E-Alliance Extra

***Missouri Alliance for* Home Care**

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September 28, 2016

In This Edition

MAHC and MAHC Committees and Task Forces Have Been Busy

MAHC and MAHC Committee's and Task Forces have been working hard on many issues. If you have a specific issue that is important to you that you would like MAHC to address, please contact Carol at the MAHC office by phone or email: carol@mahcmail.org.

The **Pediatric Task Force** is one of MAHC's fastest growing Task Force. Representatives from this task force will be meeting next month with MO HealthNet and the three Managed Care Organizations to address concerns related to coverage for medically complex children.

The **CDS and State Programs/Medicaid Task Forces** have been meeting with state divisions on issues such as the FCSR backlog, Good Cause Waivers, EVV, Respite, Medical Transportation, Department of Labor and third party employer and program quality issues. Be watching for more detailed information related to these issues.

MAHC's **Advocacy Committee** will be gearing up for the upcoming legislative session. State budget experts paint a bleak picture on Missouri's financial status as revenues are not coming in as predicted and Department supplemental budgets are larger than expected. Also, with the election of a new governor and other leadership, it is hard to predict the outcome and what changes might be in store, making a legislative strategy difficult at this point. Stay tuned!

MAHC staff and board leaders have met with Missouri's state budget director regarding budget issues such as increased reimbursement rates and accrual of minutes for PDN. We have also been meeting with State Division staff on legislative and other areas of interest that we could collaborate on. We continue to meet regularly with advocates and the Department of Social Services Director, Brian Kinkade and staff with FSD related to Medicaid Authorizations. The call center remains a problem for consumers and providers. FSD is continuing to make changes to their call center and promise improvements are coming January 1.

We are also excited to be a part of the Missouri Hospital Association's Transformation of Care Transitions Committee and will be working to actively identify ways to enhance communication and collaboration among acute and post-acute providers specifically related to discharge.

The **Education Committee** has planned and continues to plan an array of essential educational sessions. A few topics include: EVV-One Year Later; Overtime, Travel Compensation and Employee Ethics; ICD-10 Coding; PPS Update-The 2017 Final Rule; Hiring, Engaging and Retaining the Best Staff; Wound Care sited conference; and many, many more. Check out MAHC's website (www.homecaremissouri.org) for a full list of upcoming education.

MAHC's Home Care Research and Education Foundation Awards Scholarships

MAHC's Home Care Research and Education Foundation provide scholarships for MAHC member home care employees pursuing a degree or advanced degree in nursing or therapy. This year's winners were:

Amelia Aubuchon. Amelia was chosen to receive a $1,000 scholarship. Amelia is currently employed with Right at Home St. Louis as an RN/Field Manager. Amelia feels the best way for her to channel her passion for the aging adult and achieve the desired impact on the geriatric population is by furthering her education as an RN to obtain a graduate degree. She is attending Maryville University in pursuit of a Master of Science in Nursing Nurse Practitioner Program. Amelia has many personal goals for pursing this degree including continuing in Private Duty home care and teaching in a college setting to nursing students. Best of luck to you Amelia, Congratulations!

Jennifer Taylor. Jennifer was also chosen to receive a $1,000 scholarship. Jennifer is currently employed with North Kansas City Hospital Home Health as the RN Case Manager. She knew when she graduated in 2001 with her BSN that her education journey was not over. In January 2014 she started her graduate path to a Family Nurse Practitioner and is currently attending Research College of Nursing. Jennifer's goal is to make an impact on patient care and give the best treatment possible for people in their home. To her, quality of care, continuation of care, continuity of care, and timeliness of care are vital to positive outcomes and patient satisfaction. This scholarship will allow Jennifer to follow her dreams and show her children that hard work and dedication can be rewarding. Congratulations Jennifer!

Governor's Council on Disability Legislative Priorities Poll

Each year the Governor's Council on Disability distributes a Legislative Priorities Poll to assist the Governor's Council on Disability in understanding issues important to Missourians with disabilities and those who work and live with them. Their 2016 Legislative Priorities Poll can be completed and submitted online at https://www.surveymonkey.com/r/YL39SDJ.

