

HCA and Associations Meet with DOH and DOB on Minimum Wage Increase Issues

This morning, HCA, our government affairs team Hinman Straub, and our provider/plan association partners met with state Department of Health (DOH) and Division of Budget (DOB) representatives providing critical input on implementation of the minimum wage increase effective December 31. Key issues centered on honing accurate cost and funding calculations, as well as the “right” mechanism for distributing the dollars to plans and providers.

See WAGE p. 6

State Finance & Rate Experts Announced for Sept. 8-9 Retreat: Register Today!

HCA’s *Senior and Financial Managers Retreat* is one month away, at the scenic Mohonk Mountain House in New Paltz, and we have two newly announced speakers for our program: state Department of Health finance and rate-setting experts Ann Foster and Michael Ogborn.

See RETREAT p. 4

DOH Offers Vital Clarity/Opportunity for LTHHCP Providers

Q&A document affirms LTHHCP operations, roles, patient access and new opportunity areas

Following months of HCA outreach and guideline recommendations, the state Department of Health (DOH) this week posted critical clarifications and affirmation of state policies regarding LTHHCP providers.

See LTHHCP p. 2

Inside ASAP

HCA, Associations Meet with DOH, DOB on Minimum Wage.....	1
State Finance & Rate Experts at Sept. 8-9 Retreat: Register Today!...	1
DOH Offers Vital Clarity on LTHHCP Providers.....	1
Member Hiring Announcements.....	3,4
Upcoming Deadlines.....	6
Selfhelp Celebrates 80th Year, Rings Closing Bell on NYSE.....	7
QIVAPP and FLSA Update.....	8
FLSA Survey Due by August 26.....	8
HCA Memo Outlines State Legislative Outcomes, Focus Areas.....	9
New Video, Plus 10,000 BTVH-NY Packets Coming: Are YOU IN?.....	10
OMIG Resumes Semiannual TPL Case Requests.....	11
CMS Stresses Rate Adequacy to State Medicaid Programs.....	11
Details on FY 2017 Hospice Payment Rule.....	11
DOH Webinar Details Health Care Facility Transformation Funds...	12
ASAP To Get a New Name, Moves to Monday Schedule.....	14
HCA Work in Sepsis Intensifies, Draws Major Partners.....	15
Managed Care Update.....	16
CMS to Host Conference Call on the IMPACT Act on August 31.....	17
E.O. 38 Form and Cost Report Due August 15 for LTHHCPs.....	18
Nonprofit Infrastructure Investment Program RFA Posted.....	18
CMS Expands Home Health Moratoria Outside of New York.....	20
New CMS Condition Code for Hospice Recert, Claims Issues.....	21
CMS Proposes Changes to PACE.....	21
Publications.....	22

Reminder: HCA is on a biweekly summer ASAP schedule. Our next edition will be published on August 26. We will keep you posted by e-mail about any breaking updates.



Helping New Yorkers
Feel Right
At Home



▼ LTHHCP from p. 1

The posting – announced to members in an e-mail alert yesterday – is in the form of a Q&A. It addresses LTHHCP provider operations, roles, patient access, new opportunity areas, and other important information.

This well-timed posting follows a June DOH announcement – misinterpreted by some referral sources and system stakeholders – about the end of the state’s separate waiver for the LTHHCP. However, the waiver expiration is an entirely separate matter from the LTHHCP operating authority and the broader options available for LTHHCPs to serve patients and contract with partners.

This Q&A offers vital clarity for LTHHCP providers and health system sponsors in an evolving health care system, especially as LTHHCPs and their sponsors consider strategic decisions for participation in the Delivery System Reform Incentive Payment (DSRIP) program and value-based payments.

The Q&As are posted to the state Medicaid Redesign Team (MRT) webpage (at http://www.health.ny.gov/health_care/medicaid/redesign/mrt90/2016-08-10_qandas_lthhcp.htm) and they are directed to

administrators of LTHHCPs, local social services districts, managed care plans, hospitals and other health system stakeholders.

LTHHCPs relying on these Q&As are encouraged to share them with partners or referral sources who may otherwise be operating on contrary information.

HCA provided a detailed summary of the stipulations in yesterday’s e-mail alert. In summary, the guidance asserts that LTHHCP providers with a valid operating certificate are authorized to provide services enumerated on their certificate including other services allowed under Article 36. LTHHCPs have the same status as state and federally qualified “certified home health agencies.”

As such, LTHHCP providers with valid LTHHCP operating certificates may **directly** admit and serve patients under their LTHHCP/CHHA-authorization, for Medicaid, Medicare

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and dual-eligible patients as would otherwise be allowable for CHHAs under state and federal laws.

The policy also clarifies that LTHHCPs may contract to provide care management or other permissible contract services to other entities such as: managed care plans (including the option to pursue article 49 utilization review roles), Accountable Care Organizations, health homes, hospitals, advanced primary care practices and Performing Provider Systems (PPS) under DSRIP. (Note: Under DSRIP, DOH has already qualified virtually all LTHHCPs with “safety-net” incentive status for PPS DSRIP funding).

Additional new service opportunity areas for LTHHCPs are outlined in the directive. These include:

- Contracts with local districts of social services (LDSSs) to conduct assessments for and/or to provide Medicaid-covered personal care

services under current state-LDSS personal care authority.

- Contracts to provide both state plan services and waived services, and/or care management services, under the Community First Choice state plan amendment, the Nursing Home Transition and Diversion Waiver, the Traumatic Brain Injury Waiver, and the Care at Home Waivers.

LTHHCPs are advised to contact the state’s Division of Home and Community Based Services (at homecare@health.ny.gov) with any additional inquiry about permissible roles and service options under LTHHCP provider status.

HCA thanks Mark Kissinger, Special Assistant to the Commissioner for Long Term Care, and Rebecca Fuller Gray, Director of the Division of Home and Community Based Services, for working over these many months to arrive at this important policy and program result.

HCA will soon schedule a statewide call or other program to further outline this development with members. Please stay tuned for details.

HIRING

Director of Patient Services – Full Time

Living Resources Certified Home Health Agency in Albany is growing and we are seeking a dynamic leader to fill this pivotal position.

