HCA Discusses Budget Priorities with Fiscal and Legislative Staff; Addresses Workforce Development with Governor’s Office

Late last week, Al Cardillo, HCA’s President and CEO, and Alyssa Lovelace, HCA’s Director for Public Policy and Advocacy, met with key fiscal staff from Assembly Ways and Means, as well as legislative staff from Assembly Health Committee Chair Richard N. Gottfried’s office and the office of the Senate’s newly appointed Health Committee Chair Gustavo Rivera. Throughout the meetings, Cardillo and Lovelace provided an overview of home care and Managed Long Term Care (MLTC) services and discussed HCA’s budget priorities.

New Directives, FAQs on Advanced Home Health Aide Agency Requirements

The state Department of Health (DOH) last week issued a Dear Administrator Letter (DAL) on advanced home health aide (AHHA) agency requirements, along with a Frequently Asked Questions (FAQs) document.

The DAL advises home care agencies and hospices of the requirements established by DOH and the State Education Department (SED) to employ and supervise a certified AHHA and to provide AHHA services.

See PRIORITIES p. 2

New Medical Fee Schedule for Workers’ Comp

The state issued a new medical fee schedule for workers’ compensation claims. The new schedule took effect on January 1, 2019.

See AHHA p. 4

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PRIORITIES from p. 1

HCA addressed several areas of concern, as well as the implications of the recently released Executive Budget Proposal, including proposals related to the following:

- **Consumer Directed Personal Assistance Services (CDPAS) Program**: All legislative staff were highly aware of the implications caused by the Executive Budget’s CDPAS proposal. As it currently stands, the proposal would repeal and replace the CDPAS program, and implement new criteria to determine those who could act as a fiscal intermediary (FI). Cardillo and Lovelace stressed that, in lieu of the Governor’s proposal, the program should be reviewed in its entirety to address areas that could use additional support and oversight. We are currently working with other association representatives to address the Executive’s proposal and will continue to meet with lawmakers and their staff in the coming days to discuss potential solutions.

- **Adequate funding streams for statutory wage increases for Certified Home Health Agencies (CHHAs), Licensed Home Care Services Agencies (LHCSAs) and MLTC plans**: Cardillo and Lovelace stressed the need for additional state minimum wage investments in order for providers to adequately serve consumers. HCA also called for additional funding for CHHAs following years of inadequate payments. These financial pressures will soon be revealed in HCA’s upcoming financial condition analysis based on all provider and plan Medicaid reports and a survey HCA’s members.

- **Statewide Health Care Facility Transformation (SHCFT) Program**: The Executive’s proposal includes funding for Round II applicants and leaves remaining funding available for Round III without increasing funding for providers. HCA urged additional funding be set aside for home and

*Continued on next page*
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community-based services, and specifically for LHCSAs and CHHAs.

- **Plan solvency:** HCA urged the state to provide additional support to MLTC plans and providers affected by recent closures and acquisitions. Legislative staff did acknowledge the Association’s call to make providers whole and encouraged HCA to provide language to assist the Legislature in this effort.

HCA will continue to meet with lawmakers and staff in the coming weeks to address HCA’s budget priorities and encourages providers to do the same. At this time, it is critical that lawmakers hear from their constituents on matters related to the budget and how the proposals will impact their communities. Please call your lawmakers today to schedule an in-district meeting and discuss how these budget proposals will affect your organization, its staff and those you serve. In addition, please keep an eye on your inbox for upcoming advocacy alerts and action items. For assistance with contacting your lawmakers, please contact Alyssa Lovelace at alovelace@hcany.org.

**HCA discusses workforce issues with Governor’s staff**

On Friday, HCA also met with workforce development staff from the Governor’s office and state Department of Labor (DOL) to discuss potential workforce solutions for veterans. Throughout the meeting, we discussed how veterans could better access home care services, as well as how veterans can be trained for employment in home care and play a larger role in the industry. We also stressed the importance of workforce development for home and community-based services throughout the state and urged staff to consider additional investments in this year’s budget process.

In the coming weeks, HCA will be developing a roadmap of potential workforce initiatives for veterans and recruitment-and-retention strategies. We encourage providers to share their thoughts with us on this important initiative. Please contact Alyssa Lovelace at alovelace@hcany.org to learn more or submit ideas for inclusion.

**HIRING: President of Home Care & Hospice**

**The Position:** Head strategic Home Care and Hospice operations for the health system, including growing specialty programs. Pave the way for clinical and technological innovation in both the home care and hospice programs including a heart failure readmission reduction program, implementation of a new EMR, growing the current telehealth program, expansion of community and facility based palliative care programs, and support for value based purchasing (VBP) initiatives. Must possess prior CHHA executive experience, financial/budgetary experience, and a familiarity with Population Health strategies and initiatives. RN and/or Nurse Practitioner with Master’s degree required.

