**COMING UP**

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

HCA Quality & Technology Symposium  
Nov. 16-17, 2016  
Embassy Suites by Hilton Saratoga Springs  
86 Congress St.  
Saratoga Springs, New York 12866

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**HCA Meets DOH on Medicaid Home Health Face to Face Requirement**

On Friday, HCA Policy staff met with the state Department of Health (DOH) Office of Health Insurance Programs, Division of Home and Community Based Services, and budget and provider associations to discuss the Medicaid home health face-to-face (F2F) requirement.

See F2F p. 2

**DOH Reminds MLTC Plans of FLSA Pass-through Requirement**

The state Department of Health (DOH) has communicated to MLTC plans about their receipt of Fair Labor Standards Act (FLSA) funding after HCA alerted DOH that there was confusion among some plans about the monies.

Home care providers had told HCA that some MLTC plans notified them that their plans had not received the “federal-share” funding for the new costs faced by agencies due to the FLSA changes (for the October 13, 2015 to March 31, 2016 period) and, thus, were not passing through these funds.

See FLSA p. 4
This was a follow-up to a meeting that HCA arranged with the Director of DOH’s Division of Long Term Care in September on this issue, and coordinated the participation of our partners at the State Medical Society, Healthcare Association of New York State and Iroquois Healthcare Alliance.

As reported in prior newsletter stories, the U.S. Centers for Medicare and Medicaid Services (CMS) issued a final rule in early February of this year regarding a new physician F2F documentation requirement for Medicaid home health services.

The final rule went into effect on July 1, 2016; however, CMS is delaying enforcement for up to one year in an acknowledgement that states and providers may need more time for implementation.

At Friday’s meeting, HCA’s message was simple: minimize the documentation requirements for physicians by only requiring that the physician indicate on the plan of care that a F2F has occurred within the required timeframes; and not apply the F2F to managed care cases, including mainstream Medicaid managed care and MLTC (as allowed by CMS); and further extend this exclusion to other models of care, such as accountable care organizations (ACOs), bundled payments, services provided under the Delivery System Reform Incentive Payment program/Performing Provider Systems, value based payments (VBP), etc.

HCA explained all of the documentation issues that home health agencies, physicians, and hospitals have encountered under Medicare F2F and made a strong case for the most simple and streamlined process to meet the Medicaid F2F.

We made the argument that a F2F requirement runs contrary to the state’s reform efforts which rely on a robust home care system for timely discharges, care transitions and care coordination. In addition, reimbursement under VBP, ACOs and other reform efforts differ from Medicaid fee-for-service payments, which is what F2F is intended to apply to.

In addition, HCA also confirmed with DOH that the Medicaid F2F will not apply to personal care services.

DOH had earlier shared with us some draft frequently asked questions and we will be providing feedback on them reflecting
Continued from previous page

the streamlining that we recommended during our meetings with state officials. In the meantime, DOH’s various departments that have jurisdiction over this issue will be meeting to formulate next steps and will then inform us, at which time we will notify members.

Meanwhile, HCA continues its efforts to make changes to the Medicare F2F requirement to address the deleterious effects on providers and patients.

HCA thanks DOH for soliciting our feedback on the Medicaid F2F and looks forward to further discussions and actions.

For more information, contact the HCA Policy staff.

HCA Provides Memos on NGS Home Care and Hospice Updates

New York’s Medicare Administrative Contractor, National Government Services (NGS), held two advisory meetings this week with updates to the home care and hospice provider communities. HCA Vice President Patrick Conole participated in both of these meetings, collecting information and providing feedback to NGS. Memos summarizing both meetings are posted at the links below.


The memos provide information on Medicare payment and regulatory issues. The home care memo has some specific insights about the “probe-and-educate” audit process for-face-to-face documentation requirements as well as Comprehensive Error Rate Testing (CERT) data findings that assist providers in responding to these reviews and ensuring compliance. The hospice memo similarly reviews CERT findings, medical review and appeals data, hospice cap issues, and more.

