

DOH Agrees to Mitigate 2% Cut to LTHHCPs with GRT Swap

After weeks of intense discussion and data analysis, HCA – joined by sister associations the New York State Association of Health Care Providers (HCP) and the New York Association of Homes and Services for the Aging (NYAHS) – secured an agreement from officials at the state Department of Health (DOH) to substitute a .7 percent increase in the Gross Receipts Tax (GRT) for Long Term Home Health Care Programs (LTHHCPs) in place of the 2 percent cut to LTHHCPs.

“Swapping” the 2 percent cut imposed on home care has been a major priority of HCA’s throughout the budget negotiations. HCA’s clear preference has long been to replace the 2 percent cut (or any across-the-board cut imposed on the home care sector) with efficiencies and reforms that would achieve savings from the Medicaid program. HCA had developed many ideas to advance this purpose. One such proposal was a change in the education law that would extend the current exemption in the Nurse Practice Act to allow nurses/patients in Article 36 agencies to utilize aide services in a more flexible way. This provision, while supported by a large segment of the provider community, was not uniformly supported in the home care organization sector, and, therefore, was not accepted by DOH as an alternative to the 2 percent cut.

See GRT p. 2

HCA Annual Conference Explores Opportunities Amid Big Changes to NY Home Care

HCA’s Annual Conference in Saratoga Springs this past week provided the home care community with a springboard of new ideas, perspectives, and information to help providers move forward within the new and rapidly evolving state and federal health care environments.

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HCA’s offices will be **closed** on Friday, May 27 and Monday, May 30 for the Memorial Day holiday. Our offices will reopen on Tuesday, May 31. Have a safe and happy holiday!



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In absence of utilizing that provision, HCA has been working with DOH to examine alternatives to the 2 percent cut. During several weeks of discussions with DOH, HCA raised concerns about whether the Department's application of the 2 percent cut for LTHHCPs was permissible, because of CMS requirements. In response, DOH countered that it would instead implement the 2 percent cut to the LTHHCPs as a rate cut, rather than as a payment cut. HCA also raised questions regarding this action, believing that the budget language related to this issue precluded the Department from exacting the 2 percent cut as a rate cut. HCA's assertion on this point was also confirmed by outside legal counsel.

In addition, over the past weeks, HCA also had asked the Department whether or not the Department could separate out LTHHCPs and CHHAs and treat them differently with respect to the 2 percent cut and potential GRT increase. After pressing by HCA, the Department completed the necessary analysis and agreed to allow for this bifurcation if that was the industry position.

After securing all of this needed information, in a final conversation this week, HCA, HCP and

NYAHSAs joined together and secured the Department's agreement to replace the 2 percent cut with an increased GRT of .7 percent for LTHHCPs. Based on an extensive analysis of the data, the three organizations did not pursue a similar agreement for CHHAs, which remain subject to the 2 percent cut imposed as a result of the budget enacted on April 1.

In follow-up to the change, DOH sent providers an e-mail message to indicate that the GRT rate for LTHHCPs only, has increased from .35 percent to 1.05 percent, effective April 1, 2011. The message also noted a change in the due dates as follows: the April 2011 assessment due date has been moved to June 20, 2011; the May 2011 assessment due date has been moved to July 10, 2011; and the June 2011 assessment due date has been moved to July 29, 2011.

HCA also secured the Department's commitment that, should the three organizations come together on alternative efficiency ideas or reforms that could be substituted for across-the-board cuts or taxes imposed on the industry, these ideas would be considered as alternatives. HCA will continue to vigorously work on alternatives to avoid cuts and taxes imposed on the industry.

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Over 200 attendees participated in this year's event, which provided an opportunity for members and their peers to: explore changes in the state and federal policy environments; hear about the exemplary work of our annual award winners (see photos p. 4 and 5); engage in workshops on enhancing one's leadership, teambuilding and communications skills; confer with peers on strategic planning and partnerships; meet with exhibitors to learn about the latest home care products and services; and unwind with a little entertainment, all centered on this year's musical conference theme, *Calling the Tune*.

On state policy matters, members had a unique opportunity to hear from two of the most prominent health care officials in the Executive branch – **Jim Introne** and **Mark Kissinger** – who, during two separate sessions, discussed the state's vision for the future of Medicaid home care and shared next steps in the implementation of several provisions that emanated from the recently enacted state budget and the ongoing Medicaid Redesign Team (MRT) process.

Mr. Introne, who is the Cuomo Administration's Director of Healthcare Redesign and MRT Executive Director, addressed HCA's Board of Directors during a special meeting of the Board on May 22. The meeting was open to all members attending the Conference.

Mr. Kissinger, who is Deputy Commissioner of the Office of Long Term Care at the state Department of Health (DOH), gave the keynote address on May 23.

Mr. Introne's remarks focused on provisions of the budget which will require the enrollment of long term community-based patients into Managed Long Term Care (MLTC) plans, or other care-coordination models, including Long Term Home Health Care Programs (LTHHCPs).

A major focus of HCA's advocacy in the coming months is to gain further clarity on the "care-coordination" guidelines, which are being drafted by DOH and are expected to provide more detailed criteria about the "care-coordination" requirements, including whether or not Certified Home Health Agencies (CHHAs) are eligible. HCA will work

State Policymakers at HCA's Annual Conference



Top Photo: Jim Introne, the Cuomo Administration's Director of Healthcare Redesign, speaks with HCA President Joanne Cunningham and HCA's Board of Directors at the 2011 HCA Annual Conference.



Right Photo: Mark Kissinger, the state Department of Health's Deputy Commissioner of the Office of Long Term Care, delivers the keynote address.

to ensure that the soon-to-be-developed criteria recognize provider-based models which currently employ meaningful levels of care-coordination for extended-care populations.