**The Organization:** Catholic Health Services of Long Island includes six hospitals, three skilled nursing facilities, a regional home care service, a certified hospice and a community-based agency for persons with special needs. The 1,928-bed system prides itself on the values of Integrity and Compassion. CHS serves hundreds of thousands of Long Islanders each year, providing care that extends from the beginning of life to helping individuals live their final years in comfort, grace, and dignity. At Catholic Health Services, there are 358,805 annual home care visits and 125,636 annual hospice days-of-care.

To apply, please visit our website at: https://www.besmith.com/job-details/farmingdale-new-york-home-health-1256636/
As a reminder, the following organization types may employ an AHHA and provide AHHA services:
Certified Home Health Agencies (CHHAs), Long Term Home Health Care Programs (LTHHCPs), Licensed Home Care Services Agencies (LHCSAs), Hospices and Enhanced Assisted Living Residence (EALRS).

According to the DAL, **AHHA services provided by the agency require the Department’s written approval.** To obtain approval, the agency must submit the following information to the appropriate **DOH Regional Office** for review and approval:

- A written request to add AHHA services to the agency’s license or operating certificate;
- The agency’s policy and procedure, as periodically reviewed under the agency’s Quality Assurance program, to prevent drug diversion and address suspected incidents of drug diversion;
- The agency’s policy and procedure for provision of AHHA services consistent with regulatory requirements; and
- AHHA job description.

The DAL also outlines AHHA training and certification criteria; advanced tasks and tasks not included as advanced; assignment of advanced tasks; supervision requirements; and the annual in-service requirements.

The FAQs cover AHHA certification; agency requirements; advanced tasks; supervision of AHHAs; in-service Training; and home care registry requirements.

The DAL and FAQs should be reviewed along with additional information previously made available by DOH, including a January 9, 2019 DAL that covers the requirements to operate an AHHA Training Program; AHHA Training Program Guide; AHHA Training Program Application; AHHA Handbook for Students and Certified AHHAs; Training Program Curriculum; Instructor Evaluation Skills Checklist; and more. These materials are available at [http://www.healthy.ny.gov/facilities/home_care/advanced_home_health_aides](http://www.healthy.ny.gov/facilities/home_care/advanced_home_health_aides).

To access the DAL and FAQs issued last week, please log in to the Health Commerce System and view the “New Items” chart on the main page.

*Please contact Andrew Koski, akoski@hcanyos.org, or Alyssa Lovelace, alovelace@hcanyos.org, for questions or concerns related to this DAL.*

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**CMS Issues FAQs on New Home Health CoPs**

The U.S. Centers for Medicare and Medicaid Services (CMS) last week issued a detailed list of frequently asked questions (FAQs) on the home health Conditions of Participation (CoPs) that became effective on January 13, 2018.


Subsequent to the release of the CoPs, CMS received several requests for clarifications of various sections, prompting the FAQs. This list of questions and responses will also be posted at [https://www.cms.gov/Medicare/Provider-Enrollment-andCertification/CertificationandComplianc/HHAs.html](https://www.cms.gov/Medicare/Provider-Enrollment-andCertification/CertificationandComplianc/HHAs.html).

Follow-up questions can be sent to: hhasurveyprotocals@cms.hhs.gov.
Register NOW: Feb. 6 Must-Attend HCA Webinar on ‘Advocacy Essentials’

HCA urges all member organizations to join us for a must-attend February 6 webinar on “Advocacy Essentials” (10:30 a.m. to noon).

To register for our February 6 webinar, please complete the online form at https://www.surveymonkey.com/r/Feb6AdvocacyWebinar. Further instructions will be sent to you before February 6.

This webinar, led by HCA’s Policy and Government Affairs team, will help demystify the advocacy process. It will provide you with advocacy tips. And it will demonstrate ways that home care, hospice and MLTC leaders, like you, can adopt a sustainable, routinized workflow of advocacy.

This baseline of advocacy work can – and should – be integrated into your day-to-day business, so that you and your peers can raise the familiarity of home care, hospice and MLTC issues among legislators. This, in turn, will enhance legislators’ receptivity and core understanding of the issues whenever HCA advances legislation or proposals.

In other words, it’s vital for elected officials to “get it” about home care, hospice and MLTC, so that we can “get it done” on your behalf.

This webinar will also give some background and advocacy action items for our current areas of focus: the state budget, HCA’s budget proposals, and our message to the Legislature for the coming weeks, including on our February 12 State Advocacy Day.