This position is responsible for overall strategic, clinical, operational and financial leadership to the CHHA and ensures high quality, cost effective care. This individual will work in collaboration with the Living Resources Corporation’s CEO and Associate Executive Director to ensure the integrity of the agency in accordance with the goals and objectives of the agency as set forth by the Board of Directors.

Qualifications: Current RN license, required Bachelor’s degree, Master’s degree preferred; minimum of three years of management experience in home health care or related field.

For immediate consideration, please forward résumé/cover letter and salary requirements in confidence to Lisa Razanousky at lrazanousky@livingresources.org.

Additional opportunities available: Clinical Manager, RNs, Physical Therapists, Occupational Therapists, Home Health Aides and PCAs.

▼ RETREAT from p. 1

Their session on “New York State Medicaid Policy and Reimbursement Updates” will discuss the state’s Medicaid reimbursement policy priorities as well as the rates that affect home care providers and MLTC plans. They’ll also describe the latest on the state’s plans for implementation of the minimum wage hike, associated QIVAPP and FLSA adjustments, and the shift to Value Based Payment.

Medicare updates

On the federal side, home health policy expert Colin Roskey, of the Partnership for Quality Home Healthcare, will give his engaging forecast on: the landscape for Medicare payment; the regulatory and political conditions affecting Medicare home health services; and major issues like the 2017 Home Health Prospective Payment System Rule, the federal pre-claim review and value-based purchasing pilots, and other focus issues.

Wage and Hour Policies, Big-Picture Items

The conference has your reimbursement questions covered, but it also offers legal

expertise on wage, hour and overtime policy changes, including practical tips to mitigate exposure to wage and hour liability. Plus, our speakers will tackle some big-picture items like value-based payments, emerging workforce development issues and insights for strategic positioning.

Don’t Forget to Register for our PAC Reception, too

As you register, please also be sure to let us know you want to be on the guest list for our PAC reception at the same time and location. For a minimum donation, you’ll get to step outside from the conference hall and onto the sprawling deck of the Mohonk Mountain House as we all join together to support home care political action with a cocktail under the view of Mohonk’s stunning lakeside cliffs. Just check the box on our registration form to let us know you are coming.

An updated brochure and online registration are available at the links below.

Brochure: <http://hca-nys.org/wp-content/uploads/2016/06/SrFinanceRetreatBrochure2016.pdf>

Online registration: <https://www.eventville.com/catalog/eventregistration1.asp?eventid=1011953>

HIRING

Job Position: Patient Service Manager-Quality Management (Montefiore Home Health Agency)

BS in Nursing required. Candidate must have a New York State Registered Professional Nurse License and current Registration to practice nursing. Must have a valid NYS driver’s license with registration and insurance. Candidate is responsible for planning, supervising, coordinating, and evaluating patient care services provided by the nursing staff employed directly by MMC or through contract with the CHHA/LTHHCP.

Required Qualifications:

- Current NYS RN License and Registration; BSN required, Master’s in Nursing preferred.
- Minimum of three years of Home Care QI experience.
- Knowledge of Home Care regulations (i.e. Joint Commission/DOH).
- OASIS certified preferred. Coding certified preferred.
- Knowledge of Excel/Power Point.
- Education experience preferred/strong presentation skills.

Please apply directly through our website: www.montefiore.org/careers.

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▼ **WAGE from p. 1**

DOH reviewed its calculations of home care provider costs for the minimum wage increase, and the amount that the state would propose to add to each MLTC’s rates in order to account for this increase. HCA and partners mutually advocated that every home care provider in New York City faces a cost increase to comply with the minimum wage increase from \$10 to \$11 per hour, plus the additional \$4.09 in other benefits under the state Worker Wage Parity Law, and providers must be compensated for all of these new costs.

DOH has estimated a provider cost increase of \$1.33 per hour for minimum wage; however the associations presented data demonstrating additional costs above that level not included in DOH’s calculation.

A large portion of the meeting discussion centered on the distribution of funds from MLTCs to home care providers. HCA and plans both agreed that the entirety of the state’s increase (proposed by DOH at \$1.33 per-hour as of this morning) be paid through to the contracting agencies, irrespective of the current rate paid by plans, and reflecting providers’ straight net increase in costs for minimum wage. This mutually asserted approach would tremendously simplify the process for both plans and providers.

HCA also urged DOH to eliminate its proposed new layers of provider and plan attestation in favor of other efficient and unimposing ways that ensure accountability in the allocation of the increased funds for workers.

The next step is for the state to finalize the cost calculations (at \$1.33 per hour or above if DOH and DOB will agree with the associations’ higher cost projections). HCA and partners will be sharing further calculations with DOB. Additionally, HCA and partners will be working to reframe DOH’s initial draft guidance on implementation to provide for across-the-board adjustments and distribution mechanics, omit attestation layers, and map out guidance for plans and providers.

Today’s very productive meeting followed a meeting that HCA and association colleagues had with DOH last week to review DOH and association funding models for priority distributions that appropriately and fully support home care providers subject to the minimum wage hike.

We will continue to pursue assurances in the methodology for provider and plan funding to meet new costs in a full, fair and uncomplicated manner. We will also continue to update you as new information is received.

For more information, contact HCA Policy staff.

UPCOMING DEADLINES

REQUIREMENT or APPLICATION	DUE DATE
LTHHCP Cost Report	August 15
Personal Care Cost Report	September 15
CHHA Cost Report	September 15
LTHHCP Executive Order 38 Disclosure Form	August 15
CHHA and Personal Care Provider Executive Order 38 Disclosure Form	September 15
FLSA Provider Survey	August 26
LHCSA Wage Parity Certification Form	September 1
Health Care Facility Transformation Program RFA	September 16
Nonprofit Infrastructure Capital Investment Program RFA	September 29



Selfhelp Rings Closing Bell on Stock Exchange in Recognition of its 80th Anniversary

On August 5, HCA Member **Selfhelp Community Services** was recognized for its 80th anniversary by having the honor of ringing the closing bell on the New York Stock exchange.

