HCA Urges Home Care Support in Budget Amendment Window

HCA’s advocacy outreach presses forward in meetings, discussions with Governor’s office and Legislature

The Governor issued his 21-day amendments to the state budget this week with minimal – and largely technical – changes. Yet the Governor has one more window to alter his budget proposal, by February 21, when his 30-day amendments are due. This process opens up areas of possible risk but also opportunity, as HCA continues to emphasize the need for vital home care regulatory relief as part of our state budget advocacy efforts.

In the lead-up to the Governor’s 30-day amendment due date, HCA has been working with both the Cuomo Administration and the Legislature to advance several elements of our Three-Point Plan, especially: regulatory changes that would support providers and health plans in their efforts to pursue contracts under the state’s

See WINDOW p. 4

President Calls for Medicare Changes in State of the Union

Soon into the first State of the Union Address of his second term, President Obama addressed the looming sequestration process and other deficit-reduction issues, calling for changes to Medicare – alongside tax reform – “that will achieve the same amount of health care savings as the reforms proposed by the bipartisan Simpson-Bowles commission.”

In urging what he characterized as “modest” reforms to Medicare, the President mentioned broad proposals, with only some specifics.

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Sage Commission Releases Final Report

HCA Memo Details NGS Advisory Meeting

Publications

HCA Office Closed Monday

HCA’s offices will be closed on Monday, February 18, in observance of President’s Day. We will reopen on Tuesday, February 19.
"We'll reduce taxpayer subsidies to prescription drug companies and ask more from the wealthiest seniors," the President said. "We'll bring down costs by changing the way our government pays for Medicare, because our medical bills shouldn't be based on the number of tests ordered or days spent in the hospital – they should be based on the quality of care that our seniors receive. And I am open to additional reforms from both parties, so long as they don't violate the guarantee of a secure retirement. Our government shouldn't make promises we cannot keep – but we must keep the promises we've already made."

Deficit-reduction was a big feature of the speech, where the President called for compromise on proposals to address the deficit broadly and the looming threat of sequestration specifically.

Under sequestration, virtually all government programs – including Medicare – are poised to receive $1 trillion in across-the-board cuts that are set to go into effect on March 1. This process of automatic cuts was approved as part of the debt-ceiling negotiations from two years ago, with the biggest share of automatic cuts aimed at defense spending.

"In 2011, Congress passed a law saying that if both parties couldn't agree on a plan to reach our deficit goal, about a trillion dollars' worth of budget cuts would automatically go into effect this year," the President said. "These sudden, harsh, arbitrary cuts would jeopardize our military readiness. They'd devastate priorities like education, energy, and medical research. They would certainly slow our recovery, and cost us hundreds of thousands of jobs. That's why Democrats, Republicans, business leaders, and economists have already said that these cuts, known here in Washington as 'the sequester,' are a really bad idea."

Acknowledging that sequestration is unpopular on both sides of the aisle, the President offered up his Medicare and tax reform proposals as a counterweight to sequestration while criticizing "some in this Congress" who "have proposed preventing only the defense cuts by making even bigger cuts to things like education; Medicare and Social Security benefits … that idea is even worse," he said.

The President's address highlighted other key themes and initiatives including job growth, energy policy, infrastructure
improvement, universal preschool, a call to increase the federal minimum wage to $9 per hour, and gun regulation, among other topics.

Senator Marco Rubio provided the Republican response to the President’s address where he, too, highlighted the need for Medicare reform while contending, overall, that many of the President’s policy goals rely on too big a role for government.

“The biggest obstacles to balancing the budget are programs where spending is already locked in,” Senator Rubio said. “One of these programs, Medicare, is especially important to me. It provided my father the care he needed to battle cancer and ultimately die with dignity. And it pays for the care my mother receives now.”

“Republicans have offered a detailed and credible plan that helps save Medicare without hurting today’s retirees,” Senator Rubio added. “Instead of playing politics with Medicare, when is the President going to offer his plan to save it? Tonight would have been a good time for him to do it.”

**Will they or won’t they?**

The big question, of course, is whether a compromise can be reached to avoid sequestration, as the President has called for. To date, no direct negotiations have taken place over how to avoid the massive cuts due to take effect in March, and the Republican Speaker of the House, John Boehner, has said that he wants the Senate to act first.

On Thursday, Senate Majority Leader Harry Reid previewed a plan to Senate Democrats that would decrease the deficit by $110 billion – $25 billion more than what is needed to avoid sequestration. While only some of the details are known, the package would raise revenues by $55 billion through fees on oil extraction from sand on federal lands and by instituting the so-called “Buffet rule” to create a minimum tax for the wealthiest one percent.

Another package introduced by a group of Senate Democrats would put the split at 80 percent in tax increases and 20 percent in spending cuts, for a total deficit reduction of $85 billion.

No details are yet known as to which cuts would be implemented under either package. Senator Reid’s proposals are expected to ultimately serve as a starting point for Democrats in negotiations with Republicans. It will now be up to House Republicans to release their package – which is expected sometime after the President’s Day holiday recess – in order for serious negotiations to begin.

On the Administration’s side, the President’s budget will likewise reveal his line in the sand on cuts to domestic spending and what new revenues he is proposing. The President is expected to release his federal fiscal year 2014 budget plan in early March, when HCA will learn more about the specifics of the President’s plan for Medicare.