The process of drafting these guidelines is targeted for completion by November. However, in response to requests by the Board for a carefully vetted process, Mr. Introne said the timetable is flexible.

Mr. Introne also said that HCA will have representation in the imminent workgroup process under which the MRT is to explore next steps in the Medicaid reform process. HCA looks forward to offering a proactive role in this process as we advocate on behalf of the membership and we thank Mr. Introne for participating in HCA's Board of Directors meeting and discussing many of the broader elements of the state's next steps in the MRT and budget implementation process.

While Mr. Introne explored some of the broader themes of this year's budget and MRT process, Mr. Kissinger's keynote address, meanwhile, looked more closely at each of the specific MRT/budget proposals affecting home care providers, filling-in a number of key details about the Department's processes for: gaining State Plan Amendment (SPA) approval from the federal government; revising the provider licensing application process to reflect system changes as a result of the budget; developing guidelines for the new "care-coordination" requirements; and implementing a uniform assessment tool; among other crucial details.

HCA thanks Mr. Kissinger for providing a very detailed overview of the MRT proposals and for providing helpful and informative answers to several of our members during the question-and-answer portion of his address. HCA looks forward to continued work with Mr. Kissinger's office as these new state policy processes unfold.

Offering HCA's perspective on this year's state budget process, **HCA President Joanne Cunningham's** annual address to the membership on May 23 detailed HCA's unprecedented advocacy campaign this year, major features of the state budget outcome, the system effects that are already occurring in home care as a result of this year's budget, HCA's advocacy work on a range of federal regulatory issues (from the Medicare physician face-to-face rule to the Third Party Liability Demonstration Project), and insights on the role of home care going forward amid monumental payment and structural changes.

To illustrate the major challenges of this year's state budget environment, Ms. Cunningham used the example of our advocacy on the Nurse Practice Act exemption – to extend it to home care –



Award Winners

One of the highlights of HCA's Annual Conference is our home care awards dinner. This year's award winners include: (top photo) **Vicky Hines**, President and CEO of the Visiting Nurse Service of Rochester and Monroe County and Immediate Past Board Chair, winner of the Ruth F. Wilson Award; and (bottom photo, from left) **Laura Radensky**, Community Relations and Legislative Liaison for the Community Services Division of Jewish Home Lifecare System, and **HCA Board Chair Bridget Gallagher**, Senior Vice President of Community Services at Jewish Home Lifecare, who both received the Advocacy Award.

See more pictures, p. 5

to walk the membership through the multi-step process required for HCA to secure support for a single policy initiative, from the idea development phase to legislative introduction.

Ms. Cunningham said the coming weeks and months will be critical as HCA works with the state on proactive efforts to: improve and better define the parameters of a changing health care policy environment; arm providers with information; and advance HCA-backed reforms to accommodate these new changes and support the existing home care system. Though the structure is changing, Ms. Cunningham noted, the core clinical and operational expertise of New York's existing home care system remains vital to the state – a point that HCA will continue to affirm in our advocacy outreach to state officials.

Complementing the state-level focus of this year's conference, the concurrent sessions at HCA's conference provided a range of practical insights on Medicare-related issues.

In a session entitled "Be the Lead Conductor – Succeeding with 2011 Home Health Changes," Arnie Cisneros, President of Home Health Strategic Management, shared clinical documentation, assessment and other best-practice insights for providers to employ in meeting new requirements and standards under the 2011 Medicare Prospective Payment System, with a specific focus on home health therapy.

Participants also heard from Trish Tulloch, Senior Consultant with RBC Limited, whose program on audit best-practices shared some of the steps that provider colleagues across the nation are taking to eliminate risk in the OASIS and home health documentation. Michael Kumer of Duquesne University's Non Profit Leadership also presented a session to help participants

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Award Winners (continued from p. 4)

Pictured from top: **Elsie Soto**, RN, Visiting Nurse Service of New York, winner of the Caring Award; **Kevin W. Jones**, LPN, Lourdes at Home, winner of the HCA Education and Research Scholarship; and **Karen Brooks** of Sandata, receiving the Vendor Advocacy Recognition Award on behalf of **Bert Brodsky**, Founder and Chairman of Sandata.

To learn about this year's Award Winners, please download the Awards Program at:

<http://www.hca-nys.org/HCA2011AwardsProgram.pdf>



▼ SESSIONS continued from p. 5

develop an action plan for strengthening the relationship between their organizations and their' Boards of Directors.

Returning to state policy matters, the final day of the Conference, on May 24, included a special panel session of HCA Board Members who operate various care-coordination models.

The purpose of the panel session was to explore the example models and their key differences and to help providers understand how these models function and provide opportunities for organizations under the new "care-coordination" requirements in this year's state budget.

The panel session was moderated by HCA's Immediate Past Board Chair **Vicky Hines**, President and CEO of the Visiting Nurse Service of Rochester and Monroe County. Panelists included **Alan Morse**, President and CEO of the Jewish Guild for the Blind; **Kate Rolf**, Executive Director of Homecare Services of Faxton-St. Luke's Healthcare; HCA's newly appointed Board Chair **Bridget Gallagher**, Senior Vice President of Community Services for Jewish Home Lifecare; and **Sue Caputo**, President, Metropolitan Jewish Health System.

The Conference closed with a session by Doug Stevenson, of Story Theater International, on employing emotionally charged storytelling strategies to better engage an audience when making a formal or informal presentation.

Participants also engaged in a surprise teambuilding exercise with Song Division, a group of professional musicians who broke participants up into songwriting panels that wrote and performed their original compositions before a panel of guest judges and an audience of their peers as part of an entertaining night of live music.