The bell closing ceremony is usually reserved for organizations or individuals for a lifetime of achievement. According to the Wall Street Journal, "Bells came into use in the late 1800s to signal the start and end of the day, as continuous trading markets emerged and officials sought to maintain an orderly schedule. The first NYSE guest bell-ringer was in the 1950s, but it wasn't until the 1990s that guest ringers became a staple." One CBS News report indicates that an estimated 100 million people around the world watch the bell ringing each day, a highly publicized occasion honoring celebrities and organizations alike.

HCA congratulates Selfhelp on this excellent recognition for their work serving vulnerable populations in New York.

Pictured above are: (top photo) the Selfhelp team ringing the closing bell on the New York Stock Exchange; and (bottom photo) **HCA Board Member Russell Lusak**, Senior Vice President, Administration, poses with his son Matt as part of the ceremonies this week.



QIVAPP and FLSA Update

HCA reminds members who qualify for the Quality Incentive Vital Access Provider Pool (QIVAPP) for the period **April 1, 2014 to March 31, 2015** that the state Department of Health (DOH) has released these amounts to MLTC plans on **July 20**. Plans have 30 days from July 20 to distribute these funds to their eligible home care contractors. In cases where home care providers owe money, they will have 30 days to repay the plans.

As previously announced, QIVAPP for April 1, 2015 to March 31, 2016 will be provided to those found eligible for QIVAPP for 2014-15 and for additional home care agencies found eligible after submitting documentation to IPRO demonstrating their eligibility. DOH has advised us that QIVAPP for 2015-16 will be made to plans in one payment (who will have to pass the payments on to home care providers).

FLSA

DOH previously announced that the federal-share of funding to assist home care providers in complying with the final Fair Labor Standards Act (FLSA) rule change, for the period of October 13, 2015 to March 31, 2016, will be paid to the MLTC plans via checks dated **August 10**.

Plans will then have 30 days to pass the funds to their home care contractors.

DOH previously advised HCA that a federal-share of \$22.8 million (the same amount given to the plans earlier as the state-share of the FLSA monies) will be available in this August 10 payment, and that plans are expected to pass-through the federal monies to their home care providers in the same amounts as they did with the state-share.

HCA has repeatedly raised concerns to DOH about the distribution of these funds, including: the documentation required of providers; differences in methods used to determine the amounts that home care providers should receive; the varied amounts that providers have received from plans; the lack of any mechanism to appeal the amounts; and the untimely flow of funds.

Despite vigorous HCA objection, DOH has indicated it will not require that any additional funds built into managed care plan rates be passed from plans through to home care agencies to meet the FLSA requirements after March 31, 2016, and any new funding for home care providers will be up to negotiation between providers and health plans.

For more information, contact Andrew Koski at (518) 810-0662 or akoski@hcanys.org.

FLSA Survey Due by August 26

Webinar scheduled for August 17

HCA reminds members that the deadline for agencies to submit the recently released Fair Labor Standards Act (FLSA) survey is **August 26**.

HCA previously asked the state Department of Health (DOH) to extend the deadline to submit questions on the survey to August 12, and they agreed.

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At the urging of HCA and other associations, DOH has scheduled a webinar on the survey for **August 17, from 12:30 to 2 p.m.** Its purpose is to review the survey and help to ensure it is completed correctly. Once more details are available, we will notify members. Instead of posting a Frequently Asked Questions document, DOH will address those questions at this webinar; HCA urges members to send their questions to NY.FLSA@mercercor.com prior to the webinar (and copy Andrew Koski at akoski@hcanys.org).

DOH had worked with HCA and other associations to develop a survey that would measure the actual costs faced by home care providers due to the recent FLSA changes. We advocated for a brief survey that would capture only the important FLSA-related information and minimize sections related to travel expenses. However, the final survey is very detailed and will take more time to complete than anticipated.

The survey must be submitted online and is available at http://www.health.ny.gov/health_care/medicaid/redesign/fair_labor_standards_act.htm (under FLSA Updates), along with a “preview survey.”

The survey was initially sent to MLTC plans who were asked to notify their contracted home care providers. We had requested that it be posted on the Health Commerce System and, in response, DOH sent survey information directly to home care providers last week.

HCA thanks DOH for its flexibility on the survey and being open to addressing the issues raised by the associations.

HCA Memo Outlines State Legislative Outcomes, Focus Areas and Groundwork for Advocacy in Coming Months

Now that the regular 2016 State Legislative session is well behind us, HCA has prepared a detailed memorandum reporting on key legislative developments, including those since the session, as well as HCA-created initiatives that hold promise for further resolution during the remainder of the year and into 2017. You can download the memo at <http://hca-nys.org/wp-content/uploads/2016/08/HCA2016LegislativeMemo.pdf>.

The purpose of this memo is to describe the various, diverse issue areas that HCA has addressed through legislation this year, including home care payment, regulatory, clinical and programmatic areas, all responding to urgent as well as progressive, proactive needs in home care.

Those bills that passed both houses of the Legislature this year – as well as many other HCA measures which were introduced in one or both houses – provide an important platform for continued advocacy, as HCA works to urge the Governor’s action on bills awaiting delivery, and to advance key components of home care support during the 2017 state budget and legislative session planning stages. This work has already begun or will escalate during the fall.

Please be sure to read this memo, share it with your board of directors and with your government-relations teams as we leverage this year’s legislative accomplishments for further activity during the remainder of 2016 and into 2017.

New Video, Plus 10,000 BTVH-NY Packets Coming: Are YOU IN?

HCA is mailing **10,000** packages to home care providers who have volunteered to **Bring The Vote Home-NY!**

Is your agency participating?

Our offices are filled with boxes of instructions and voter materials that we are sending to providers, starting this week, so they can participate in this important campaign. If your agency has signed up for Bring The Vote Home-NY (BTVH-NY), you can expect to begin receiving these materials very soon (if not, already).



Bring The Vote Home is a national initiative designed to help seniors and people with disabilities vote. For patients who may have difficulty traveling to the polls, home care can help by supplying voter materials and instructions, including an absentee ballot application to vote from home. HCA is handling the New York component of the campaign.



New Video

HCA President Joanne Cunningham recently met with a home care client, **Michael Jones**, who receives services from the Eddy Visiting Nurse Association (VNA) to show how your staff can use HCA's materials to start the conversation with patients about voting.