Completed polls must be received by the close of business on Friday, October 28, 2016.

Medicare and Medicaid Programs: Emergency Preparedness Requirements

MAHC will be providing education related to CMS's new Emergency Preparedness requirements. Be sure to watch for this information.

(The following is an article from Elizabeth E. Hogue, Esq)

The Centers for Medicare & Medicaid Services (CMS) has issued final rules regarding emergency preparedness. The final rule was published in the Federal Register on September 16, 2016, and will be effective on November 15, 2016. Providers are, however, not required to comply until November 15, 2017. These new requirements are in the form of Conditions of Participation (CoPs) for home health agencies. Consequently, beginning on November 15, 2017, home health agencies will be subject to surveys to ensure compliance with these requirements.

Here are the key requirements that home health agencies that participate in the Medicare and/or Medicaid Programs must meet as of November 15, 2017:

Home health agencies must comply with all applicable Federal, State and local emergency preparedness requirements.

Home health agencies must establish and maintain emergency preparedness programs that must be reviewed and updated at least annually. Agencies' emergency preparedness plans must be based on and include a documented, provider and community based risk assessment using an "all-hazards" approach and must:

- Include strategies to address emergent events identified by risk assessments
- Address the types of services agencies can provide in emergencies and continuity of operations, including delegations of authority and succession plans
- Include processes for cooperation and collaboration with local, tribal, regional, State, or Federal officials in emergency situations, including documentation of agencies' efforts to contact such officials and, if applicable, participation in collaborative and cooperative planning activities

Home health agencies must develop and implement policies and procedures governing emergency preparedness based on emergency plans that are reviewed and updated at least annually. At a minimum, policies and procedures must address the following:

- Plans for agencies' patients during a natural or man-made disaster, including individual plans for each patient that must be included as part of comprehensive assessments
- Procedures to inform State and local emergency preparedness officials about agency patients in need of evacuation from their residences at any time due to emergency situations based on patients' medical and psychiatric conditions and home environments
- Procedures to use to follow up with on-duty staff and patients to determine needed services if there are interruptions in service during or due to emergencies. Agencies must inform State and local officials of any on-duty staff or patients that they are unable to contact.
- Establishment of a system of medical documentation that preserves patients' information, protects confidentiality of patients' information and secures and maintains availability of records
- Use of volunteers in emergencies or other emergency staffing strategies, including a process for integration of state and Federally designated health care professionals to address surge needs during emergencies

Home health agencies must develop and maintain emergency preparedness communication plans that comply with Federal, State and local laws that are updated annually and include:

- Names and contact information for staff, entities that provide services under arrangement, patients' physicians, and volunteers
- Contact information for Federal, State, tribal, regional and local emergency preparedness staff
- Other sources of assistance, including primary and alternate means of communication with agencies' employees and Federal, State, tribal, regional and local emergency management agencies
- Methods for sharing information and medical documentation for patients under agencies' care, as necessary, with other health care providers in order to maintain continuity of care
- Processes to release patients' information during evacuations and to provide information about the general condition and location of patients under agencies' care consistent with all applicable requirements
- Processes to provide information about agencies' needs and abilities to provide assistance to authorities having jurisdiction, Incident Command Centers or designees

Home health agencies must develop and maintain emergency preparedness training and testing programs that are based on emergency plans, risk assessments, policies and procedures and communication plans required by the final regulations that are reviewed at least annually, including the following:

- Initial training in emergency preparedness policies and procedures for all new and existing agency employees, individuals providing services under arrangement and volunteers, consistent with expected roles
- Demonstrations of staff knowledge of emergency procedures
- Provision of emergency preparedness training at least annually and maintenance of documentation of the training
- Conduct of exercises to test emergency plans at least annually, including participation in full-scale exercises that are at least provider based and preferably community based
- Conduct of additional exercises that may include, but are not limited to, a second full-scale exercise that is community or provider based, a tabletop exercise that includes group discussions led by facilitators using narrated, clinically-relevant emergency scenarios and sets of problem statements, directed messages or prepared questions designed to challenge emergency plans
- Analysis and documentation of agencies' response to all drills, tabletop exercises and emergency events, including revisions to agencies' emergency plans as needed

The final rules also include additional requirements for agencies that are part of integrated healthcare systems.