HCA thanks this year's sponsors, exhibitors, speakers and participants for making the 2011 Annual Conference such a success and we urge everyone to save the date for next year's conference, on May 11, 2012, in Saratoga. ■



Care-Coordination Panel

A panel of HCA Board Members discusses the care-coordination models at their respective organizations. From left: **Sue Caputo**, President, Metropolitan Jewish Health System; **Kate Rolf**, Executive Director of Homecare Services of Faxton St. Luke's Healthcare; **Alan Morse**, President and CEO of the Jewish Guild for the Blind; HCA's newly appointed Board Chair **Bridget Gallagher**, Senior Vice President of Community Services for Jewish Home Lifecare; and panel moderator **Vicky Hines**, President and CEO of the Visiting Nurse Service of Rochester and Monroe County and HCA's Immediate Past Board Chair.

Senator Young Leads on Behalf of Home Care

Legislative Commission on Rural Resources Chair introduces home care bills, plans further initiatives

State Senator Catharine Young (R-Olean), Chair of the Legislative Commission on Rural Resources, has introduced a package of legislation developed in conjunction with HCA to provide HEAL-NY funding, regulatory flexibility and avenues for innovation and efficiency to support the home health care system.

Over the past several months, HCA has been updating the membership almost weekly on Senator Young's and the Commission's efforts in support of home health care. The introduction of these bills this week, combined with the Assembly introduction of companion bills last week, further advances important help to home care both in the substance of the bills and in the leadership focus on home care being established under this effective legislative commission.

Such leadership further stands to foster a much-needed emphasis on the support of home care in the State Legislature as a whole, particularly the home health needs of rural citizens and rural health systems. And, while especially responsive to the state's rural regions, Senator Young's bills offer support and opportunities to home care providers and patients statewide. This is particularly critical in the wake of a recently adopted budget which carries unprecedented concern and challenge for home health – challenges which are already compounded in rural communities.

HCA appreciates Senator Young and the Commission's engagement with us in supporting home care.

As described in last Friday's edition of ASAP (page 12), Senator Young's efforts are joined by Assemblywoman Aileen Gunther (D-Forestburgh), Vice Chair of the Commission, who introduced this HCA legislative package in the State Assembly on May 20. Assemblywoman Gunther's bills, which mirror Senator Young's bills (summarized below) in the State Assembly, are A.7892, A.7893 and A.7895 respectively.

Through their leadership, Senator Young and Assemblywoman Gunther have also secured the support and bipartisan sponsorship of these bills by their Senate and Assembly colleagues serving on the Commission.

The newly introduced Senate bills would provide for the following:

- S.5446 provides for the incorporation of home care within a newly established program to provide eligibility for HEAL-NY funding to Certified Home Health Agencies (CHHAs), Long Term Home Health Care Programs (LTHHCPs) and Licensed Home Care Services Agencies (LHCSAs) in rural areas and other geographic areas or circumstances of the need to facilitate "collaboration, affiliation or sustainability of service in a community in order to strengthen and protect continued access to essential health care resources."
- S.5447 authorizes home care providers, upon application to and approval by the state Department of Health (DOH), to innovate and streamline operational procedures, state mandates and personnel requirements to pursue goals of promoting efficiency, quality, enhanced work environment, patient services and/or agency operations, through access to a Health Occupation and Workplace Development program. This allows DOH to issue provider-specific waivers/flexibility of rule, regulation and administrative mandates for those expressed purposes. Under this program, provider

Upcoming HCA Programs and Events

Registration for these and other events is available at <http://www.hca-nys.org/events.cfm>

The Art of ICD-9 Coding for Home Health

Mount Kisco

Intermediate Level: June 1, 2011

Advanced Level: June 2, 2011

The intermediate level diagnostic coding workshop for home health clinicians and coders continues the quest for coding accuracy along with an advanced level class on strategies and applications that looks at all the other issues related to home health coding, beyond just describing your patient with ICD-9-CM codes. Sign up for one or both programs, offered on back-to-back days in one location.

Being Culturally Sensitive to the Dying Patient/Family

June 14, 2011 — a teleconference (3 to 4 p.m.)

Learn how having an understanding of cultural beliefs and how they relate to pain and dying can enhance your work as a hospice aide.

Blueprint for OASIS Accuracy

June 15 and 16 — Albany

August 16 and 17 — Bayside

COS-C Exam to follow each workshop

Spend two full days learning all there is to know to collect the OASIS-C accurately. Understand the specifics of the new items, changed items and process measures using guidelines established by the U.S. Centers for Medicare and Medicaid Services (CMS). The Certificate for OASIS Specialist-Clinical (COS-C) exam will be given the next day following the workshop at each location.

OASIS and Clinical Documentation

June 22, 2011 — Newburgh

On June 22, HCA is offering two half-day programs in Newburgh on OASIS and clinical documentation. Individuals can register for one or both of the programs listed below.

OASIS Best Practices: Refining Practice to Reflect Excellence (half-day program)

This half-day program will provide a wide variety of practical strategies and tools to improve agency consistency in the accurate collection and reporting of the revised and new OASIS-C assessment items.

Clinical Documentation for Effective Risk Management (half-day program)

At this half-day program, learn the fundamentals of concise

documentation, beyond software checklists, to meet regulatory standards.

Supervision Plus

July 20, 2011 — New York City

Supervision Plus is a skill development, "how to do it" training designed specifically for supervisors, managers and directors in home care and hospice agencies. Attendees will learn skills that they can apply immediately.

HCA's Senior and Financial Managers Retreat

September 13 and 14 — New Paltz

A premier opportunity to learn about tips, tools and strategies to enhance your organization's financial outcomes.

ICD-9-CM Code Updates — Webinar

September 15, 2011

Patricia Tulloch, RN, BSN, MSN, HCS-D, Senior Consultant with RBC Limited will review pertinent code changes that will take effect October 1, 2011 in an effort to prepare staff to code properly and ensure accurate agency reimbursement.

