AUGUST

Cataract Awareness Month

National Immunization Awareness Month

Children's Eye Health & Safety Month

Spinal Muscular Atrophy Awareness Month

Email:
info@aahcc.org

MEMBER NOTES:

LETTER FROM THE PRESIDENT OF AAHCC

The main mission of the Alamo Area Home Care Council (AAHCC) is to advocate and inform our members and our community on issues regarding home care. This is the AAHCC inaugural newsletter. We hope you find the contents pertinent, informative and timely. As policies and procedures in our health care environment continue to be updated on an ongoing and continual basis, we will strive as best we can to stay current with the information we present. The board and the legislative committee invite you to give feedback on topics presented in the newsletters and ideas for future publications.

The newsletter is intended to be an added benefit to the resources made available to you through your membership with the AAHCC.

As the 2014 President of the AAHCC, I would like to thank our current board and our legislative newsletter committee for the actions they have taken to bring this publication to our membership.

Sincerely,
Andres B. Cruz.

TAKE ACTION ON MEDICARE HOME HEATH PAYMENT CUTS!

Members need to contact their legislators and representatives. Ask that they sponsor H.R 4625. If members need assistance in identifying districts and reps, please email info@ aahcc.org. It is imperative that we continue to use our collective voice to be heard regarding this final rule that will affect so many in the home care industry as well as seniors in the community. Federal Register: https://www.federalregister.gov/articles/2014/07/07/2014-15736/medicare-and-medicaid-programs-cy-2015-home-health-prospective-payment-system-rate-update-home

2014 AAHCC BOARD

View From Left to Right.
Top Row:
Art Pike, Stephanie Hawley,
Genevieve Munoz, Yvette Tamayo.
Bottom Row:
Adriana Brown, Andy Cruz, Candyce Slusher

DISCOUNTED ADMINISTRATOR CEU HOURS – AAHCC MEMBER

Forte Consulting Group is happy to pass a long a discount to our fellow AAHCC members, DADS Administrator CEUs Hours at a 10% discount. Please contact Forte Consulting Group if you have any other regulatory questions or needs. The website is: www.123consultingsolutions.com

The coupon code is Forte10.

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

Texas Association for Home Care & Hospice is having their 45th Annual Meeting. The title for the 2014 meeting is HOME CARE & HOSPICE: Ingredients for Success. The August 19 -21, 2014 Association meeting and concurrent educational programs will be held at the Hyatt Regency Hill Country Resort, San Antonio. For more information on this education event visit http://www.tahch.org.

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Monthly Newsletter

August — 2014

Your source for Home Care legislative news and information

HOME HEALTH CARE:

MEDICARE HOME HEALTH PAYMENTS CUT

In November 2013, CMS released the Home Health Prospective Payment System (HHPPS) Final Rule. The Rule became effective January 1, 2014. This Final Rule rebases payment rates at "the maximum cut permitted under the Affordable Care Act." A cut of 3.5% per year over the next 4 years, totaling a cut of 14% from 2010 rates by 2017. CMS understands that "approximately 43%" of all Medicare home health providers will be paid less than cost of care by 2017. Actually, using recent cost and revenue trends, it is more realistic to expect about 56% of providers will paid below cost. Medicare payments that are below cost, lead to home health agency closure because Medicare Advantage and Medicaid pay even less than Medicare and do not offset Medicare losses.

CMS's unprecedented Medicare cuts will endanger the 3.5 million homebound seniors and the permanently disabled that use home health care annually. These people are older, sicker, poorer and more likely to be a minority than the typical Medicare beneficiary. CMS has not evaluated the impact on access to care for these individuals.

Action is needed. The Secretary of HHS has the authority to revise the rebasing cut to protect access to home health. The Social Security Act allows the Secretary to implement a less aggressive approach to rebasing and it also empowers him to dispense and modify HHPPs rebasing in order to serve the public interest. In addition, Congress must act now to stop this unsustainable payment cut. It should enact the Medicare Home Health Rebasing Relief and Reassessment Act (H.R. 4625) which would:

- Suspend implementation of the rate change;
- Necessitate a reassessment of the CMS methodology for rebasing;
- Require a report to Congress on the reassessment within 6 months.