Ms. Cunningham talks with Mr. Jones about our campaign and his past difficulties getting to the polls on election day. The video closes with Eddy VNA Vice President/Director **Michelle Mazzacco** explaining why her agency is participating in Bring The Vote Home New York.

Please watch the video on YouTube by clicking the image above. And if you want more information, or would like to join in this important effort, please e-mail **Alex Blais** at ablais@hcanys.org.

Our campaign website is www.bringthevotehomeny.org.

OMIG Resumes Semiannual TPL Case Requests Using Traditional Appeals

The state Office of the Medicaid Inspector General (OMIG) has resumed its semi-annual demand billing process for claims for the first half of federal fiscal year (FFY) 2016.

Details are outlined in a letter that some Medicare-certified home care providers (CHHAs or LTHHCPs) should have received from OMIG and its Third Party Liability (TPL) contractor, the University of Massachusetts Medical School (UMMS).

The letter identifies which cases have been selected to undergo appeals (through demand billing), with dates of services that occurred in the first and second quarters of FFY 2016 only (October 1, 2015 through March 31, 2016).

If your agency is selected for future quarterly initiatives, a separate notification letter and “Case Selection Report” will be sent at that time.

HCA members interested in knowing whether they should have received a letter from OMIG can e-mail HCA at info@hcanys.org.

For specific questions about the letters, contact UMMS’s Laurie Burns at (866) 626-7594.

CMS Guidance to State Medicaid Programs Encourages Payment Rate Adequacy for Home Care Workforce Costs

Guidance is consistent with HCA legislation and advocacy efforts aimed at full coverage of labor mandates and related costs

The U.S. Centers for Medicare and Medicaid Services (CMS) has sent an informational bulletin to state Medicaid programs stressing some “suggested approaches for strengthening and stabilizing the Medicaid home care workforce,” including an emphasis on payment adequacy.

CMS outlines an array of recommendations – such as a registry of workers, like the one maintained by New York State, and workforce training beyond the minimum qualifications requirements – but the document also “encourages states and providers to be mindful of the relationship between wage sufficiency, workforce health, and access to care.”

Continued on next page

Details on FY 2017 Hospice Payment Rule

The U.S. Centers for Medicare and Medicaid Services (CMS) has posted its final payment rule for hospice providers in fiscal year (FY) 2017. HCA has prepared a detailed memo to assist providers in anticipating the impact on your hospice payments and operations. The memo is available at <http://hca-nys.org/wp-content/uploads/2016/08/CMSFinalRuleFY2017Hospice.pdf>.

As outlined in the memo, CMS estimates that hospices nationally will see a 2.1 percent (\$350 million) increase in their payments for FY 2017 over FY 2016. The increase reflects the use of an estimated 2.7 percent inpatient hospital market basket update, reduced by a 0.3 percentage point productivity adjustment and a 0.3 percentage point adjustment required by law.

HCA's memo provides a chart and analysis showing how the various rate calculations are arrived at through adjustments to the following rates: two-tiered routine home care; continuous home care; inpatient respite care; and general inpatient care. The memo also describes updates to the Health Quality Reporting Program, public reporting requirements, the Consumer Assessment of Healthcare Providers and Systems, and other aspects of the rule, including CMS's comments on existing and future policymaking for hospice.

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States are “encouraged” to analyze how home care wages relate to the broader marketplace “when states establish rate-setting methodologies to providers,” the bulletin says.

Importantly, the report adds: “When developing payment rates for home care services, states should also consider business costs incurred by a provider ... [and] associated with the recruitment, skills training, and retention of qualified workers.”

Also, “A state may build into its payment rates the provider’s cost of maintaining status as a qualified Medicaid provider, attending Medicaid-specific pre-service orientations or trainings, and post-enrollment training. A provider’s costs for other benefits offered to workers, such as tuition assistance, performance-based bonus payments or higher wages for shiftwork, can also be built into the rate the state pays the provider for the service rendered.”

These statements are critical in the context of HCA’s state-level advocacy on wage and workforce issues.

As extensively reported in prior communications, HCA advanced legislation this year sponsored by Senator Kemp Hannon to require rate adequacy and coverage for labor and labor-related costs. This would include coverage for government labor mandates – like the recent changes to the Fair Labor Standards Act, the Wage Parity Law, and upcoming minimum wage increases – as well as recruitment, retention and training costs for ensuring a qualified workforce.

The legislation, which passed the Senate, is joined by a strong statement from Assemblyman Richard Gottfried whose recent memo to the state Medicaid Director urged payment adequacy and timeliness for workforce costs. Both the legislation and memo set the stage for our continued advocacy on the payment adequacy front, especially in our discussions with the Department of Health on minimum wage. (See related p. 1 story.) CMS’s position – and its call to state Medicaid Directors – likewise aligns with HCA’s advocacy for payments covering all aspects of an agency’s workforce obligations.

You can read the full CMS guidance at <https://www.medicaid.gov/federal-policy-guidance/downloads/cib080316.pdf>.

DOH Webinar Details Health Care Facility Transformation Funding Project

This week, the state Department of Health (DOH) held a webinar on its request for applications (RFA) under the Statewide Health Care Facility Transformation Program (SHCFTP).

As reported to members, the RFA includes HCA-sought dedicated funding for home care and community-based providers. The RFA can be accessed on DOH’s website at <http://www.health.ny.gov/funding/rfa/1607010255/index.htm> or through the Grants Gateway website at https://grantsgateway.ny.gov/intelligrants_NYSGG/module/nysgg/goportal.aspx?NavItem1=4&ngoID=5000607.

HCA submitted a series of questions about the RFA (the deadline was August 10); DOH will post a Frequently Asked Questions document on or about **August 17**. Our questions covered the type of projects that could be approved (technology upgrades, home care training, etc.). We also requested that DOH allow for an additional round of questions due to the short timeframe for submission.

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Applications must be submitted in the Grants Gateway by 4 p.m. on **Friday, September 16, 2016**; DOH suggests you submit it earlier so you don't face any delays due to a high expected response. Also, if you don't have a Grants Gateway account, you should plan on about five business days to obtain one. The estimated contract start date is March 1, 2017.

HCA and community health provider representatives worked in partnership to push for this transformation funding during budget negotiations, convincing the Legislature and Governor to dedicate a portion of these funds for home and community-based providers specifically.

