

Home Health & Hospice Newsletter

March 2002



Indiana State
Department of Health

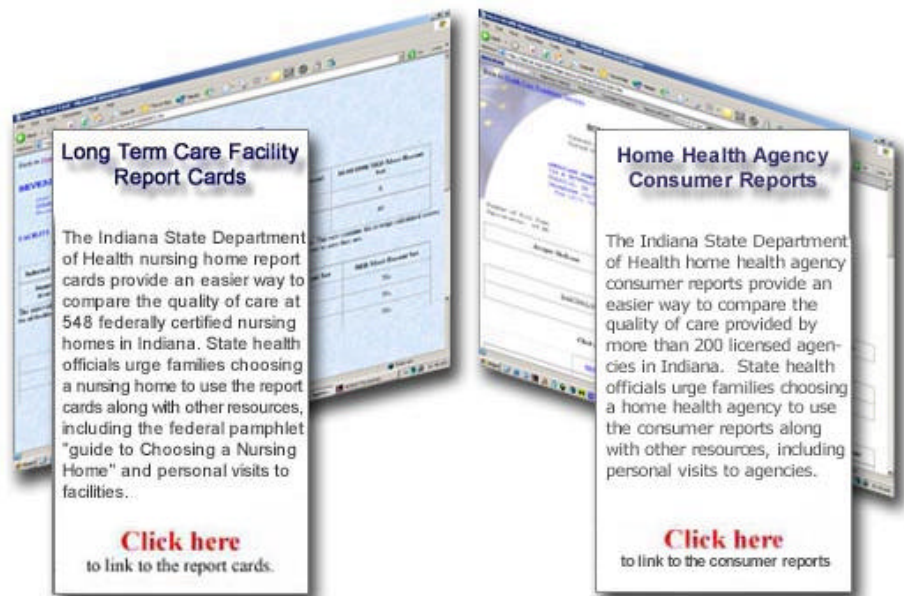
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Issue 2

ISDH Consumer Reports Are Posted

In the beginning of February, ISDH posted the consumer reports for over 200 home health agencies in Indiana. You can access the reports by going to the www.IN.gov/isdh, click on regulatory services, and then click on health providers. At the release of the reports, Elizabeth Carroll, assistant commissioner for Health Care Regulatory Services, said, "Patients who have either been discharged from the hospital or who have a chronic disease need to know where they can find state-licensed home health agencies that offer care by nurses, therapists, and home health aides."

"We want to ensure," Carroll continued, "that consumers will contract only those with a licensed agency that is equipped and staffed to handle their medical needs as ordered by their health care provider."

You are reminded to keep ISDH informed on changes of addresses and the counties your agency serves. These changes, and new final survey results, will not be posted for 60 days after information is entered in the ISDH database.



New ISDH Assistant Commissioner

On January 28, 2002, Elizabeth Carroll, JD was appointed assistant commissioner for the Health Care Regulatory Services Commission. She received her law degree from the University of Michigan Law School. Previously she had worked for ISDH, as the chief council of Legal Affairs, and the Department of Insurance, as chief deputy commissioner.

Her responsibilities for ISDH include supervision of the divisional management of the Acute Care, Long

Term Care, Consumer Food Protection, Indoor & Radiological Health, and Sanitary Engineering.

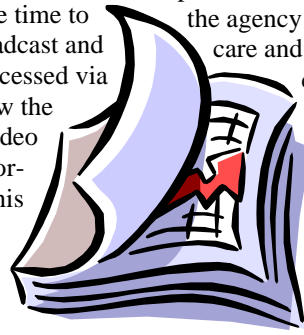
She replaced Gerald Coleman, JD, RN who was appointed commissioner of the Bureau of Motor Vehicles. In a letter to providers he served, he said, "I have learned much from you and had come to appreciate your perspective. I leave with much respect for you and the commitment you have to provide good care to thousands of Hoosiers."

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OBQI Reports Now Available

On February 22, 2002, CMS presented a satellite broadcast that focused on the new OBQI reports that are now available to providers. Fifty-one providers and 15 Indiana State Department of Health (ISDH) personnel viewed the broadcast in the ISDH Rice Auditorium. The telecast can be viewed on the OASIS web site at <http://cms.distributedclassroom.org> but will only be there for a limited period of time. If you were unable to view the original broadcast, you still may have time to view the presentation. The handouts for the broadcast and the OBQI Implementation Manual can also be accessed via the web site. A media player is required to view the broadcast. The broadcast is also available on video cassette by calling the National Technology Information Services at 703.605.6186. The cost for this video is \$80.



The OBQI stands for Outcome Based Quality Improvement. The reports are based on the answers on OASIS assessments that have been submitted by the agency. In total, the reports consist of 41 descriptive and risk-adjusted outcomes. The specific agency outcomes are compared to the national reference sample and the report identifies whether the agency data is statistically significant in comparison to the national sample. The statistically significant outcome result may be favorable or unfavorable for the agency or differences may not be significant. Bar graphs on the report

make the data easy to read. Calculations adjust for any agency specific variations in the agency population.

