

## POST ACUTE CARE PROVIDERS MEETING RESOURCE LIST

### **Signature Stamps**

May 30, 2008---[S & C-08-22](#). CMS is no longer allowing Home Health Agencies or Hospices to accept stamp signatures from physicians for their clinical documentation.

### **State Hospital Licensure Rule Subdivision**

Earlier this year the Missouri Department of Health and Senior Services renumbered and reordered the hospital licensure rules. There are no changes to the rules' content. Each rule addresses a specific hospital service or program. A crosswalk between the old rule and the new rule may be accessed on the MHA website.

### **Home Health Accreditation Programs**

March 28, 2008 *Federal Register*. The Centers for Medicare & Medicaid Services has approved The Joint Commission and the Community Health Accreditation Program (CHAP) as national accreditation programs for home health agencies requesting participation in the Medicare or Medicaid programs. The final notice is effective March 31, 2008, through March 31, 2012 for CHAP. The final notice is effective March 31, 2008, through March 31, 2014 for The Joint Commission.

CMS issued a proposed notice about an application from the Accreditation Commission for Health Care in the Aug. 22 Federal Register. The commission is seeking continued recognition as a national accrediting organization for home health agencies wishing to participate in Medicare or Medicaid.

### **Home Health Disaster Planning Resources**

The Emergency Preparedness and Response section of CDC's National Center for Environmental Health has provided several links to some new home health care emergency preparedness and response resources.

- Emergency Preparedness Packet for Home Health Agencies developed by the National Association for Home Care & Hospice (NAHC) [http://www.nahc.org/regulatory/EP\\_Binder.pdf](http://www.nahc.org/regulatory/EP_Binder.pdf)
- U.S. Department of Homeland Security (DHS) Preparedness Planning for Home Health Care Providers [http://www.dhs.gov/xprepresp/programs/gc\\_1221055966370.shtm](http://www.dhs.gov/xprepresp/programs/gc_1221055966370.shtm)
- Disaster Planning Guide for Home Health Care Providers prepared by the U.S. Department of Homeland Security (DHS) <http://www.dhs.gov/xlibrary/assets/oha-home-health-care-preparedness.pdf>

## **Hospice Nursing Shortage**

The Centers for Medicare & Medicaid Services [extended its policy](#) allowing hospices to utilize contract nurses until September 30, 2010. The extension does not extend to counseling services and medical social services.

## **2008 Medicare and Medicaid Hospice Final Rules**

June 5, 2008 *Federal Register*. A final rule published by the Centers for Medicare & Medicaid Services revised Medicare Conditions of Participation for hospices. The final rule is effective on December 2, 2008.

August 8, 2008 *Federal Register*. This Hospice Wage Index final rule published by the Centers for Medicare & Medicaid Services finalizes the policy to phase out the Medicare hospice budget neutrality adjustment factor. The rule also clarifies wage index issues that define rural and urban areas and multi-campus hospital facilities. The rule for fiscal 2009 is effective October 1, 2008

## **Person Centered Discharge Planning**

CMS awarded Missouri approximately \$1.6 million in grants funds as part of the Real Choice Systems Change (RCSC) grant program, which is designed to help states rebalance their long-term support programs to help people with chronic illness or disabilities, reside in their homes and participate in community life.

Part of the award will be used to develop person-centered hospital discharge planning models. These new models for the discharge planning process will place greater emphasis on involving patients and their families in after-care plans, including exploring home-based alternatives to institutional care.

Missouri will also develop a new Aging and Disability Resource Centers. The hospital discharge planners will use the ADRCs to tap into community-based resources to use for the discharged patient. An ADRC is a community-based organization that provides information and assistance to people who need social services.

## **Continuity of Care Transfer Project**

Transferring residents to and from hospitals and long-term care centers poses unique challenges and threats. Continuity of care is becoming a priority area for the National Quality Forum, CMS and the Joint Commission. NQF has proposed improved care transitions from one setting to another as one of its 2009 priority goals. CMS has made care transitions part of its 9th Scope of Work and selected 30-day readmission rates as quality measures. Two of the Joint Commission National Patient Safety Goals now address continuity of care – medication reconciliation and handoffs.