The final initiative includes a minimum of \$30 million dedicated for the home and community based sector as part of the entire \$195 million pool otherwise available for all sectors. While the \$30 million minimum is dedicated to home and community-based providers, specifically, these entities are also eligible for funding in the remainder of the pool as well.

The goal of this program is to provide grants that primarily support capital projects (but it may include non-capital expenses) “for the purpose of strengthening and protecting continued access to health care services in communities throughout New York State and associated with a merger, consolidation or significant corporate restructuring activity that is part of an overall transformation plan intended to create a financially sustainable system of care.”

Non-capital projects, in addition to debt restructuring, may be eligible for funding, and they include general operating expenses directly connected to the eligible project for which funding is sought as well as non-capital expenses in cases where the RFA does not explicitly mention them as excluded. Those excluded are general operating expenses applicable to day-to-day operations and unconnected to the eligible project for which funding is being sought.

This week's webinar included the following points:

- Proposals will be judged on how well they achieve an entity's financial sustainability and are associated with a merger, consolidation, or corporate restructuring, but **restructuring will be interpreted broadly**. The project must also preserve essential health services (and be aligned with Delivery System Reform Incentive Payment program principles).
- The RFA is open to proprietary providers.
- Assisted Living and Enriched Housing providers are not eligible for the funding.
- Separate applications must be submitted for non-capital projects; a separate application for non-capital is required even if it is part of the same overall transformation plan for which a capital project application is being submitted.
- Awards are at the discretion of the DOH Commissioner and cannot be appealed.

The materials are at <http://hca-nys.org/wp-content/uploads/2016/08/SHCFTP-RFA-Applicant-Webinar-8-8-16.pdf>, while the recording is at <http://tinyurl.com/z7esohv>.

A Grantee Quick Start Guide and webinars are available for application assistance at <http://grantsreform.ny.gov/grantees>.

ASAP To Get a New Name, Moves to Monday Schedule, and Other Communications Changes

By now you may have noticed one of HCA's latest communications offerings: our twice-per-week "Home Care News Clips" delivered straight to the inboxes of key contacts in our database.

We began offering these clips over the summer as a way of alerting you about home care and related news items that supplement the information provided in our weekly newsletter and advocacy or policy alerts.

While HCA provides you with all of the news that is relevant to home care in New York State, these clips offer you other voices, so that you can see how home care news is being reported in mainstream media, blogs, and other sources, which have a different, more public reach for policymakers and consumers alike. We hope you enjoy the clips and would welcome any feedback you have.

Over the summer, we've also been publishing our newsletter on a biweekly basis, as we have done in past summers, but will soon resume our weekly newsletter distribution in September. This has given us time to plan other new communications offerings and changes, including a brand new newsletter design, schedule, and – yes – a soon-to-be-announced new name for our newsletter!

Beginning the week of September 12 you will begin seeing our newly rebranded newsletter. You will also begin receiving it on a new day: Mondays. We decided on this schedule change for a variety of reasons. For one, Monday is a great way to start your week with HCA's newsletter rather than receiving it late on Friday when your week is winding down.


Also, a Monday publication schedule allows us to give you a more complete round-up of all the news that broke during the prior week, including many regulatory and payment announcements which seem to hit the streets towards the end of the week.




Home Care Headlines

Articles of interest about home care


Home Care News

-  Ithaca Journal • 21/07 14:29


House bill would support family caregivers

to further support family caregivers by cosponsoring the RAISE Act. Beth Finkel, of New York City, is state director of AARP in New York.
-  Times Union • 21/07 13:50


Homecare Homebase to integrate Surescripts' Medication History for Reconciliation

Today, Homecare Homebase, a leading home health software provider, and Surescripts, the nation's leading health information network,
-  Mondag-US • 21/07 11:34


United States: CMS Preventative Measures...Pre-Claim Review Demonstration For Home Health Services

the Centers for Medicare & Medicaid Services (CMS) will be implementing a three-year Medicare pre-claim review demonstration for home health
-  Stilive.com • 21/07 07:00


Staten Islander starts day care in hopes of helping Alzheimer's patients

team, working with many New York State medical clinicians. "In this way, I learned a great deal about New York State healthcare. One of my
-  Next Avenue • 20/07 09:45


Palliative Care Is Not Just for Hospice Patients

most need them. Aids Patients at Any Stage Palliative care, according to the New York-based Center to Advance Palliative Care (CAPC), is
-  Home Health Care News • 21/07 16:14


Home Care Agencies Question MAC Readiness for Pre-Claim Submissions

-Claim Review Demonstration by the Centers for Medicare & Medicaid Services (CMS) begins in Illinois, home health care providers are eager
-  McKnight's • 21/07 16:21

CMS: Fraud prevention efforts saved Medicare, Medicaid \$42 billion including home care

along with inpatient care, outpatient care, physician services and home health, the CMS report notes. The most common area for underpayments
-  Kaiser Health News • 22/07 05:00

Medicare Prepares To Go Forward With New Hospital Quality Ratings

a broader picture." Medicare officials said in a statement. "CMS used a similar approach to simplify complex quality information on other
-  JD Supra • 21/07 16:21

New York Establishes a Super IC Misclassification-Plus Task Force

, the New York State Task Force Report appears to have overlooked the fact that the New York Department of Labor and the New York courts

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As for our newsletter name, ASAP has served as a symbol for immediacy, timeliness, and an urgent need to act or read up on home care related news. Our new name is a nod to this tradition while hopefully injecting some excitement into the future course of our communications offerings, which will include some other new components.

ASAP, and our renamed newsletter going forward, includes a pretty broad tent of policy news, advocacy and education offerings. While we try to cover a whole array of news that interests a diverse home care provider constituency, we always encourage readers to focus on the stories that relate specifically to your agency type or discipline. If there is anything we can do to make our communications offerings more useful to you, you are always welcome to contact HCA's Communications Director Roger Noyes at rnoyes@hcanys.org or at (518) 810-0665. We hope you enjoy our new direction.

