will compliment the session.

*1 Hour: CNE, ALM, LNFA, SW*

**Q1B: Going Forward as a Community: Assessment and Person Centered Strategies for Reducing Impacts of Feelings of Social Isolation and Loneliness**

1:30–2:30 pm | Live Webinar  
Breakout Session

**Deborah Theis, Ph.D.** Chief of Clinical Service Delivery and Management Deer Oaks, The Behavioral Health Organization

**Cynthia Baker, LCSW, CSW-Gerontology** Regional Clinical Manager Deer Oaks, The Behavioral Health Organization

**Learning Objectives:**

Describe evidence of prevalence and impacts to health outcomes associated with social isolation and loneliness

Provide evidence based assessment tools for person centered care coordination.

List supportive environmental and psychosocial strategies for older adults experiencing social isolation and loneliness.

Provide guidelines for person centered care planning and coordination of care

This presentation will provide important education about the prevalence and impact of social isolation and loneliness in the post COVID-19 era. The speaker recommends evidence-based community policy development with assessment measures and person-centered strategies for reducing resident social isolation and loneliness. The speaker will provide the audience with evidence-based assessment tools specifically to scale level of social isolation and loneliness and strategies for implementation of person-centered care planning and coordination.

*1 Hour: CNE, ALM, LNFA, SW, SHRM*

**Q1C: Malnutrition, Obesity and PDPM: Are you Maximizing Clinical Outcomes and Revenues?**

1:30–2:30 pm | Live Webinar  
Breakout Session

**Janet McKee, MS, RDN, CSG, LD/N, DAPWCA** President Nutritious Lifestyles

**Learning Objectives:**

Implement systems to identify residents that are at risk for both malnutrition related to chronic and acute diseases, and/or poor intakes as well as those who are morbidly obese

Develop and implement interim and ongoing cost effective plans of nutritional care to treat both malnutrition and morbid obesity that improve clinical and survey outcomes and residents' quality of life

Identify and implement systems to immediately identify and treat both malnutrition and morbid obesity upon admission that can increase reimbursement opportunities with PDPM, as well as positive clinical and survey outcomes

Within every skilled nursing home, two or more residents are at risk for malnutrition related acute/chronic diseases and/or poor food intake. Conversely, 1 out of every 3 skilled nursing home residents are clinically obese. Shockingly, some of our morbidly obese residents are also malnourished. This session will focus on identifying those at risk for malnutrition and morbid obesity within 24 hours of admission, and implementing immediate and long-term, cost effective nutrition plans of care to improve clinical and survey outcomes while improving resident and family satisfaction and reimbursement opportunities.

*1 Hour: CNE, ALM, LNFA, SW*

**F1C: Buying, Selling, or Partnering:  
Key Legal and Financial Due Diligence**

3-4 pm | Live Webinar  
Breakout Session

Tiffany Karlin Partner and Director of Healthcare Mueller Prost  
Michael J. Prost Founder MuellerProst

**Learning Objectives:**

Identify multiple financial, reimbursement and tax items that regularly enhance or derail a purchase before closing

Recognize state law, regulatory changes, licensure changes and OIG guidance on purchases from excluded individuals that impact a transaction

Recognize the value of a risk assessment and governance assessment as part of the transaction due diligence steps

This presentation will review the importance of risk, governance, state and federal reimbursement and tax and financial assessments as part of the due diligence process. In addition, the presentation review recent state law changes and OIG guidance raising new issues and opportunities for buyers and sellers.

*1 Hour: CNE, ALM, LNFA, SW, CPE*

**LG1C: Risk Management: Robin Bleier**

3-4 pm | Live Webinar  
Breakout Session

Robin Bleier RB Health Partners

**Learning Objectives:**

*1 Hour: CNE, ALM, LNFA, SW, CPE, SHRM*



## Educational Sessions

Tuesday • September 22

**GS2: Long Term Care “After” COVID-19:**  
What will it look like and where are we headed?

8:30-10 am | Live Webinar  
Keynote

Robert Kramer Founder & Strategic Advisor, NIC / President & Founder Nexus Insights