Strategies and Tools for Rehabilitation Programming and Documentation

September 22 — Albany

CMS and MedPAC have outlined reforms for home care for the next five years. In this full day workshop, presented by Arnie Cisneros, learn what additional costs and quality controls will affect rehab programming and delivery over the next two years. Establish clinical control management techniques to assure compliant rehabilitation programming, care plans, delivery and outcomes under an evolving PPS model.

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experiences are then channeled back to the state for consideration in statewide policy change and development.

- S.5448 provides for the establishment of a Rural Home Health Flexibility Program, a program that would be specific to rural areas, to establish a provider application and state authorization framework for essential regulatory waivers to promote feasibility, efficiency and quality of home health services development and operation.

As the Legislature moves toward its final month of the session, HCA will be working with Senator Young and Assemblywoman Gunther on advocacy strategies in support of the enactment of these bills and other home care measures.

HCA will also be working with Senator Young, Assemblywoman Gunther and the Commission on roundtable meetings proposed by HCA to further explore and hopefully lead to additional initiatives to address the challenges, needs and opportunities with regard to home health care for rural and fellow New Yorkers. HCA looks forward to the work and results of this important, multi-tiered effort.

HCA is also hopeful of support from the Senator, Assemblywoman and Commission in working with, and as necessary appealing to, the Administration as it proceeds to implement proposals adopted in this year's state budget which are poised to dramatically affect home care operations, access and infrastructure in the state.

HCA will keep the membership apprised of the progress of our work with the Commission, as well as the actions agencies and other supporters can take on behalf of these legislative efforts.

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

Provider Response Needed on FFY 2009 TPL Demo Letters

FFY 2011 training sessions being scheduled and HCA continues to advocate for TPL Demo extension

National Government Services (NGS), New York's regional Medicare home health intermediary, has informed HCA that it has sent letters to selected Medicare Certified Home Health Agencies (CHHAs) and Long Term Home Health Care Programs (LTHHCPs) earlier this month as part of the Federal Fiscal Year (FFY) 2009 Third Party Liability (TPL) Demonstration sampling project.

Similar to previous years, NGS will randomly select 200 to 215 cases in total for the Demo.

NGS has shared with HCA the list of providers whose cases were randomly selected. HCA provider members may e-mail HCA at info@hcanys.org to inquire whether NGS has sent your agency a letter.

Providers that have received NGS's letter will be responsible for submitting the requested information to NGS's Medicare Medical Review and the state's Medicaid contractor (UMass) within **35 business days** of receiving the letter. NGS recommends that providers mail all documentation and materials via certified or express mail.

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Providers should be prepared to submit the following items for a particular case chosen for the Demonstration sampling project:

- Paper UB04 forms (Medicare Bills): Bill type should be 329 or 339, with a condition code 20 in Form Locator #18-28. Demand bills must be submitted in the 60-day episode format with correct coding, consistent with home health Prospective Payment System (PPS) requirements;
- If you are billing for services in addition to or identical to services previously billed to Medicare for the aforementioned time period, please include a statement such as “Services are identical to those reflected on Remittance Advice dates (Insert Date)” in Form #80 of the UB-04 bill;
- All OASIS plans of care (485s) and physician orders;
- All documentation to support billed services such as skilled nursing; physical, occupational, speech therapies; medical social work; and home health aides; and
- Advance beneficiary notices, if applicable.

Providers should also include a copy of their letter request with the submission to both NGS and to New York’s TPL Contractor (UMass) at the addresses listed in the letter. Once records are received, NGS’s review process will follow normal Medicare medical review guidelines. NGS’s decisions regarding denied/reduced claims will be communicated to the state Department of Health (DOH). DOH will have the opportunity to appeal those decisions.

NGS will price claims/episodes to determine Medicare payment for TPL Demo sample claims. NGS then extrapolates the results of the sample to the universe and communicates the calculated settlement payment information to the U.S. Centers for Medicare and Medicaid Services (CMS) who will then make a payment to the state.

This part of the TPL Demo will NOT affect providers from a payment or recoupment standpoint and no remittance advices will be generated.

TPL education sessions being scheduled

New York’s Office of the Medicaid Inspector General (OMIG) and its contractor, UMass, will be conducting two TPL educational webinars for HCA members over the summer (dates and times are to be announced shortly) and will be presenting at HCA’s *Senior and Financial Managers Conference* on September 13 and 14 at the Mohonk Resort in New Paltz.

The education sessions will focus on the FFY 2011 TPL project that is currently **not** under the Demonstration/sampling methodology and the state’s and UMass’ plan to have providers submit Requests for Anticipated Payments (RAPs) and demand bills to NGS on an intermittent basis. The education sessions will also include a review of different TPL scenarios and the published CMS Medicare/Medicaid billing guidelines.

HCA’s ongoing TPL Demo advocacy

HCA’s primary goal remains aimed at making the TPL Demo permanent, including for FFY 2011 and future FFYs. Over the past three years, HCA has met numerous times with New York’s Congressional Delegation and we have worked regularly with the offices of U.S. Senators Kirsten Gillibrand and Charles Schumer to convey the

importance of continuing the TPL Demo for New York. HCA is continuing to work with Congressional offices to have federal legislation introduced that would require CMS to make the TPL Demo permanent.

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

Family Health Care Decisions Act Amendments Advance in State Assembly

On Tuesday, the Assembly Health Committee voted to report legislation (A.7343) to the Assembly Codes Committee amending the Family Health Care Decisions Act (FHCDA) and related laws pertaining to health care decision making. The Assembly Codes Committee is the next stop for this bill, sponsored by Assemblyman Richard Gottfried, in its legislative consideration in the State Assembly on the way to possible, eventual consideration by the full house.

The legislation makes a series of technical, conforming and substantive changes to the series of statutes governing health care decision-making on behalf of individuals who have lost such capacity for themselves, including the FHCDA, Health Care Proxy Law, Do Not Resuscitate Law and surrogate decision-making laws for persons with developmental disabilities.

