COMING UP

Home Care Bootcamp: Understanding the Federal and State Wage & Hour Rules for Home Care
Oct. 20, 2016
VNSNY, 107 East 70th St.
NYC

Downstate LHCSA Forum
Oct. 28, 2016
Selfhelp Family Home Care, Inc.
520 Eighth Avenue, 5th Floor
NYC

Blueprint for OASIS Accuracy – OASIS-C2
Oct. 26 and 27, 2016
(Workshop), from 8 a.m. to 4 p.m.; Oct. 28 (COS-C Exam), from 9 to 11:30 a.m.

Visiting Nurse Service of NY, 1250 Broadway, 7th Floor, Meeting Rooms 7A/B/C, NYC

Minimum Wage Guidance Still Pending, as HCA Pushes for Proper Distribution of FLSA and Other Labor Funds

HCA and our government-affairs firm, Hinman Straub, have been in close communication with state officials to determine progress on the state’s implementation guidance for the minimum wage increase, effective December 31, 2016, and related funding,

The draft guidance, which was previously summarized for the membership in last week’s edition of The Situation Report, is still being reviewed by the state’s

See WAGE p. 3

HCA Quality & Tech Conference Next Month Features Home Care-Led Bundled Payment Program

Register now for November 16-17 program in Saratoga; early-bird discount ends on October 21

Bundled payment arrangements are in the toolbox of nearly every reform model, whether it’s DSRIP, Value-Based Payments, federal pilot programs or your MLTC contracts.

These models are being tested and, in some regions, mandated. As you know, CMS has implemented a joint-replacement bundle that relies substantially on home care

See QUALITY p. 2
QUALITY from p. 1

Bundled payment arrangements make sense in theory, but we know that your team needs, and demands, some concrete insights. *HCA’s Quality and Technology* conference next month is meeting this need, with “An Up Close Look at a Home Care-Led Bundled Payment Program.”

Amy Weiss, Vice President for Solution Development at the Visiting Nurse Service of New York (VNSNY), will present on VNSNY’s participation in a federal Bundled Payment for Care Improvement Project (BPCI) as a risk-bearing episode originator. You’ll learn how VNSNY redesigned care to meet the needs of its target population, innovative uses of technology and data management as part of the bundle, challenges and lessons learned, and future opportunities for home care agencies in the bundled payment space.

Like the conference as a whole, this session addresses the intersection of clinical programming, technology and finance. Check out the array of other great presenters in our conference brochure, or register online. Please also make sure your clinical managers, strategic planners and health information technology teams are encouraged to attend.

October 21 is the deadline for our early-bird discount, so make sure to reserve your spot as soon as possible.

A brochure is at the back of this week’s edition of *The Situation Report*. Online registration is here: https://www.eventville.com/Catalog/EventRegistration1.asp?EventId=1012037.
WAGE from p. 1

Department of Health and Division of Budget, but no timetable is known at this time for when the guidelines would be issued.

The state has accepted some of HCA’s modifications and recommendations to the original draft guidance. However, at last review, the guidance did not ensure an explicit rate supplement amount for each and every home care provider, as HCA has sought.

The draft guidance, as last seen by HCA, requires managed care plans to pay any aggregate additional funds entirely to providers and subsequently to workers for these obligations (including the minimum wage and wage parity amounts). In other words, the plans are expressly prohibited from keeping these additional funds. However, while the guidance does not obligate managed care plans to give every provider a $1.33/hour increase in additional reimbursement, as proposed, managed care plans are required to ensure that sufficient funds are forwarded to providers to ensure compliance with statutory wage obligations.

HCA will immediately notify the membership when the guidance and any official directive from the state are issued.

Direct distribution of these funds is all the more necessary amid recent reports that a few MLTC plans have told providers that they never received the federal share of Fair Labor Standards Act (FLSA) monies and thus they don’t intend to pass funds along to their home care contractors. These funds are intended to cover new overtime, travel and 24-hour live-in care costs stemming from implementation of changes to the companionship exemption rule for home care, which went into effect a year ago.

In a recent communication to DOH, HCA reminded state officials of its “assurances” that “the MLTC plans have received these monies in their revised August rates, which included an FLSA add-on that was the value of the State and Federal share over the course of 6 months of capitation payments (October through March).” We urged DOH to communicate immediately to the plans “to inform them that they received the funds and are expected to send it to their home care partners,” as many other plans have rightly been doing.

HCA will continue to keep you informed of these important developments as we urge a timely dissemination of the wage guidance and directives for the appropriate pass-through of funds for these and other costs.

DOH Preps EPS Rates for LTHHCPs Directly Serving Patients

On Friday, HCA received an update from the state Department of Health (DOH) on Medicaid billing for LTHHCP providers. The update applies specifically to direct admission of patients and services by LTHHCPs, indicating that LTHHCPs should use the Episodic Payment System (EPS) for billing.

As DOH moves to activate the Certified Home Health Agency (CHHA) EPS for LTHHCPs, HCA believes LTHHCPs should simultaneously work with their software vendors to incorporate the Medicaid EPS onto their own internal billing systems. LTHHCPs that are CHHA-based should already have the CHHA EPS software while LTHHCPs that are facility based (hospital or nursing home) may have to work with their vendors to do so. Information on the CHHA EPS billing system can be found at: http://www.health.ny.gov/facilities/long_term_care/reimbursement/chha/.

This most recent billing clarification follows the posting of a Questions and Answers (Q&A) guidance in August where DOH affirmed that LTHHCP providers are allowed to directly serve patients and contract for patient services under their operating certificates, public health law Article 36, and federal rule.