Whatever the President’s plan may be, liberal Democrats in both the House and Senate are already staking out their positions, telling their leadership that they will oppose any cuts to Medicare, Medicaid or Social Security – this, while Republicans are insisting on deep cuts to domestic spending, reforms to Medicare and Medicaid, and no cuts to defense.

Washington prognosticators are stumped as to whether we will reach sequestration or not. With so many moving parts and still no serious negotiations taking place, it is difficult to make any predictions at this point. What is clear is that negotiations will likely go down to the wire, again, in order for any deal is to be reached.

In the meantime, HCA has been actively engaging with New York’s Congressional Delegation to reject further home health cuts or a copayment proposal as deficit-reduction talks heat up over how to address the looming threat of sequestration. To assist in this important advocacy effort, HCA will soon be sending the membership further information about our Federal Advocacy Day, on March 19, which coincides with the National Association for Home Care and Hospice March on Washington. Please stay tuned for details.

*For more information, please contact a member of HCA’s Policy staff.*
mandatory managed long term care policy; regulatory streamlining in home care; and payment adequacy in a mandatory enrollment environment.

During a member conference call on the state budget today, HCA outlined a half-dozen specific HCA-developed policy proposals all incorporated under the umbrella of our Three-Point Plan and now under consideration by the Executive and Legislature. We will continue to keep the membership updated about these critical proposals, foremost during our upcoming regional briefings in Syracuse, on Long Island and in New York City next week. These briefings are a vital forum for two-way exchange about the Governor’s budget proposal, its implications for home care, and HCA’s solutions to support New York’s home care community. We encourage all HCA members to participate in these members-only sessions for the latest developments, especially if you did not have an opportunity to participate in today’s statewide call. (Please see the registration form at the end of this week’s ASAP for details about the briefings.)

As previously reported, the Governor and Legislature are planning an early budget outcome this year, with a schedule that aims for the Legislature to pass joint legislative budget bills by March 18 to 21 – well ahead of the April 1 deadline. This accelerated budget timetable – coupled with fiscal challenges likely to stem from a striking new Congressional report on New York’s Medicaid program oversight – creates political uncertainties and challenges that demand full-scale advocacy from HCA and the membership in the coming weeks.

The Congressional report also has consequences for the state’s 1115 waiver proposal, which seeks federal approval to reinvest up to $10 billion of the state Medicaid Redesign Team (MRT) savings initiatives into New York’s Medicaid program.

Adding yet another ripple in the political debate over the budget, Comptroller Thomas DiNapoli issued a report this week raising concerns about the fiscal soundness of the Governor’s budget proposals, including some of the budget’s revenue assumptions, which, the Comptroller’s report states, are in some cases based on federal aid and other dollars that may not ultimately accrue. The Comptroller specifically notes the possible loss of $1.1 billion in federal Medicaid dollars, echoing the findings – and anticipated ramifications – of the Congressional report on New York’s Medicaid program.

Given all of these risk areas and the urgent need for supportive home care policies in this year’s budget, HCA strongly advises members to reach out to your Assembly and Senate representatives in their district offices next week, while the legislative session is in recess, to echo HCAs call for: home care transition support, regulatory relief, and a stable fiscal environment. Our message points can be found on HCA’s state advocacy site at www.powerofhomecare.org. There you can also find information about how to contact your elected representatives.

HCA will further outline our budget proposals and other important advocacy steps during next week’s regional briefings and via alerts to the membership in the coming days. Please stay tuned and remain engaged in these efforts.

For more information, please contact a member of HCA’s Policy staff.
OMIG Finalizes CHHA Protocols

The state Office of the Medicaid Inspector General (OMIG) has proceeded to finalize and post the Certified Home Health Agency (CHHA) protocols – despite a meeting earlier this week among OMIG, HCA, LeadingAge New York, and the New York State Association of Health Care Providers where we again presented OMIG with fundamental concerns and issues on the protocols.

The newly posted CHHA protocols, which cover dates prior to December 31, 2010, are at:


Some of the HCA staff and member concerns, outlined in previous editions of ASAP, include the protocols': contrariness to the discussions of the OMIG reform workgroup on which HCA participated; lack of flexibility in required timeframes or in the commitment to consider extenuating circumstances; “all-or-nothing” approach wherein if the standards are not completely met, the claims are completely denied; vagueness and removal of prior clarifying language that provided some flexibility; need for clearer and more defined parameters on the role of OMIG nurse reviewers in relation to physician orders and review of the assessment and plan of care; and others.

These concerns had previously been communicated to OMIG in our January 7 meeting with OMIG officials and audit staff, as well as in a joint Association memo (January 16) and in a number of follow up e-mails. OMIG had made a few positive revisions to the draft protocols following our January 7 meeting but had not incorporated or responded to any of our concerns listed in the January 16 letter.

During this week’s conference call among OMIG staff, HCA and other Association representatives, OMIG representatives said they had considered our concerns and recommendations, but, for a number of reasons, had decided not to incorporate any further changes to the protocols. OMIG declined the joint associations’ request for further meetings, including meetings with provider representatives to further detail our concerns with the protocols. OMIG did offer to work with the associations to try to explain the protocols, their audit processes and intentions, and respond to provider comments and questions.