### Learning Objectives:

1.5 Hours: CNE, ALM, LNFA, SW, CPE, SHRM

**F2B: Functional Abilities & ADLs:**  
How Does Your Center Add Up for Reimbursement and Quality?

10:30-11:30 am | Live Webinar  
Breakout Session

Becca Smith, L/OT, RAC-CTA VP of Reimbursement Caraday Healthcare

### Learning Objectives:

Since the Functional Abilities Assessment was added to the MDS through Section GG in 2016, providers have discovered that the seemingly simple ADL assessment is more complex in impact and execution than first thought. Plus, with the Section G ADLs staying around longer than expected, it can be difficult to balance documentation needs. This session will drill down to successfully managing the process and understanding the impact. Come find out if you are meeting your potential for PDPM, Five Star QMs, and QRP! Learn whether you have the right data and processes to support accurate scoring, how to get it, and why it matters.

1 Hour: CNE, ALM, LNFA, SW, CPE

**Q2B: A Federal Look at COVID-19: What have we learned and what do we need to know?**

10:30 – 11:30 am | Live Webinar  
Breakout Session

David Gifford, Senior Vice President, Quality & Regulatory Affairs AHCA

**Learning Objectives:**

1 Hour: CNE, ALM, LNFA, SW, CPE, SHRM

**F2C: A Deep Dive into Civil Money Penalties**

1 – 2 pm | Live Webinar  
Breakout Session

William Vaughan, RN, BSN Vice President, Education and Clinical Affairs Remedi SeniorCare

**Learning Objectives:**

Identify the top 5 most commonly cited regulations prompting civil money penalties

Describe two risk mitigation strategies to avoid civil money penalties

Discuss the role of QAPI in the civil money penalty paradigm

Failing to comply with regulations can prompt the imposition of various sanctions including civil money penalties in headline grabbing amounts. While traditionally reserved for more significant deficiencies, CMS recently upped the ante by including a history of even low-level infection control deficiencies as pivotal in the decision to impose a civil money penalty. This presentation will examine the trends and patterns of deficiencies which have prompted civil money penalties from both state and federal regulators. To identify risk mitigation strategies, actual case studies, including those from administrative appeal boards, will be discussed. Lastly, the impact of documentation, staff/resident/family interviews and QAPI processes on the decision to impose a civil money penalty will be addressed.

1 Hour: CNE, ALM, LNFA, SW, CPE, SHRM

**LG2C: ICD-10-CM Success In LTC**

1-2pm | Live Webinar  
Breakout Session

Lisa G Selman-Holman, BSN, RN, JD, HCS-D, AHIMA-Approved ICD-10-CM Trainer President Selman-Holman, A Briggs Healthcare Company

**Learning Objectives:**

Identify coding conventions such as excludes 1, excludes 2 and sequencing conventions. Explain correct coding of fractures and complications. Identify Z codes that can be used as primary and make decisions on resolved conditions.

Identify 3 common errors in diagnosis coding. Identify the conventions and guidelines in coding fractures. Identify the conventions and guidelines in coding other common diagnoses, such as hypertension, heart failure and diabetes.

Explain the requirement for documentation from physicians. Explain coding ethics. Explain the query process for compliant coding.

For the first time, Skilled Nursing Facilities are expected to utilize diagnosis coding correctly in order to obtain the correct payment. Lisa will lead participants in conventions and guidelines with real-life examples to enable accurate coding. Fractures, aftercare and complications are commonly coded incorrectly. Apply the rules in order to achieve compliance and optimal payment.