Most immediately relevant for home care, the legislation brings hospice into the allowable settings for the FHCDA, which is currently limited to surrogates appointed and decisions made in general hospitals and nursing homes.

The FHCDA enables individuals without a health care proxy or other legally designated decision-maker to have a family member or friend appointed to make health care decisions on their behalf when the individual has been determined to have lost that capacity for himself or herself. The process for the appointment of such surrogate decision-makers, for making health care decisions and for providing or withholding treatment, is governed under a carefully constructed framework established under the FHCDA.

The new legislation will, if enacted, enable the FHCDA to apply to decisions regarding hospice care and without regard to where the decision is made or where the care is provided. The inclusion of hospice within the FHCDA was a major focus over the fall and winter by the New York State Task Force on Life and Law and the Hospice and Palliative Care Association of New York State (HPCANYS). HCA joined in and also supported these discussions which included study of the issues and statutory language changes that would be necessary to extend the FHCDA to hospice.

The contributions of Robert Swidler, Esq., Counsel to Northeast Health and HCA member **Eddy Visiting Nurse Association**, and Kathy McMahon, President of HPCANYS, were especially significant to the analytical process and to the formulation of the legislation. In particular, Mr. Swidler's leadership on the amendment package has been key to moving the process to this current point. HCA and the Task Force continue to also work on the analysis of issues, approaches and draft statutory changes which would similarly extend the FHCDA to home care. HCA will keep members apprised of developments in this regard and we appreciate the contributions from members of HCA's Board who have been engaged with HCA in this effort. Recently, HCA Board Member **Pamela Joachim**, Administrator Of Clinical Operations at Montefiore Medical Center Home Health, and HCA Executive Vice President **Al Cardillo** addressed the Task Force on Life and Law with perspectives on New York's home care system and extension of the FHCDA to home care settings.

HCA will also keep members informed of the progress with the current FHCDA amendments reported in the Assembly this week. There is currently no Senate companion to this bill; however, the legislation is under consideration by Senate Health Committee Chairman Kemp Hannon.

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

Vicky Hines Confirmed to New Public Health and Health Planning Council

This week, the New York State Senate confirmed Vicky Hines, Immediate Past Chair of HCA's Board of Directors and President and CEO of the **Visiting Nurse Service of Rochester and Monroe County**, to the new Public Health and Health Planning Council (PHHPC).

Ms. Hines was appointed in recognition of her stewardship of Visiting Nurse Service of Rochester and Monroe County and her exemplary performance as HCA Board Chair in representing the larger home care community, including providers and patients across the state.

As described in the May 20 *ASAP*, The PHHPC was created from the consolidation of the State Hospital Review and Planning Council and the Public Health Council. It has a broad array of advisory and decision-making responsibilities with respect to New York State's public health and health care delivery system and is charged with adopting and amending the health care facility, home care agency, and hospice operating regulations.

Reportedly, the first meetings of the PHHPC are to occur on June 2 in New York City to consider bylaws and committee structure and June 16 to take action on certificate of need applications.

More information on the PHHPC, including other members, is at <http://www.governor.ny.gov/print/612>.

HCA Member Testifies on "Putting People First" Waiver

Home care is essential to providing and managing services for persons with developmental disabilities

Last week, *ASAP* reported that **HCA President Joanne Cunningham** has been appointed to the state Office for People with Developmental Disabilities (OPWDD) workgroup on the development of its "Putting People First Waiver." In addition to the workgroup, OPWDD and the state Department of Health are also holding public forums to further widen the venue for public input.

This Wednesday, May 25, HCA member **Walter Kaltenbach, CEO of Able Health Care Services**, testified at the downstate forum on the vital role of home care providers in the provision and management of care for persons with developmental disabilities. Able Health Care provides home and community-based services for individuals with autism, cerebral palsy, epilepsy, mental retardation and other neurological impairments.

Mr. Kaltenbach commended OPWDD for "exploring opportunities to reduce reliance on institutional care through the development of the People First Waiver," emphasizing that community-based care is preferred by patients and their families, and results in significant savings to the Medicaid program when compared to institutional care. However, he urged extreme caution in the formulation of the waiver, which, if it is to include home care as a foundation, must ensure support and jurisdiction for home care providers, particularly in the context of the Medicaid cuts and actions adopted within the recent state budget.

Mr. Kaltenbach stressed that "instead of forcing disabled patients out of the specialized systems, the state and the waiver must further look to secure and bolster effective resources such as Able that offers highly specialized home care services specifically for the disabled," including by either maintaining the current managed care exemptions for these services and patients or enabling such specialized systems to be "recognized as a care coordination model within the MRT home care guidelines."

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His testimony further stressed the need for an appropriate assessment tool when determining quality payment incentives and crafting plans of care.

Additional public forums for People First are currently scheduled for the following dates and locations:

Rochester, June 2, 2011, at the National Museum of Play, The Strong
1 to 4 p.m.

Schenectady, June 6, 2011, at 500 Balltown Road
1 to 4 p.m.

Video conference to multiple locations, May 31, 2011
1 to 4 p.m.

Sites established in Long Island DDSO, Broome DDSO, Sunmount DDSO, Taconic DDSO, Hudson Valley DDSO, and Western New York DDSO (Please see the registration form at http://www.opwdd.ny.gov/2011_waiver/waiver_public_forums.jsp for exact locations.)

At these forums, the public is invited to submit recommendations during the forums that address the following questions:

- How can we further break down barriers and support people to live truly integrated lives in the community?
- What do families need to better support their loved ones at home?
- What reform ideas do you have to help us operate more efficiently so that more funds can be directed to the services and supports people need to be healthy and engaged in meaningful work and activities?
- What should we be measuring to tell us if we are doing a good job supporting people to have good health, positive relationships, live in homes of their choice, and enjoy meaningful activities and employment?