While we appreciate the engagement that was extended to us, we are deeply concerned that both the engagement and persistence with the protocol language fell far short of expectations which we anticipated to be within the spirit of the new OMIG processes and climate. While we continue to look to build and maintain positive working relationships with OMIG, and with Inspector General James Cox in particular, HCA and the other associations are contemplating next steps in response to this OMIG action.

For more information, contact HCA Policy staff.
Join HCA for Must-Attend Forums

HCA reminds members that we are holding three critical, must-attend Forums in the next few weeks. These three Forums give Long Term Home Health Care Program (LTHHCP) providers, Licensed Home Care Services Agencies (LHCSAs) and all home care provider CFOs the opportunity to gain updates and discuss the latest policy issues specific to their organization type and roles within home care.

Please join us for these important sessions. Registration forms are provided at the end of this week's ASAP, but you can also register online for these and other important HCA Briefings and Forums this winter by visiting https://www.surveymonkey.com/s/WinterHCAPrograms.

A summary of each session is below.

**Downstate LHCSA Forum** (February 26 in New York City)

This Forum – for LHCSA member leaders in the downstate region – will provide an opportunity for valuable updates and interactive discussion on: the state budget; HCA’s regulatory and mandate relief activities for LHCSAs; state and federal policy issues and the overall policy environment; HCA program and advocacy initiatives; non-English home health aide training programs; and other salient LHCSA issues affecting members.

**LTHHCP Forum** (March 7 in Albany)

A major portion of this Forum meeting – for LTHHCP representatives – will be devoted to a special session with the Department of Health’s Divisions of Managed Care and Managed Long Term Care to discuss LTHHCP issues, concerns, and recommendations relating to the Department’s policy for transitioning patients to managed care. The program will also cover a host of issues relevant to the LTHHCP and, in

PCA Upgrade Program Available

The New York City Department of Small Business Services (SBS) is sponsoring the City University of New York (CUNY) personal care aide (PCA) upgrade training and home health aide certification pilot.

This pilot will provide about 1,500 eligible PCAs an opportunity to enroll in a free upgrade training and home health aide certification opportunity. Classes will be held at LaGuardia Community College (Long Island City) or Lehman College (Bronx) on nights, days and weekends. The 35-hour program includes 19 hours of classroom instruction, 8 hours of laboratory instruction and 8 hours in a patient care setting.

To be eligible for the PCA upgrade pilot, PCAs must:

- Have worked as a PCA during the past 12 months or longer.
- Be employed by an employer who has no internal existing home health aide training program and has fewer than 1,700 employed home care workers.
- Be registered in the Home Care Registry as a PCA only.
- Have government-issued photo identification with date of birth.
- Have passed or can pass a fourth-grade reading test.
- Have up-to-date rubella immunization.
- Meet one of the following: have at least one client who has transitioned to a Managed Care Organization (MCO) or Managed Long Term Care (MLTC) plan; have at least one client who is currently being transitioned to an MCO or MLTC; or have at least one client who will transition to an MCO or MLTC within 60 days.

Eligible PCAs must provide a signed employer letter stating that they: meet the client transition requirement; have completed medical release forms; and have up-to-date immunization records.

For more information, contact Dean Guzman, Workforce Development Division, New York City Department of Small Business Services, at deguzman@sbs.nyc.gov or (212) 618-8953.
particular, HCA’s advocacy efforts on behalf of the program.

**CFO Forum** (March 13 in Albany)

HCA’s CFO Forum is a must-attend session for home care financial managers, CFOs and other executive staff to hear from HCA policy staff, state Department of Health (DOH) officials, and industry consultants on home care fiscal issues. HCA staff will discuss our ongoing state budget advocacy efforts and upcoming Federal Advocacy Day. DOH staff will provide updates on: the Certified Home Health Agency (CHHA) Episodic Payment System; other Medicaid rates; cost reports; and the reconciliation of the CHHA expenditure caps. Members will also have an opportunity to review the latest aggregate home health benchmarking and average cost data from providers participating in the Simione Financial Monitor.

Please register today.

For more information about these sessions, please contact a member of HCA’s Policy staff.

**MLTC Implementation Update**

On this week’s Managed Long Term Care (MLTC) Implementation Advisory Group conference call, the state Department of Health (DOH) updated HCA, other associations, advocates, managed care plans and service providers on new developments in its policy of mandatory MLTC enrollment.

The initial “announcement” letters about mandatory MLTC enrollment will be sent to about 3,000 current “long term” Certified Home Health Agency (CHHA) patients (those receiving more than 120 days of services) in New York City, Long Island and Westchester by the end of February. These letters inform the patients that: “The way you get these services will change in the next several months. To keep receiving your services, you will be required to join a Managed Long Term Care Plan.” The letters will be followed up with a general enrollment package that advises consumers that they have 60 days to choose a plan. The letter also includes plan information.

Letters to current recipients of private duty nursing (PDN) services won’t be sent until sometime in March.

On the previous Advisory Group call (January 31), DOH reported that announcement letters were sent to patients currently receiving personal care, adult day health care (ADHC), or Consumer Directed Personal Assistance Program (CDPAP) services in Long Island and Westchester, and to patients receiving ADHC services in New York City.

