LeadingAge® Gulf States

The Advisor

LeadingAge® Gulf States | LALA · ARGENTUM

2019 Annual Conference and Exhibition
Hampton Inn & Suites
New Orleans, Louisiana
May 8 – May 9, 2019

Inside This Issue
- **OSHA**
- **LeadingAge News**
- **CMS Recent Announcements**
- **MLN Matters**
- **FDA**
- **Other News**

VALUE 1st
Choices ■ Solutions ■ Savings

If you have any news or announcements that you would like to publish in our newsletter, please send via e-mail at
kcontrenchis@leadingagegulfstates.org

Happy Thanksgiving
From LeadingAge Gulf States

Update to Medicare Deductible, Coinsurance and Premium Rates for 2019

2019 PART A - HOSPITAL INSURANCE (HI)
- Part A Deductible: $1,364.00
- Part A Coinsurance
  - $341.00 a day for 61st-90th day
  - $682.00 a day for 91st-150th day (lifetime reserve days)
  - $170.50 a day for 21st-100th day (SNF) coinsurance
- Base Premium (BP): $437.00 a month
- BP with 10% surcharge: $480.70 a month
- BP with 45% reduction: $240.00 a month (for those who have 30-39 quarters of coverage)
- BP with 45% reduction and 10% surcharge: $264.00 a month

2019 PART B - SUPPLEMENTARY MEDICAL INSURANCE (SMI)
- Standard Premium: $135.50 a month
- Deductible: $185.00 a year
- Pro Rata Data Amount:
  - $133.57 1st month
  - $51.43 2nd month
- Coinsurance: 20 percent

Note that the Part B premium may vary based on beneficiary income above certain levels. CR11025 has additional information showing Part B premium rates as adjusted for income.

Value First

Save Money on MRO
Looking for savings on maintenance, repair and operations? Whether you are in the market for new appliances and air conditioning units, or planning to replace flooring and furniture, let Value 1st vendors compete for your business.

Many Value 1st vendors are industry leaders your community may already do business with.

Reduce Ongoing Renovations Expense
If your community does a significant number of unit upgrades or renovations throughout the year, Value 1st can work with vendors to get pre-negotiated prices on appliances and other items based on anticipated volume for the year. You achieve savings on pricing based on total quantity, rather than one-off discounts. And, items can be drop-shipped as needed so you don't have to worry about storage space.

Free Cost Studies on Recurring Expenses
Value 1st members are eligible to have cost studies done free of charge. Cost studies help to identify potential savings by comparing what you are currently paying vs. Value 1st GP contract prices.

- Food and Dietary Services
- Janitorial and Housekeeping
- Medical Supplies
- Office Supplies

Contact your Value 1st Representative
For additional information contact your Value 1st representative Chuck Gaume at (512) 467-2242 x107

GUIDING
GOVERNANCE
Mission Driven
Issue 8
November 2018

Welcome to **LeadingAge Virginia's** eighth issue of Guiding Governance. Each quarter this publication focuses on a specific governance topic to help you, your leadership team and your board in planning, strategic thinking, and execution as you seek to sustain and amplify your mission. Our next 12 issues will each highlight a principle from BoardSource's The Source – Twelve Principles of Governance that Power Exceptional Boards.

Remember, exceptional governance does not happen by accident. If we want staff and volunteer leadership partnerships that add value to our organizations, we must intentionally focus on our governance practices - constantly refining and evolving.

Please **let us know** how you use this publication, if it proves helpful, what other topics you would like to see us focus on and how we can best serve you and your board. We would love to discuss being part of your next Board or Leadership Team retreat, so contact melissa@leadingagevirginia.org to learn more.

Mission Driven

"Exceptional boards shape and uphold the mission, articulate a compelling vision, and ensure the congruence between decisions and core values."
– BoardSource, *Twelve Principles of Governance that Power Exceptional Boards*

A crucial aspect of governance is being guardians of the mission, vision and values of the organization. These statements are not simply fancy sentences on our annual reports, websites or walls of our community. They are statements of critical importance that guide decision making and are included in regular board conversations.