HCA Work in Sepsis Intensifies, Draws Major Partners

IPRO and National Sepsis Alliance teaming with HCA to Launch HCA Sepsis Screen

In conjunction with upcoming National Sepsis Awareness Month in September, IPRO and the National Sepsis Alliance are teaming up with HCA to co-launch HCA's national, first-of-a-kind home care sepsis screening tool and algorithm for early symptom recognition and intervention.

HCA, IPRO and the Alliance are preparing a webinar series to introduce and offer agency training on this screening tool. Currently, IPRO had incorporated and is conducting home health agency training using the HCA screen as part of its sepsis pilots (under contract with the U.S. Centers for Medicare and Medicaid Services) in New York State. The webinars would go the next step to introduce the screening tool and use it for training statewide.

HCA has extensively reported on the development and progress with this tool, which was one of the featured innovations at the 2016 HCA Annual Meeting in May. The tool was developed under the HCA Quality Committee, its workgroup on sepsis, and workgroup leader **Amy Bowerman** of the Mohawk Valley Health System.

Over 80 percent of sepsis cases occur pre-hospital, and sepsis is the leading cause of Medicare 30-day readmissions in New York. Given sepsis' status as a top national health cost contributor and health threat, the screening tool will put into motion an entire new level of sepsis awareness, early recognition and critical intervention in the health system through home care.

The Hospital Corporation of America asked HCA and partners to present the screening tool to its hospital and home care representatives earlier this summer, and is pursuing its use or a tailored derivative in its affiliated hospitals and home care partners.

Look for further announcements related to HCA's launch.

National Sepsis Forum on "New Ideas" to Feature HCA Sepsis Initiative

HCA has been tapped to join a select group to present its home care sepsis screen at the 2016 Rory Staunton Foundation National Forum on Sepsis.

This third National Forum on September 12 in New York City will highlight New York State's leadership in new ideas on sepsis. HCA's

sepsis initiative will be among the “showcase advances made by New York healthcare professionals, educators, policymakers and patient advocates ...offering templates and guidance to other states and organizations working to end the sepsis crisis.”

HCA's Executive Vice President **Al Cardillo** will present HCA's sepsis screen as part of a select panel of presenters that will include, among others, **U.S. Senator Charles Schumer**, Northwell Health System CEO Michael Dowling, and state Department of Health Medical Director Foster Gesten, MD. A link to the program can be viewed at <http://hca-nys.org/wp-content/uploads/2016/08/RSF-Forum-2016-Invitation.pdf>.

The Rory Staunton Foundation was established in 2012, following the tragic loss of 12-year-old Rory to sepsis, with the mission of ensuring that “no other family loses a loved one to a preventable death from sepsis.”

HCA/Cardillo Appointed to National Sepsis Foundation Board

The National Sepsis Alliance has just appointed **Al Cardillo** to its National Board. The board is comprised of a distinguished group of individuals, including Steven Simpson, MD, of the University of Kansas and Health System, whose technical assistance was instrumental to HCA in the development of its home care sepsis screen. The Alliance also highlighted HCA on its website as a partnering organization, along with other distinguished organizations, and linked the HCA homepage to its partners page <http://www.sepsis.org/sponsors-and-partners/alliance-partners/>. HCA thanks the Alliance and its Executive, Thomas Heymann, for its extensive collaboration and support of HCA and home care efforts.

HCA is also working on a public relations strategy to garner media attention to the importance of sepsis prevention and intervention, including an upcoming talk-radio interview being organized for the next few weeks. We will report to the membership on the status of these media opportunities as they occur.

Managed Care Update

HCA participated in this week's state Department of Health (DOH) Managed Care Policy and Planning Meeting. Some highlights include:

- MLTC enrollment (as of July, or August, in the case of FIDA) includes: 174,135 for all MLTC plans; 157,088 for partial capitated plans; 5,963 in Medicaid Advantage plans; 5,512 in Programs of All-Inclusive Care for the Elderly (PACE); and 5,325 in Fully Integrated Duals Advantage (FIDA) plans.
- The Conflict-Free Evaluation and Enrollment Center continues to receive a large number of calls per day (881) and has conducted a total of 93,347 evaluations that found 97 percent were eligible for MLTCs.
- The PACE model contract has been revised and can be found at https://www.health.ny.gov/health_care/medicaid/redesign/docs/mrt90_pace_model_contract.pdf.
- DOH reported that the results of the Fair Labor Standards Act (FLSA) provider survey (see separate p. 8story) will be used to make any necessary changes to MLTC plan rates.
- The next meetings of the Nursing Home Transition and Diversion (NHTD)/Traumatic Brain Injury (TBI) Waiver Transition Stakeholder Phase II meetings will be on September 14, from 1 to 3 p.m. and October 4, from 10 a.m. to noon.

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- The NHTD/TBI transition plan is at https://www.health.ny.gov/health_care/medicaid/redesign/mrt90/tbi-nhtd_waiver_trans_ingo.htm.
- DOH held a FIDA update webinar on July 22; handouts are at https://www.health.ny.gov/health_care/medicaid/redesign/2016/docs/2016-07-22_stakeholder_update.pdf. DOH plans to hold another FIDA webinar in the fall to share the approved advertising materials and participants' success stories.
- Effective immediately, FIDA plans may offer insect repellent as part of their 2017 FIDA Plan Benefit Packages.
- An Administrative Directive Memorandum was drafted on CFCO and shared with state agencies and local departments of social services. DOH hopes to finalize it in August.
- MLTC plans are concerned that they won't be ready for the December 1 start date and need time to develop networks for CFCO services that they don't currently provide.
- DOH intends to finalize in August a flowchart to illustrate how people will access services and supports, for both existing recipients and new recipients.
- DOH also intends to provide NY Medicaid Choice/Maximus with guidance and training.

Community First Choice Option

- The Community First Choice Option (CFCO) program will be implemented on December 1 in both Medicaid fee-for-service and managed care. An informational webinar was recorded for stakeholders to announce the launch of CFCO service options. Slides are available at: https://www.health.ny.gov/health_care/medicaid/redesign/community_first_choice_option.htm.

- DOH is working to develop policies and protocols in August for social transportation, environmental modification, vehicle modification, moving assistance and assistive technology.

DSRIP

- Performing Provider System (PPS) networks can accept new providers to their networks during August 8 to September 8.