The Long-Term Care Best Practice Coalition, consisting of representatives associations and practitioners interested in LTC and DHSS, endorsed a transfer process known as the “Continuity of Care Transfer Project” as a best practice. This project is the result of a task force of hospital and LTC representatives facilitated by the Missouri Hospital Association to devise a recommended transfer process, including model transfer forms and guidelines for LTC centers and hospitals. The coalition hopes the process will result in the timely communication of accurate and complete information when patients and residents are transferred to and from hospital emergency departments, nursing units and long-term care communities.

Every hospital and long-term care facility will receive a copy of a guide to implementation toolkit. This guide presents an overview of the recommended process, as well as a summary of the benefits health care facilities may receive by implementing this process. A CD with sample forms and guidelines, as well as implementation and training resources, also is included for facilities to use for adapting to their individual needs and requirements. In January we hope to begin collaboratives under IHI’s guidance to facilitate spread of this best practice.

### **Standing Orders and Protocols**

Earlier this year new CMS interpretive guideline related to Condition of Participation for acute care hospitals 482(c)(2) required hospitals to obtain a physician order before any medical-staffed approved protocol or standing order was implemented. After receiving numerous inquiries about the impracticality and safety of such a requirement, CMS removed the requirement from the interpretive guidelines. On October 24, CMS issued a survey and certification memo clarifying the use of standing orders and protocols at

<http://www.cms.hhs.gov/SurveyCertificationGenInfo/downloads/SCLetter09-10.pdf>.

### **CMS Interim Final Rule for Long-Term Care Hospitals**

CMS issued an interim final rule for long-term care hospitals. The rule implements changes to the long-term care hospital PPS policies mandated by the Medicare, Medicaid and SCHIP Extension Act of 2007. The changes include the following.

- authorized a three-year delay of the 25 percent threshold payment adjustment to grandfathered long-term care hospitals that are located within another hospital facility and free-standing long term care hospitals
- changed the patient percentage thresholds for certain long-term care hospitals discharges starting with cost reporting periods beginning on or after Dec. 29, 2007, and before Dec. 29, 2010
- placed a three-year moratorium on construction of new long-term care hospitals
- placed a three-year moratorium on bed increases in existing long-term care hospitals

## **Recovery Audit Contractors**

CMS announced the names of the new national Recovery Audit Contractors. Missouri is located in Region D. The Region D RAC, HealthDataInsights, Inc., will begin work in Missouri on Aug. 1, 2009 or later, according to the updated RAC expansion schedule. The RAC is limited to requesting 10 percent of monthly inpatient Medicare claims and no more than 200 combined inpatient and outpatient records in a 45-day period.

## **Unlicensed Assistive Personnel**

A [final rule](#) from the Missouri Department of Health & Senior Services outlines the training requirements for unlicensed assistive personnel who provide direct patient care under the supervision of a registered nurse in hospitals. The final rule does not have any changes from the [proposed rule](#) that was published in March.

Under the proposed training standards, unlicensed assistive personnel must have at least 75 hours of classroom instruction and 100 hours of clinical practicum. Of the 75 hours of classroom instruction, a maximum of 60 hours may be completed online. These hours were modeled after the current training requirements for certified nursing assistants in long-term care facilities. Employees with documented experience or training and demonstrated competencies are exempt from the requirements.

The rule, published in the Aug. 1 *Missouri Register*, is effective Tuesday, Sept. 30. However, hospitals are not required to have a training program in place until Monday, Dec. 29.

To assist hospitals with implementing this rule, MHA had developed a toolkit for hospital staff. The Instruction Materials Laboratory in Columbia also is developing a training manual and online resources similar to those created for CNAs in long-term care facilities.

## **Proposition B**

Proposition B creates a new state agency called the Quality Home Care Council. The council is authorized to establish the “terms and conditions of employment” for workers hired to provide personal care services — housekeeping, bathing and grooming assistance, dressing, and meal preparation — under current state programs that allow disabled consumers to supervise personal care workers paid with state funds.

Proposition B creates a process for these personal care attendants to be represented by a labor union and engage in collective bargaining with the state through the Quality Home Care Council. Proposition B was placed on the ballot by initiative petition and is being promoted and funded by the Service Employees International Union.