Leadership (and governance *is* leadership) requires setting an aspirational vision and using it to inspire and motivate staff in imagining a preferred future. We also must be courageous enough to acknowledge that, from time to time, we may need to rearticulate our mission and vision depending on where we are in the life cycle of our organization and what external factors might be affecting our business model. Values are also not statements to craft and then file but are meant to be lived out and modeled both at the board and staff levels.

Can your individual board members recite your mission, vision or values? What about your staff leadership? Where do you articulate these foundational elements of your organization to ensure you are living into them? If you don't currently, begin placing your mission, vision and values on your regular board meeting agendas. How can we use mission in our deliberations if we don't know what the statement means?

Starting the Conversation

The Source: Twelve Principles of Governance that Power Exceptional Boards from BoardSource

The Importance of Having a Mission Driven Company by William Craig for *Forbes*

Mission Matters Most by Kim Jonker & William F. Meehan III for *Stanford Social Innovation Review*

How to Guide your Nonprofit toward Mission-Friendly Growth by Kevin Xu for *Forbes*

5 Reasons Why Mission Driven Leaders are the Most Successful from Trustologie

Mission Statement from BoardSource

Strategic Planning and Redefining the Vision from BoardSource

Tools & Templates

What Does it Mean to be Mission Driven? from NESC

[Mind the Gap: Mission Accomplishment Measures](#) by Robert M. Sheehan, Jr. for BoardSource

[Tips for Developing a Mission Statement](#) from BoardSource

[9 Characteristics of a Mission Statement](#) from BoardSource

[Mission vs. Vision](#) from BoardSource

[30 Example Vision Statements](#) from TopNonprofits

[50 Example Mission Statements](#) from TopNonprofits

[8 Elements of an Effective Vision Statement](#) from The NonProfit Times

[Elements of a Vision Statement](#) from BoardSource

Did you know that LeadingAge Virginia provides consultation services to improve your board's effectiveness? [Contact us](#) to learn more about how we can help you and your board.

PREPARED FOR YOU BY

Melissa Andrews | President & CEO

LeadingAge Virginia | 804.965.5500

OSHA

Video Provides Tips on Reducing Healthcare Worker Injuries

A new video developed by OSHA Training Institute Education Centers offers guidance on how to prevent injuries from hazards in the healthcare industry, including exposure to bloodborne pathogens, chemicals and drugs, respiratory hazards, workplace violence, radioactive material and x-rays, and musculoskeletal injuries from lifting and repetitive tasks. The video will be available for free viewing from Oct. 22-26 by completing an [online registration form](#).

OSHA Issues Memorandum Clarifying Position on Incentive Program Drug Testing

OSHA issued a memorandum clarifying the agency's position that its rule prohibiting employer retaliation against employees for reporting work-related injuries or illnesses does not prohibit workplace safety incentive programs or post-incident drug testing. The Department believes that many employers who implement safety incentive programs and/or conduct post-incident drug testing do so to promote workplace safety and health. Action taken under a safety incentive program or post-incident drug testing policy would only violate OSHA's anti-retaliation rule if the employer took the action to penalize an employee for reporting a work-related injury or illness rather than for the legitimate purpose of promoting workplace safety and health. For more information, see the [memorandum](#).

NIOSH Fact Sheet Addresses Opioid Overdoses in the Workplace

Opioid overdoses are increasing in the workplace, with the Bureau of Labor Statistics finding that between 2013 and 2016, overdose deaths from non-medical use of drugs and alcohol increased by 38 percent annually. In response to this trend, the National Institute for Occupational Safety and Health has released a new fact sheet, *Using Naloxone to Reverse Opioid Overdose in the Workplace.* It provides a series of steps for employers to consider when deciding whether to make the overdose reversal medication available in the workplace. For more information, see the [news release](#). When implementing a naloxone program, employers are reminded of their responsibilities under the Occupational Safety and Health Act to provide their employees with a safe and healthful workplace.

OSHA Launches Program to Target High Injury and Illness Rates

OSHA is initiating the Site-Specific Targeting Program to target workplaces with high injury rates for inspection. Using injury and illness information electronically submitted by employers for calendar year 2016, OSHA will inspect establishments that should have provided 300A data, but did not. This program helps OSHA ensure that employers provide safe and healthful workplaces by directing enforcement resources to those workplaces with the highest rates of injuries and illnesses. For details on the program, and recordkeeping and reporting requirements, read the news release.