We remind members that the 2017 annual Statistical Report for Certified Home Health Agencies (CHHAs), Long Term Home Health Care Programs (LTHHCPs) and the 2017 Cost and Utilization Report for Hospices are due by February 1.

These reports are available for completion on the Health Electronic Response Data System (HERDS) on the Health Commerce System (HCS); after February 1, 2019, these reports will no longer be available.

According to the state Department of Health (DOH), failure to submit all required information in the appropriate format will subject the agency to an enforcement action under Section 12 of the Public Health Law, resulting in civil penalty liabilities for violations of Article 36 (for CHHAs and LTHHCPs) or Article 40 (for Hospices).

DOH’s ability to make an affirmative statement to the agency’s character and competence will be negatively impacted in the event of enforcement actions. Furthermore, any certificate of need applications currently in process will not advance for delinquent agencies.

Agencies are strongly encouraged to enter and submit data as early as possible. Agencies that wait until the last week to do so may encounter extended system delays and wait times for support.


Questions and requests for assistance should go to HCStatRpts@health.state.ny.us.
HCA Financial Managers Summit Offers Payment Updates to Support Your Forecasting

Join us for March 19 Summit featuring DOH rate officials, experts on PDGM and a Wage and Hour update

Payment systems, their funding, and the regulations that condition them are the drivers that determine your agency’s performance. Meanwhile, big reforms, like the Patient-Driven Groupings Model (PDGM), mean you’ll be working with entirely new machinery in 2020.

As a CFO, finance manager, controller, or executive with finance oversight, you have enormous responsibility over all of these factors, which is why HCA’s popular Senior Financial Managers Summit on March 19 in Troy (near Albany) brings you the policymakers who directly influence home care, hospice and MLTC finance, as well as experts who have deftly analyzed it.

This year’s signature Summit offers Medicaid rate updates from HCA and state Department of Health (DOH) officials to help you with your forecasting and Medicaid accounts going into a new state fiscal year.

HCA will also discuss reimbursement issues on the Medicare front, while finance experts from BKD, LLC will delve further into payment reform with an illuminating session on PDGM.

Legal expert Emina Poricanin, of Hodgson Russ, will examine Wage and Hour laws that are among the most complex areas of your operation – and the most significant area of potential finance liability.


2019 Civil Monetary Penalties (CMPs) for Health Care Providers Announced

The U.S. Department of Health and Human Services (HHS) has announced the 2019 civil monetary penalty amounts for home care, nursing homes, hospitals and other providers.


PHHPC Committee Acts on Home Care Applications

The Public Health and Health Planning Council (PHHPC) Establishment and Project Review Committee met on January 24 and took action on a number of home care items.


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The Situation Report: the Home Care Association of New York State

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The Committee approved and sent to the full PHHPC the following applications:

- After much discussion, a proposal, including a service area waiver, to create a complex care collaborative submitted under the Hospital-Homecare-Physician Collaboration Program. The program is under Section 2805-x of the Public Health Law, and DOH’s corresponding Dear Administrator Letter is DHCBS 17-07, RMI Post-acute care.

- Three CHHAs for a transfer of ownership, change in the controlling entity, and change in ownership, respectively.

- One Licensed Home Care Services Agency (LHCSA) for an asset purchase of an existing LHCSA; one LHCSA for a change in ownership and to be associated with an Assisted Living Program (ALP); and one LHCSA for a change of ownership.

One application by an entity to become a LHCSA associated with an ALP was deferred at the state Department of Health’s request.

These applications will be reviewed at the next full PHHPC meeting on 14. PHHPC’s full and committee meetings are webcast at https://www.health.ny.gov/events/webcasts/.

Upstate LHCSAs: Join Upcoming HCA Forum for Updates on the Budget, AHHA, CDPAP, Regulations and More

February 19 Forum is for Members only in Utica

The newly proposed state budget continues to mount significant impacts on LHCSAs.

These include major changes to the authorization and financing of the Consumer Directed program; new proposed Medicaid Inspector General powers to collect overpayments from subcontractors; electronic visit verification; controls on personal care management; and funding policies for minimum wage and other cost factors.

Meanwhile, LHCSAs face a litany of recent, pressing and persistent regulatory pressures, such as statistical reporting changes and the LHCSA registration process, contracting limits with managed care plan partners, and the continuing roll-out of Advanced Home Health Aides.