In response to HCA’s inquiry on an issue that we have raised repeatedly, DOH said no decision has been made on extending the current “continuity of care” provisions past the March 31, 2013 expiration or whether to extend a similar policy to personal care providers on Long Island and in Westchester. These provisions require MLTCs to pay the Human Resource Administration (HRA) rate to New York City personal care providers (and require plans to contract with such providers serving their members).

DOH told participants that the U.S. Centers for Medicare and Medicaid Services (CMS) still had not approved New York’s request to close Long Term Home Health Care Program (LTHHCP) enrollment in areas where MLTC enrollment is mandated. Thus, the LTHHCP still remains an option throughout the state.

In addition, DOH clarified that recipients of social adult day care services are not eligible to enroll in an MLTC if that is the only service they need, as it does not meet the state’s definition of requiring more than 120 days of
community-based long term care services. Social day care, however, is a benefit in the service package offered by MLTCs. This was clarified in a letter DOH sent to plans on January 25.

Lastly, there was a discussion about cases where home care providers continue to serve patients who are no longer enrolled in a plan (because they were not aware their enrollment status had changed) and then cannot obtain reimbursement for those services. DOH agreed to hold a separate call on this issue at which HCA will participate.

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

Worker Wage Parity Certification Forms Due March 1
Long Island and Westchester now covered

The next round of state-required vendor Wage Parity Law certification forms are due March 1 for Certified Home Health Agencies (CHHAs), Long Term Home Health Care Programs (LTHHCPs), Managed Care Organizations (MCOs), Licensed Home Care Services Agencies (LHCSAs) and other entities that contract with CHHAs, LTHHCPs and/or MCOs who serve New York City. The first set of certification forms for home care agencies serving Long Island and Westchester are also due March 1.

CHHAs, LTHHCPs, and MCOs must certify prospectively to the Department of Health (DOH), on an annual basis, their compliance with the Wage Parity Law. The second set of certification forms from New York City providers is due to the Department on March 1, 2013 for the March 1, 2013 to February 28, 2014 period and the first set of certifications for Long Island and Westchester providers is due on March 1, 2013 for the March 1, 2013 to February 28, 2014 period. These certification forms are available at http://www.health.ny.gov/facilities/long_term_care/dal_dhcbs_11-09_hc_worker_wage_parity.htm.

The forms are to be sent to: HCWorkerParity@health.state.ny.us.

CHHAs, LTHHCPs and/or MCOs that contract with LHCSAs or other entities are required to obtain a written certification on a quarterly basis from the LHCSA or other entity which attests to the LHCSA’s or other entity’s compliance with the state’s Home Care Worker Wage Parity Law on a prospective basis. The form due March 1, 2013 covers the period March 1, 2013 through May 31, 2013. These forms apply to providers serving New York City, and now Long Island and Westchester. The forms are to be retained by the CHHAs, LTHHCPs and/or MCOs and the LHCSAs and other entities and not sent to DOH unless requested to do so.


HCA has developed a more customizable Microsoft Word version of this form. This customizable version is available at http://www.hca-nys.org/WorkerWageParityvendorcertificationformMarch12013.rtf. Unlike the original DOH template, this version mentions the specific March 1 through February 28 period of certification and includes a space for adding the date on which the document is signed. This is important, to reflect compliance with the certification due dates, given that the forms must be sent to the contractor for recordkeeping, and not to DOH. All providers are required to maintain these records of compliance for at least ten years, and the state requires that records be made available to the Department upon request.

On October 30, 2012, DOH announced the minimum rates of home care aide compensation for 2013 for New York City, Long Island and Westchester. The rates are posted on the Medicaid Redesign Team (MRT) website
at http://www.health.ny.gov/health_care/medicaid/redesign/supplemental_info_mrt_proposals.htm. (See MRT 61). This site also includes a series of Frequently Asked Questions documents.

In New York City, for the period March 1, 2013 to February 28, 2014, the minimum home care aide total compensation will be $9.50 per hour with a supplemental benefit rate of $1.43 per hour. This is an increase from the $9 per hour and $1.35 benefit rate established for the period March 1, 2012 to February 28, 2013.

For Long Island and Westchester, during March 1, 2013 to February 28, 2014, the minimum home care aide total compensation will be $9.00 per hour with a supplemental benefit rate of $1.35 per hour. This is the first year that the Wage Parity Law applies to Long Island and Westchester, which have otherwise been governed by their own local living wage laws.

Since the law was passed in 2011, HCA has met and consistently advocated with DOH and other Administration officials to: seek clarification on this law’s implementation; request funding for the cost of the mandate; stress its detrimental effect on agencies that are struggling to cope with payment cuts, system changes and a host of unfunded mandates in addition to wage parity, including corporate compliance and third-party liability requirements; and contest the prospective nature of the certification periods and the requirement that providers submit attestations for a statute that remains mired by contradictory technical guidance.

HCA has steadfastly advocated funding for home care worker compensation and benefits as well as the reimbursement, through state methodologies and managed care premiums, to support these direct care personnel. The Wage Parity Law imposes mandates with no funding at all. In this vein, HCA continues to advocate for state reimbursement to agencies and premium payments to managed care plans that will enable agencies to meet these costs.