Fourteen months seems like a long time to prepare for surveys on these requirements, but time definitely flies! Now is surely the time to get started.

Home Health Agency and Hospice PEPPER Portal

TMF Health Quality Institute is contracted with the Centers for Medicare & Medicaid Services to develop, produce and disseminate provider-specific comparative data reports, and is referred to as the Program for Evaluating Payment Patterns Electronic Report, or PEPPER. PEPPER summarizes one provider's Medicare claims data statistics for areas that have been identified as at higher risk for improper Medicare payments. Providers can use the PEPPER to identify where they may be at higher risk for improper payments so they can consider their statistics and whether they should take any action, such as reviewing a sample of records to ensure care provided was necessary and that documentation supports the diagnosis and procedure codes that were billed.

PEPPER has been available to home health agencies since July of 2015, and to hospices since 2012. We would like to encourage providers to access this free comparative billing report and utilize it as a tool to support their auditing and monitoring efforts. With that in mind, would you consider sharing the attached item with your membership in an electronic provider communication vehicle?

Please note that the PEPPER team has developed maps that display the PEPPER retrieval rate for PEPPERs accessed via the PEPPER Resources Portal for each state/territory. States on the interactive map are color-coded according to their retrieval rate. Users can click on a state to obtain details such as the number of PEPPERs available in the state via the portal, the number of PEPPERs accessed via the portal, the retrieval rate and a link to the data file for all states/territories in the nation.

Map of Home Health Agency PEPPER Retrievals by State

Map of Hospice PEPPER Retrievals by State

21 States File Suit Challenging the DOL's New Overtime Rule *(from SESCO Report)*

On September 20, 2016 a group of 21 states filed a lawsuit in the United States District Court for the Eastern District of Texas challenging the Department of Labor's (DOL) new overtime rule, which is set to take effect on December 1, 2016. As most know by now, in May 2016, the DOL issued its final rule establishing a new minimum salary threshold for the white collar exemptions under the Fair Labor Standards Act (FLSA). This new threshold of $913 per week ($47,476 annualized) more than doubles the current minimum weekly salary threshold of $455 per week ($23,660 annualized), and is scheduled to increase every three years. The crux of the states' claim is that the new rule will force many businesses, including state and local governments, to unfairly and substantially increase their employment costs. **Because this lawsuit is far from certain to succeed, SESCO encourages employers to continue preparing to comply with the new rules by December 1.**

Survey: Demand for More Caregivers in Home Care Providers is Strong
(from NAHC Report)

The demand for caregivers in the home care industry is robust, but difficulty finding qualified employees remains the single biggest challenge for companies wanting to hire more staff, according to a recent study.

Seventy six percent of private duty agencies are expecting to hire more caregivers in 2016 than they did in 2015, says a survey from CareInHomes Caregivers. By contrast only one percent could imagine fewer hires. However, a shortage of caregivers is a major problem facing agencies, with 70 percent calling it their biggest challenge. Recruiting caregivers is difficult, said 55 percent of respondents, due to a lack of qualified candidates.

The second most common recruiting problem was finding caregivers who live in relatively close proximity to patients. “Rarely does a professional caregiver live on the same street as a client,” explains the survey. However, only sixteen percent of respondents cited this as their top recruiting issue, so it pales in comparison to the difficulty in finding qualified caregiver applicants.

Other challenges cited in the survey were caregiver turnover (13 percent) and paying competitive wages (nine percent).

The legal requirements for private duty caregivers is relatively low in many jurisdictions, according to CareInHomes, but home care businesses typically set higher standards for their employees, so the problem is not a lack of candidates who meet the legal requirements, but a lack of candidates who meet an agency’s definition of qualified.

So what is a qualified caregiver? According to 82 percent of respondents, a qualified caregiver is one who is “compassionate and personable.” This seems reasonable, since companionship is almost inseparable from quality care in the home care business. However, compassion is not a quality that is obvious on a resume or employment application, making the hiring process tricky.