Join HCA’s policy team, our Board and your LHCSA colleagues upstate for HCA’s members-only Upstate LHCSA Forum on February 19 in Utica. A registration form is at https://hca-nys.org/wp-content/uploads/2019/01/HCA-Upstate-LHCSA-Forum-February-19-Registration-Form.pdf. Please complete and send it back to HCA so we can plan on your attendance and participation.

This is an important opportunity to learn more about the above issues, how they impact you, and what HCA is doing about them; plus, we invite you to exchange information on local or agency-specific matters that HCA can work to resolve or to better inform our advocacy agenda on your behalf.

Downstate LHCSAs: HCA will be announcing details of our next Downstate LHCSA Forum soon. Stay tuned.
New Medical Fee Schedule for Workers’ Comp.

**Uninsured Employers’ Fund Claims to Undergo Change in Management**

An updated Workers’ Compensation Medical Fee Schedule was adopted on December 26, 2018. The new Medical Fee Schedule will be effective for services provided on or after **April 1, 2019**.

Effective **April 1, 2019**, the Board will require full compliance with ICD-10, as adopted on October 1, 2015 and previously announced ([http://www.wcb.ny.gov/content/main/SubjectNos/sn046_785.jsp](http://www.wcb.ny.gov/content/main/SubjectNos/sn046_785.jsp)).

To find the schedule online, visit www.optum360coding.com, keyword New York, or [https://www.optum360coding.com/Product/40508/](https://www.optum360coding.com/Product/40508/).

**Uninsured Employers’ Fund Claims to Undergo Change in Management**

The Workers’ Compensation Board (Board) will transition the management of established Uninsured Employers’ Fund (UEF) claims to SAFE, LLC effective February 1, 2019. (World Trade Center Volunteer Claims will remain with the present administrator, Triad Group LLC.)

SAFE will perform all claim-related functions and legal representation on behalf of the UEF. Claimants, and all parties of interest, including health care providers and legal representatives, will receive individual written notice of the change in claim administrator.

Claimants who are receiving biweekly indemnity benefits will continue receiving benefits on the same schedule as now. For medical and transportation reimbursement requests after February 1, 2019, the Claimant’s Record of Medical and Travel Expenses and Request for Reimbursement (Form C-257) must be sent to SAFE for processing with a copy to the Board.

For medical services provided on or after February 1, 2019, in established cases only, health care providers should send new medical reports, bills and authorization requests to SAFE, and send a copy to the Board. Previously filed documents should not be re-sent.

More information is at [http://www.wcb.ny.gov/content/main/SubjectNos/sn046_656R.jsp](http://www.wcb.ny.gov/content/main/SubjectNos/sn046_656R.jsp).

**State Rollout of In-Home Telehealth Expansion Continues with OMH Proposal for Mental Health**

The state’s rollout of telehealth expansion continues, recently with a proposed Office of Mental Health (OMH) rule amending the range of in-home tele-mental-health services that can be offered by OMH-approved providers. The proposal would include services of psychologists, social workers, and mental health counselors.

The proposal, posted in the **State Register** on January 23 for a 60-day comment period, specifically adds a patient’s place of residence or other temporary location as an eligible site for tele-mental-health; and it eliminates the requirement that the individual delivering services be physically located at the distant/hub site that participates in Medicaid.

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Last year’s state budget built upon prior “telehealth parity” changes enabling the home to be an originating site for telehealth providers beyond home care agencies, raising major concerns: Home care providers have been pioneers of the telehealth model; and they are governed by Article 36 and other public health law standards that may not otherwise apply to non-Article 36 telehealth provision.

While mental health does not ostensibly present jurisdictional entanglements with home health, it is important that telehealth technologies across settings are used in a coordinated fashion. HCA will be examining the OMH proposed rule in further detail.

As recent regulatory changes promote expanded in-home telehealth services by other sectors, home care providers are encouraged to draw upon your existing telehealth expertise in seeking out partnerships under coordination models. Meanwhile, HCA continues to pursue amendments expanding coverage for Article 36 home telehealth and technical amendments to avoid conflicts with Article 36 in the utilization of in-home telehealth.

Hospice Quality Reporting Data Collection In Effect for FY 2021

The first quarter data collection is in effect, as of January 1, for the Fiscal Year (FY) 2021 Hospice Quality Reporting Program (HQRP) reporting (data collection period of January 1 to December 31, 2019).

For Hospice Item Set (HIS) data, the U.S. Centers for Medicare and Medicaid Services (CMS) reminds providers that the timeliness threshold requirement for the FY 2021 reporting year and beyond is 90 percent. Hospices must submit at least 90 percent of their HIS records on time (within 30 days of the patient’s admission or discharge date) for compliance purposes. There are no size or newness exemptions for HIS reporting. More information is in the Compliance Threshold Fact Sheet in the “downloads” section of the HIS website at: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Hospice-Item-Set-HIS.html.