HCA submitted an affidavit supporting a legal challenge to the law filed by the Concerned Home Care Providers, a group of home care providers, in State Supreme Court. That challenge was dismissed by Acting Supreme Court Justice Roger D. McDonough on September 7. In December, the plaintiffs filed an appeal of that decision in the Appellate Division, Third Department of the State Supreme Court, and HCA submitted an amicus brief in support of the appeal.

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

Next CMS Home Health and Hospice Open Door Forum: February 20

The U.S. Centers for Medicare and Medicaid Services (CMS) has scheduled its next Home Health, Hospice and DME Open Door Forum for February 20, from 2 to 3 p.m.

Confirmed agenda items include: home health and hospice quality reporting; CMS security changes; home health consolidated billing; a Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey update; and the latest on CMS’s home health study regarding access to home health and physicians care for vulnerable/rural beneficiaries.

To participate in the Forum, dial 1-800-837-1935 and use conference ID 78869441. Participants are advised to call in early.

Additional information can be found at:


For further information, contact Patrick Conole at (518) 810-0661 or pconole@hcanys.org.
**Medicaid RAC Conducting Home Health Pilot Audit**

Ten CHHAs and LTHHCPs to receive OMIG letter examining Medicaid claims submitted after a patient’s death

HCA learned this week that the state Office of the Medicaid Inspector General (OMIG) – through its Medicaid Recovery Audit Contractor (RAC), Health Management Systems, Inc. (HMS) – will be conducting a pilot audit of ten Certified Home Health Agencies (CHHAs) and Long Term Home Health Care Programs (LTHHCPs) where the state and its contractor have reviewed the organizations’ Medicaid patient accounts and identified potential claims paid for date(s) of service occurring after a recipient’s death.

According to a representative at HMS, only ten home health agencies or programs will receive this initial audit letter; depending on the results, a more comprehensive audit could be initiated later in the year.

The letter indicates that the state’s contracted agent, HMS, has identified select accounts for review based on matches of the recipient’s claim history against Medicaid death records, the Social Security Death Index and the CMS Electronic Database. As part of the review, OMIG/HMS will require documentation showing evidence a service was provided on the date(s) of service, such as medical records, case notes and other documentation.

OMIG and HHS are asking the ten home health providers to respond to the audit letter by March 11, 2013.

HCA members receiving such a letter are asked to contact HCAs Patrick Conole at pconole@hcanys.org.

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

**HCA Offers Beginner and Intermediate Coding and OASIS Accuracy Workshops**

Over the years, HCA has been pleased to partner with the nationally recognized OASIS Answers, Inc. They have provided pertinent and dynamic educational programs to hundreds of HCA members, helping providers to better understand home health coding and OASIS protocols.

Access to expert presenters like Annette Lee, Kim Corral, Sparkle Sparks and others generally mean that these programs sell out fast! To get ahead of the curve on the latest coding and OASIS issues, HCA invites you to submit your registrations for two valuable workshops presented by these popular home care experts. These workshops are designed to enhance your organization’s bottom line, compliance efforts, and, most importantly, patient care.

**March 19 and 20: The Art of ICD-9-CM Coding for Beginner and Intermediate Coders**

The beginner-level workshop in *The Art of ICD-9-CM* is structured for novice coders to develop basic coding skills and foster good habits crucial to coding success. The intermediate-level workshop, meanwhile, is for those with a working knowledge of the basic coding concepts who want to improve their knowledge of chapter-specific guidelines and accuracy. Both programs will briefly touch on the ICD-10-CM Coding changes that will take place in 2014.

The workshop will be presented by Sparkle Sparks, a Senior Consultant with OASIS Answers, Inc. who has served many leadership roles in home care since 1994. Members may sign up for one or both programs held in Mount Kisco.

*Continued on next page*
June 4 and 5: Blueprint for OASIS Accuracy

This comprehensive two-day workshop will provide participants with the ability to confidently teach, audit and collect OASIS-C items accurately. OASIS Answers consultants Kim Corral and Annette Lee will provide the instruction, discussions and application scenarios to achieve mastery of the OASIS items. This workshop will be held in Nanuet followed by the Certificate for OASIS Specialist-Clinical (COS-C) exam offered at this same location on June 6. Individuals may register for the workshop, the exam or both.

Online registration is available for each of these workshops at www.eventville.com/hcanys, or register via fax using the form that accompanies the brochure at www.hcanys.org/events.cfm.

The COS-C exam registration is available online at www.oasisanswers.com. Members are encouraged to register soon for these programs to be assured of a seat.

For further information, contact Lynda Schoonbeek at Lschoonbeek@hcanys.org or (518) 810-0656.

Uniform Assessment System To Start Soon

The state Department of Health (DOH) has posted updated information on the Uniform Assessment System (UAS-NY) that it plans to initiate soon.

The material, including an implementation timeline, is at http://www.health.ny.gov/health_care/medicaid/redesign/supplemental_info_mrt_proposals.htm (see MRT 69: January 29, 2013 webinar).

The goal of the UAS tool is to: 1) evaluate an individual’s health status, strengths, care needs and preferences and guide the development of individualized long term care service plans; 2) assist with program eligibility determinations and identification of program options; 3) improve care coordination and facilitate service delivery; and 4) ensure that care is given in the appropriate setting.