LeadingAge News

Trauma-Informed Care Resources
Part of: **Tools & Information**

Trauma Informed Care(TIC) will be a requirement as part of the CMS, Phase 3, Requirements of Participation, implemented, November 29th, 2019. The treatment framework and structure of trauma-informed care involves understanding, responding and recognizing the effects of all types of trauma. LeadingAge working with Resilience for All Ages (RFAA) and LeadingAge Maryland, has created tools and resources for members to understanding the impact of TIC and create a culture in your organization.

- **Foundations of Trauma-Informed Care: An Introductory Primer**

- **Foundations of Trauma-Informed Care One-Pagers**

- **Foundations of Trauma-Informed Care: Training for All Staff**

- **Foundations of Trauma-Informed Care: Training for Senior Staff and Board Leaders**

- **User Guide to the Foundations of Trauma-Informed Care Toolkit**

LeadingAge Center for Managed Care Solutions & Innovation Launched

LeadingAge is pleased to announce the launch of its *Center for Managed Care Solutions & Innovation*. The Center's goal is to be a one-stop shop of tools, resources and education that members need to succeed in managed care, integrated services and other alternative payment models. Resources will address both Medicare Advantage (MA) and Medicaid Managed Long-Term Services and Supports (MLTSS) as well as other integrated services and alternative payment models.

Recognizing that more than one-third of Medicare beneficiaries are now in Medicare Advantage, having much higher penetration rates in many parts of the country, it's highly unlikely that our healthcare systems will ever return to an entirely fee-for-service model. In states that use Medicaid MLTSS (i.e., right now, 41 programs operate in 24 states), we are seeing rapid growth. As recently as 2012, there were only 19 programs in 16 states. LeadingAge members – and the people they serve -- have everything to gain by carving out a positive, proactive role in these new systems. We want to help members address their immediate concerns as well as understand and participate in new program and financing models that integrate primary, acute care, post-acute care and long-term services and supports.

The Center for Managed Care Solutions & Innovation will offer a variety of resources for all members at various points in their managed care journeys including:

- Materials to understand the basics about on MA, Special Needs Plans and Medicaid MLTSS;
- A detailed glossary of managed care terms and acronyms;
- Fact sheets and issue briefs on a variety of different topics related to managed care;
- Webinars and other educational offerings in the *LeadingAge Learning Hub*. Early options will include both basic understanding of contracting with a managed care plan, how Medicaid MLTSS programs work as well as more advanced issues such as the considerations of becoming a provider-led Special Needs Plan; and
- Summaries of important articles published by researchers, noting what's relevant to members.

The Center's content will offer resources for all members because, even though Medicare benefits have been focused on hospitals, physicians and post-acute care, its reach via Medicare Advantage plans - as of 2019 and

beyond - has begun to touch home and community-based service providers. Additionally, managed care and integrated service models are increasingly focused on addressing the social determinants of health for older adults seeking partners to help address food insecurity (e.g., meals on wheels, grocery delivery), safe and affordable housing and transportation barriers. Therefore, we must understand how these models work and what the value proposition is within these models to be successful and embrace opportunities.

The Center for Managed Care Solutions & Innovations serves another critical purpose: It is the launching pad for our advocacy work. What we learn and discover from you and others along the way will help inform our policy positions, as we advocate for your interests before Congress and the Administration. In turn, we'll continue to provide routine and timely updates about current policy developments.

The Center will be led by Nicole Fallon, vice president of health policy and integrated services. Please feel free to *contact us* with questions and comments.

Flexibility and Innovation in Medicaid
LeadingAge staff attended the *Flexibility and Innovation in Medicaid* briefing organized by the Alliance for Health Policy and The Commonwealth Fund on October 19, 2018. The following panelists as well as two state officials from West Virginia (WV) and Arkansas (AK) presented their innovations in Medicaid:
- Calder Lynch, Senior Counselor to the Administrator at CMS;
- Thomas Barker, Partner and Co-Chair for the Health Care Practice Foley Hoag, LLP;
- Leonardo Cuello, Director of Health Policy at the National Health Law Program; and
- Cynthia Bean, Commissioner for the West Virginia Bureau for Medical Services (BMS).