CMS to Host Conference Call on the IMPACT Act on August 31

The U.S. Centers for Medicare and Medicaid Services (CMS) will host a conference call on Wednesday, August 31 from 1:30 to 3 p.m. to discuss how data elements are used in measure development with The Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act).

During the call, participants will learn how information from assessment instruments is used to calculate quality measures. The IMPACT Act requires the reporting of standardized patient assessment data on quality measures, resource use, and other measures by Post-Acute Care (PAC) providers, including home health agencies, skilled nursing facilities, inpatient rehabilitation facilities, and long-term care hospitals.

Interested HCA members can register for the call by going to CMS's Medlearn Matters Event registration website at: <https://blh.ier.intercall.com/details/b745cb4472bb40018189a1da9077eeee>.

For further information, contact HCA Policy staff.

E.O. 38 Disclosure Form and Cost Report Due August 15 for LTHHCPs

HCA reminds our LTHHCP providers that August 15 is the deadline for submitting Disclosure Forms under Executive Order (EO) 38 and its implementing regulations, and to submit the 2015 LTHHCP Cost Report.

The due date for CHHAs and personal care providers to submit the EO 38 Disclosure Form is September 15. These dates are based on the date that “covered providers” must submit their 2015 Cost Reports.

In order to submit the form, agencies must first obtain a Grants Gateway account. Members are encouraged to allot enough time to complete the Grants Gateway process.

HCA published a legal update in the June 17 edition of our *ASAP* newsletter (see page 10) and advises members to review that article as it may affect submission of the EO 38 Disclosure Form.

The LTHHCP cost report is submitted via the Health Commerce System.

Information on the Disclosure Form, including a tutorial and the form, is available at: <http://executiveorder38.ny.gov/training>.

Nonprofit Infrastructure Capital Investment Program RFA Posted

The state Dormitory Authority has posted a Request for Applications (RFA) for the Nonprofit Infrastructure Capital Investment Program (NICIP).

It can be viewed at http://hca-nys.org/wp-content/uploads/2016/08/Nonprofit-Infrastructure-Capital-Investment-Program_080516.pdf and on the Grants Gateway at https://grantsgateway.ny.gov/IntelliGrants_NYSGG/module/nysgg/goportal.aspx (look under “Browse”).

Some important dates include:

- The deadline to submit questions is **August 17** and these must be submitted using the form at: <https://www.surveymonkey.com/r/NICIP>.
- An applicant webinar will be held on **September 1** and answers to submitted questions will be posted by September 16.
- Applications are due by **September 29** and awards will be announced by November 1.

NICIP will make targeted investments throughout the state in capital projects that will improve or maintain the quality, efficiency, accessibility, and reach of nonprofit human services organizations. Qualified organizations include those that provide direct services to New Yorkers through state contracts, state payment rates, or state authorized payments which represent funding appropriated by the state and passed through to a local government which then provides that money directly to the nonprofit organization.

Home care and hospice providers may be eligible for funding if they meet all of the eligibility criteria in the RFA.

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NICIP was initially appropriated \$50 million in the 2015-16 budget. An additional \$50 million was appropriated in the 2016-2017 budget for a total of \$100 million. The full \$100 million will be awarded through this RFA.

Note that the application questions have changed and, therefore, applicants may not simply resubmit an application sent in response to the NICIP RFA issued on December 11, 2015. Applicants who submitted an application under the prior RFA are encouraged to apply to this RFA by submitting a new application, either for the same project or a different one.

Of the \$100 million available, \$75 million will be reserved for projects that involve construction (renovations or expansions of program space, accessibility renovations, or energy efficiency modifications); and \$15 million will be reserved for projects related to eligible technology costs as defined in the RFA. The remaining \$10 million of the available funding will be placed into a Base Pool that will be used to fund projects from either category.

Nonprofit organizations are eligible to apply for a NICIP grant if they meet **all** of the following criteria:

- They are registered with Grants Gateway and are **Prequalified** at the time and date that the application is due. Applicants are strongly encouraged to review their document vaults prior to the application deadline to ensure that their documents are up to date.
- They are a human services organization.
- They provide direct services in New York State to individuals and families residing in New York.
- They currently receive funding from New York State for providing direct human services in the form of a: state contract; state payment rate; or state authorized payment.
- They have annual revenue, as reported on line 12 of their most recently filed IRS form 990, of at least \$100,000. Please see the RFA for additional information for entities that are not required to file an IRS form 990, or where another organization files an IRS form 990 on behalf of the applicant.

Please review the RFA carefully for precise definitions of the above-mentioned criteria.

Applicants must choose to apply for **either** a construction or technology project. Technology projects include: technology that constitutes all or a portion of an integrated information management project, including projects to improve electronic records, direct client service, data analysis, client security, or confidentiality.

For grants to install or upgrade technology, the useful life of these technology projects should be at least three years, and applicants must either own the real property where the technology equipment will be located, or be a party to a lease with a term of at least three years from the application date. Applicants are strongly encouraged to propose technology projects with a longer useful life, such as customized, integrated systems. The NICIP grants are **not** intended to fund purchases of mobile technology such as cell phones.

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Examples of eligible technology upgrades include:

- Information management systems that would eliminate the use of multiple databases among organizations or that would make a nonprofit's system more compatible with state systems.
- Purchase of servers and computers.

Examples of **ineligible** technology upgrades include:

- Purchasing software to assist with payroll or human resources.
- Purchasing cloud-based software.
- Purchasing tablets and similar portable devices unless the devices are part of a larger information management project.

HCA has been advocating for funding for infrastructure and technology costs faced by home care agencies and has introduced legislation (S.8168/Hannon) that would establish within Article 36 a multi-tiered support infrastructure for clinical and health information technology (HIT), and health information exchange (HIE), in home care.

It would authorize: capital grants for clinical and HI/HIE technology; increases to MLTC and managed care premiums to reimburse network provider technology costs; provision of episodic/fee-for-service increases for technology; use of various state health workforce funds for technology; inclusion of a technology factor in managed care quality incentive payments; stronger support for technology under the Delivery System Reform Incentive Payment (DSRIP) program; technology funding under the state Health Care Reform Act (HCRA); and other provisions.