Please take action! See member notes.

Source: National Association for Home Care & Hospice.

PERSONAL ATTENDANT SERVICES (PAS):

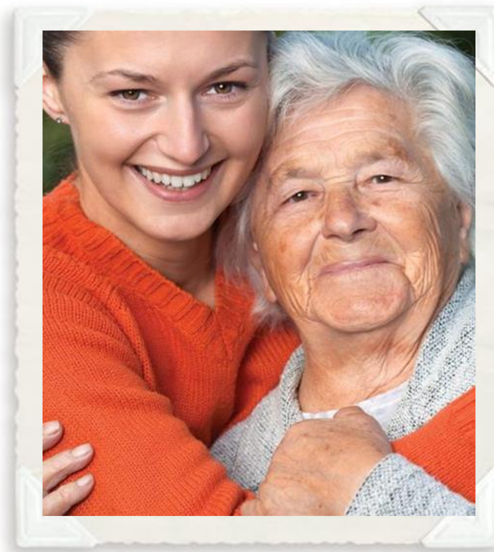
STAR + PLUS Expansion
DADS Information letter No. 14-23

HHSC is expanding the STAR+PLUS Medicaid managed care program to the Medicaid Rural Service Areas (Medicaid RSAs) including West, Central, and Northeast Texas. With this expansion, most individuals who are older or have a disability will get acute care and long-term services and supports (LTSS) through a STAR+ PLUS managed care organization (MCO). STAR+PLUS is designed to integrate service delivery of acute care and LTSS through a managed care model. STAR+PLUS Medicaid RSA expansion and termination of the Community Based Alternatives (CBA) program's **1915(c) nursing facility waiver is September 1, 2014**.

The CBA program will be replaced by the Texas Healthcare Transformation and Quality Improvement program, which is an 1115 waiver program. This program includes the STAR+ PLUS Home and Community-based Services HCBS) STAR+PLUS waiver, and the services are very similar to that of the CBA program. For the complete letter, visit: **http://www.dads.state.tx.us/providers/communications/2014/letters/IL2014-23.pdf**

CMPAS Required Base Wages
TX DADS Information Letter 13-49

This letter is to remind providers of Client Managed Personal Attendant Services (CMPAS) that on September 1, 2014, the required base wage is $7.86 per hour. This letter was initially posted on August 21, 2013 and included other policy information related to CMPAS programs. Please visit the following link for the complete newsletter: http://www.dads.state.tx.us/providers/communications/2013/letters/IL2013-49.pdf



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

LONG-TERM CARE & REHABILITATION:

Get on Board the TRAIN Workshops

DADS' staff, in collaboration with TMF Quality Improvement Organization (QIO) staff and other stakeholders, is developing a statewide project to reduce the use of antipsychotic medications in nursing homes. The TRAIN (Texas: Reducing Antipsychotics In Nursing homes) project will also address pain management in residents with dementia, identify alternative strategies for managing behaviors associated with dementia and explain the survey implications of F-tags 309 and 329.

Phase I of the TRAIN project will consist of a day-long training session, offered in various locations across the state in July and September 2014. In addition to the educational presentations provided during each session, providers will be offered the opportunity to sign-up for individualized assistance and support targeting their facility's specific needs.