Information on registration is available on the OPWDD website at:
http://www.opwdd.ny.gov/2011_waiver/waiver_public_forums.jsp.

OMIG Presents Home Care Compliance Webinar

On Wednesday, May 25, Medicaid Inspector General James Sheehan and two other Office of the Medicaid Inspector General (OMIG) staffers presented a webinar devoted to home care billing and exception and conflict reporting. Materials and a recording of the webinar is at <http://www.omig.ny.gov/data/content/view/204/294/>.

The OMIG webinar was designed to familiarize agencies with provisions from this year's state budget that require each home care claim from Certified Home Health Agencies (CHHAs), Long Term Home Health Care Programs (LTHHCPS), and personal care providers with total Medicaid reimbursements exceeding \$15 million annually to undergo a verification screen prior to submission to the MMIS system and be further subject to conflict screening.

The law as written applies to claims for services to Medicaid managed care enrollees but the OMIG webinar did not address the application of the law to managed care arrangements. Therefore, although the state budget mandates

managed care enrollment or care coordination for categories of home health patients and phased in over different periods, significant questions remain regarding how the verification and claim conflict law will be applied after next April 1.

Mr. Sheehan's presentation describes an exception report as follows:

- Exception reports are generated through verification organizations and retrieved by the provider
- Daily summary reports list all exceptions
- The provider is expected to reconcile the exceptions prior to submitting the Medicaid claim

It further explains how exception reports will be used in provider audits:

- Audit staff will request exception reports during field audit when a randomly selected claim is examined and an exception occurred for the sampled date of service. Examples include but are not limited to:
 - The aide fails to call in or out from the recipient's home
 - The calls in or out appear to have come from a phone number other than the client's telephone
 - Wrong worker ID entered
 - Aide calls in late to start a scheduled shift
 - The calls in and out indicate more hours than were authorized for the day
- OMIG auditors will then investigate the provider's documentation in support of the claim.

HCA is deeply concerned that implementation of the exception report process may cause significant inappropriate claims flags that may seriously hamper agency cash flow, potentially jeopardizing service delivery. For example, many patients do not have telephones or rely on others', such as family members', cell phones. The OMIG's presentation appears to indicate that in those instances, every call in or out would generate an exception report. In addition, it is difficult to predict the extent to which reports will be generated for small variances, such as when an aide calls in late for the start of a shift.

The OMIG's definition of a conflict report is more straightforward: "Conflict reports show overlapping paid hours by a home care worker with two or more clients at two or more home care agencies." Conflict reports are generated when two payments are made by Medicaid for services rendered by a single individual simultaneously at two locations. These reports will be generated post-payment.

The OMIG indicates that if an agency receives a conflict report, the expectation is that the agency will contact the other provider to reconcile the apparent conflict.

HCA has been in almost weekly contact with OMIG since this proposal first surfaced, requesting clarification and detail but, before yesterday, little was provided. The webinar was a start, but leaves many unanswered questions.

HCA will continue to be in contact with OMIG to work through questions and issues raised by the webinar and beyond. OMIG has not indicated if it intends to promulgate regulations through the rulemaking process or if it will use guidance materials such as webinars to implement the law.

For more information, please contact HCA's Policy staff.

NGS Updates

National Government Services (NGS), New York's regional Medicare home health intermediary, has posted the following news to its website.

- **HIPAA 5010 Webinars on June 1 and 23 (11 a.m. to noon)** – NGS is hosting a webinar on the January 1, 2012 transition to the HIPAA v5010 837 Health Care Claims transactions. This session will include a more detailed look at some of the 5010 changes that may impact organizations and where to locate additional 5010 resources. There will be a brief question and answer session at the end of each webinar. Registration is at www.NGSMedicare.com.
- **“Medicare Enrollment Guidelines for Ordering/Referring Providers” Fact Sheet** – NGS has posted a “Medicare Enrollment Guidelines for Ordering/Referring Providers” Fact Sheet at: http://www.CMS.gov/MLNProducts/downloads/MedEnroll_OrderReferProv_FactSheet_ICN906223.pdf. This fact sheet is designed to provide education on the Medicare enrollment requirements for eligible ordering/referring providers; it includes information on the three basic requirements for ordering and referring and who may order and refer for Medicare Part A home health agency, Part B, and DME beneficiary services.

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

DOH to Conduct Computer Readiness Survey of Uniform Assessment System

The state Department of Health (DOH) has sent instructions to local departments of social services (LDSS) commissioners that it is conducting a computer readiness survey as part of its efforts to create a Uniform Assessment System for Medicaid long term care home and community-based programs.

The survey is being conducted to learn: the computer resources and expertise of LDSS; which LDSS staff conduct Medicaid long term care assessments; and which entities the LDSS contracts with to conduct such assessments.

According to DOH, the electronic Uniform Assessment System for New York (UAS-NY) will be based on a uniform data set and will standardize and automate needs assessments for home and community based programs. DOH has selected the interRAI Suite of assessment instruments as the tool to be implemented. In the past, DOH has indicated that it will be used initially for the Assisted Living Program, Adult Day Health Care programs, and personal care in certain parts of the state.

At HCA's Annual Conference this week, Mark Kissinger, DOH's Deputy Commissioner of the Office of Long Term Care, said that the UAS, when fully implemented (projected in the fall of 2012), will also apply to the Long Term Home Health Care Program, Managed Long Term Care, Nursing Home Transition and Diversion program, Traumatic Brain Injury program, Care at Home program and the Consumer Directed Personal Assistance Program.

DOH will be seeking stakeholder participation in implementation planning activities and HCA will be part of that process.