It will be used for most home and community-based programs, including personal care, the Consumer Directed Personal Assistance Program, the Long Term Home Health Care Program (LTHHCP), Managed Long Term Care (MLTC) and Program of

OPWDD Finalizes Core Competencies

The Office for People With Developmental Disabilities (OPWDD) has released a set of “core competencies” that are meant to guide Direct Support Professionals (DSPs) serving individuals with developmental disabilities.

The competencies focus on seven main goal areas: putting people first; building and maintaining positive relationships; demonstrating professionalism; supporting good health; supporting safety; supporting people to live in the home of their choice; and being active and productive in society.

According to OPWDD, the core competencies are not a training program but represent the daily valuable work that DSPs perform when serving individuals with developmental disabilities. Coupled with the recently adopted National Alliance of Direct Support Professionals’ Code of Ethics, the standardized DSP competencies will help set standards for quality supports and services; provide guidance for DSPs; promote professionalism; standardize DSP skills; improve service provision; and save training costs.

More information on the core competencies and the Code of Ethics are at http://www.opwdd.ny.gov/opwdd_careers_training/training_opportunities/core_competencies.
All-Inclusive Care for the Elderly (PACE), Nursing Home Transition and Diversion, Traumatic Brain Injury, Assisted Living Program, Adult Day Health Care, and Care at Home I and II.

The tool will replace existing state-required assessment tools, such as the Semi-Annual Assessment of Members (SAAM) for MLTCs, and the DMS-1 and Home Assessment Abstract for LTHHCPs, but not federally required forms, such as the OASIS. Also, it will not replace the Patient Review Instrument (PRI) for nursing home admissions.

The recently posted material outlines a transition phase which includes all the steps and activities that organizations must take before the UAS is used and an implementation phase when staff start to utilize the UAS tool. Transition activities include establishing a leadership team, conducting an organizational assessment, ensuring staff have access to UAS, and promoting staff readiness and training.

The transition will begin in March 2013 and will be fully implemented statewide by March 2014. There are seven implementation phases. Transition activities will start with six organizations that were part of a pilot in Broome, Chautauqua, Otsego, and Warren counties, and all Managed Long Term Care plans and network providers throughout the state in March 2013. Implementation of UAS in these counties and for MLTCs in all counties will start in July 2013.

About six weeks prior to implementation in a county, DOH will send letters to providers offering resources for more information and asking them to appoint a UAS-NY coordinator and Health Commerce System (HCS) coordinator. Agencies will be offered online training through the HCS.

DOH will send correspondence to providers in Western New York by April 1 and plans to hold a webinar for them in mid-April, as they are expected to begin transition activities in May and utilize UAS in October.

Transition activities will begin in New York City, Long Island and Westchester in September 2013, with UAS implementation in February 2014. All other upstate areas will begin transition activities between June and August, with implementation from November through January.

HCA is seeking further information about the transition and implementation phases and education programs to prepare home care providers for these major changes.

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

DOH Posts Dual Eligible Data and FAQs

Along with a Frequently Asked Questions (FAQ) document, the state Department of Health (DOH) has posted data on New Yorkers who are dually eligible for Medicare and Medicaid as part of its initiative to establish a Fully-Integrated Duals Advantage (FIDA) program.

The information includes: demographic and enrollment data for duals in New York City, Long Island and Westchester; categories of services; and expenditures under Medicare fee-for-service, Medicare Advantage managed care and Medicaid fee-for-service for home care and other health services. The data is posted on the Medicaid
VA Proposes to Allow Medicare/Medicaid Providers to Offer Home Care and other Services

The Veterans Administration (VA) has issued a proposed rule that would allow the VA to contract with home care and other health care providers who already participate in Medicare or Medicaid to provide “extended care” services to VA patients.

As part of the rule, the VA proposes to include home health care, palliative care, and non-institutional hospice care as extended care services, when provided as an alternative to nursing home care.

The VA is also proposing that the terms and rates of a provider’s agreement with the VA would be the same as those under Medicare or Medicaid or, if a provider has an agreement with both Medicare and Medicaid, the terms and rates would be the same as the agreement with the highest rates.

The Director of the VA medical center of jurisdiction will decide, based on the health care needs of veterans in the community and the availability of VA or local resources to efficiently provide for those needs, whether to enter into provider agreements with non-VA providers for extended care services.


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

Executive Order on Influenza Extended

This week, Governor Cuomo issued Executive Order 93 that extends Executive Order 90 which allows pharmacists to administer vaccinations against influenza to individuals age six months to 18 years.

Executive Order 93 is at http://www.governor.ny.gov/executiveorder/93 while other Orders are at http://www.governor.ny.gov/sl2/ExecutiveOrderindex.

Benefit Exchange Update

This week, the state Department of Health released a Request for Application (RFA) for the In-Person Assistor (IPA) and Navigator Program, which will provide in-person enrollment assistance to individuals, families, small businesses and their employees who apply for health insurance through the New York Health Benefit Exchange.


IPAs/Navigators will receive grants to:

- Provide in-person assistance to those applying for health insurance coverage at the time of initial application and at annual renewal;
- Offer information on the types of health insurance programs available through the Exchange;
- Provide application assistance for private and public health insurance programs and help with premium tax credits and cost-sharing reductions;
- Refer consumers to other organizations for help with grievances, complaints or questions regarding health coverage or a determination related to coverage; and
- Supply information in a fair and impartial manner which is culturally and linguistically appropriate, and disability accessible, for those using the Exchange, including individuals with limited English proficiency.