The August Q&A, while a vital affirmation of the LTHHCP’s role and authority, posed additional questions about rates, billing procedures, cost reports...
and other matters. Specifically, HCA has asked DOH how LTHHCPs should bill for cases they might directly admit in the event that a patient is not required to enroll in managed care or needs services outside managed care enrollment.

While DOH is activating EPS rates for such LTHHCP cases, DOH indicated that LTHHCPs should not be billing using their DOH-issued fee-for-service rates in the meantime. HCA has asked DOH for clarification on the timetable for EPS rates and is awaiting confirmation. DOH also said that LTHHCP “cost reports should be handled as providers do for CHHAs.”

HCA thanks DOH for these clarifications. Further questions remain, yet HCA urges current LTHHCPs (including all providers still maintaining LTHHCP operating certificates) to review and evaluate the opportunities available under both the August Q&A and this latest DOH update. The August Q&As are reported in the August 12 edition of our newsletter here: http://hca-nys.org/wp-content/uploads/2016/08/ ASAP081216.pdf.

HCA will request a statewide call with DOH for further review, questions and dialogue about these issues.

For further information, contact Al Cardillo at acardillo@hcanys.org.

UAS Upgrade Information

The state Department of Health (DOH) has provided guidance about the UAS-NY Online upgrade to v.1.2.14 that will begin on Saturday, October 22, 2016 at 6 p.m. and which will be completed by no later than Monday, October 24, 2016 at 8 a.m.

As per a September 12 memo issued to all UAS-NY Users, providers must complete the Multi-factor Authentication (MFA) process in the Health Commerce System (HCS) to meet new HCS security requirements and successfully use the UAS-NY post-upgrade to v.1.2.14 on Monday, October 24. With the launch of v.1.2.14, each time a user logs into UAS-NY, the user will be prompted to complete an authentication process. The user will receive an authentication code via the method designated by the user and enter the code. Once the code is confirmed, the user will have access to the UAS-NY.

Questions about the MFA registration process should be directed to the Commerce Accounts Management Unit (CAMU) at 866-529-1890.

Offline Users

DOH will also be releasing v.1.2.14 of the Offline Client. This is a required upgrade for all Offline Client users. Complete instructions for upgrading the UAS-NY Offline Application are currently available in the UAS-NY Training Environment Reference and Resources 8500 Online and Offline Application. You should not install v.1.2.14 prior to October 22 at 6 p.m. It will not work until Monday, October 24, 2016 when the online application is complete.

Questions can be directed to the UAS-NY Project Team at (518) 408-1021.
LHCSA Statistical Report Deadline Extended to Oct. 24

The state Department of Health (DOH) announced last week that the deadline has been extended for LHCSAs to complete their required 2015 statistical reports. The surveys will now be open until noon on October 24. A copy of the informational message announcing this change is available at http://hca-nys.org/wp-content/uploads/2016/10/InfoMessageLHCSAStatReportExtension.pdf.

All LHCSA providers must submit the report, and failure to do so may result in an enforcement action, as well as the suspension of any licensure applications.

During HCA’s Corporate Compliance Symposium on October 6, Rebecca Fuller Gray, Director of the state Department of Health (DOH) Division of Home and Community Based Services, reported that over 53 percent of LHCSAs were not compliant with state requirements to file a statistical report in 2014. Ms. Fuller Gray stressed that these reports are vital, so that the Department has sound patient census and other data to inform state policies and basic data needs.


LHCSAs that exclusively serve patients in the Assisted Living Program (ALP) must complete the 2015 ALP LHCSA Statistical Report. LHCSAs that serve non-ALP patients must complete the 2015 LHCSA Statistical Report. LHCSAs that serve both ALP and non-ALP patients must complete both forms.

Providers are advised to submit their Statistical Reports as early as possible to avoid any potential system delays and wait-times for support. Only the person with an Administrator role on the Health Commerce System (HCS) is able to submit the report, and only people in the Administrator, Director of Home Care Patient Services, Data Reporter or HPN Coordinator can access the forms.

Any questions should be submitted to HCStatRpts@health.state.ny.us.

MSSNY Focuses Docs’ Attention on F2F Issue for Home Care

HCA has extensively reported about our collaborative work with the Medical Society of the State of New York (MSSNY) on home care-physician issues, specifically our participation on a MSSNY home care workgroup.

As part of this effort, MSSNY has communicated to its members about the “administrative burdens that stand in the way of patients receiving, and physicians ordering, needed home care services,” specifically the Medicare face-to-face (F2F) requirement.

In its recent eNews report, MSSNY further reminds physicians about the mandate, its specific requirements and implications for home health, noting some of the advocacy efforts by HCA and others urging the U.S. Centers for Medicare and Medicaid Services (CMS) to simplify F2F.
Continued from previous page

“Many home care agencies and physicians have noted that the CMS regulations implementing this provision have created unnecessary and overly burdensome documentation requirements that are delaying or denying coverage for needed home care services,” MSSNY reports. “One home care provider shared an example of a CMS review agent denying the patient’s coverage for services based on his assessment of the physician’s documentation, despite concurring that the patient met the requisite eligibility criteria and indeed needed the services.”