In this year's state budget discussions, HCA had advocated for the establishment of a common data set and instrument for long term care as a Medicaid savings initiative as part of HCA's overall blueprint of reforms instead of damaging reductions and changes to the home care system. Such an instrument would be used to

determine an individual's needs and eligibility for services, identify optimal program options, and channel patients to those programs.

More information on UAS-NY is at

http://www.health.state.ny.us/facilities/long_term_care/uniform_assessment_system/.

The DOH survey instructions are at

http://www.health.state.ny.us/health_care/medicaid/publications/pub2011ltcgis.htm.

Questions can be directed to HCA Policy staff.

Legislative Update

Recently, some bills of interest to home care were acted upon. These include:

- A.2314 (Assemblyman Heastie)/S.3730 (Senator Oppenheimer) – would require employers to provide an employee or former employee, the employee's attorney, or a representative of a "recognized or certified employee organization," the opportunity to review and copy the employee's personnel file. A.2314 advanced to third reading on the Assembly Calendar on May 19 and was laid aside on May 23. S.3730 was introduced and referred to the Senate Labor Committee on March 2.
- A.5448 (Assemblyman Morelle)/S.2837 (Senator Young) – would authorize employers to make deductions from an employee's wages if such deduction is authorized by the employee and is for the benefit or convenience of the employee. According to the bill memo, such deductions would include meals in employer dining facilities, uniforms, or prescription drug co-pays at employer operated pharmacies. A. 5448 passed the Assembly on May 23; S.2837 was reported out of the Senate Labor Committee and reported to the Senate floor on May 24.
- S.5077 (Senator Valesky) – would authorize one or more county NY *Connects* programs to participate in a uniform assessment demonstration program that would determine the level of care for older New Yorkers needing long term care. S.5077 was reported out of the Senate Committee on Aging on May 23 and committed to the Senate Finance Committee.
- A.7650 (Assemblyman Gottfried) – would allow a hospice to employ and enter into contracts with licensed healthcare providers for service provision as long as the hospice maintains full responsibility for the planning, coordination and quality of such care. A. 7650 was reported out of the Assembly Health Committee on May 24 to first reading on the Assembly Calendar.
- A.7651 (Gottfried) – would expand the purview of the Medicaid Managed Care Advisory Review Panel (MMCARP) to include Managed Long Term Care and related care-coordination models, managed care models for dual eligibles, and other public health care management programs, including health homes and medical homes; increases the number of MMCARP members; and establishes a required number of meetings each year. A.7651 was reported out of the Assembly Health Committee on May 24 and referred to the Assembly Ways and Means Committee.

DOH Enhances Electronic CON System

The state Department of Health (DOH) has announced an enhancement to the New York State Electronic Certificate of Need System (NYSE-CON).

The enhancement, called the Public Authenticated NYSE-CON System, allows applicants for new operator entities for hospitals, nursing homes, Certified Home Health Agencies, Long Term Home Health Care Programs, and other certified health care providers (this system is not currently available for Licensed Home Care Services Agencies) to submit requests for Establishment electronically for state prior review and approval.

Establishment approval is generally required for transfer of ownership of existing providers, creation of new operator entities and mergers. The enhanced system will also handle CON applications that propose both Establishment and Construction of certified health care facilities. Access to the Public Authenticated NYSE-CON System will be via DOH's website and accessible at <https://apps.nyhealth.gov/facilities/cons/public/nysecon>.

The Public Authenticated NYSE-CON System contains a registration feature that allows individuals who do not have a Health Commerce System (HCS) account to register for NYSE-CON access and then upload and submit an electronic CON application and correspond with DOH staff throughout the CON review.

A *Frequently-Asked-Questions* document on the Public Authenticated NYSE-CON System is at www.health.ny.gov/facilities/cons/nysecon/public_authenticating_frequently_asked_questions.htm.

More information on NYSE-CON is at <http://www.health.ny.gov/facilities/cons/nysecon/>.

Health Resources

Publications

- “Preliminary Plan for Retrospective Review of Existing Rules, May 18, 2011,” by the U.S. Department of Health and Human Services

<http://www.whitehouse.gov/files/documents/2011-regulatory-action-plans/HealthandHumanServicesPreliminaryRegulatoryReformPlan.pdf>

- “Medicare Managed Care Special Needs Plan chapter in Medicare Managed Care Manual,” by the U.S. Centers for Medicare and Medicaid Services

<http://www.cms.gov/transmittals/downloads/R98MCM.pdf>

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



Cooperative Home Care Associates

349 East 149th Street • Bronx, New York 10451
Telephone: 718-993-7104 • FAX: 718-993-0971

SUPERVISING COORDINATOR – Job Posting

COOPERATIVE HOME CARE ASSOCIATES (CHCA): CHCA is a nationally recognized, south Bronx based worker-owned home care agency. Founded in 1985 to provide quality home care to clients by providing quality jobs for paraprofessionals, CHCA now anchors a national cooperative network generating over \$60 million annually in revenue and creates quality jobs for over 1600 individuals.

PRINCIPLES DUTIES AND RESPONSIBILITES: Develops and maintains effective working relationships with staff at contract organizations. Obtains cases from contractors and fulfills contractor's placement requests. Maintains communication with contract staff and provides regular reports, as necessary. Notifies contractors of changes to paraprofessional case assignments. Supports paraprofessionals with problem-solving through a coaching-based approach. Participates in orientations, in-services, and on-the-job training sessions. Evaluates and discusses paraprofessional's administrative performance. Writes disciplinary actions and/or terminates paraprofessionals when necessary. Addresses, documents, and works to resolve all incidents/accidents. Maintains CHCA's database to ensure client coverage. Communicates replacements and changes of paraprofessional case assignment in a timely manner. Arranges for case coverage for permanent schedules, emergency replacements, weekends, holidays, leave of absences, and vacation periods. Addresses, documents, and works to resolve all incidents/accidents. Ensures that paraprofessionals report to case assignments via Staff Monitor. Initiates incident and accident reports for paraprofessionals and clients. Reviews and follows up with "AM and Weekend On-Call" Notes. Updates and maintains accurate schedules and information in CHCA's database and Staff Monitor. Demonstrates an ongoing commitment to comply with, support and promote the Organization's policies and procedures. Interacts with and responds to co-workers and paraprofessional staff in a professional and respectful manner, at all times. Serves as a resource to paraprofessional staff. Seeks to continually enhance knowledge of department specific issues.