A requirement of the Affordable Care Act, the IPA/Navigator program will be an ongoing feature of the Exchange, with IPAs/Navigators in place for the initial open enrollment period that begins October 1, 2013 and runs through March 31, 2014.

The New York Health Benefit Exchange is designed to help individuals, families and small businesses shop for and enroll in health insurance coverage. Through the Exchange, New Yorkers will compare Qualified Health Plans, calculate costs and select coverage online, in person, over the phone or by mail and determine what type of financial assistance may be available.


Sage Commission Releases Final Report

Governor Cuomo announced this week that the Spending and Government Efficiency (SAGE) Commission has released its final report on modernizing and rightsizing New York State government.

The final report identifies initiatives to reorganize state government and save over $1.6 billion once fully implemented, according to the report.

The SAGE Commission was created to review New York State government and identify structural and operational changes that would help make it more modern, accountable and efficient. The Commission focused primarily on
the “operations” of state government and its agencies as opposed to services funded by the state but delivered by other entities, such as for Medicaid and education.

Recommendations in the report include: consolidations and rightsizing of state-run facilities, back-office functions, agencies and authorities; organization of the state’s 3,300 information technology personnel and infrastructure operations into a new IT services organization and other IT streamlining of functions; use of an e-licensing system and other customer service efficiencies; workforce changes, including cost controls through new collective bargaining agreements, increased employee contributions for health insurance, and a new Tier VI pension plan; increased flexibility in hiring and managing employees; and a series of first-ever statewide performance initiatives.

The complete report can be downloaded at: www.governor.ny.gov/assets/documents/SAGEReport.pdf.

For more information, please contact a member of HCA’s Policy staff.

HCA Memo Details NGS Advisory Meeting

HCA has prepared a detailed Public Policy Memorandum summarizing this week’s National Government Services (NGS) home health advisory meeting. The Memorandum, sent to members on Thursday, covers:

- NGS’s Jurisdiction 6 Medicare Administrative Contractor (MAC) award
- Fiscal Intermediary Standard System (FISS) issues
- Comprehensive Error Rate Testing (CERT) data review
- Medicare home health utilization data and top diagnoses codes
- An upcoming NGS face-to-face (F2F) encounter article
- 2013 NGS education programs
- NGS website changes


Publications

- “Implementing Medicaid Health Homes in New York: Early Experience,” by the United Hospital Fund http://www.uhfnyc.org/assets/1068
- “State ‘Accountable Care’ Activity Map,” by the National Academy for State Health Policy http://nashp.org/state-accountable-care-activity-map
- “The Department of Health and Human Services and The Department of Justice Health Care Fraud and Abuse Control Program Annual Report for Fiscal Year 2012” http://go.usa.gov/4fWw

For more information, contact Andrew Koski at akoski@hcany.org or (518) 810-0662.
Governor Cuomo’s 2013-14 Executive State Budget proposal continues many of the provider cuts and Medicaid redesign initiatives from the past two years, along with several new proposals that impact New York’s home care community.

As the Governor plans his soon-to-be-released 30-day budget amendments, now is an absolutely critical time for HCA to urge both the Governor and Legislature to support home care regulatory changes, transition support and a stable fiscal environment for home care as part of the budget and legislative process.

The Governor and Legislature are planning an early budget outcome this year. This accelerated budget timetable – coupled with fiscal challenges likely to stem from a striking new Congressional report on New York’s Medicaid program oversight – create political uncertainties and challenges that demand full-scale advocacy from HCA and the membership.

Please join HCA for one of these important budget briefings via conference call or in-person in your region during the month of February. These sessions are a critical opportunity to learn more about the proposed budget, its impact on your organization, and to discuss vital HCA state budget advocacy strategies for the legislative session.

YOU MUST BE AN HCA MEMBER TO PARTICIPATE.

REGISTRATION

Name: ____________________________________________________________

Title:____________________________________________________________________

Agency:____________________________________________________________________

Address:____________________________________________________________________

City/State/Zip:____________________________________________________________________

Phone:_________________________ Ext._______ Fax:______________________________

Email: ____________________________________________ (Required)

SELECT A DATE

☐ □ Friday, February 15 – Call
☐ □ Wednesday, February 20 - SYR
☐ □ Thursday, February 21 - LI
☐ □ Thursday, February 21 - NYC

Fax to: 518-426-8788
A major portion of the Forum meeting will be devoted to a special session with representatives of the Department of Health’s Divisions of Managed Care and Managed Long Term Care to discuss LTHHCP issues, concerns and recommendations relating to the Department’s policy for transitioning patients to managed care.

All LTHHCPs should participate in this major meeting!

As LTHHCPs are aware, DOH has requested CMS’s approval to amend the 1915(c) LTHHCP waiver to discontinue, in geographic areas where mandatory managed care has been activated, the option for direct LTHHCP enrollment and to redirect all eligible patients in these areas into managed care or managed long term care. If approved, LTHHCPs would have to contract with managed care plans for their services. While CMS has not acted on DOH’s proposed amendment, the Department wishes to discuss with HCA and the LTHHCP community their issues and concerns related to transition should this waiver amendment be approved.