As a result of Medicaid Expansion, WV saw a decrease of 10.8% to their uninsured population. Their expansion helped address the opioid epidemic in WV and allowed treatment for some 20,000 members who had a primary diagnoses of substance use. In 2017, WV was approved for the Medicaid Section 1115 Waiver, which allows state to test innovative policy and delivery approaches to reform system of care for individuals.

Cindy Gillespie, Director of Arkansas Department of Human Services (DHS), shared their Medicaid Section 1115 Waiver called "Arkansas Works 2.0." It requires able-bodied Medicaid enrollees under 50 years of age, without a dependent, to work. Medicaid recipients must work or participate in community engagement activities at least 80 hours a month in order to maintain access to Medicaid. The Medicaid recipients use an online portal to report their activities. After three months of non-compliance, Medicaid eligibility for the enrollees is terminated.

Calder Lynch gave general remarks from the perspective of CMS, its approach to community engagement and other Medicaid initiatives. Thomas Barker gave a general overview of the current landscape in Medicaid. Leo Cuello of NHeLP laid out the legal case his organization and other stakeholders are making against the Arkansas waiver (as well as other states with similar waivers).

SNF Prospective Payment System Calculator Tool Updated
LeadingAge has updated Medicare Part-A Skilled Nursing Facility (SNF) Prospective Payment System (PPS) calculator and the Medicare Part B therapy rate calculator to help members assess and estimate the impact of final payment changes for FY 2019, which begins on Oct. 1, 2018. Additionally, the Medicare Part-A SNF PPS and Medicare Part B therapy rate calculators for FY 2018 are available. Access to these tools requires login via *My.LeadingAge.*

What Will the Continuum Look Like in Five Years?
According to Steve Maag (Director, Residential Communities, LeadingAge), "consumers are looking to us for a variety of targeted services that meet their unique health, social and financial needs." He's not sure if the current continuum is up to the task.

"Consumers of the future are not necessarily going to accept the standard menu of services that we've traditionally offered them. Plus, we're already seeing signs that consumers, like the residents at Eaton Senior Communities, aren't necessarily interested in following that continuum like a straight path that starts in independent housing and inevitably leads to assisted living, and then to nursing. The ability of individuals to age in place, increasingly supported by technology, will also have a profound effect on our traditional notion of a continuum of care.

Our field is changing too. Providers are trying to find their own way through an evolving health care landscape that is

increasingly dominated by managed care and value-based payments, and that offers myriad new opportunities for partnerships with acute-care providers."

To read the entire article, please use the following link:
http://leadingage.org/member-resources/insights/what-will-your-continuum-look-5-years?mkt_tok=eyJpIjoiTm1Nek1UaGhNVE15WWpreSIsInQiOiJcL1ZOYkRPbG95NWE2Y2Qzdk5rV1wvWlZndkx0NlwvdEJUVTdYVEM3aWFoS3VuR3Z3UitGMU1ucDJPM2p6VXVHVE5E9NXC9wMEkzWDJQMTZVbWEzbDhPb1dmMnhQemggyb0l4c05kck1udGFDQkJkSExKa3a3JBMWFIYTh1dU50OWRINndPdDgifQ%3D%3D

Data Available on Aging Services Across the States

A recent *report, Across the States: Profiles of Long-Term Services and Supports,* by the AARP Public Policy Institute, provides valuable data on the population receiving aging services and the ways in which these services are provided, broken out by state. The report discusses demographics, social indicators, income levels, costs of care, insurance coverage and Medicaid participation, and other factors relevant to our field.

Among the report's findings:

• The population aged 85 and over will triple by the year 2050;
• Ethnic diversity within this population is increasing; and
• States are devoting more of their Medicaid long-term services and supports budgets to home- and community-based services.

This kind of data can be useful in ascertaining trends in our field and planning our organizations' futures. We will also use this data in our advocacy on issues affecting older people and their families.