CMS has now tasked state Medicaid programs with implementing a version of F2F for Medicaid services, and HCA has been engaged with partners on efforts to avoid any duplication of the burdens already in effect for Medicare. On this point, MSSNY’s report references its work with HCA, the Healthcare Association of New York State and the Iroquois Healthcare Alliance “to urge mitigation of such an added layer of burden for Medicaid” during recent meetings with DOH, where the groups stressed that the federal requirements allow states to eliminate Medicaid F2F entirely for certain care-delivery contexts, such as under managed care “or other ‘managed care-like’ models.” HCA has advocated that the Medicaid F2F not apply to these models, including the Delivery System Reform Incentive Payment Program, health homes, or Accountable Care Organizations.

MSSNY’s article to doctors is posted to our website here: http://hca-nys.org/wp-content/uploads/2016/10/MYSSNYArticleF2F.pdf. HCA members are welcome to use this article in support of your local engagement with physicians on the issue.

Managed Care Update

HCA participated in this week’s state Department of Health (DOH) Managed Care Policy and Planning meeting.

Some highlights of this meeting include:

- Managed Long Term Care (MLTC) enrollment (as of September) includes: 179,172 for all MLTC plans; 161,809 for partial capitated plans; 6,220 in Medicaid Advantage plans; 5,681 in Programs of All-Inclusive Care for the Elderly (PACE); 5,128 in Fully Integrated Duals Advantage (FIDA) plans; and 334 in a FIDA plan for individuals with intellectual and developmental disabilities (FIDA-IDD).

- The Conflict-Free Evaluation and Enrollment Center receives an average of 921 calls per day; it has conducted 107,067 evaluations of which 97 percent of individuals are approved for MLTC eligibility and 80 percent of evaluations are conducted within seven business days.

- The next public meeting of the Nursing Home Transition and Diversion and Traumatic Brain Injury (NHTD/TBI) Waiver Transition Workgroup will be on November 16 in Albany. Individuals can attend in person or participate by conference call, but must register in advance.

- From October 10 to October 21, DOH is sending letters and a FIDA FAQ to 6,800 providers to encourage them to join the FIDA network.

- From October 24 to January 27, letters will go out to approximately 85,000 opt-out and MLTC-enrolled consumers with information on FIDA and how to enroll.
The following information was provided about the Community First Choice Option (CFCO) program:

- The meeting included much discussion about possibly delaying the effective date for CFCO services under the Medicaid Managed Care (MMC) and MLTC benefit packages. DOH handouts, circulated at the meeting, indicated an effective date of January 1, 2017, but a delay to April 1 was discussed (subject to CMS approval).

- A list of current providers utilized in the NHTD and TBI Programs are now posted as means of better assisting Managed Care Organizations and Local Districts with identifying providers of these previously waivered services. See: http://www.health.ny.gov/health_care/medicaid/redesign/community_first_choice_option.htm.

- In response to HCA’s question, DOH said that additional providers who don’t appear on these lists can also provide CFCO services.

- Plans are encouraged to amend contracts with existing network providers that may also appear on the provider list.

- Current plan enrollees do not need a Level of Care determination to access CFCO services unless one is requested by the enrollee.

- Risk assessment, an integral part of the person-centered service planning (PCSP) process, is the responsibility of the Care Manager. The Care Manager must ensure that a risk management plan is completed and updated, along with the PCSP. (This is a federal requirement and DOH will provide more information.)

- A CFCO services supplement to the member handbook has been finalized.

- A template letter for plans to distribute to members announcing Medicaid coverage of CFCO services has also been finalized.

- Drafts of a 60-day plan letter and 1115 notification to CMS of CFCO carve-in have been finalized.

- A policy paper for plans is in final clearance process; this will provide guidance on the carve-in of CFCO services.

- An article on CFCO will appear in the October issue of DOH’s Medicaid Update.
Fall 2016 HCA Education Spotlight

HCA has a full roster of in-person and webinar-based educational offerings on a host of topics geared for all levels, from agency leaders and clinical managers to home health aides. Visit our website for registration options.

October 20: Understanding the Federal and State Wage & Hour Rules for Home Care Providers and Rising Above the Challenges (NYC). Employment attorneys specializing in wage and hour laws will discuss the key federal and state compensation requirements for home care providers, covering topics such as: accurate computation of the regular rate of pay; properly paying overtime; accurately tracking work time, including travel time; spread of hours and split-shift pay; call-in pay regulations; the Domestic Workers’ Bill of Rights; and Wage Parity Law.

October 26 & 27: Blueprint for OASIS Accuracy – OASIS-C2 Data Set (NYC)

October 28: Optional COS-C Exam (NYC)  
Separate registration required

Experience the comprehensive and nationally acclaimed two-day Blueprint for OASIS Accuracy workshop (October 26 & 27) and learn to confidently teach, audit and collect OASIS-C2 items accurately, plus the option to take the COS-C Exam at the same location (October 28).

October 24-28, 2016: 5-Day Skin & Wound Management Course (Elmhurst, NY). This course, provided through the Wound Care Education Institute (WCEI), offers an evidence-based approach to wound management to help clinicians stay current with the standards of care. HCA Members receive a discounted rate ($300 off standard rate).

Webinars for Home Health and Hospice Aides: HCA is sponsoring a series of webinars to provide training for home health and hospice aides. These programs are being offered on various dates through June 2017. Here are some upcoming installments of the series:

- Nov. 10: The Aide’s Role in Patient Centered Care
- Dec. 8: The Aide’s Role in Understanding Mental Health Disorders

November 10: The Most Important Conversation We’re Not Having – Advance Care Planning (Webinar). This webinar will give direct-care staff at all levels the tools they need to be better equipped to initiate, support and sustain conversations about end of life care preferences with patients and families as well as physicians, health care providers and community members.