At the present time, the OBQI reports are not required as part of the Conditions of Participation. However, agencies are highly encouraged to utilize these reports as part of their Quality Improvement (QI) Program. The ultimate goal of the report is for the agency to identify areas in which they can improve patient care and improve patient outcomes. Not only is improved care a benefit for the patient, but it can benefit the agency by ultimately decreasing care costs. Eventually, the reports could be used to help determine survey frequency. CMS has just completed piloting a training program in Mississippi to teach agencies how to use the reports in their QI programs. A training manual will be made available to the state agencies based on the pilot in Mississippi. ISDH will plan to be planning a one-day training workshop sometime in the future.

Agencies can access the reports using the same method and password used to access the OBQM reports. When the agency access the report, they need to ensure the data relevant to the agency on the top left of the page is accurate. If this data is not correct, the agency needs to contact the state OASIS Technical Help Desk at 317-233-7206.

National Hospice CEUs

National Center for Death Education and NHPCP will offer online courses at Mount Idea College in Newton MA in the spring of 2002. CEUs will be available for nurses, social workers, etc. Each course will provide 10 credit hours. The web site also has the NHF Public Opinion Research poll on "Baby Boomers Fear of Talking to Parents About Death". More information is available at the National Hospice and Palliative Care Organization's website at www.nhpco.org

Agency Coordination

ISDH, FSAA, and COTA staff are now meeting on a periodic basis to discuss the most effective ways to coordinate issuing waivers and recognizing personal attendants. It is hoped that these efforts can assist government staff to understand various emerging rules and policies that is being developed by each organization.

Rule Promulgation

Until notified the existing HHA rules, with an effective date of 12/5/1991, should be followed by all organizations. We expect publication in the May or June Indiana Register.

At the time the new proposed HHA rules are adopted as final with an effective date, ISDH will make a copy of the rules available on our website. Guidelines will be posted as they become available.

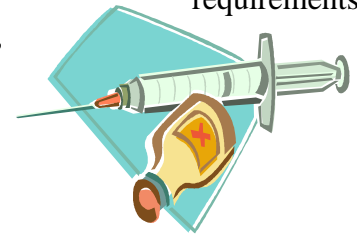
A look towards the future Canadian Home Telehealth Pilot Testing

In October 2001, March Networks Corporation announced that it is piloting and evaluating a secure web-enabled home telehealth service in Nova Scotia and New Brunswick. This service will allow remote nursing visits and vital sign monitoring through the deployment of interactive video, audio and data transmissions over high-speed broadband IP networks. They predict that this new service, if implemented, could enhance an agency's ability to monitor homecare patients, make services more efficient, with less cost to the healthcare system and private pay patients.

Agencies interested in the results of this pilot study should contact Dr. Richard Scott, Health Telematics Unit of the University of Calgary.

Infectious Waste Disposal in Home Health

Indiana Code 16-41-16 states that "Infectious Waste," as the term applies to a home health agency or hospice service delivered in the home of a hospice patient, included only contaminated sharps. Thus, home health and hospice nurses providing services in the home must meet all of the requirements of the laws governing infectious waste in Indiana. In addition to Indiana Code, the Indiana Infectious Waste Rule (Indiana Administrative Code, Title 410, Article 1, Rule 3) must be followed. Some of the requirements of the rule include containment, storage, treatment, and transportation of infectious waste. In transporting contaminated sharps containers, the following requirements shall be met:



410 IAC 1-3-27 Protection in transport

Sec. 27. All persons and facilities subject to this rule shall:

- (1) transport infectious waste in a manner that reasonably protects waste handlers and the public from contracting dangerous communicable disease; and
- (2) effectively treat infectious waste in accordance with this rule before it is compacted.

410 IAC 1-3-28 Transporting off-site

Sec. 28. (a) All persons and facilities subject to this rule who are transporting infectious waste off-site, whether effectively treated or not, shall:

- (1) mark containers of infectious waste with a label that states the name, address, and telephone number of the generating facility and treatment facility, if applicable; and
- (2) provide a form that contains:
 - (A) the name, address, and telephone number of the generating facility and treatment facility, if applicable;
 - (B) a brief description of the waste and the method of effective treatment; and
 - (C) the signature of a responsible person.
- (b) The information required in subsection (a) may be enclosed between the secondary packaging and the outer packaging, when such packaging is used. The outer packaging must contain a biohazard symbol.