This legislation is critical for home care and partnering sectors, especially in the context of new and evolving integrated models (DSRIP, Value Based Payments, managed care, etc.). HCA has also recently convened a Technology Committee to formulate additional proposals and recommendations to support technology development, capacity and integration for home care, hospice and managed care. This legislation supports these efforts and sets the table for upcoming legislative, policy, program and budget advocacy.

CMS Expands Home Health Moratoria Outside of New York

On July 29, the U.S. Centers for Medicare and Medicaid Services (CMS) announced that it will expand an existing moratoria on new home health and non-emergency ambulance providers in certain parts of states and expand it statewide. This action does not include New York but may be of interest to providers in terms of national policymaking. CMS will also create a demonstration that allows providers to apply for an exemption when beneficiary access to care is threatened.

On July 30, 2013, CMS implemented moratoria to prevent enrollment of new home health agencies (HHAs) in the Chicago, Illinois and Miami, Florida areas, as well as Part B ground ambulance suppliers in the Houston, Texas area. CMS extended the existing moratoria and expanded them to include HHAs in the metropolitan areas of: Fort Lauderdale, Florida; Detroit, Michigan; Houston, Texas; and Dallas, Texas, as

well as Part B ground ambulance suppliers in Philadelphia, Pennsylvania and nearby New Jersey counties. The moratoria have since been extended at six-month intervals. To date, they remain in place in all of the above-mentioned locations.

CMS's July 29 notice extends these existing HHA moratoria statewide (Illinois, Florida, Michigan and Texas) and also applies it to Medicaid and the Children's Health Insurance Program (CHIP).

CMS has also announced a Provider Enrollment Moratoria Access Waiver which will allow providers to request an exemption from the moratoria based on access issues, but those providers would also accept enhanced screening measures.

CMS's notice is available at: <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2016-Press-releases-items/2016-07-29-2.html>.

More information can be found here: <https://www.gpo.gov/fdsys/pkg/FR-2016-08-03/pdf/2016-18383.pdf> and <https://www.gpo.gov/fdsys/pkg/FR-2016-08-03/pdf/2016-18381.pdf>.

New CMS Condition Code Addresses Untimely Hospice Recertification and Corrects Claim Processing Problems

The U.S. Centers for Medicare and Medicaid Services (CMS) recently released Change Request (CR) No. 9590 which creates a new condition code for hospices to use to identify when an occurrence span code 77 period is caused by a late recertification of the terminal illness.

CR No. 9590 is at: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9590.pdf>.

It also corrects certain hospice processing problems and makes some maintenance revisions to the hospice portions of the "Medicare Claims Processing Manual." The revisions include reformatting the presentation of remittance advice codes and ensuring code pairs are compliant with industry standards.

CMS notes that CR No. 9590 creates no new policy. HCA hospice members should notify your billing staffs of these changes.

For further information, contact Patrick Conole at (518) 810-0661 or pconole@hcanys.org.

CMS Proposes Changes to PACE

This week, the U.S. Centers for Medicare and Medicaid Services (CMS) announced a proposed rule that would make changes to the Program of All-Inclusive Care for the Elderly (PACE).

According to CMS, the proposed rule would provide administrative flexibility and regulatory relief for PACE organizations and strengthen protections and improve care for beneficiaries. The proposed rule will be published in the Federal Register on August 16, 2016 and public comments will be due on **October 17, 2016**.

CMS's Fact Sheet states that it is proposing a more flexible approach to the composition of the interdisciplinary team under PACE to better meet beneficiaries' needs. Team members would be able to

participate in more aspects of a participant's care than is currently the case. Currently, team members can fulfill only one role on the care team.

In addition, CMS is proposing a number of other flexibilities, including allowing non-physician primary care practitioners to provide some services in the place of primary care physicians. According to CMS, this would give PACE organizations flexibility and improve efficiency, while ensuring that PACE organizations continue to meet the needs and preferences of participants.

CMS is also proposing to modify the PACE Program Agreement, which is the contract between CMS, state administering agencies, and PACE organizations. The changes would permit more frequent updates of information while streamlining the development of Program Agreements.

Other proposed changes include clarifications to enrollment policies, quality improvement, and other requirements for PACE organizations.

Some beneficiary protections that are being proposed include:

- Clarifying that PACE organizations offering qualified prescription drug coverage must comply with Medicare Part D prescription drug program requirements;
- Proposing changes to sanctions, enforcement actions, and terminations to strengthen CMS's ability to hold PACE organizations accountable and decrease the risk of harm to PACE participants; and
- Adding language to ensure that individuals with convictions for physical, sexual, or drug or alcohol abuse are not be employed in any capacity where their contact would pose a potential risk to beneficiaries in the PACE program.

A CMS Fact Sheet is at <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-08-11.html>.

To view the proposed rule (prior to publication in the Federal Register), visit: <https://s3.amazonaws.com/public-inspection.federalregister.gov/2016-19153.pdf>.

For more information on PACE, go to: <https://www.medicare.gov/your-medicare-costs/help-paying-costs/pace/pace.html>.

Publications

- "Tools for Choosing a Medicaid Managed Long Term Care Plan," by the NY Legal Assistance Group <http://www.wnyc.com/health/entry/169/>
- "Applying for Medicaid Personal Care Services and CDPAP Outside NYC – 2016 Changes," by the NY Legal Assistance Group <http://www.wnyc.com/health/entry/39/>

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- “New Law Requires 7-Day Medicaid Application Approval if Immediate Need for Personal Care or CDPAP – Addresses Delays in Enrolling in MLTC Plans,” by the New York Legal Assistance Group
<http://www.wnylc.com/health/entry/203/>
- “Suggested Approaches for Strengthening and Stabilizing the Medicaid Home Care Workforce,” by the U.S. Centers for Medicare and Medicaid Services
<https://www.medicaid.gov/federal-policy-guidance/downloads/cib080316.pdf>
- “Timely Reporting of Provider Enrollment Information Changes,” by the U.S. Centers for Medicare and Medicaid Services
<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1617.pdf>
- “New Condition Code To Use When Hospice Recertification Is Untimely and Correction to Hospice Processing Problems,” by the U.S. Centers for Medicare and Medicaid Services
<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9590.pdf>

For more information, contact Andrew Koski at (518) 810-0662 or akoski@hcanys.org.