November 16 & 17, 2016: HCA Quality & Technology Symposium (Saratoga, NY). This signature conference is geared for your clinical leaders, nurse managers, health information technology strategic planners, and executives seeking to know the latest trends and hot topics in quality and technology. (See p. 1 story.)

November 30, 2016: OASIS-C2, Are You Ready for the Changes? (Webinar). OASIS continues to be the single most important document in home health impacting reimbursement, quality outcomes, survey findings, and public ratings of home health agencies. CMS has released the final OASIS-C2 form and Guidance Manual, required for assessments beginning January 1, 2017. This webinar will help your home health clinicians, supervisors and quality coordinators stay up-to-date with these critical changes.

Save The Dates

December 15, 2016: Value Based Payment Conference (Tarrytown, NY)


May 3-5, 2017: HCA’s Annual Membership Conference (Saratoga Springs, NY)
HCA and Partner Sepsis Home Care Tool Webinar 2 This Thursday, October 20

If you haven’t already, be sure to register for webinar no. 2 of the three-part series on HCA’s Home Care Screening Tool and Protocol for early sepsis recognition and intervention. The next webinar is this Thursday, October 20, from 10:30 a.m. to noon.

This second webinar session will focus on integration of the sepsis protocol into your electronic health records. It will feature presentations by technology representatives. It will also provide a second walkthrough of the tool itself and respond to questions from webinar no. 1, which was conducted by HCA, IPRO and the Sepsis Alliance, and featured representatives of the U.S. Centers for Disease Control and Prevention, the Governor’s Office, state Department of Health, and Rory Staunton Foundation.

If you missed this first webinar, please review the recorded version in order to appropriately participate in the second webinar. The recorded version is at http://atlanticquality.org/initiatives/sepsis-initiative/.

This webinar series is being offered free of charge to your organization, but you must register to attend each session. To register, visit https://qualitynet.webex.com/mw3100/mywebex/default.do?siteurl=qualitynet. Locate each of the sessions by date (listed chronologically) and click on “Register” to the right of the session name. Once you submit your information, you will receive a confirmation e-mail with the log-in information.

Part 3 of the webinar series will be conducted Wednesday, November 9, 2016 from 10:30 a.m. to noon. This third session is a train-the-trainer program, and will also provide guidance on other elements important to agencies’ adoption of the tool.

For further information, contact Al Cardillo at acardillo@hcanyos.org, Sara Butterfield of IPRO at Sara.Butterfield@area-I.hcqis.org or Eve Bankert of IPRO at Eve.Bankert@area-I.hcqis.org.

Capital Region, Northeastern NY Providers Invited to Emergency Preparedness Sessions with Local Government Officials

HCA, the New York State Association of Health Care Providers (HCP) and the state Department of Health (DOH) Office of Health Emergency Preparedness (OHEP) this week sent an invite to home care and hospice providers in the capital region and northeastern New York for four locally-focused emergency preparedness sessions.

A registration link for these free-of-charge sessions is at https://www.surveymonkey.com/r/FYRXRL9, and providers are asked to register by October 28.

The purpose of these sessions is for home care and hospice providers, county health departments, and county emergency managers to exchange critical information related to preparedness and response for individuals living at home in emergencies. The sessions will address:

- Home care and hospice provider procedures, roles and responsibilities, and the unique care needs and requirements of in-home medically dependent individuals;
Continued from previous page

- Needs and considerations for local emergency preparedness and public health managers, their local assets and response plans; and

- Ways of further building upon local emergency preparedness relationships.

The sessions are being held in small, county-based groupings. Dates and locations are below:

- **Clinton, Essex and Franklin Counties**: Tuesday, November 1, 10 a.m. to noon; Hand House, Elizabethtown, NY.

- **Hamilton, Saratoga, Warren and Washington Counties**: Tuesday, November 1, 2 to 4 p.m.; Warren County/Glens Falls (specific location TBA).

- **Delaware, Fulton, Otsego and Schoharie Counties**: Thursday, November 10, 10 a.m. to noon; State University of New York at Cobleskill, Upper Champlin Hall.

- **Albany, Columbia, Greene, Montgomery, Rensselaer and Schenectady Counties**: Thursday, November 10, 2 to 4 p.m.; University at Albany College of Emergency Preparedness (specific campus location TBA).

These local sessions began last spring with all 17 counties in the Western New York region. The program is continuing now for the broader Capital/Northeastern region, and will ultimately be conducted across all regions of the state.

**DSRIP Update**

This week’s Delivery System Reform Incentive Payment (DSRIP) program update is based on information provided by the state Department of Health (DOH).

**PPS Lead Regulatory Waiver Requests – Round 4**

Performing Provider Systems (PPSs) are invited to submit additional applications for Regulatory Waiver Requests by **November 1, 2016**. An e-mail with instructions has been sent to the PPS leads. DOH responses to these requests will be sent to the PPS leads by January 1, 2017 and posted on the DSRIP website.

Additional information, including past Waiver Requests and the Regulatory Waiver Request Template, can be found at: [https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/reg_flex_guide_res_prog_stat_waiver_resp_approvals.htm](https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/reg_flex_guide_res_prog_stat_waiver_resp_approvals.htm).

In September 2014, DOH, the Office of Mental Health (OMH), the Office of Alcoholism and Substance Abuse Services (OASAS), and the Office for People with Developmental Disabilities (OPWDD) issued guidance to PPSs interested in seeking regulatory waivers connected with DSRIP and the Capital Restructuring Financing Program. See: [https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/regulated_flexibility_guidance.htm](https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/regulated_flexibility_guidance.htm).