MINIMUM QUALIFICATIONS: Two years of college or two years of experience in a related field. Ability to read, write, speak and translate English/Spanish. Strong command of Microsoft Suite

LOCATION: Cooperative Home Care Associates, 349 East 149th Street, Bronx, New York

FRINGE BENEFITS: We offer a competitive salary, medical, dental and life insurance, long term disability, and pension benefits as well as an excellent working environment.

APPLICATION: We are an equal opportunity employer. Qualified candidates who are interested must send their resume, with cover letter and salary history to Ana Martinez at amartinez@chcany.org or fax to 718-402-0231. No phone calls please.

A WORKER-OWNED COMPANY



Cooperative Home Care Associates

349 East 149th Street • Bronx, New York 10451
Telephone: 718-993-7104 • FAX: 718-993-0971

COMPLIANCE COORDINATOR – Job Posting

COOPERATIVE HOME CARE ASSOCIATES (CHCA): CHCA is a nationally recognized, south Bronx based worker-owned licensed home care agency. Founded in 1985, CHCA provides quality home care services to clients, by providing quality jobs for paraprofessionals. CHCA d/b/a Cooperative Home Attendant Program (CHAP), specifically provides home attendant services.

PRINCIPLES DUTIES AND RESPONSIBILITIES:

- ✓ Maintains personal and medical files for paraprofessional staff.
- ✓ Monitors Hepatitis B Vaccine, tracks non-compliance and initiates waivers.
- ✓ Enters paraprofessional annual compliance information into CHCA's database and/or VNS system; as required.
- ✓ Serves as a liaison to community health service providers.
- ✓ Participates in the Organization's Record Review Process.
- ✓ Enters new and updates existing care plans into CHCA's database
- ✓ Contacts & schedules appointments with community health service providers.
- ✓ Generates compliance tickler reports and proactively works with staff to resolve issues.
- ✓ Participates in coaching sessions as needed.
- ✓ Schedules paraprofessionals for all pertinent compliance requirements.
- ✓ Tracks and schedules remediation sessions (Competency & APR).

MINIMUM QUALIFICATIONS:

- High School Diploma or General Equivalency Diploma
- One year of experience in file maintenance
- Intermediate computer knowledge
- Bilingual English/Spanish

FRINGE BENEFITS:

We offer a competitive salary, medical, dental and life insurance, long term disability, and pension benefits as well as an excellent working environment.

APPLICATION:

We are an equal opportunity employer. Qualified candidates who are interested must send their resume, with cover letter and salary history to Ana Martinez at amartinez@chcany.org or fax to 718-402-0231. No phone calls please.

The application period for this position will close as of June 6, 2011

A WORKER-OWNED COMPANY



349 East 149th Street • Bronx, New York 10451
Telephone: 718-993-7104 • FAX: 718-993-0971

Cooperative Home Care Associates

Assistant Director of Administrative Services – Job Posting

COOPERATIVE HOME CARE ASSOCIATES (CHCA): CHCA is a nationally recognized, south Bronx based worker-owned licensed home care agency. Founded in 1985, CHCA provides quality home care services to clients, by providing quality jobs for paraprofessionals. CHCA d/b/a Cooperative Home Attendant Program (CHAP), specifically provides home attendant services.

Principal Duties and Responsibilities

- ✓ Maintains G/L with all financial entries.
- ✓ Reconciles payroll bank statement.
- ✓ Reviews and updates Trial Balance.
- ✓ Maintains Fixed Asset schedule.
- ✓ Monthly reconciliation of due to/from CHCA/CHAP.
- ✓ Prepares monthly financial report for HRA.
- ✓ Generates vouchers for products/services invoiced to CHAP.
- ✓ Processes benefit invoices.
- ✓ Accurately records surplus and MMIS receipts.
- ✓ Identifies and follows up on outstanding receivables.
- ✓ Processes payroll for administrative staff.
- ✓ Provide support for processing of paraprofessional payroll.
- ✓ Works with paraprofessionals to resolve payroll issues.
- ✓ Maintains banking relationships.
- ✓ Maintains financial schedules.
- ✓ Maintains worker owner dividend records.
- ✓ Prepares and distributes end of year tax documents for staff and 1099 contractors.
- ✓ Generates reports.
- ✓ Demonstrates an ongoing commitment to comply with, support and promote the organization's policies and procedures.
- ✓ Interacts with and responds to co-workers and paraprofessional staff in a professional and respectful manner, at all times.
- ✓ Serves as a resource to paraprofessional staff.
- ✓ Seeks to continually enhance knowledge of department specific issues.
- ✓ Participates in all mediums geared towards skills and professional development.

MINIMUM QUALIFICATIONS:

- College degree, in business or accounting
- Five years experience in accounting and payroll processing functions
- Strong command of Microsoft Office Suite and financial accounting software
- Accuracy in financial calculations
- Ability to communicate verbally in English/Spanish

FRINGE BENEFITS:

We offer a competitive salary, medical, dental and life insurance, long term disability, and pension benefits as well as an excellent working environment.

APPLICATION:

We are an equal opportunity employer. Qualified candidates who are interested must send their resume, with cover letter and salary history to Doris Benedith Sanchez at dsanchez@chcany.org or fax to 718-402-0231. No phone calls please.

A WORKER-OWNED COMPANY