Hospice Consumer Assessment of Healthcare Providers and Systems (CAHPS) data collection period for the FY 2021 reporting year also began on January 1, 2019, and will continue through December 31, 2019. Providers who have not been participating in CAHPS and do not qualify for an exemption should begin immediate preparations to participate in the survey. For assistance, providers should e-mail or call the CAHPS survey technical assistance team at hospicecahpssurvey@HCQIS.org or 1-844-472-4621.

## Upcoming Deadlines and Due Dates

<table>
<thead>
<tr>
<th>Requirement/Change</th>
<th>Effective/Due Date</th>
<th>More Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>LHCSA Registration Process (part of 2017 LHCSA Statistical Report)</td>
<td>if not submitted by January 1, 2019, agency will not be able to operate or receive any reimbursement</td>
<td><a href="https://commerce.health.state.ny.us/public/hcs_login.html">https://commerce.health.state.ny.us/public/hcs_login.html</a></td>
</tr>
<tr>
<td>OMIG 2018 Annual Program Integrity Report for MLTC plans</td>
<td>January 31, 2019</td>
<td><a href="https://commerce.health.state.ny.us">https://commerce.health.state.ny.us</a></td>
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<tr>
<td>2018 Adult Care Facility 4th Quarter Statistical Information Report</td>
<td>January 31, 2019</td>
<td><a href="https://commerce.health.state.ny.us">https://commerce.health.state.ny.us</a></td>
</tr>
<tr>
<td>Posting of OSHA Form 300A: Summary of Work-Related Injuries and Illnesses</td>
<td>February 1 to April 30, 2019</td>
<td><a href="https://www.osha.gov/recordkeeping/RKforms.html">https://www.osha.gov/recordkeeping/RKforms.html</a></td>
</tr>
<tr>
<td>Webinar on Upcoming Emergency Preparedness Exercises</td>
<td>February 5, 2019 – 11 a.m. to noon</td>
<td><a href="http://www.NYLearnPH.com">www.NYLearnPH.com</a> (search course catalog for OHEP-HEPCEXS-2019)</td>
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<tr>
<td>Webinar on Upcoming Emergency Preparedness Exercises</td>
<td>February 6, 2019 – 1 to 2 p.m.</td>
<td><a href="http://www.NYLearnPH.com">www.NYLearnPH.com</a> (search course catalog for OHEP-HEPCEXS-2019)</td>
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<tr>
<td>Andryeyeva court case to be heard by New York State Court of Appeals</td>
<td>February 12, 2019</td>
<td><a href="https://www.nycourts.gov/ctapps/courtpass/Docket.aspx">https://www.nycourts.gov/ctapps/courtpass/Docket.aspx</a> (enter APL number 2018-00038)</td>
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<td>Comments due on LHCSA Registration Proposed Rule</td>
<td>February 17, 2019</td>
<td><a href="https://regis.health.ny.gov/sites/default/files/proposed-regulations/New%20Requirements%20for%20Annual%20Registration%20of%20Licensed%20Home%20Care%20Services%20Agencies.pdf">https://regis.health.ny.gov/sites/default/files/proposed-regulations/New%20Requirements%20for%20Annual%20Registration%20of%20Licensed%20Home%20Care%20Services%20Agencies.pdf</a></td>
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<td>Interoperable Communications/Medical Countermeasures (IOC/MCM) exercise – Syracuse</td>
<td>February 27, 2019</td>
<td><a href="mailto:megan.kash@health.ny.gov">megan.kash@health.ny.gov</a></td>
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<td>IOC/MCM exercise – Western NY</td>
<td>April 4, 2019</td>
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<td>IOC/MCM exercise – Capital District</td>
<td>April 11, 2019</td>
<td><a href="mailto:Maureen.casale-reidt@health.ny.gov">Maureen.casale-reidt@health.ny.gov</a></td>
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<td>IOC/MCM exercise – Long Island</td>
<td>April 18, 2019</td>
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<td>IOC/MCM exercise – Lower Hudson Valley</td>
<td>May 9, 2019</td>
<td><a href="mailto:gyongyi.mqueston@health.ny.gov">gyongyi.mqueston@health.ny.gov</a></td>
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<tr>
<td>Transition Period for Using Health Insurance Claim Number (HICN) or new Medicare Beneficiary Identifier (MBI)</td>
<td>April 1, 2018 to December 31, 2019</td>
<td><a href="https://www.cms.gov/Medicare/New-Medicare-Card/index.html">https://www.cms.gov/Medicare/New-Medicare-Card/index.html</a></td>
</tr>
</tbody>
</table>
DAL Issued on Hospice Nursing Contract Exemption

On January 25, the state Department of Health (DOH) posted a *Dear Administrator Letter* (DAL) informing hospices that the U.S. Centers for Medicare and Medicaid Services (CMS) has extended its designation of the national nursing shortage as an “extraordinary circumstance” for an additional two years, through September 30, 2020.