Continued on next page
Mid-Point Assessment

On Friday October 7, 2016, the DSRIP Project Approval and Oversight Panel (PAOP) was briefed by DOH and the Public Consulting Group (PCG) on the DSRIP mid-point assessment process, PPS progress, and the regulatory waiver progress. All materials from this meeting are now available on the DSRIP website at: http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/projectApproval_oversight_panel.htm. A recording of the meeting can be found here: http://www.health.ny.gov/events/webcasts/archive/.

Timeline

The following DSRIP timeline was provided at this week’s DOH Managed Care Policy and Planning meeting:

- PPS Network Provider surveys (360) were completed by September 30, 2016.
- PPS Progress Narratives were submitted on August 5, 2016.
- PPS Primary Care Plan strategies were submitted on August 21, 2016.
- From September to October 2016, the Independent Assessors (IAs) have scheduled on-site PPS visits.
- On November 10, 2016, PPSs will receive initial IA recommendations.
- Public meetings of IA recommendations to PAOP will occur on two dates: January 31, 2017 and February 3, 2017.
- The Commissioner will submit recommendations to CMS on February 10, 2017.
- PPS Mid-point Assessment Action Plans to be completed March 2017.
- April 2017 starts Demonstration Year 3.

Questions should be submitted to DSRIP@health.ny.gov.

Health Advisory Posted on 2016-2017 Flu Surveillance and Reporting Requirements

Flu mask requirement not in effect

The state Department of Health (DOH) has posted on the Health Commerce System (HCS) a Health Advisory on Influenza Surveillance and Reporting Requirements, 2016-2017.

The Health Advisory is not a declaration of influenza prevalence and thus does not trigger the flu mask requirement. That will be announced at a later date in a separate guidance, at which time HCA will notify members; it will be posted on the HCS and/or at www.health.ny.gov/flumaskreg.

According to DOH, home care agencies are not required to report individual cases of influenza or influenza-like illness (ILI). However, under the “All Settings” section of the Advisory, DOH requests that agencies report any suspected cases of novel influenza, lack of response to antiviral therapy or influenza-associated deaths in
children less than 18 years. In addition, under the “Influenza Outbreaks in Community or Other Facility Setting” section of the Advisory, DOH asks that home care providers report any laboratory-confirmed influenza outbreaks or cases of ILI. For example, if a home care agency staff person is assisting multiple people in the same building, and they are aware of an outbreak of lab-confirmed influenza or an increase of ILI, DOH asks that the director of the home care agency report it to the local health department.

HCA advises members to review the Advisory with appropriate staff and note the helpful resources with links listed at the end.

**Guidance Issued on NHTD & TBI Services and HCBS Rule**

The state Department of Health (DOH) has issued guidance about the effect of the recent Home and Community-Based Services (HCBS) final rule and services provided under the Nursing Home Transition and Diversion (NHTD) and Traumatic Brain Injury (TBI) waiver programs.

The guidance is at [https://www.emedny.org/ProviderManuals/HCBS-TBIWaiver/PDFS/HCBS_Provider_Memo_-_HCBS_Compliant_Setting_10_7_16s.pdf](https://www.emedny.org/ProviderManuals/HCBS-TBIWaiver/PDFS/HCBS_Provider_Memo_-_HCBS_Compliant_Setting_10_7_16s.pdf).

As explained in many prior communications, the HCBS federal rule establishes criteria for what is considered a home and community setting under many Medicaid waiver programs, including managed long term care and mainstream Medicaid managed care.

The rule identifies settings or services that present institutional qualities and therefore do **not** meet the requirements necessary for Medicaid-funded home and community-based settings. These settings include those: located in a publicly or privately owned facility that provides inpatient treatment; are on the grounds of, or immediately adjacent to, a public institution; or that have the effect of isolating individuals receiving Medicaid-funded HCBS from the rest of the community.

A state may only include such settings in its Medicaid HCBS programs if the U.S. Centers for Medicare and Medicaid Services (CMS) determines that it has the qualities of an appropriate home and community-based setting. This is done through a “heightened scrutiny” process, which involves the state collecting information and input from the public supporting that the setting meets the qualities of being home and community based and does not have the qualities of an institution.

In the guidance, DOH presents a list of the qualities that programs will be expected to demonstrate in order to receive HCBS Medicaid funding if heightened scrutiny is triggered. If a new waiver provider applicant has proposed to offer services that are not fully integrated in the community using the listed criteria, it will not be approved.


For further information, contact nhtdwavier@health.ny.gov or tbi@health.ny.gov or (518) 474-5271.
Comptroller Audit Identifies Flaws in DOH Methodologies, Cost-Report Guidance Causing MCO Premium Overpayments

State Comptroller Thomas DiNapoli announced this week an audit revealing that the state Department of Health (DOH) overpaid certain Medicaid Managed Care Organization (MCO) premiums.

According to DiNapoli’s office, the DOH overpayments amounted to nearly $19 million for the state fiscal year 2014-15, “in part, because of a flaw in how it calculated premiums.” The audit also warned that another $56.8 million was at risk of overpayment over the next three years due to the flaw, which largely occurred because DOH “incorrectly factored in the cost of certain taxes ... levied against for-profit MCOs into DOH’s rate-setting calculations.” This resulted in higher premiums for all MCOs, including those MCOs that did not pay these taxes.

