SEPTEMBER

Cholesterol Education Month

Gynecological Cancer Awareness

Leukemia & Lymphoma Awareness

National Alcohol & Drug Addiction Recovery

Reye's Syndrome Awareness

Sickle Cell Disease Awareness

AAHCC
Alamo Area Home Care Council

Email:
info@aahcc.org

MEMBER NOTES:

FROM THE PRESIDENT OF AAHCC

THE FUTURE OF HOME CARE: Last week, I sat in on a presentation by William Dombi, Esq., V.P. for Law with the National Assoc. for Home Care & Hospice. He discussed how some of the following components which include: Political, Mega Systems, Delivery Systems, Technology, Reimbursement, Managed Care, Workforce, Medicare and Medicaid Home Care and Hospice affect the future for home care.

Mr. Dombi stated that in 1980 $2.4 Billion was spent on home care – in 2010 it was $80 Billion. I see 400% increase in those 20 years as a strong indication that Home Care is a viable solution to the growing health care needs of our country and that we are in a growth industry.

In the political arena, Mr. Dombi stated that not much is going to change, and that he predicts a continued "gridlock" in congress. His other forecasts for our industry driving factors were as follows: HEALTH CARE DELIVERY SYSTEMS - Home Care is viewed as a solution; REIMBURSEMENT – there will continue to be cuts, it will most likely become *value based* , and incorporate a shared savings program. Agencies will have to continue to need to evolve and adapt to change; MANAGED CARE – the prediction is stagnant enrollment in Medicare Advantage plans. Medicaid LTSS long term future is to be determined, as some Managed Care Plans see the benefit and some as cost only. Forecast for the WORKFORCE – unionization is a long way off in Texas, issues with low reimbursement will continue to make it difficult to attract and retain paraprofessionals that are already in short supply.

Mr. Dombi concluded that HOME CARE has a great future as it is: having the *HIGHEST QUALITY, LOWEST COST and UNRIVALED CUSTOMER SATISFACTION.*

I say, put on your sunglasses, because our future is so bright, we gotta wear shades. (**A. Cruz**)

COMMUNITY CARE SUMMIT

On September 9 & 10, 2014, TAHC&H will hold a COMMUNITY CARE SUMMIT in Houston, TX. The agenda for the 2 day conference is as follows: Tuesday, September 9 -8:30 am-4:00 pm - The Person-Centered Planning: Tools, Tips, and Practical Skills: CMS recently published new rules for participants in Medicaid 1915 waiver programs specifying that service planning must be developed through a person-centered planning process. What do these new rules mean to long-term services and support providers? How does person-centered planning connect compliance with Licensing Standards for HCSSA?

Wednesday, September 10 9:00 am – 3:00 pm – STAR+PLUS Medicaid Managed Care Program: Future Directions & Current Considerations New rules and initiatives are reshaping how individuals receive Medicaid HCBS with the shift towards performance improvement for quality outcomes that measure service planning, and delivery of services that ensure individuals receive self-directed care that enhances quality of life. HHSC will touch on key provisions relating to the rule, including aspects of the person-centered planning requirements. Five STAR+PLUS MCOs will participate collectively in a panel presentation to address key topics. Click Registration for more information.

2014 AAHCC BOARD

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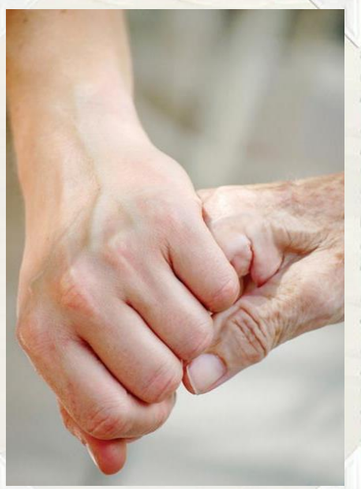

INSIDE THIS ISSUE:

AAHCC Alamo Area Home Care Council *Monthly*

Newsletter

September — 2014

HOME HEALTH CARE:

Your source for Home Care legislative news and information

Home Health Agencies Have Run Out of Time to Comment about Proposed Rules

The home health industry is facing so many changes that include regulation, rates, and revenue streams. It is so important that we unify our voice more than ever regarding these changes and comment about the effect these proposed rules will have on our businesses and patients that we service. It will take all of us to make change in a positive way and it starts with voicing our concerns and objections to improper reform of the agencies that are doing business the proper way before these proposed rules are made final.