This designation allows hospices to utilize contracted staff in addition to their full-time nursing staff if they are unable to employ a sufficient number of nurses due to the national nursing shortage. This does not apply to counseling services, medical social services, and other core hospice services.

As previously noted in the January 7, 2019 *Situation Report*, CMS is eliminating the previous requirement that hospices must submit justification to the Department to qualify for the exemption based on the national nursing shortage.

However, according to the DAL, hospices continue to be required under 10 NYCRR §793.7(c) to notify DOH when nurse contracting is needed for extraordinary or non-routine circumstances other than the national nursing shortage.

When utilizing contract nurses secondary to extraordinary circumstances, the hospice provider must maintain documentation of its continuing efforts to secure direct nursing employees and the extent to which any contract nurses are trained in the hospice philosophy and the effective provision of services based upon the established plan of care. Hospices must maintain professional, financial, and administrative responsibility when contract services are utilized. Compliance with these requirements will be reviewed as part of the routine survey process.

Questions can be directed to DOH at homecare@health.ny.gov.

Emergency Preparedness Update

The Western Region Health Emergency Preparedness Coalition (HEPC) will hold a Virtual Tabletop Exercise for home care agencies and their partners.

The same exercise will be held on two separate dates: April 8, from 1 to 3 p.m. or April 11, from 10 a.m. to noon.

The Western Region HEPC will also hold a Home Health Exercise Primer on March 11, from 10 to 11 am.

The exercise seeks to gain better insight into the plans, needs and capabilities of the home health sector. It will explore the abilities of home care providers to share information; activate ahead of, or in response to, a significant event; respond to surge requests; and how to request resources.

*Continued on next page*
HCA encourages all Western Region providers to participate in the tabletop exercise and the Home Health primer. Registration for both is announced at https://hca-nys.org/wp-content/uploads/2019/01/Virtual-Tabletop-Flyer-Updated.pdf.

**HEPC Statewide Meeting**

Last week, HCA participated in a planning session for the HEPC Statewide Meeting that will be held on March 20 and 21.

The meeting brings together county, state and local emergency preparedness officials and health care provider association representatives who comprise HEPCs across the state. The conference will discuss emerging issues and state policies in emergency preparedness and the roles of home care, hospice, hospitals, adult homes and nursing homes.

HCA suggested topics for the March conference, including the involvement of home care, hospice and long term care facilities in the Emergency Operations Center during an emergency; statewide implementation of HCA’s “essential personnel” legislation and experiences of counties, providers and emergency preparedness officials; and a review of emergency shelters, outlining the different types, eligibility for individuals, rules about patients who need home care, limits on stays, etc.

At last year’s conference, HCA participated in a panel debrief on a Coalition Surge Test/Interoperable Communications (CST/IOC) drill where we discussed HCA and member experiences with the drill.

**CAHPS Training Sessions Announced**

Agendas and slides are now available on the Home Health Consumer Assessment of Healthcare Providers and Systems (HHCAHPS) website (under the “Training” tab) for upcoming webinar training sessions: *Introduction to the Home Health Care CAHPS (HHCAHPS) Survey* and the *HHCAHPS Survey Vendor Update*. (see https://homehealthcahps.org/.)

*Introduction to HHCAHPS* is a two-part session on the following dates: **January 29** (1 to 5 p.m.) and **January 30, 2019** (1 to 5 p.m.).

The *HHCAHPS Survey Vendor Update* training session will take place on **February 1, 2019** from noon to 2 p.m.

Also posted is an updated (version 11.0) of the *HHCAHPS Protocols and Guidelines Manual*, available at the Protocols and Guidelines link under the “Survey Materials” tab. An updated (version 7.0) of the *HHCAHPS Data Submission Manual* is also on the HHCAHPS website via the Data Submission link under the “User Manual” tab. These new manuals reflect the most updated protocols and replace earlier manual versions.

For more information about the HHCAHPS Survey, e-mail hhcahps@rti.org or call toll-free at (866) 354-0985.
Changes in Ownership Must be Reported

Providers are reminded that they must update their enrollment information to reflect changes in ownership within 30 days.

Owners are individuals or corporations with a 5 percent or more ownership or controlling interest. Failure to comply could result in revocation of Medicare billing privileges.