*1 Hour: CNE, ALM, LNFA, SW*

**LG2D: Responding to Board of Nursing Referrals and Subpoenas**

2:30-3:30pm | Live Webinar  
Breakout Session

Bill Hopkins, JD Partner Shackelford, Bowen, McKinley & Norton LLP

**Learning Objectives:**

*1 Hour: CNE, ALM, LNFA, SW, SHRM.*

**Q2D: Resilience in Times of Uncertainty and Exhaustion**

2:30–3:30 pm | Live Webinar

Breakout Session

**Paige Hector, LMSW** Owner Paige Ahead Healthcare Education & Consulting, LLC

**Learning Objectives:**

Express and accept emotions and the body’s reaction to stress in the face of incredible challenges

Recognize unintentional actions and thoughts that exacerbate stress and anxiety

Ease the stress of work and home life through strategies that people can start using immediately to strengthen coping skills and build resilience

Healthcare staff are experiencing unprecedented levels of pressure in these unimaginable and frightening circumstances of a pandemic. Staff are stressed not only at work but also at home and in their communities. When our stress response is on full alert at all times, we are at risk of mental, physical, and emotional exhaustion, or even collapse. This session is uniquely crafted as a visual experience, not a lecture with slides full of bullet-points. Participants will learn to identify their individual stress responses and learn techniques to shift to a place of calm, and to strengthen their resilience. Woven throughout the session are principles of trauma-informed care that staff can immediately apply to themselves, residents and families. These are powerful principles in helping individuals in times of vulnerability and in challenging circumstances.

*1 Hour: CNE, ALM, LNFA, SW, CPE, SHRM*

**L2E: COVID-19 Impact on Nursing Facilities:  
A CMS Perspective**

4–5 pm | Live Webinar

Breakout Session

**Shannon Hills-Cline, MPA** CMS

**Theresa Bennett** CMS

**James Dickens** CMS

**Learning Objectives:**

Discuss How COVID Impacts the LTC Survey Process

Describe COVID’s Impact on the Enforcement Process

Identify the types of data used as a primary driver for decision making

CMS representatives will provide an update and their perspective on the future of surveys and enforcement. Discussion will include how CMS will handle enforcement cases during the environment created by COVID-19 as well as provide best practices related to the survey process. Discussion will include the importance of accurate data reporting and how data analytics from CDC/NHES will be a primary driver for decision making going forward especially related to the pandemic.

*1 Hour: CNE, ALM, LNFA, SW, CPE, SHRM*





## Educational Sessions

Wednesday • September 23

### Q3A: Infection Control

8:30 – 9:30am | Live Webinar  
Breakout Session

AC Burke, MA, CIC Vice President of Healthcare Quality RB Health Partners

#### Learning Objectives:

1 Hour: CNE, ALM, LNFA, SW

### LG3A: Discharges: Avoiding the Most Common Mistakes and Strategies to Make it Stick

8:30 – 9:30am | Live Webinar  
Breakout Session

Stephanie James, JD Shareholder Underwood Law Firm

#### Learning Objectives:

- Identify the most common errors in the discharge process and how to avoid them
- Define the requirements for valid resident discharge
- Identify legislative and regulatory trends related to discharges and the administrative process

This session will provide an overview of the requirements for a valid resident discharge including relevant law. The most common errors in the discharge process will be discussed and attendees will be provided examples of best practices to ensure proper compliance with applicable laws and to promote resident health, safety, and well-being.

1 Hour: CNE, ALM, LNFA, SW, SHRM

### F3B: Changes to Texas Medicaid Payment Models

10-11 am | Live Webinar  
Breakout Session

Jon Unroe, CPA Partner BKD, LLP

#### Learning Objectives:

Identify significant participation changes implemented in QIPP Y3 and Y4. Describe who can participate in QIPP (via NSGO or private facilities meeting Medicaid patient mix requirements)

Identify the four Component payments utilized in QIPP. Discuss the four Components used and who is eligible to earn payments from each Component and how unearned fees are distributed

Recognize possible changes to the Texas Medicaid reimbursement system due to the conversion by CMS to PDPM. Discuss possible new payment models being considered by HHSC

This session will provide an update on the significant changes in the Texas nursing home QIPP program for Y3 and Y4 as well as discuss possible Medicaid payment methodology changes due to the CMS conversion to PDPM.

The Texas nursing home QIPP is really a “value-based” type of payment program which provides for additional reimbursement for facilities demonstrating improvement in certain predefined QM scores throughout the year.

This session will explain significant changes relative to participant eligibility and requirements to earn payments that have been enacted for Y3 and Y4. The session will also discuss the possible impact the Medicare conversion to PDPM may have on the Texas Medicaid reimbursement system as well as the impacts of Provider Relief Funds and PPP loan receipts.