The above is a brief summary of the referenced laws. For a complete understanding of these requirements, you should review a copy of these laws. Indiana Code, Title 16 is available at the following Internet address:

www.in.gov/legislative/ic/code/title16/ar41/

Indiana Administrative Code, Title 410 is available at the following Internet address:

www.in.gov/legislative/iac/title410.html

Individuals self-injecting medication at home are not required to following the above listed laws. The United States Environmental Protection Agency (EPA) has developed an educational flyer to assist those persons in safe disposal of contaminated needles, syringes, lancets, and other sharp items in the regular trash. The flyer is available at:

www.epa.gov/epaoswer/other/medical/dispose2.pdf



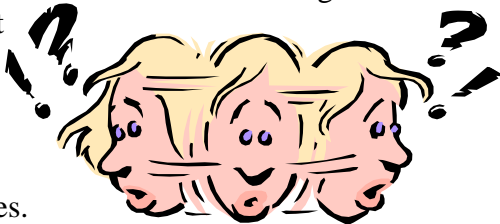
Repeat of Federal Questions and Answers

In response to agency questions, ISDH is repeating selected federal response to various questions that they first posted on April 23, 2001. The full text of all HCFA 4/23/01 questions and answers can be found at <http://hcfa.gov/medicaid/lcsp/042301.htm>. The guidance and recommendation providing in this section apply to all accredited HHAs that participate in Medicare and to HHAs that are required to meet the Medicare CoP, including Medicaid HHAs.

42CFR484.4 Personnel Questions

Is it permissible for an HHA to request that a patient sign a consent indicating he is aware that there is limited amount of staffing available from the HHA?

No. The HHA is required to accept patients for treatment on the basis of a reasonable expectation that the patient's medical, nursing, and social needs can be met adequately by the agency in the patient's place of residence. If the HHA is unable to provide the ordered care and services that the patient needs, it should not accept the patient for care. Providing less services than the physician orders would be a violation of the CoP at 42 CFR 484.18. Asking the patient to sign a consent form indicating he is aware that there is a limited amount of staffing from the HHA does not release the HHA from its obligation to provide the needed services.



42CFR 484.14 Services

If an HHA contracts for therapy services from a therapy company, may that company in turn sub-contract with another company or individual. If not, what reference can state government use to cite this?

If the HHA contracts for services, it must comply with the requirements of 42 CFR 484.14 (F), "personnel under hourly or per visit contract". This includes services provided through a contractor that in turn subcontracts with another person, group, or entity.

42CFR 484.18 Acceptance of patients, plan of care, and medical supervision

Is it permissible for HHAs in rural areas to indicate, due to lack of available aides, that the patient must hire the aide privately? Also if limited services, should the patient be admitted in the first place?

An HHA may not require a Medicare patient to privately hire aides to provide Medicare covered services. The HHA is required to accept patients for treatment on a basis of a reasonable expectation that the patient's medical nursing and social needs can be met by the agency in the patient's place of residence. The HHA may have others furnish covered services through arrangements and receive payments from the HHA through consolidated billing required that are part of the Medicare Home Health PPS. If the HHA is unable to provide the ordered care and services that the patient needs, it should not accept the patient for care. While, the patient could have a need for services that the HHA is not obligated to furnish under Medicare, the HHA cannot require the patient to privately hire an aide.

Can Physician Assistants (PA) sign the PoC and does the duration of the home health aide need to be specified on the PoC?

The PA may not sign the PoC in lieu of the doctor in Medicare approved HHAs. Section 1861 (m) of the Social Security Act specifically states that home health patients must be under a plan of care signed by a doctor. The doctor must also specify the frequency and the expected duration of the visits for each discipline.

Federal Questions and Answers (continued)

The plan of care requires the HHA to indicate the visit frequency for services provided to the patient. Does the initial visit have to be included in the frequency and can the visit be made every other week? This would cause some weeks to have a zero visit frequency.

42 CFR 484.18 (a) describes the requirements for completing the PoC. The initial visit needs to be included in the visit frequency for the first week. Visits are made according to patient needs and may be stated in days, weeks, or months (e.g. 3x/wk x 4 wks or 1 x mo. X 2 mos). Visits may also be made every other week, and may be written as visits "every other week".

During the opening conference at a recertification survey, the HHA lets you know it only has one aide. Then it lets you know that the one aide is on vacation the week you showed up. Should state government continue the survey.

Yes, you should continue the survey in this situation and determine whether the plan of care as followed and if any patients need the services of a home health aide. The HHA is required to accept patients for treatment

on the basis of a reasonable expectation that the patient's medical, nursing and social needs can be met adequately by the agency in the patient's place of residence. Providing less services than the physician orders would be a violation of the CoP at 423 CFR 484.128.

The HHA advertises it offers skilled nursing and home health aide services. Reviewing the patient's chart and documentation strongly shows the patient would benefit from medical social services. What are the agency's responsibilities to provide the service or to refer the patient and make sure there is social services intervention?