Some resources include:


- **PECOS Enrollment Tutorial – Change of Information for an Individual Provider** ([https://www.youtube.com/watch?v=eXu_skSiS1Y&list=PLaV7m2zFKpia1McB1WKKkw2esAdiZRem&index=3](https://www.youtube.com/watch?v=eXu_skSiS1Y&list=PLaV7m2zFKpia1McB1WKKkw2esAdiZRem&index=3))

- **PECOS Enrollment Tutorial – Change of Information for an Organization/Supplier** ([https://www.youtube.com/watch?v=U0fJnhQ0egk&list=PLaV7m2zFKpia1McB1WKKkw2esAdiZRem&index=4](https://www.youtube.com/watch?v=U0fJnhQ0egk&list=PLaV7m2zFKpia1McB1WKKkw2esAdiZRem&index=4))

2019 Poverty Levels Announced

The poverty levels for 2019 have been announced (see [https://aspe.hhs.gov/poverty-guidelines](https://aspe.hhs.gov/poverty-guidelines)).

These include levels for individuals at $12,490 (up from $12,140 in 2018) and couples at $16,910 (up from $16,460 in 2018). These levels are used to calculate one of the charity care requirements for Certified Home Health Agencies (CHHAs) and to determine eligibility for the Medicare Savings Programs, low-income assistance under the Medicare Part D drug program, and other federal benefits.
OSHA Penalties Increase

The U.S. Department of Labor Occupational Safety and Health Administration (OSHA) has announced increased penalty rates starting January 23, 2019.


The new 2019 maximum penalties are as follows:

- Other-than-Serious: $13,260
- Serious: $13,260
- Repeat: $132,598
- Willful: $132,598

Delayed Claim Submission FAQs Issued

eMedNY has posted updated Frequently Asked Questions (FAQs) regarding delayed claim submissions, including inquiries from eMedNY’s August and September webinars.

The FAQs are at https://www.emedny.org/ProviderManuals/AllProviders/PDFS/FAQs_onDelayed_claims.pdf.

They cover changes in 2016 that allow home care providers up to 12 months to obtain physician orders for services (a change advocated and directly shaped by HCA); delay reason codes; applicability of rules to managed care organizations; documentation requirements; and more.

Final Rule Issued on OSHA Form 300 and 301

The Occupational Safety and Health Administration (OSHA) has issued a final rule that eliminates the requirement for establishments with 250 or more employees to electronically submit information from OSHA Form 300 (Log of Work-Related Injuries and Illnesses) and OSHA Form 301 (Injury and Illness Incident Report) to OSHA each year.


These establishments are still required to electronically submit information from OSHA Form 300A (Summary of Work-Related Injuries and Illnesses). Collection of Calendar Year 2018 information from the OSHA Form 300A began on January 2, 2019. The deadline for electronic submissions is March 2, 2019.

The final rule does not alter an employer’s duty to maintain OSHA Forms 300 and 301 on-site, and OSHA will continue to obtain these forms as needed through inspections and enforcement actions.

OSHA is also amending the recordkeeping regulation to require covered employers to electronically submit their Employer Identification Number with their information from Form 300A.
Employers are reminded of their obligation to post a copy of OSHA Form 300A (https://www.osha.gov/recordkeeping/RKforms.html) which summarizes job-related injuries and illnesses for a particular year.

Each year, from February 1 to April 30, the summary must be displayed in a common area where notices to employees are usually posted. Businesses with 10 or fewer employees and those in certain low-hazard industries (home care providers are not considered low-hazard) are exempt from OSHA recordkeeping and posting requirements.

Updated Home Health CAHPS Data Posted

Home Health Consumer Assessment of Healthcare Providers and Systems (HHCAHPS) survey results from July 2017 through June 2018 are now reported on Home Health Compare at http://www.Medicare.gov. These results are updated each calendar year quarter.

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

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

Information on how the star ratings were constructed is provided in Technical Notes at https://homehealthcahps.org/Portals/0/HHCAHPS_steps_calculate_composites.pdf?ver=2016-11-07-101103-157.

Go to https://homehealthcahps.org/Portals/0/PublicReporting/PMAandHHCAHPSresults_JanPublicReporting2019.pdf for more information about how the data were analyzed and for the patient-mix adjustment factors that were used to statistically adjust the results reported on Home Health Compare.
Senior Financial Managers Summit

March 19, 2019
Hilton Garden Inn Troy - Troy, NY
Payment systems, their funding, and the regulations that condition them are the drivers that determine your agency’s performance. Meanwhile, big reforms, like PDGM, mean you will be working with entirely new machinery in 2020.