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

DOH to Make Partial Repayment of 2% Across-the-Board Cut

HCA has learned that the state Department of Health (DOH) intends to make a partial retrospective repayment of the 2 percent across-the-board (ATB) reduction taken from certain Medicaid fee-for-service services delivered from April 1, 2014 through March 31, 2015. This is part of a State Plan Amendment (SPA) submitted to the U.S. Centers for Medicare and Medicaid Services (CMS) in 2014 and still awaiting federal approval. The reduction has affected CHHAs and Personal Care providers.

Members will recall that the final 2014-15 state budget discontinued the 2 percent ATB cut after March 31, 2014, and DOH subsequently issued guidance last year which advised impacted providers that, effective May 8, 2015, the 2 percent ATB reduction was eliminated for claims with service dates on or after April 1, 2015.

Thus, while the cut was eliminated for dates of service after April 1, 2015, retroactive repayment of the 2 percent reduction (taken for the April 1, 2014 through March 31, 2015 period) has been still pending federal approval from CMS. However, HCA has been informed that a key issue of the pending SPA has been resolved allowing DOH to move forward with part of the retrospective rate adjustment.

DOH has sent the state share of the 2 percent ATB retrospective rate adjustment package to the state Division of Budget (DOB) for its review and approval. Once it is approved, it will be forwarded to eMedNY and will be included in an upcoming rate cycle. DOH has indicated that when the SPA is officially approved by CMS, DOH will release the federal share of the 2 percent ATB retrospective rate adjustment.

HCA has made elimination of the retrospective 2 percent ATB cut a key part of our state budget advocacy over the past two years and we will be reaching out to DOB urging its expeditious review of this rate package. HCA will update members when further information becomes available.
On October 12, DOH sent a message to MLTC plans as follows:

The April 2015 Phase IV rates (effective October 2015) 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). With this adjustment now flowing through the rate, a recovery of the State share advance made on March 2, 2016 was made. **With the adjustment in the Phase IV rate, the Federal share is now being paid and available. As a result, your plan is required to pass-through the same amount received in March (the State share amount) to your provider agencies.** Plans have been paid for those 6 months [and] therefore have received the value of the State and Federal share of the FLSA payment via their normal capitation rate. The Phase V rate update will maintain the same value included in Phase IV for FLSA.

HCA members should feel free to forward this language to any of their contracted plans.

DOH is incorporating FLSA costs into future rate updates to MLTC plans, but, despite HCA’s objections, is leaving it to plans and providers to negotiate any additional payments from the plans for these costs after March 30, 2016.

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

### Major DSRIP, Community Health Player to Discuss Home Care-Physician Partnerships at HCA Quality, Tech Conference

The home care-physician partnership is a cornerstone of quality care delivery. Physicians rely on home care to monitor at-risk patients, prevent higher-cost service use, conduct environmental and social assessments, handle medication management, and provide care coordination and outreach.

Even greater opportunities exist for this partnership to take on new shapes, especially under the Delivery System Reform Incentive Payment (DSRIP) program, bundled payment initiatives and others.

At HCA’s upcoming **Quality and Technology Symposium** (November 16 and 17), we are delighted to have Cyndi Nassivera-Reynolds, Vice President of Transformation & Clinical Quality at Hudson Headwaters, a Federally Qualified Health Center, who will discuss the possibilities for groundbreaking partnerships between physicians and home care.

Hudson Headwaters Health Network is a not-for-profit system of 17 community health centers providing primary care in northern New York, caring for more than 1,000 patients a day. A major player in the state’s DSRIP initiative, Hudson Headwaters has a unique understanding of interdisciplinary approaches to care, care-management practices, community outreach, and the possibilities for physician-home care partnerships.

Don’t miss this session and other great segments at this signature HCA conference, where we’ll be exploring “Quality and Technology Solutions for Value-Driven Home Care.”


**Register online:** [https://www.eventville.com/Catalog/EventRegistration1.asp?EventId=1012037](https://www.eventville.com/Catalog/EventRegistration1.asp?EventId=1012037).
Your Action Needed on HCA Advocacy Messages Using Legislative Action Center

Send messages today on essential-personnel bill, care-authorization improvement act

Over the past few weeks, HCA has posted a couple of important advocacy action items on our Legislative Action Center. If you haven’t acted yet, please do so as soon as possible. The Action Center makes advocacy easy and quick. All you have to do is click a link, enter your contact information and hit “send.” It takes just a minute of your time, and you should encourage all of your staff to follow this easy process.