HUD

Important EIV System Information Computer Matching with HHS/NDNH Delay

Due to technical challenges, there will be a delay in the regularly scheduled computer matching with Health and Human Services (HHS)/National Data of New Hires (NDNH). As a result, Income Reports containing new hires, federal/non-federal wages, and unemployment data will not be updated in the Enterprise Income Verification (EIV) system used by owners of Multifamily properties during November and December 2018. However, Social Security related income and EIV Verification Reports data will not be affected. Effective November 5, 2018, Owners/Agents (OA) must refer to Chapter 5-13 of HUD Handbook 4350.3 for the hierarchy of acceptable forms of verification for the affected income data. For compliance monitoring purposes, copies of EIV reports containing outdated data must be retained in accordance with Chapter 9-14 of HUD Handbook 4350.3. A copy of this RHIIP Listserv message should accompany the retained reports for explanatory purposes. We apologize for this inconvenience and will advise when the issue has been corrected.

Louisiana Nursing Facilities
DECLARATION OF EMERGENCY
Department of Health
Bureau of Health Services Financing

Nursing Facilities—Licensing Standards Virtual Visitation (LAC 48:I.9781)
The Department of Health, Bureau of Health Services Financing adopts LAC 48:I.9781 as authorized by R.S. 36:254 and 40:1193.1-1193.11. This Emergency Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, 49:953(B)(1)et seq., and shall be in effect for the maximum period allowed under the Act or until adoption of the final Rule, whichever occurs first. Act 596 of the 2018 Regular Session of the Louisiana Legislature, hereafter referred to as the Nursing Home Virtual Visitation Act, enacted R.S. 40:1193.1-1193.11 which directed the Department of Health to establish provisions governing nursing facility virtual visitation in order to provide for consent, by a nursing facility resident or a legal representative, relative to the authorization for installation and use of a monitoring device in the room of the resident.

In compliance with the requirements of Act 596, the Department of Health, Bureau of Health Services Financing amends the provisions governing the licensing of nursing facilities in order to adopt provisions governing virtual visitation. This action is being taken to promote the health and well-being of Louisiana residents in nursing facilities that consent to the authorization for installation and use of a monitoring device in the resident's room. It is estimated that implementation of this Emergency Rule will have no programmatic costs for state fiscal year 2018-19.

Effective November 20, 2018, the Department of Health, Bureau of Health Services Financing amends the provisions governing the licensing of nursing facilities in order to adopt provisions governing virtual visitation. **Title 48**

PUBLIC HEALTH—GENERAL
Part I. General Administration
Subpart 3. Licensing and Certification
Chapter 97. Nursing Facilities
Subchapter C. Resident Rights §9781. Virtual Visitation

A. Each nursing facility licensed by the Department of Health shall comply with the provisions of the Nursing Home Virtual Visitation Act of 2018 enacted by the Louisiana Legislature, or such amendments enacted thereafter.
B. The term "monitoring device", as used in this Section, shall have the same meaning as defined in the Nursing Home Virtual Visitation Act of 2018.
C. Capacity to Consent to Virtual Visitation
    1. A resident's capacity to consent to the authorization for installation and use of a monitoring device is presumed if the resident has not been interdicted and has no current documented medical diagnosis affecting capacity.
    2. Any question as to capacity of a non-interdicted resident to consent to the authorization for installation and use of a monitoring device shall be determined by the resident's admitting physician, the resident's personal physician, or the medical director of the nursing facility; such determination shall be documented in the resident's medical record.
    3. The nursing facility shall have a policy regarding capacity to consent to the authorization for installation and use of a monitoring device in a resident's room; such policy shall include, at a minimum, the provisions of §9781.C.1 and §9781.C.2.

AUTHORITY NOTE: Promulgated in accordance with R.S.36:254 and 40:1193.1-1193.11.
HISTORICAL NOTE: Promulgated by the Department of Health Bureau of Health Services Financing, LR 44: Interested persons may submit written comments to Cecile Castello, Health Standards Section, P.O. Box 3767, Baton Rouge, LA 70821 or by email to MedicaidPolicy@la.gov. Ms. Castello is responsible for responding to inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

Rebekah E. Gee MD, MPH
Secretary

CMS News

Proposed New Rules
Proposed rule would ease emergency prep requirements: On September 17, 2018, CMS released "**proposed**" new rules to remove unnecessary Medicare compliance requirements for healthcare facilities. A summary of the proposed changes is divided by categories. The proposed rules:

All facilities that accept Medicare and Medicaid:

- Amends the requirement to review and update the Emergency Preparedness Program (EPP) annually. The proposal would permit review every two years or potentially longer at the provider's own discretion.
- Amends the annual training requirement to allow training to occur every two years after initial education in the EPP has occurred.
- Amends the testing requirements to permit one of the required testing exercises to be in the form of a simulation or workshop. Currently, two exercises are required annually with one of the exercises being a full scale/community based exercise. This proposal would permit more flexibility for the second exercise which currently must minimally be a paper-based table-top exercise.