As a CFO, finance manager, controller, or executive with finance oversight, you have enormous responsibility over all of these factors, which is why HCA’s Senior Financial Managers Summit brings you the policymakers who directly influence home care, hospice and MLTC finance, as well as experts who have deftly analyzed it.

This year’s signature Summit offers Medicaid rate updates from HCA and DOH officials to help you with your forecasting and Medicaid accounts going into a new state fiscal year. HCA will also discuss reimbursement issues on the Medicare front, while experts from BKD will delve further into payment reform with an illuminating session on PDGM. Legal expert Emina Poricanin, of Hodgson Russ, will examine Wage and Hour laws that are among the most complex areas of your operation – and the most significant area of potential finance liability.
8:30am – 9:00am  
**HCA Registration & Continental Breakfast**

9:00am – 10:00am  
**HCA Update**  
Hear from HCA’s policy staff on the Governor’s proposed 2019-20 Executive Budget, its key fiscal impacts for home care and MLTC, and an update on HCA’s reimbursement advocacy efforts in Albany and in Washington.

HCA staff will highlight our annual financial data findings and trends, as well as discuss the latest on minimum wage funding, DSRIP, Value Based Purchasing, QIVAPP and PDGM.

10:00am – 11:00am  
**Department of Health Update**  
Michael Ogborn & Daniel Carmody, Bureau of Managed Long Term Care Rate Setting, Office of Health Insurance Programs, NYS Department of Health *(Invited)*

OHIP staff will provide updates on the following key elements of your Medicaid accounts: provisions in the 2019-20 Executive State Budget that impact home care, personal care and MLTC plans; the Medicaid Global Cap; CHHA Episodic Payment System (EPS) rebasing; premium rate adjustments to MLTC; minimum wage funding, QIVAPP funding, Wage Parity and overtime adjustments to plans and home care providers; the home care fee-for-service Medicaid rates; Medicaid cost reports; and other Medicaid reimbursement issues.

11:00-11:15am Break

11:15am – 12:30pm  
**Wage & Hour Update**  
Emina Poricanin, Partner, Home Care Practice Leader, Hodgson Russ

Compliance with wage and hour regulations is one of the most challenging issues facing home care providers today. Hodgson Russ legal expert, attorney Emina Poricanin, will help you get a handle on the latest developments in this dynamic area of regulation and potential finance liabilities.

She’ll share lessons gleaned from wage and hour lawsuits in home care and how providers can protect themselves from such claims. You’ll gain critical updates on 24-hour live-in services litigation, enforcement issues and trends, common mistakes found in home care Office of the Medicaid Inspector General (OMIG) and Department of Labor (DOL) audits, and joint employment issues that are arising in the Consumer Directed Personal Assistance Services program fiscal intermediary context.

12:30pm – 1:30pm  
**Lunch**

1:30pm – 3:00pm  
**Shifting Gears from PPS to PDGM**  
M. Aaron Little, CPA, Managing Director; and Karen Vance, BSOT, Senior Managing Consultant, at BKD, LLP

The Patient Driven Groupings Model (PDGM) is a game changer for Medicare home health, completely changing the basis of payment. Join BKD financial, operational and clinical consultants as they give you a look under the hood, sharing the results of an agency-specific financial impact analysis that reveals not only the financial elements of the PDGM model but also related operational strategies and key performance indicators.

3:00pm – 3:15pm  
**HCA Closing Remarks & Adjourn**
If you are not currently an HCA Member, but wish to become one so you can take advantage of favorable or no-cost rates for this and other educational programming, please contact Laura Constable at (518) 810-0660 or at lconstable@hcanys.org.

HCA has reserved a limited block of rooms at the Hilton Garden Inn in Troy, NY for the night of Monday, March 18 at a discounted rate of $119 per night. To receive this special rate, please call (877) 782-9444 prior to February 10 and ask for the Home Care Association (HCA) group rate.

Registration Fee and Payment

- HCA Members (2019) – $149
- Prospective Members – $299

Credit Card No.  ____________________________  VISA  ____________________________  MC  ____________________________  AM EX
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Signature: ____________________________

Or, make checks payable to: HCA Education and Research and mail them to: 388 Broadway, 4th Floor, Albany, NY 12207

Cancellation Policy: Cancellations received by March 8th will receive a full refund, less 25% of total due as an administrative fee. Cancellations received on March 9th or later will forfeit their registration fee, as will those who register and do not attend. Substitutions are permitted.

Special Accommodation: In accordance with the Americans with Disabilities Act or special meal needs, please let us know how we can accommodate you:

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FAX TO: (518) 426-8788