In our last newsletter, we discussed the proposed rules pending regarding the Federal Register published June 6, 2014 that shows some relief when it comes to the physician narrative being omitted in the Face-to-Face, but now agencies will be at the mercy of the physicians documentation of patient care or homebound status in physicians medical records. This will effect payment decisions and claim denials if the physicians charts does not support home health's documentation. This particular item. needed to have provider input before 5:00 p.m. on September 2, 2014. Members should have also reached out to the physicians they work with to continue to educate physicians of the guidelines and the importance of documenting the correct and pertinent information needed for our agencies and patients.

The Home Health Prospective Payment System (HHPPS) Final Rule has already begun effective January 2014 and will continue reducing 3.5% every year for the next 3 years causing many agencies to be unable to sustain operations due to lack of profit and with most agencies potentially ceasing business operations due to lack of funds to cover cost of providing services. This requires our members and agencies to continue to reach out to your legislators and representatives to ask for support of the bipartisan legislation of HR 4625 that will postpone rebasing until there is further and more accurate data to support cost of services. Members should call, email, write letters, and ask for meetings. Befriend your representatives and tell them your stories of who your agencies are, how many employees you have, and how many patients you service to let them know how important home care is to seniors that want to continue to stay in their home as long as they can safely. We are an industry that can provide great outcomes with the least possible cost in healthcare. Inform them that home health and hospice don't need to be used as an offset in healthcare reform.

The AAHCC legislative committee will continue to keep a pulse of the upcoming changes and will work with members to identify legislators and representatives in your district. Please be active and speak up about changes that providers disapprove of for our industry. (**A. Brown**)

ASSISTED LIVING:

ASSISTED LIVING FACILITY PROVIDER MEETING

You are invited to attend the annual Assisted Living Facility Provider Meeting presented by the Texas Department of Aging & Disability Services (DADS), Regulatory Services Division, Region 8 on October 9th in San Antonio. Registration sign-in starts at 8:30 a.m. and the program starts promptly at 9 a.m. Please complete your registration on the link below if you wish to attend this meeting.

The following topics will be presented:

- Emergency Preparedness and Life Safety Code Updates
- The Investigation Process

The meeting will be October 9, 2014
8:30 a.m. to Noon
AL J. Notzon III Board Room Alamo Area Council of Governments (AACOG)
8700 Tesoro Drive, Ste. 100
San Antonio, Texas 78217
Registration:
https://www.surveymonkey.com/s/Region8ALF2014
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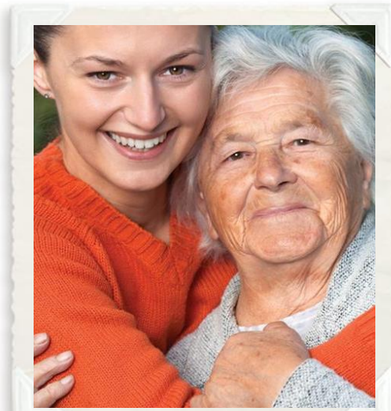

"I love to take care of people. It gives my life a real sense of purpose."

HOME HEALTH CARE Continued:

Home Health Proposed 2015 Prospective Payment System – Value Based Purchasing

In the proposed rule, Centers for Medicare & Medicaid Services (CMS) has put out information about a possible model that may be implemented in 2016. CMS is inviting comment on how that model should proceed.
First, the CMS model would reduce or increased Medicare payments in a range of 5-8 percent. This is in contrast with the current hospital Value-Based Purchasing (VBP) model which puts at risk 1.25 percent rising gradually to 2.0 percent.
CMS seeks comments on a value-based purchasing model to be tested in up to eight states. Agencies that meet or exceed performance standards would be eligible for bonuses.
Performance and outcome standards are established to determine which providers receive bonus payments. The agencies that do not meet the standards are left with lower payment revenues and in contrast those that outperform the standards receive financial rewards.
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The VBP measures would be based on both achievement and improvement in quality outcomes. Home Health Agencies that reach a minimal threshold level in quality performance would receive the incentive bonus payments with the amount determined by the level of quality above the threshold. Performance and bonus payment determinations would be made based on performance in comparison to other Home Health Agencies in Texas.
At this point, the VBP model outlined by the state has only bare details. The proposed amount of payment at risk, 5-8 percent, is significantly higher than other VBP model. Since some Home Health Agencies will lose money with this model as they are compared with others in the respectively chosen states, there is a serious question as to whether a 5-8 percent payment makes sense.
If you have specific questions or comments concerning the proposed rules, please email info@aahcc.org