To read the entire Fact Sheet visit: https://www.cms.gov/newsroom/factsheets/medicare-and-medicaid-programs-proposed-regulatory-provisions-promoteprogram-efficiency-0   The proposed rule can be viewed in its entirety at: https://s3.amazonaws.com/publicinspection.federalregister.gov/2018-19599.pdf

CMS' new PDPM webpage
Hot off the presses CMS' *new* SNF – Patient Driven Payment Model (PDPM) webpage is now available at https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/PDPM.html

This website includes a variety of educational and training resources to assist stakeholders in preparing for the PDPM implementation:

- FAQs
- Fact sheets
- PDPM Training Presentation
- Implementation tools (including PDPM GROUPER logic)

Additionally, they will be conducting a **SNF PPS – PDPM National Provider Call on Tuesday, December 11, 2018**.

To register please click on the link below.

SNF PPS: New Patient Driven Payment Model Call
Tuesday, December 11, 2018, from 1:30 to 3 pm ET

Register here (https://blh.ier.intercall.com/) for Medicare Learning Network events.

On October 1, 2019, the new Patient Driven Payment Model (PDPM) is replacing Resource Utilization Group, Version IV (RUG-IV) for the Skilled Nursing Facility (SNF) Prospective Payment System (PPS). Topics:

- Overview of PDPM, a new case-mix classification system for SNF Part A beneficiaries
- Changeover from RUG-IV to PDPM

For more information, review the FY 2019 SNF PPS final rule, and visit the PDPM webpage. A question and answer session follows the presentation; however, attendees may email questions in advance to PDPM@cms.hhs.gov with "December 11 Call" in the subject line. These questions may be addressed during the call or used for other materials following the call.

New Articles Posted to MLN Matters

New:
MM10922 – Ensuring Occurrence Code 22 is Billed Correctly on Skilled Nursing Facility Inpatient Claims
https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM10922.pdf

MM10981 – 2019 Annual Update of Healthcare Common Procedure Coding System (HCPCS) Codes for Skilled Nursing Facility (SNF) Consolidated Billing (CB) Update
https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM10981.pdf

MM10970 – Updating Calendar Year (CY) 2019 Medicare Diabetes Prevention Program (MDPP) Payment Rates
https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM10970.pdf

MM10859 – International Classification of Diseases, Tenth Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs)
https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM10859.pdf

CMS released a letter to clinicians outlining how the agency is reducing burden through reform of documentation and coding requirements.

SE18016 – A Prescriber's Guide to the New Medicare Part D Opioid Overutilization Policies for 2019
https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE18016.pdf

MM11038 – Remittance Advice Remark Code (RARC), Claims Adjustment Reason Code (CARC), Medicare Remit Easy Print (MREP) and PC Print Update
https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM11038.pdf

Revised:

MM10611 – Medicare Cost Report E-Filing (MCReF)
https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM10611.pdf

MM10958 – New Waived Tests
https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM10958.pdf

FDA Medwatch

Sterile Drug Products by Pharm D Solutions: Health Care Professionals and Patients Should Not Use
A new MedWatch Safety Alert: **FDA alerts health care professionals and patients not to use sterile drug products from Pharm D Solutions** intended for**: Health Professional, Patient, Pharmacy, Risk Manager,** was just added to the FDA Drug Safety and Availability Web Page.

You can read the complete alert that includes recommendations at:
https://www.fda.gov/Drugs/DrugSafety/ucm626213.htm

SAVE THE DATE

What if

LeadingAge® Gulf States
LALA
ARGENTUM

2019 Annual Conference and Exhibition
Hampton Inn & Suites, New Orleans, Louisiana
May 8 – May 9, 2019