Additionally, the audit said DOH’s cost reporting instructions lacked clear and specific instructions for reporting some expenses, such as fines and penalties and certain legal expenses. The lack of clarity also caused MCOs to misreport non-allowable marketing expenses, “contrary to the intent of a policy change initiated from a Medicaid Redesign Team (MRT) proposal. As a result, DOH is not fully realizing the MRT’s estimated $45 million in annual savings from the change.”

In other findings:

- DOH did not collect $38.6 million in actuarial costs, incurred since 2009, from MCOs. Under state law, DOH is required to charge the MCOs for the actuarial services of Mercer Health and Benefits, but DOH had not done so.

- Auditors also reviewed the expenses submitted by one MCO to DOH and determined the MCO claimed certain non-allowable administrative expenses, which also contributed to the overpayments.

DiNapoli’s office made several recommendations for modifying the rates and recovering overpayments. DOH officials told auditors that they have since updated the methodology. The audit also called for changes to the Medicaid Managed Care Operating Report (MMCOR) instructions, and called on DOH to assess the cost of the current actuary contract, and any future contracts and amendments, to MCOs.

The complete report is here http://www.osc.state.ny.us/audits/allaudits/093017/14s55.pdf.

Updated FAQs Posted on Accountable Health Communities Model

The U.S. Centers for Medicare and Medicaid Services (CMS) has posted updated Frequently Asked Questions (FAQs) on the Accountable Health Communities (AHC) Model.

The FAQs are at https://innovation.cms.gov/initiatives/ahcm/faq.html#prog.

The AHC Model is a five-year test by CMS’s Innovation Center to learn whether identifying and addressing beneficiaries’ health-related social needs through referral and community navigation services can: improve care delivery; enhance quality of care; and reduce their total cost of care and impatient and outpatient health
care utilization. The AHC Model aims to identify and address beneficiaries’ health-related social needs in the following core areas:

- Housing instability and quality;
- Food insecurity;
- Utility needs;
- Interpersonal violence; and
- Transportation needs beyond medical transportation.

The model will test three scalable approaches (Track 1, 2, and 3) to addressing health-related social needs and linking clinical and community services: community referral, community service navigation, and community service alignment.

CMS will support and fund up to 12 cooperative agreements for Track 1 with up to $1.17 million available for each award recipient. CMS anticipates announcing awards for Track 1 in the summer of 2017, with the period of performance beginning shortly thereafter.

The application period for Tracks 2 and 3 is now closed and applications are currently under review. CMS anticipates announcing awards for Tracks 2 and 3 in the spring of 2017, with the period of performance beginning shortly thereafter.

Applications for Track 1 must be submitted electronically through www.grants.gov by 3 p.m. on November 3, 2016. Applications will only be considered for funding if they are submitted by the deadline and the application meets the requirements as outlined in the Funding Opportunity Announcement (FOA).


**DOH Posts DAL on Nurse-Family Partnership Program**

The state Department of Health has posted a *Dear Administrator Letter* (DAL) that clarifies the licensure and regulatory requirements which apply to the Nurse-Family Partnership (NFP) Program.


The NFP uses the nursing process and nursing assessment to combine preventive services, health education and guidance, care coordination, and case management through regular home visits to first-time mothers and their children. Nurses conduct continuous reassessments over the course of several months focused on assessment of a client’s physical, mental and social status and need for referral.

The DAL points out that an entity must be licensed to provide nursing services to individuals in their homes, including home health visits for the NFP Program. Thus, in order to provide the NFP Program, an entity must be licensed as a home care services agency and possess a license issued by DOH.

In addition, the DAL adds that all regulatory requirements pertaining to LHCSAs (NYCRR Title 10 Part 766), including physician orders, apply to a LHCSA offering the NFP Program.

Questions about this DAL can be directed to the DOH Division of Home and Community Based Services at homecare@health.ny.gov.
Applications Available for Consumer Directed Services in Rockland County

The Rockland County Department of Social Services (DSS) is accepting new applications from public, not-for-profit, or proprietary agencies wishing to provide Consumer Directed Personal Care Services and incidental household tasks to Medicaid recipients in Rockland County for the period January 1, 2017 to December 31, 2020.

An applicant may be an individual, a LHCSA, a CHHA or any other entity that is legally qualified under New York State law to enter into a contractual relationship with a social services district to provide Consumer Directed Personal Care Services. DSS is the lead agency on this type of procurement.

Those wishing to apply should send a request for information by October 24, 2016 to: Colleen.biavati@dfa.state.ny.us.

The application may also be downloaded from the Empire State Purchasing System at: www.empirestatebidsystem.com.

Telephone inquiries will not be accepted. You will be mailed an application to complete that will be due by no later than November 10, 2016 to the following address: Colleen Biavati, OAP Unit, Rockland County Department of Social Services, 50 Sanatorium Rd., Building L, Pomona, NY 10970.

CMS Announces New Initiative to Increase Physician Engagement

The U.S. Centers for Medicare and Medicaid Services (CMS) announced this week a new initiative to improve the physician experience with the Medicare program. As CMS implements delivery system reforms from the Affordable Care Act (ACA) and the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), this effort will review regulations and policies to minimize administrative tasks and seek other input to improve physician satisfaction. The initiative will be led by senior physicians within CMS who will report to the Office of the Administrator.

CMS Acting Administrator Andy Slavitt has appointed Dr. Shantanu Agrawal to lead the development of this function and implementation, which will cover documentation requirements and existing physician interactions with CMS, among other aspects of provider experiences.