Phase II of the project will be the provision of individualized assistance and support to facilities, provided by members of an interdisciplinary team. Team members may include any of the following:

- DADS Quality Monitoring Program staff
- TMF QIO quality consultant staff
- Long-term care ombudsmen
- Regulatory Services Facility Liaison staff

Phase I training session are:

July 15 — Tyler
July 17 — Lufkin
July 23 — Arlington
July 24 — Arlington
July 29 — Austin
July 31 — San Antonio

*These dates are tentative,
September 2 — Lubbock
September 4 — Abilene
September 9 — Houston
September 11 — Corpus Christi

Information regarding registration for the TRAIN workshops will be available soon. Nursing contact hours have been applied for through the Texas Nurses Association, an accredited approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

You may find event details in your area using the following link.

http://texasqio.tmf.org/Networks/HealthcareAcquiredConditionsinNursingHomes/TRAINWorkgroups.aspx

DADS Regulatory Services Issues Revised Letter on Complaints Regarding Surveyors

On July 15, 2014, the Texas Department of Aging and Disability Services (DADS) produced PROVIDER LETTER (PL) 14-07 – Complaints Regarding Surveyors (Replacing PL 02-42).

The purpose of the letter was to inform facilities and agencies about how to register complaints regarding surveyors.

To register a complaint:

1) You may call a complaint in to the Texas DADS Consumer Rights and Services hotline at 1-800-458-9858;
2) You may email a complaint to RegInternal.Investigations@dads.state.tx.us ;
3) You may complete a comment card online at http://www.surveymonkey.com/s.aspx?sm=Ygu5f0mWHFQUdaPXO22bfzw3d3d;
4) You may call a complaint to the Regional Director for the region in which your facility or agency is located. **San Antonio is REGION 8:** for Facilities (ADCs, ALFs, ICFs/IID and NFs) and Agencies (HCSSAs) the number is 210-438-6300.

If you have any questions, you may contact a policy specialist in the Regulatory Services Policy, Rules and Curriculum Development unit at 512-438-3161.

HOSPICE CARE:

Correction to Returned Hospice Claims (W7061/7072)

Hospices are to report certain prescription drugs and durable medical equipment (MLN Matters® Article MM8358). Some hospice claims reporting these items were returned to providers in error. CMMS has directed MACs to override these reason codes. Palmetto GBA implemented an override function. Hospices can now resubmit (PF9) their returned claims for processing.

CMS Released New Hospice and Part D Memo

On Friday, July 18th, the CMS issued a new Part D memo regarding prior authorization of medication for hospice patients.

The revised guidance expects Part D sponsors to use hospice prior authorization for all drugs for hospice beneficiaries. The revised guidance expects Part D sponsors to use hospice prior authorization only on the four categories of drugs that the Inspector General identified as nearly always covered under the hospice benefit.
Those drug categories are:

- analgesics,
- anti-nausants,
- laxatives, and
- anti-anxiety.

Hospices may use the "Hospice Information for Medicare Part D" form to provide the necessary information generally requested by Medicare Part D sponsors.

HOME HEALTH:

continued from page 1

CMS Proposes to Eliminate Requirement for Narrative Part of Face – Face Documentation

CMS will issue a proposed rule that will end the requirement of a narrative as part of face-to-face encounters. The rule, if finalized will also:

- Update Home Health Prospective Payment System (HHPPS) rates January 1, 2015;
- Change HHPPS case mix weights;
- Alter therapy reassessment time frames to at least once every 14 days;
- Change home health quality reporting program requirements;
- Revise speech - language pathology (SLP) personnel qualifications; and
- Limit the review of civil money penalties imposed on agencies due to survey deficiencies.

The basis for CMS' proposal to eliminate the narrative portion of face-to-face documentation is that there should be enough evidence in patients' medical records to demonstrate that patients meet the Medicare home health eligibility criteria. Specifically, CMS proposes the following:

- Physicians are still required to certify that face-to-face encounters occurred no more than 90 day prior to or within 30 days after the start of home health care;
- CMS will review only patient medical records from certifying physicians or acute/ post-acute facilities;
- If HHA claims are non-covered, Physicians' claims for eligibility certification/ recertification for HHS will not be covered because the certification/recertification was incomplete or there was insufficient documentation.

It is important that providers read the Federal Register and consider commenting on the requirement that will allow CMS to make payment decision based on physician's record. This is extremely problematic if enacted. The comment period is only 90 days after published; providers have less than 2 months to make comments regarding this proposed rule.

Source: Elizabeth E. Hogue, Esq.