The following action items are now live, with links for you to act:

**HCA’s Essential Personnel Bill: Two Messages**

As reported to you in an alert last week, state Legislative sponsors of the HCA-developed “essential-personnel” bill for home care and hospice emergency response have asked HCA to get our members and other providers on record to support this bill as it is prepared for delivery to the Governor for his signature.

HCA asks all members to visit our Legislative Action Center where we’ve posted two messages for you to send on this bill (S.6692B/A.9381B).

- The first message thanks Assembly and Senate sponsors (Assemblyman Cusick and Senator Lanza) for their vigorous support of the bill and urges their continued work with Governor Cuomo to have him sign it. You can send this message here: [http://p2a.co/m4goCRr](http://p2a.co/m4goCRr).

- The second message is addressed to Governor Cuomo, explaining the merits of the bill and urging his signature. You can send this message here: [http://p2a.co/cZ6Bdn9](http://p2a.co/cZ6Bdn9).

**“Home Health Care Planning Improvement Act”: One Message**

Congress is preparing bills for action during the post-election lame-duck session in November. HCA is focusing attention on a commonsense bill that has long demanded passage: S.578/H.R.1342, also known as the “Home Health Care Planning Improvement Act.”

We’ve extensively reported to you about this bill, which would allow nurse practitioners, physician assistants, clinical nurse specialists and other non-physician advanced-practice professionals to order and certify Medicare home health services.

We need your help to advocate for this measure, with direct outreach to U.S. Senator Charles Schumer, a co-sponsor of S.578. Send a message of support to Senator Schumer at: [http://p2a.co/ibsOrc1](http://p2a.co/ibsOrc1).

For any questions about HCA’s Legislative Action Network, please contact HCA’s Communications Director Roger Noyes at rnoyes@hcanys.org.
Tell Your Home Care “Public Service” Story for Home Care Month

During National Home Care Month in November, HCA strives to tell stories about home care providers, patients and staff in unique ways.

In 2016, many home care providers embarked on a new HCA-led initiative to engage patients on their voting rights, through our Bring The Vote Home-NY Campaign. Meanwhile, all home care providers and staff have stories to tell about the public service roles they’ve fulfilled for patients in the community.

What has your agency or staff done to engage, educate, or support patients in a unique way? We want to hear your stories for our 2016 National Home Care Month theme of “public service.”

Please send us a photograph and a paragraph or two describing how your agency or staff has engaged in public service through home care. The photo can be of your staff or patients (or both), depending on the story you choose to tell.

For instance, if you participated in our Bring The Vote Home-NY campaign, then tell us about it. How did it go? How many patients did you engage? What did your patients think about your outreach on voting issues? Are there any particularly unique stories that you’ve learned from this effort, such as patients’ past difficulties getting to the polls on Election Day, or quotes from patients expressing appreciation that you empowered them to vote for the first time in years?

If you didn’t participate in Bring The Vote Home, we still want to hear your stories about other public service work you or your staff are doing in the community, including: outreach to special populations, charitable services to the community, volunteer work, or educational work.

To tell your stories, please click our online form (https://www.surveymonkey.com/r/NatlHomeCareMonth2016), and we will feature your stories in our weekly newsletter and our Facebook page throughout the month of November. The sooner you send us your stories, the better, so that we can begin promoting them at the start of next month, but please send us your submissions no later than Friday, November 11.

If you have any questions, please contact HCA’s Communications Director Roger Noyes at rnoyes@hcany.org.
HCA, IPRO, Sepsis Alliance Conduct Home Care Sepsis Webinar II

On Thursday, October 20, HCA, IPRO and the National Sepsis Alliance conducted the second sequential webinar on the HCA Home Care Sepsis Screening Tool and Protocol.