The HHA is required to accept patients for treatment on the basis of a reasonable expectation that the patient's medical, nursing and social needs can be met by the agency in the patient's place of residence. If the HHA does not provide social services as one of its services, HHA staff should discuss the patient's need with his doctor to determine other resource that are available to the patient.

Name & Addresses Changes

The provider is required to notify the Director, Division of Acute Care, State Department of Health in writing of name and/or address change(s) etc. These changes must be reported in writing on provider letterhead. When submitting these changes please supply your provider and facility number in the notification letter to the Indiana State Department of Health. Listing this number will expedite in processing the changes for your facility. See the example below on submitting changes:



Provider #151000 or 157000 Facility #111111

This letter is to inform you in writing, that our agency's name and/or address has been changed from ABC-111 to XYZ-222, effective March 1, 2002.

Need For Aide Registration

ISDH is requesting all agencies provide documentation of 12 hours of continuing education for all home health aides. The ISDH request is in this packet, and is due by May 15, 2002. The request includes a new CD-ROM, which allows multi-agency data entry.

As of February 18, 2002, ISDH has registered 7,226 home health aides, processed 715 disks from 220 agencies, and issued 2,865 letters to individual aides. ISDH has also determined only 37 percent of aides had prior documentation of training occurring after January 1, 2000. In addition, 86 agencies have never registered any home health aides. It is expected that this year will offer an opportunity to inform ISDH of aide's terminations and add aides (especially CNAs) not previously registered as home health aides with ISDH.

Frequent OASIS Questions & Answers

What do I do when there is a change in payer source from another source to Medicare?

Because the Medicare PPS payment is based on a 60-day episode, the agency must create that episode in order to bill Medicare. Therefore, the agency needs to complete a Discharge Oasis and a new start of care. While it is not mandated that the agency complete the Discharge due to the change in payer source, it is highly encouraged that the agency do so. If it is not completed, the patient's name will appear on the list of patient's with uncompleted episodes.

The opposite situation poses fewer difficulties. Once the patient no longer has Medicare as a payer source but continues with the agency for skilled care under another payer source, the agency just needs to identify the change on the next Recertification assessment (or whatever assessment is required).

What do I do if Medicare is a secondary payer source? Do I still have to transmit the assessment?

If Medicare or Medicaid is identified on the OASIS assessment as a payer source, then the assessment needs to be transmitted to the state agency.

The patient has returned from the hospital during the 5 day window for the completion of the next Recertification OASIS. Do I need to do both a Resumption of Care (ROC) and a Recert?

If the agency is not filing for a SCIC adjustment (payment issue) for the last few days of the certification period, then the agency only need complete the ROC. This will also serve as the Recert.

If the agency is going to file for a SCIC adjustment, then the agency must do the ROC and the Recert.

What do I do when I miss a Recert?

Some agencies have been discharging the patient and doing a new start of care when the Recertification OASIS is missed. This is a costly response to the missed assessment. There are other methods for dealing with this problem.

One other method is to do the Recertification OASIS as soon as the missed assessment is found. Because this method also assumes the agency was late reviewing the treatment plan and obtaining physician orders, the agency should not consider any visits made between the end of the preceding certification period and the date the Recertification was completed as covered by Medicare. The other pitfalls of this method include the possibility of throwing the episode into a LUPA or it might mean the episode will fall short of the required 10 therapy visits that qualify for higher payment.

Another method is to do the Recertification OASIS when the missed assessment was discovered and to consider any visits between the preceding episode and the Recert as part of the second episode. This assumes the agency has physician orders for the episode. This is the most financially favorable method for the agency. The agency needs to take measures to assure that oasis assessments are completed timely.

Missing an assessment could be costly for agencies. It is possible that the agency could eat the costs associated with Discharge and readmission assessments or visits made during the lapse period. Therefore, it behooves the agency to implement a program/tool to ensure that visits are made timely. Unexpected problems can always cause a missed visit. For instance, if the nurse is saving the visit until the last day of the 5-day window because of scheduling problems and then the patient is unavailable on that last day due to a doctor's appointment, a missed assessment can result. A program/tool to ensure visits are made can help decrease the number of errors. An agency can be cited by the surveyor for missed assessments.

Telephone Directory by Topic

Plans of Correction Survey Process

Lana Richmond 317.233.7742

Provider Changes, Licensure, Initial Application, & Closures

Darlene Earls 317.233.7302

OASIS Technical Help Desk

317.233.7203

Data Reporting & Aide Registry

Tom Reed 317.233.7541

We're on the Web!
www.IN.gov/isdh

Information on ISDH Web Site

- ◆ Directory (with quarterly updates)
- ◆ Laws/Rules/Regulations (USA & IN)
- ◆ Licensing Form
- ◆ Reports
- ◆ Links to QA organizations

www.IN.gov/isdh/regsvcs/providers.htm

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