Source: Texas Association of Home Care and Hospice

HOSPICE CARE:

Final Hospice Payment Rule for FY 2015

The final rule has been posted on-line. These are the major provisions: Section III.A -- CMS raises program integrity concerns, reform analysis for patients dying without skilled visits at end-of-life; use of General Impact Care (GIP), Continuous Home Care (CHC), or Inpatient Respite Care (IRC); live discharges, and non-hospice spending for hospice patients during a hospice election.

Section III.D – CMS wants to better safeguard the Medicare Trust Fund by requiring hospices to complete their aggregate cap determination using a pro-forma spreadsheet and payment data not earlier than 3 months after the cap year end; to determine their cap overpayment no later than 5 months after cap year; and remit any overpayments at that time.

Section III.E – CMS will require hospice to file both NOE and NOTR on behalf of patient within 5 days after effective date of election or discharge/ revocation. If NOE is not filed on-time, the hospice will be financially responsible for costs from effective date of election to NOE filing date.

Section III.F – CMS requires the hospice to identify the attending physician on the election form and document changes to the attending physician, in order to update the hospice wage index and the hospice payment rates for FY 2015.

Section III.H – CMS gives updates to hospice quality reporting program, including participation requirements and implementation date of January 1, 2015 for CAHPS Hospice Survey; and to remind the hospice industry of the July 1, 2014 implementation date for Hospice Item Set (HIS). Over 7 new quality measures will come from these tools. This rule will also make changes to the consideration process, extraordinary circumstances extensions or exemptions, and hospice quality reporting program (HQRP) eligibility requirements for newly certified hospices.
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Source: Texas Association of Home Care and Hospice

ADULT DAY CARE:

Adult Day Care Facility Provider Meeting

You are invited to attend the annual Adult Day Care Facility Provider Meeting presented by the Texas Department of Aging & Disability Services (DADS), Regulatory Services Division, Region 8 on October 9th in San Antonio.

Registration sign-in starts at 1 p.m. and the program starts promptly at 1:30 p.m. Please complete your registration on the link below if you wish to attend this meeting.
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The following topics will be presented:

- Emergency Preparedness and Life Safety Code Updates
- The Investigation Process

The meeting will be:
October 9, 2014
1 p.m. to 4:30 p.m.
AL J. Notzon III Board Room
Alamo Area Council of Governments (AACOG)
8700 Tesoro Drive, Ste. 100
San Antonio, Texas 78217.

Registration:
https://www.surveymonkey.com/s/Region8ADC2014.

LONG-TERM CARE &REHABILITATION:

TEXAS ASSOCIATION FOR HOME CARE & HOPICE'S 45TH ANNUAL MEETING

The National Assoc. for Home Care & Hospice presented their 2014 Home Care Legislative/ Regulatory Issues and Priorities at the TAHC&H annual meeting this past August. Included in the list of priorities were: 1) to block HHPPS cuts through rebasing; 2) Stop Copays; 3) delay ACA provision on individual mandate and employer, as well as, seeking exemption or protection from employer penalties for home care and hospice employers; 4) Reverse changes to the FLSA companionship exemption that is to take effect on 1/1/2015; 5) Improve Medicare F2F rules; 6) creating a Telehealth Pilot Program; 7) create toughened participation standards to maintain program integrity; and 8) to establish reasonable hospice payment model reforms.

NACH& H and TAHC&H continue to lobby policy makers to better the environment for doing business in Home Health. If you have not looked into the benefits of becoming a member or just monitoring their websites for news and updates on policies affecting your business, you need to consider making that a daily or weekly part of your routine. The industry needs well informed businesses to contact and communicate the concerns and needs they have to these organizations, so the message can go up the chain to those making decisions affecting our industry. ***(A. Cruz)***