This second webinar, which followed the first home care sepsis webinar on September 30, gave initial background on the integration of the HCA sepsis tool into agencies’ electronic health records (EHRs), provided a deeper walkthrough of the HCA tool and responded to questions.

EHR companies also spoke, including HCA member Homecare Homebase, and Netsmart (formerly AllScripts). They described the steps and considerations their companies are currently examining, in conjunction with their client home care providers, to integrate the HCA tool in the most seamless and efficient manner. They indicated that a deeper level of detail and guidance for all providers will follow as soon as the integration methods/options are finalized via this work with an initial set of agencies. HCA will provide updates on this development in a future webinar.

HCA thanks our partners IPRO and Sepsis Alliance, our Sepsis Workgroup leader Amy Bowerman of the VNA of Utica and Oneida County and Senior Health Network, and Homecare Homebase and Netsmart for their participation with us in this webinar.

Meanwhile, the initiative continues to garner increased attention in New York and nationally.

The Visiting Nurse Associations of America (VNNA) is linking the webinars to their national website, and is in discussion with HCA on other efforts to promote the initiative across the states. The U.S. Centers for Disease Control and Prevention (CDC) is also linking to the webinars to promote awareness and modeling. Meanwhile, requests continue to come in from other states and provider systems seeking to utilize the tool. The home care sepsis initiative was raised earlier this week in the state’s Value Based Payment committee discussions, as well, and has moved to the queue for a detailed briefing of the State Medicaid Director.

A third webinar is on November 9, from 10:30 a.m. to noon. It is especially designed for agency clinicians and will focus on “Training the Trainer.” Hospital systems which have achieved double-digit reductions in sepsis morbidity and mortality have all emphasized the imperative of training and education of the clinical team. HCA is seeking government and foundation support for such additional training within the home care system.

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.

A recorded version of the September webinar is at http://atlanticquality.org/initiatives/sepsis-initiative/ and a recording of webinar II will also be posted.

HCA will provide further detail on the process for releasing the tool for agency access. Meanwhile, agency participation in the entire webinar series is a requirement for access and use of the tool.
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 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.

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 1, 2016: “Being an Effective LHCSA Fiscal Intermediary under Consumer Directed Services” (NYC)

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


May 3-5, 2017: HCA’s Annual Membership Conference (Saratoga Springs, NY)
Home Care-Physician Partnerships Key Throughout the Continuum

With the health care system’s increasing focus on primary and community models, the opportunities and need for home care and physicians to work more closely and extensively are front, center and wide-screen.

Effective home care-physician partnering for delivery and management of care is at the core of all of the major health care models and goals. Never has the time for partnering between home care and physicians been more compelling or opportune for patients or the system.

HCA’s Policy Council this week launched an initiative for intensive collaboration on innovative home care and physician partnering across the continuum – from public health and primary care, to chronic and palliative care, to behavioral health, to care transitions.

In a special session of the Council, HCA brought together home care provider and MLTC members, the Medical Society of the State of New York, the American College of Physicians, the Hudson Headwaters Health Network, the CareMount Medical Group/Mount Kisko Practice, KPMG (the Value Based Payment project director), the state Department of Health, and Conference of Blue Cross/Blue Shield plans.

In the near day-long session, participants exchanged insights for the wide array of areas in which home care providers and physicians work together to bring greater quality, value and management of patient care. State leaders identified primary care/home care milestones under the new State Innovations Model, as well as under Value Based Payments, the Delivery System Reform Incentive Payment (DSRIP) program, Accountable Care Organizations, managed care and other models of service. Participants discussed the countless areas of natural alignment between home care and physicians and identified areas where support as well as relief of obstacles would be key to successful partnerships. These included: reimbursement, regulation, alignment of quality/performance measures, data, integration of health information, and others.

HCA is compiling an action plan to move forward on this path. DOH and HCA have scheduled meetings as early as next week to explore next steps, and HCA and the State Medical Society will bring this week’s discussion into the work of our joint physician-home care task force meeting on a parallel track.