In addition to this discussion, the agenda will also cover a host of issues relevant to the LTHHCP and, in particular, HCA’s advocacy efforts on behalf of the program.

No LTHHCP should miss this critical meeting of the Forum.

This HCA Members-Only session is available at NO COST but you MUST pre-register for this meeting.

**Date and Location**

**March 7, 2013**  
10:00am – 3:00pm  
Hotel Albany  
(formerly the Albany Crowne Plaza)  
State and Lodge Streets  
Albany, NY

**Registration Form**

Please complete this form and **fax to (518) 426-8788.** You must provide us with an email address to receive your confirmation.

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Cancellations: If you have to cancel, please contact Teresa Brown at (518) 426-8764 or tbrown@hcanys.org.
Downstate LHCSA Forum

The Home Care Association of New York State will be convening its Downstate LHCSA Forum on Tuesday, February 26, at Selfhelp Community Services, Inc., located at 520 Eighth Avenue, 5th Floor, New York, NY 10018.

The Forum will provide an opportunity for valuable updates and interactive discussion on: the state budget; HCA’s regulatory and mandate relief activities; State and Federal policy issues and the overall policy environment; HCA program and advocacy initiatives; regulations; and other salient LHCSA issues affecting members.

Please join your LHCSA colleagues and HCA staff for this exchange of valuable information, advocacy concerns and recommendations for action.

Registration Form

Once complete, please fax to (518) 426-8788. You must provide us with an email address in order to receive your confirmation.

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Lunch will be provided.

Cancellations: If you have to cancel, please contact Teresa Brown at (518) 426-8764 or tbrown@hcanys.org.
CFO Forum
Preparing for Financial Uncertainty

Wednesday, March 13, 2013
10:00AM – 2:30PM
Hotel Albany, Albany, NY

HCA’s CFO Forum is a must-attend session for home care financial managers, CFOs and other executive staff to hear from HCA policy staff, state Department of Health (DOH) officials, and industry consultants on home care fiscal issues. HCA staff will discuss our ongoing advocacy efforts on the 2013-14 State Budget and our upcoming Federal Advocacy Day. DOH staff will provide updates on: the CHHA Episodic Payment System (EPS), other Medicaid rates, cost reports and the reconciliation of the CHHA Expenditure Caps. Members will also have an opportunity to review the latest aggregate home health benchmarking and average cost data from providers participating in the Simione Financial Monitor. Please do not miss out on this robust program which delves into several important areas relevant to your agency’s fiscal health.

Please see the tentative agenda and session details on the next page.

Pre-Registration: There is NO FEE for this MEMBERS ONLY Program, but you must PRE-REGISTER.

Please fax (518-426-8788) this registration form by March 8, 2013 to HCA at the attention of Teresa Brown. Confirmation letters will be e-mailed upon receipt of your registration form. If you need overnight accommodations, please contact Teresa Brown at (518) 810-0655 for a list of hotels in the area. TO REGISTER, please complete this form for each participant.

Name: __________________________________________ Title: __________________________
Agency: ________________________________________________________________
Address: ___________________________________________________________________
City/State/Zip: ___________________________________________________________________
Phone: __________________ Fax: __________________ Email: __________________

FAX TO: (518) 426-8788
CFO Forum
Preparing for Financial Uncertainty
Wednesday, March 13, 2013
10:00am – 2:30pm
Hotel Albany, Albany, NY

HCA Registration & Continental Breakfast – 9:45am – 10:15am

HCA Update – 10:15am – 11:15am
HCA staff will provide a state legislative update, which will focus on the 2013-14 proposed Executive Budget and its impact on home care along with an update on advocacy efforts in Albany and Washington. HCA staff will review our Annual Financial Condition Report as well as provide updates on the Third Party Liability (TPL) project, the CHHA Expenditure Cap Reconciliation process and the CY 2013 Medicare Prospective Payment System (PPS).

Department of Health Update – 11:15am – 12:15pm
Tim Casey, Bureau of Long Term Care Reimbursement

Mr. Casey will provide an update on the following: the implementation of the CHHA Expenditure Cap Reconciliation process, the CHHA Episodic Payment System (EPS), the Medicaid Global Cap, the 2013 final rates for LTHHCP, Personal Care programs and CHHAs cases outside of EPS, the 2013 Medicaid Cost Reports, provisions impacting home health providers in the 2013-14 Executive Budget, and other Medicaid reimbursement issues.

Lunch – 12:15pm – 1:15pm

Simione Consultants’ Financial Monitor Update – 1:15pm – 2:30pm
Robert Simione, Vice President, Simione Financial Monitor
William Simione, III, Principal, Simione Consultants

During the session, the Simiones will provide participants with the latest aggregate Medicare home health benchmarking data from Financial Monitor users here in New York and across the country. The benchmarking data/reports will include information on: profitability by payer, direct cost analysis by discipline, indirect cost analysis by Department, days outstanding by payer, Medicare Reimbursement analysis and productivity statistics. Also available through the Financial Monitor for the first time is NYS Medicaid CHHA EPS reporting showing profitability by episode, visits per episode, case-mix weights and reimbursement and cost per episodes. Lastly, the Simiones will show participants how knowing your agency’s true costs is important when negotiating managed care or managed long term care contracts.

Adjournment