Each of the ten CMS regional offices will oversee local meetings to take input from physician practices within the next six months and then hold regular meetings thereafter. These local meetings will result in a report with targeted recommendations to the CMS Administrator in 2017.

HCA believes this new initiative, through the local meetings, may give the home care industry an opportunity to express all of the regulatory burdens and problems associated with the home health physician face-to-face (F2F) requirement and give home care providers and physicians a chance to advocate together for positive changes going forward. (See related p. 4 story about MSSNY’s collaboration with HCA on this issue.)

The first action is the launch of an 18-month pilot program to reduce medical review for certain physicians while continuing to protect program integrity. Under the program, providers practicing within specified
Advanced Alternative Payment Models (APMs), Accountable Care Organizations (ACOs) and certain other entities will be relieved of some scrutiny under certain medical review programs. After the results of the pilot are analyzed, CMS will consider expansion along various dimensions including additional Advanced APMs, specialties, and provider types.

Additional information on this initiative can be found at the following link: https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-10-13.html and https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Overview.html.

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

Upcoming NGS Education Programs

National Government Services (NGS), New York’s Medicare Administrative Contractor (MAC), will be hosting the following educational webinars next week:

- **Home Health Face-to-Face Encounter and the Plan of Care**: Tuesday, October 18, from noon to 12:30 p.m. Registration is at: https://attendee.gotowebinar.com/register/6081787317788933890
- **Home Health 34X Billing**: Tuesday, October 18, from 2 to 3:30 p.m. Registration is at: https://attendee.gotowebinar.com/register/4725838792640036356
- **Provider Enrollment Revalidation**: Wednesday, October 19, from 10 to 11 a.m. Registration is at: https://attendee.gotowebinar.com/register/7978109524900204548
- **J6: FISS DDE Claims Correction**: Thursday, October 20, from 2 to 3 p.m. Registration is at: https://attendee.gotowebinar.com/register/3678002012305638913

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

Resources

- “Accounting for Social Risk Factors in Medicare Payment: Data,” by the National Academies of Sciences, Engineering, and Medicine http://tinyurl.com/z53k7lh

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- “Billing of Vaccine Services on Hospice Claims,” by the U.S. Centers for Medicare and Medicaid Services

- “Spousal Impoverishment Protections for Married Couples where One Spouse is in a Managed Long Term Care Plan – Pooled Trusts Allowed as an Option,” by the New York Legal Assistance Group http://www.wnyc.org/health/print/165/

- “Preparing for Better Health and Health Care for an Aging Population: A Vital Direction for Health and Health Care,” by the National Academy of Medicine


For more information, contact Andrew Koski at (518) 810-0662 or akoski@hcny.org.
Quality and Technology Solutions for Value Driven Home Care

HCA Quality & Technology Symposium

November 16-17, 2016
Embassy Suites by Hilton Saratoga Springs
86 Congress St
Saratoga Springs, New York, 12866
The path of success in a value-based payment environment begins at the intersection of quality and technology. HCA’s Quality & Technology Symposium brings you to this intersection by demonstrating ways that emerging technologies build bridges of connectivity, increase accuracy and efficiencies in care and operations, and drive quality and value in home care.

To thrive in an environment of integrated payments and services, home care providers must also prioritize their demonstration of quality, for the sake of accountability, to enter new marketplaces, and to offer concrete value-propositions for system partners. This conference will present some of the unique technological and programmatic approaches being innovated by providers and policymakers for driving positive clinical outcomes, and focusing your clinical intervention strategies on core areas of need.

As a special bonus, we’re also holding a post-conference session on “Data-Driven QAPI,” offering personalized, hands-on, and customized guidance to help you interpret your quality data – plus, you’ll be eligible for CEUs!

Don’t miss this exceptional opportunity to get your agency ready to meet the imperatives of quality enhancement and technological integration!
Wednesday, November 16

8:30AM
Registration and Light Breakfast

9:00AM
HCA Welcome

9:00–10:30AM
State Perspectives on Quality Performance Measures & Payment Innovation
Patrick Roohan, Director, Office of Quality and Safety, New York State Department of Health
Raina Josberger, Bureau of Quality Management & Improvement, New York State Department of Health (Invited)

New York State Health Department officials will share insights about the state’s priorities and planning to improve quality in the home care environment through performance measures, policy advancement, innovations in payment models and other initiatives.

10:30AM – 10:45AM
Break

10:45 – Noon
EHR Network Integration in Home Care
Christina Galanis, President and CEO, HealthLinkNY
Elizabeth Amato, Director of Statewide Services, NY eHealth Collaborative

Hear from two of the state’s most influential health information technology experts about technology policies that are influencing and shaping the landscape for the state’s home care provider community.

12:00 – 12:45PM
Lunch

12:45 – 1:45PM
Technology Innovation Spotlight (TBA)

1:45 - 3:15PM
New Developments in Sepsis Identification and Detection in the Home Care Setting
Sara Butterfield, RN, BSN, CPHQ, CCM, Director, Health Care Quality Improvement Program, IPRO
Amy Bowerman, RN, Director of Quality Improvement/Privacy Officer at Mohawk Valley Health Systems-Home Care Services and Director of Patient Services, Senior Network Health

Sepsis is the number-one driver of hospital readmissions in New York. More than 1.6 million people are diagnosed with sepsis nationally, and it is the highest cost factor for hospitalizations in the U.S., at approximately $20 billion per year. There are few other concrete areas of intervention that can have a more pronounced effect on outcomes, and home care is especially equipped to help, given that the vast majority of sepsis cases occur in the community setting.