To further examine the opportunities of the home care-physician care alliance, providers should plan now to attend the November 16 and 17 HCA Quality and Technology Symposium which includes a key presentation from Cynthia Nassivera-Reynolds of the Hudson Headwaters Health Network, a major advanced primary care practice, patient centered medical home, federally qualified health center and Performing Provider System lead in the state’s DSRIP program. (See related page 4 story for more symposium details.)

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

Latest VBP Metrics Reveal Roles for Primary Care-Home Care Partnership

This week the core committee of the Value Based Payment (VBP) model project met to review metrics and milestones for several key clinical categories that are targeted priority areas under the program. In each of these areas, the discussion highlighted specific services and roles in the targeted condition/patient care population which could be effectively met through home care, in partnership with patients’ primary care physicians.

Continued on next page
The clinical areas and populations discussed included: cardiac, pulmonary, and diabetes care. In each discussion, physicians spotlighted areas where the inclusion of follow-up in the home, assessing and addressing risks posed by the home environment (e.g., as in asthma triggers), improving care transitions, and other medical care/management approaches would be key to prevention, medical management and outcomes.

HCA Executive President Al Cardillo described the unique expertise, experience and positioning offered by home care to specifically address each of these conditions, in partnership with the physician. This led to a discussion with State Medicaid Director Jason Helgerson about potential ideas for furthering these suggestions within VBP development, as well as within the upcoming state budget. HCA will follow with specific proposals.


This topic was further discussed by HCA at this week’s special HCA Policy Council session on home care-physician collaboratives. (See related p. 9 story.)

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

CAHPS Data Refreshed on Home Health Compare

Home Health Care CAHPS (HHCAHPS) Survey results based on responses from patients who received home health care from Medicare-certified home health agencies (HHAs) during the April 2015 through March 2016 period are now reported on Home Health Compare (http://www.Medicare.gov/).

HHCAHPS Survey results are updated each calendar year quarter.

These data are also available on the HHCAHPS website (https://www.homehealthcahps.org/) through the “Archived Publicly Reported Data” link under the “General Information” tab. On this webpage, you can access:

- Home health agency-level data;
- State and national averages;
- Star ratings cut points; and
- Patient mix adjustment coefficients for the linearized data used to construct the star ratings.

As a reminder, information on how the Star Ratings were constructed is provided in these Technical Notes: https://homehealthcahps.org/Portals/0/HHCAHPS_Stars_Tech_Notes.pdf.
New HHCCN to be Used by January 17

The U.S. Centers for Medicare and Medicaid Services (CMS) has announced that the revised Home Health Change of Care Notice (HHCCN) posted on its website (CMS-10280 with an approval date of June 2016) can be used now, but must be used by January 17.

The form and instructions are at https://www.cms.gov/Medicare/Medicare-General-Information/BNI/HHCCN.html.

The HHCCN is used to notify beneficiaries of plan-of-care changes under fee-for-service or original Medicare. Home health agencies must provide the HHCCN whenever they plan to reduce or terminate a beneficiary’s home health services due to a physician-ordered change in the plan of care, a lack of orders to continue the care, or limitation of the home health agency in providing the specific service (i.e., staffing shortages or safety concerns in a beneficiary’s home).

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

NYC HRA Posts Alert on Immediate Need for PC or CDPAS

The New York City (NYC) Human Resources Administration (HRA) has posted a Medicaid Alert to inform Medicaid providers and others of the procedure for requesting “immediate need” personal care (PC) or consumer directed personal assistance services (CDPAS).


Legislation passed in 2015 requires expedited Medicaid eligibility determinations for Medicaid applicants who have an immediate need for PC or CDPAS, and expedited procedures for determining PC or CDPAS eligibility for Medicaid recipients with an immediate need for these services.

For Medicaid applicants and recipients with immediate needs for PCS or CDPAS who are determined eligible for Medicaid and PCS or CDPAS, such services are required to be provided pending the individual’s enrollment in a managed care plan or managed long term care plan.

A Medicaid recipient with an immediate need for PCS or CDPAS includes an individual who is exempt or excluded from enrollment in an MLTC plan or managed care entity, or an individual who is not exempt or excluded but who has not yet been enrolled.