The second-most sought-after quality in a caregiver is having a car and a driver’s license, since traveling to private homes, which are often not near mass transit, is a critical part of the job. As the survey notes, “lacking a car will get you screened out by most agencies.”

Other caregiver qualities popular with respondents’ companies were CNA certification (34 percent), personal care assistance (32 percent) and Alzheimer’s or dementia care experience (28 percent). Twenty-two percent of respondents rated paid caregiver experience as one of the top qualities they seek in an applicant.

Despite the difficulty in hiring qualified caregivers, companies remain understandably choosy, reporting that they hire only 10-20 percent of applicants, a lower hiring rate than retail or hospitality. This means that the average company needs to interview 15 applicants per week to meet their hiring goals.

It is no surprise then, that 83 percent of the companies in the survey interview at least weekly and 15 percent interview daily. With all that time spent meeting prospective employees, 78 percent of the companies surveyed have an employee responsible for recruiting, interviewing and hiring. Clearly, keeping a home care company fully staffed is a lot of work.

CareInHomes surveyed a number of private duty home care agencies, the majority of which employed fewer than 50 caregivers.

NAHC Submits Comments on Standardized Data Set items *(from NAHC Report)*

The National Association for Home Care & Hospice submitted comments on the collection of standardized assessment-based data items developed under the Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act) on the domains of: cognitive function and mental status; special services, treatments, and interventions; medical conditions and co-morbidities; and impairments. The standardized assessment-based data items were developed for the Long-Term Care Hospital, the Inpatient Rehabilitation Facility, the Skilled Nursing Facility, and the Home Health Agency settings.

CMS sought public comments on whether items have the potential for improving quality, the utility of the items for describing case mix, the feasibility of the items for use in post-acute care settings, and the validity of the items. The public comment period ended September 12, 2016.

In general, NAHC believes the proposed standardized data set items under the domains for cognitive function and mental status; special services, treatments, and interventions; medical conditions and co-morbidities; and impairments have potential for improving quality, meet validity criteria, are feasible for use in the home health care setting, and are important elements for determining case mix. However, NAHC has concerns regarding the potential for duplication and/or overlap with current OASIS assessment items and the implications for replacing or altering OASIS items.

OASIS has various applications for home health agencies (i.e. payment, quality measures, Star Rating and home health value based purchasing). Almost all of the OASIS items impact one or more of these applications either directly or through risk adjustment for the quality measures. CMS must consider these applications with any modification to the OASIS assessment instrument. The risk adjustment model and/or measure specifications for the impacted measures will need to be revised.

NAHC is also concerned that items will continue to be added to the OASIS data set instrument to meet the requirements of the IMPACT Act, which could result in a lengthy assessment tool that will become very burdensome for agencies to administer.

CMS has also announced an opportunity for public comment on a post-acute care cross setting quality measure under the IMPACT Act for Falls with Major Injury. The measure addresses the percent of patients experiencing one or more falls with major injury during a home health episode. The comment period opened Sept. 19, 2016 and closes Oct.14, 2016. More information on the quality measure can be found here.

CMS Issues Hospice CAHPS Information *(from NAHC Report)*

CAHPS Hospice Survey Quality Assurance Guidelines V3.0 (QAG V3.0)

The CAHPS Hospice Survey administration protocols are contained in the *CAHPS Hospice Survey Quality Assurance Guidelines Version 3.0 (QAG).* This document has been developed by the Centers for Medicare & Medicaid Services (CMS) to standardize the survey data collection process and to ensure comparability of data reported through the CAHPS Hospice Survey. Please click here to view or download the QAG V3.0.

CAHPS Hospice Survey Quality Assurance Guidelines V3.0 Summary of Updates and Emphasis

The *CAHPS Hospice Survey Quality Assurance Guidelines V3.0 Summary of Updates and Emphasis* document is a reference tool that highlights the major changes from the *CAHPS Hospice Survey Quality Assurance Guidelines Version 2.0* to *V3.0*. Please click here to view or download this document.

Thank you,

Carol Hudspeth
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Missouri Alliance for Home Care