HCA’s Adult Sepsis Screening Tool for Home Care is a cutting-edge clinical resource that is garnering national attention for its ability to support the early detection and intervention of sepsis in the home care setting. This session will provide an overview of the tool’s components, design, development and strategies for adoption and implementation.

3:00 – 3:30PM
Extended Break and Vendor Networking

3:30 – 4:30PM
Role of Home Care in Population Health Management
Noreen Nelson, PhD, Clinical Assistant Professor, NYU Rory Meyers College of Nursing

Population health management is getting some heavy focus from federal and state policymakers aiming to improve health outcomes in a value-based payment environment. Learn from a national population health clinical expert how home care providers can play a pivotal role in delivering positive population health outcomes.

4:30PM
Wrap Up and Adjourn
Tentative Agenda

Thursday, November 17

8:00AM
Registration and Light Breakfast

8:30-9:30AM
An Up Close Look at a Home Care Led Bundled Payment Program
Amy Weiss, Vice President, Solution Development, Visiting Nurse Service of New York

Whether its value-based payments, your current MLTC contract arrangements, or a range of federal program initiatives, bundled payment models are a core feature of many new clinical models to share risk, target interventions for specific populations, and reduce costs. Visiting Nurse Service of New York, the largest not-for-profit home and community based health care organization in the U.S., is actively participating in CMS’s Bundled Payments for Care Improvement (BPCI) program as a risk-bearing episode initiator. In this session, VNSNY will share insights on the following topics related to its work on BPCI:

• Redesigning care to meet the needs of the target population
• Innovating through technology and data management
• Challenges and lessons learned
• Future opportunities for home care agencies in the bundled payments space

9:30-10:45AM
The Value Proposition for Physician-Home Care Partnerships
Cyndi Nassivera-Reynolds, VP, Transformation & Clinical Quality, Hudson Headwaters Health Network

The home care-physician partnership has long been a staple of quality, care transitions and oversight. Physician buy-in and understanding of home care’s role are vital for authorization of services, but also, increasingly, for unique new partnerships in care delivery. Hear from one of the state’s most innovative providers about groundbreaking partnerships being forged between physicians and home care that are improving care delivery, providing high quality outcomes, and saving dollars.

10:45AM
Break

11:00 – Noon
General Session - TBA

Noon
Wrap Up and Adjourn

Be sure to check out the
Post-Conference HHQI Workshop – Bonus Session!
Post-Conference HHQI Workshop – Bonus Session!

Thursday, November 17
1:00 – 5:00 PM

Building & Sustaining Data-Driven QAPI
Misty Kevech, RN, BS Ed, MS, COS-C, CCP, CPTM
Cindy Sun, MSN, FNP, COS-C
Crystal Welch, RN

During this interactive workshop, RN Project Coordinators from the Home Health Quality Improvement (HHQI) National Campaign team will provide personalized, hands-on guidance on data interpretation and the next steps toward developing and sustaining a strong Quality Assurance & Performance Improvement (QAPI) plan.

Bring Your HHQI Data Reports for Personalized Assistance

HHQI uses OASIS data to generate custom data reports on high-priority topics such as Acute Care Hospitalizations (ACH) for all CMS-reporting home health agencies. You are encouraged to bring these reports with you to this session for personalized guidance on interpretation as well as suggested next steps.

To access your agency’s custom reports, register or login to the HHQI Data Access System. Sample reports will be provided for those who do not bring their agency’s custom reports.

Learning Objectives:

• Interpret your agency's HHQI ACH Data Reports and identify gaps in patient care
• Distinguish a minimum of three free evidence-based tools/resources to address gaps in patient care
• List three additional support resources to assist with development and sustainment of a Quality Assurance and Performance Improvement (QAPI) plan

* 3.75 Nursing CEs for this activity will be provided.
Thanks to our Program Sponsors!
REGISTRATION FORM

Registration Deadline is November 7.

Name: ________________________
Title: ________________________
Agency: ________________________
Address: ________________________
City/State/Zip: ________________________
Phone: ________________________ Ext. __________
Email: ________________________ (Required)

FEESCHEDULE FOR FULL SYMPOSIUM

Rates are Per Person (Nov 16 & 17)

HCA Member Early Bird Rate (Register by 10/21) $269 □ Yes, I will attend (Free the post-conference session
HCA Member Rate (Register after 10/21) $299 □ Yes, I will attend (Free) the post-conference session
Prospective Member Rate $399 □ Yes, I will attend (Free) the post-conference session

PAYMENT

Please check method of payment: (Checks must be received by date of program).

□ MC □ VISA □ AM EXP □ Check*

*Make checks payable to: HCA Education and Research and mail to: 388 Broadway, 4th Floor, Albany, NY 12207

Credit Card #
Exp. Date: _____________ Security Code: _____________

Name and/or Company Name on Card

Billing Address of card (including City, State and Zip Code)

Authorized Signature

Cancellations received in writing via email to info@hcanys.org by November 7, are refundable less a 25% administrative fee. No refunds are permitted after this date or for no shows. Substitutions are permitted.

Please fax to: (518) 426-8788

Hotel Information

A small block of rooms has been secured at the Embassy Suites, 86 Congress Street, Saratoga Springs, NY 12866 for the evenings of November 15 and November 16 at a discounted rate of $149.

To make your overnight accommodations, call the hotel directly at 518-290-9090 before October 21 and ask for the Home Care Association of New York State rate.