According to NYC HRA’s Alert, in order to be considered a consumer with an immediate need for home care services, the consumer must meet the following conditions:

1. Have an immediate need for PC or CDPAS;

Continued on next page
2. Have no informal caregivers available, able or willing to provide personal care services;

3. Have no home care agency providing needed assistance;

4. Does not have third party insurance or Medicare benefits available to pay for needed assistance;

5. Does not have adaptive or specialized equipment or supplies in use to meet, or has adaptive or specialized equipment or supplies that cannot meet, the person’s need for assistance.

The Alert describes the procedures, processing times, and forms to be completed in order for those with immediate needs to assess PC or CDPAS.

More Details on Next Week’s Voluntary Emergency Response Exercise in Western NY

HCA urges agencies to participate to test their communications systems, provide county managers with vital data and understanding of your role in emergency response

As previously reported, state Department of Health (DOH) officials in the western region are conducting a weeklong regional exercise called “WRECKIT 2016” (Western Region Emergency Communications, Knowledge, and Information Tests) beginning October 31. The exercise will simulate the approach and impact of a significant ice storm. Home care agencies are strongly encouraged to participate in the exercise through a voluntary response to the home care emergency response survey on the Health Electronic Response Data System (HERDS).

This exercise offers the opportunity to simulate communications and sharing of information as would occur in a real emergency event. The home care surveys serve to expedite the availability of data to local emergency managers in the western region, and will provide them with a sense of the scope of home care patient needs in their counties and region. This type of data has previously not been available to emergency managers in actual events. DOH is considering whether participation in this exercise will also serve to meet a participating home care agency’s requirement for annual participation in an emergency preparedness drill/exercise.

HCA has been working with state and regional health officials and emergency preparedness partners since early summer to help plan the WRECKIT exercise and ways of creating opportunity for home care inclusion. HCA concurs that this exercise will help emergency managers gain a fuller understanding of the home care population in ways that improve the completeness of emergency management planning and response in actual events, while allowing the providers to practice their own plans for responding to emergency communications processes. We also stress that this process has the potential to elevate the overall understanding of home care’s role and needs in emergency response.

DOH also says that it has learned from the feedback of providers after the recent actual-event experience of responding to the Hurricane Matthew HERDS survey. DOH says it has already made some changes to improve the process that will be tested with providers in this exercise.

On the day of the exercise, a notification will be sent to all CHHAs, LTHHCPs, LHCSAs and Hospices that are approved to serve patients in the following counties: Allegany, Cattaraugus, Chautauqua, Chemung, Erie,
Genesee, Livingston, Monroe, Niagara, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne, Wyoming, and Yates. Providers will be asked to complete the HERDS survey activity for the exercise.

While participation is completely voluntary, HCA emphasizes that this exercise offers an opportunity to be involved in enhancing the safety of your staff and your patients during emergency events.

**Healthcare Personnel Vaccination Report to Open on November 1**

The state Department of Health (DOH) has released a “Dear Administrator Letter” (DAL) announcing that the Healthcare Personnel Vaccination Report will be open, starting **November 1**.

Under state regulations, home care, hospice and other health care providers are required to document the number and percentage of personnel vaccinated against influenza for the current season and to complete this report.

The Vaccination Report DAL 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 Health Commerce System (HCS) and/or at [www.health.ny.gov/flumaskreg](http://www.health.ny.gov/flumaskreg).

This year’s Healthcare Personnel Vaccination Report covers health care personnel employed by or affiliated with your agency from **October 1, 2016 through March 31, 2017**. The report will remain open from **November 1, 2016 through May 1, 2017**. Your agency should enter initial data in November, or as soon as data is available, and then resubmit as often as is necessary as new personnel join your agency and/or submit documentation of vaccination.

The report may be accessed on the Health Electronic Response Data System (HERDS) at [https://commerce.health.state.ny.us](https://commerce.health.state.ny.us). An updated pre-recorded webinar training session for the Healthcare Personnel Influenza Vaccination Report will be available at [www.health.ny.gov/FluMaskReg](http://www.health.ny.gov/FluMaskReg) (under “Training”).