### Q3B: An Interdisciplinary Team Approach for a Successful QAPI Program

10-11 am | Live Webinar  
Breakout Session

Sabrena McCarley, MBA-SL, OTR/L, CLIPP, RAC-CT, QCP, FAOTA Director of Quality RehabCare

#### Learning Objectives:

Identify the five elements of QAPI

Describe how to create a culture that supports the facility QAPI plan

Recognize how to incorporate all members of the interdisciplinary team into the five elements

On October 4, 2016, the Centers for Medicare & Medicaid Services (CMS) published the regulations for Quality Assurance and Performance Improvement (QAPI) in nursing facilities in the Federal Register in accordance with the Patient Protection and Affordable Care Act of 2010. QAPI takes a systematic, comprehensive, and data-driven approach to maintaining and improving safety and quality in nursing homes while involving all nursing home caregivers in practical and creative problem solving. Your facilities QAPI plan is used as a guide for the overall quality improvement program for your facility. This course will cover the five elements of QAPI and provide best practices on how to create a culture that supports your facility QAPI plan as well as how to incorporate all members of the interdisciplinary team into the five elements for a successful and sustainable QAPI program.

1 Hour: CNE, ALM, LNFA, SW

**E3A: Crucial Conversations**

11:30 am – 12:30 pm | Live Webinar

Breakout Session

Leigh Lachney, M.Ed. Vice President of Business Development TMC

**Learning Objectives:**

- Identify their style under stress
- Identify 3 elements of a crucial moment in order to be more effective in communicating
- Identify strategies to improve the way they handle difficult situations

In healthcare, we are consistently faced with crucial moments. How do you encourage true meaning in the midst of strong emotions or opposing opinions? A vital skill set all leaders must have is the ability to successfully lead and mentor others in conducting crucial conversations. Dramatic improvements can be made in any organization’s performance when people are able to master crucial moments.

*1 Hour: CNE, ALM, LNFA, SW, CPE, SHRM*

**F3C: Someone is Taking Risks on your Residents. Should you?**

11:30 am – 12:30 pm | Live Webinar

Breakout Session

Stephen Taylor Principal CLA (CliftonLarsonAllen)

**Learning Objectives:**

- Identify the basic concepts of a Medicare Advantage Institutional Special Needs Plan (I-SNP)
- Recognize the fundamental differences between a fee-for-service Per Patient Day (PPD) environment and a risk-based Per Member Per Month (PMPM) world
- Identify the levers that drive financial success in risk-based payment models

This discussion will cover the key economic variables in transitioning from a world where per patient day (PPD) drives decisions to a value based world where per member per month (PMPM) is king. This session will include a case study that demonstrates the opportunities and risks under an Institutional Special Needs Plan (I-SNP), and highlight a number of risk-based fundamentals that translate to other risk-based payment structures.

*1 Hour: CNE, ALM, LNFA, SW, CPE*

**GS3: The Companionship Culture: Resident/Caregiver  
Engagement Through Life Stories**

2-3:30pm | Live Webinar

Keynote

Jerald Cosey

**Learning Objectives:**

Identify industry challenges that may lead to employee burn out

Bring awareness to the rise of Isolation in the senior community and its impact on physical and mental health outcomes

Uncover strategies designed to improve engagement through intentional relationships between residents and staff

Today's operational and clinical leaders navigate "white flag" moments daily. Responsibilities include quality outcomes, operational excellence, and staff development within a highly regulated industry, which may influence burnout as a healthcare professional. Isolation within the elder community is rising and with detrimental consequences. This trend is a reality for many residing within a healthcare community and frequently starts with physical separation before admission.

The COVID-19 pandemic has compounded realities for the senior healthcare community, scrutinizing yet galvanizing the industry and requiring professional and personal sacrifice.

This motivational message is designed to recognize and honor healthcare professionals for their contributions during the pandemic. Moreover, it influences a cultural movement to reduce isolation and improve person-centered care.

*1.5 Hours: CNE, ALM, LNFA, SW, CPE, SHRM*