The DAL, instructions and a *Frequently Asked Questions* (FAQs) document are posted at [http://hca-nys.org/wp-content/uploads/2016/10/ctrlaccamstmpNotification_21226.pdf](http://hca-nys.org/wp-content/uploads/2016/10/ctrlaccamstmpNotification_21226.pdf). These resources should be shared with your appropriate staff. According to the FAQs, any personnel that were vaccinated after July 1 should be counted as vaccinated, since influenza vaccine for a given year may be available as early as July or August.

Questions about the report should be directed to the DOH Bureau of Immunization at either (518) 473-4437 or [immunize@health.ny.gov](mailto:immunize@health.ny.gov). Technical questions about the report or HERDS should be directed to the Health Emergency Preparedness Program at (518) 408-5163 or [hseppny@health.ny.gov](mailto:hseppny@health.ny.gov).

**DSRIP Update**

The state has posted its latest installment in the Delivery System Reform Incentive Payment (DSRIP) Program whiteboard video series titled, “DSRIP – An Eye Towards the Future.”

In this video, state Medicaid Director Jason Helgerson discusses what the state Department of Health (DOH) sees as long-term goals of DSRIP. To view this video, go to: [https://youtu.be/gAUqU7RSers](https://youtu.be/gAUqU7RSers). Visit [www.health.ny.gov/dsrip](http://www.health.ny.gov/dsrip) for more information.

The DSRIP Year 2 Quarter 1 Achievement Value (AV) scorecards for each performing provider system (PPS) have been posted to the DSRIP website at [http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/pps_map/index.htm](http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/pps_map/index.htm).

Any questions can be sent to [DSRIP@health.ny.gov](mailto:DSRIP@health.ny.gov).
HCA Submits Comments on Draft PACE Rule

HCA has submitted comments to the U.S. Centers for Medicare and Medicaid Services (CMS) on its proposed rule that would make changes to Programs of All-Inclusive Care for the Elderly (PACE).

The rule, proposed in August, is at https://www.gpo.gov/fdsys/pkg/FR-2016-08-16/pdf/2016-19153.pdf.


The proposed rule addresses application and waiver procedures, sanctions, enforcement actions and termination, administrative requirements, PACE services, participant rights, quality assessment and performance improvement, participant enrollment and disenrollment, payment, federal and state monitoring, data collection, record maintenance, and reporting.

A summary of the rule’s provisions was in the August 26 edition of our former newsletter, ASAP.

According to CMS, the proposed changes would provide greater operational flexibility, remove redundancies and outdated information, and codify existing practice.

HCA’s comments express support for:

1. Allowing PACE staff to engage in direct participant contact in cases where they don’t have one year of experience working with a frail or elderly population but they meet all other requirements and receive appropriate training from the organization on working with this population.

2. Allowing the PACE Interdisciplinary Team (IDT) to be located in settings other than the PACE Center as long as processes are in place to assure effective communication among PACE IDT members and additional care providers.

3. Allowing nurse practitioners, physician assistants, and community-based physicians, in addition to PACE physicians, to be primary care providers (PCPs) on the PACE IDT.

4. Allowing one individual to fulfill a maximum of two separate roles on an IDT when the individual meets applicable state licensure requirements and is qualified to fill each role and able to provide appropriate care to meet the participant’s need.

5. Excluding those community-based physicians who are proposed to be on the IDT from the requirement that they service primarily PACE participants, and extending this to other members of the IDT.

6. Requiring that initial comprehensive assessments be conducted in time to allow the IDT to complete the plan of care within 30 days of enrollment, but allowing for circumstances when this deadline cannot be met and for the PACE organization to document the reasons that the care plan was not completed within 30 days without being determined to be out of compliance.

7. Requiring assessments to be consolidated into a plan of care through “team discussions” rather than the current “discussions in team meetings.”

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8. Requiring that initial comprehensive assessments and reassessments be conducted in-person, but allowing for alternative ways to meet this requirement, such as video conferencing or other technology.

Comments submitted by other organizations are at www.regulations.gov (search for “CMS-4168-P”).

In September, there were nine PACE plans serving 5,681 individuals in New York State and about 121 PACE programs in 31 states, serving about 40,000 individuals in the entire country.

MedPAC Releases Payment Basics Series

The Medicare Payment Advisory Commission (MedPAC) has posted a series of “Payment Basics” documents that cover various Medicare payment systems.

They are at http://www.medpac.gov/-documents-/payment-basics.

They are brief documents that cover: accountable care organizations; home health care; hospice; durable medical equipment; and other payment systems.

Input Sought on Draft OMIG NHTD Audit Protocols

HCA is seeking feedback from members who provide services under the Nursing Home Transition and Diversion (NHTD) waiver program on draft NHTD audit protocols that the state Office of the Medicaid Inspector General (OMIG) has shared with us.

The draft audits cover many areas, including: no documentation of service or recipient record; missing service plan; billing more hours than documented or authorized; billing an incorrect rate code; failure to meet service coordination requirements; exceeding caseload limit for service coordination; not completing provider training; services provided by unqualified staff; failure to complete annual in-service training for home and community support services staff; missing evidence of nurse supervision visit; and more.

The regulatory references for many of the protocols are in the state’s NHTD manual at http://www.health.ny.gov/facilities/long_term_care/waiver/nhtd_manual/.

Those who want to review the draft audit protocols should contact Andrew Koski at akoski@hcany.org.

DOH Posts Revised Draft Guidelines for MCOs, IPAs and ACOs

The state Department of Health (DOH) has posted Draft Version 2 of the revised Provider Contract Guidelines for Managed Care Organization (MCOs), Independent Practice Associations (IPAs), and Accountable Care Organizations (ACOs), along with comments and responses.

They are at http://www.health.ny.gov/health_care/managed_care/hmoipa/hmo_ipa.htm. The Guidelines are being revised to modify the contract submission and review process to reflect Value Based Payment
arrangements under the New York State Value Based Payment Roadmap and the Regulatory Impact Subcommittee.

DOH expects to finalize these Guidelines in a few weeks.

**Guidance Issued on Non-Emergent Medical Transportation**

The state Department of Health (DOH) has posted guidance for MLTC plans on its existing policy regarding the scope of non-emergency transportation as a covered benefit.


It explains that transportation of MLTC plan enrollees to medical care and services is covered within MLTC plans’ scope of benefits. Transportation can be approved to medical services including primary care physician, various therapies, and vision and dental care. Authorization and reimbursement for services rendered are the responsibility of the applicable plan. Transportation should be authorized at the appropriate level for the enrollee’s condition and identified in the Person Centered Service Plan (PCSP).

A provider of transportation may be an agency or provider contracted by the MLTC plan for the provision of non-medical transportation, or a public/mass transportation service. Transportation may be provided by means of a wheelchair van, ambulance, ambulette, taxi or livery service, or public transportation. All providers must have a current state driver’s license in good standing, and drive a state-registered, inspected and insured vehicle.

Plans are required to have policies and procedures for monitoring the effectiveness of the covered transportation service with respect to appropriate level of service and in accordance with the PCSP. Plans should have a formal process for credentialing subcontracted providers on a periodic basis (initially and not less than once every three years) and for monitoring provider performance.

Plans should enter into contracts only with providers who: are in compliance with all applicable state and federal licensing, certification, and other requirements; are generally regarded as having a good reputation; and have demonstrated capacity to perform the needed transportation services.

**Social Security COLA Announced**

This week, the Social Security Administration (SSA) announced a 0.3 percent benefit increase for Social Security beneficiaries and Supplemental Security Income recipients in 2017.


Information about Medicare changes for 2017 will be available soon and covered in a future issue of *The Situation Report*. 
Resources

- “Health IT Playbook,” by the Office of the National Coordinator for Health Information Technology
  https://www.healthit.gov/playbook/introduction/

- “An Overview of New York State Nurse Practitioners,” by the Center for Health Workforce Studies
  http://albany.us7.list-manage1.com/track/
  click?u=b7960dfcf756f94605561779d&id=0ff2cd20a8&e=054ed16857

  http://hhc.sagepub.com/content/28/4/262.full.pdf+html

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