COPs 2018
Now is the Time
FOCUS & THEMES

• Revisions of the Home Health Agency provider requirements....

“....focus on a patient-centered, data-driven, outcome-oriented process that promotes high quality patient care at all times for all patients.”

“... objective would be to achieve a balanced regulatory approach by ensuring that a HHA furnished health care that met essential health and quality standards, while ensuring this it monitored and improved its own performance.”

Federal Register/Vol 79, No. 196/Thursday, October 9, 2014
FOCUS & THEMES

• Revisions of the Home Health Agency provider requirements....

“The requirements focus on the care delivered to patients by HHAs, reflect an interdisciplinary view of patient care, allow HHAs greater flexibility in meeting quality care standards, and eliminate unnecessary procedural requirements. These changes are an integral part of our overall effort to achieve broad-based, measurable improvements in the quality of care furnished through the Medicare and Medicaid programs, while at the same time eliminating unnecessary procedural burdens on providers.”
FOCUS & THEMES

• Measurable

• Patient Centered
• Individualized
• Patient partnership
• Patient choice

• Data
Words to Watch

• Expect

• Encourage

• Develop

• Monitor
“The current decentralized manner” of the current HHA rules has not led to consistent positive patient outcomes.

Six of the 20 most frequently cited survey deficiencies center on the need for coordination, establishing and implementing a sufficiently planned plan of care.

CMS believes having a designated manager will address these and, additionally, uphold personnel standards.

Not new for most HHA operations; however, now the position can be cited.
484. 105(c) & 115 (c)  CLINICAL MANAGER

One or More

QUALIFICATIONS:
Qualified
Licensed physician, PT, SLP, OT, SW, audiologist or RN

Defined by HHA
484. 105(c)  CLINICAL MANAGER

RESPONSIBLE:
Oversight
    Monitoring

Personnel –
    Supervised: Assignments
        Monitoring and Coordinating
    Support Administrator: Develop personnel qualifications, develop policies
        Coordinating and QAPI
484. 105(c)  CLINICAL MANAGER

RESPONSIBLE:
All Patient Care
    Assigning Clinicians
    Coordinating Care
    Coordinating Referrals
Assure patient needs are continually assessed
Assure plans of care are developed, implemented and updated
• CMS in response to comments, noted in the January 2017 Federal Register

“... in the vast majority of situations, HHAs will find it necessary to have at least two individuals fulfilling the administrator and clinical manager responsibilities separately.”
Some things stay the same ~

- Maintained
  - Patient specific assessment
  - Verify Medicare beneficiary eligibility
  - Specified timeframes
  - Initial assessment visit
  - Completion timeframe
  - Drug regimen review
  - Incorporation of OASIS items
Some things stay the same ~

* Completion timeframe
  * 5 day timeline remains, despite concerns that more time is needed to assess all components
  * 5 day timeline begins on ordered SOC date
  * IF care does not on ordered SOC date, CMS would expect the agency to decline the referral because the agency cannot timely meet the patient’s needs
  * It is not acceptable for the HHA to seek a new referral/new SOC date that is for the agency’s convenience.
Some things are new ~

- New Standard: Content of Comprehensive Assessment

Patient’s

- Current health
- Psychosocial status
- Functional status
- Cognitive status

- Caregiver willingness and ability to provide care, and availability and schedules
Some things are new ~

- New Standard: Content of Comprehensive Assessment
  - Patient strengths
  - Patient’s goals
    - Progress toward patient’s goals on reassessment
  - Patient’s preferences
  - Measurable outcomes identified by HHA (Measurable outcomes jointly established by the patient, HHA, and physician(s) may include measures related to self-medication management, avoidance of unnecessary emergent care visits and hospital admissions, and more)

- Some things are more subtly mentioned
  - Risk for emergency department visit and interventions are to be incorporated in Plan of Care – better assess for these 😊
484.55 COMPREHENSIVE ASSESSMENT

• Psychosocial status
  Evaluation of
    Mental health
    Social status
  Functional capacity in the community ...
    by looking at issues surrounding psychological and social condition – education, marital history
484.55  COMPREHENSIVE ASSESSMENT

• Psychosocial status, per CMS response to comments:
  Intent to be screening for:
    Potential issues that may complicate or interfere with HH services
    Patient ability to participate in own care

  Impact on record review
    Consistency in application
    Planning for circumstances when patient is not capable of participating for own care
    Documentation
484.55 COMPREHENSIVE ASSESSMENT

• Psychosocial status, per CMS response to comments:
  Impact on care planning
  Staff “must” be aware of socio-economic impacts ... circumstances of where patient grew up, where they live now, work type/location/situation, age
  Staff “must” take into account what social or economic components are in place related to current health care
  “HHA may need to make referrals to additional care sources and other outside entities”
484.55 COMPREHENSIVE ASSESSMENT

• Patient Preferences
  CMS seeks to change the approach to HH care
  CMS expects agency to engage patient to actively participate in care

Components
  Assess, collect data
  Apply to Plan of Care – development & implementation
Patient Preferences

Examples:
Prefer shower on day a bed bath is scheduled
Prefer more pain control to degree of loss of consistent safe independence or less pain control to maintain independence

CMS requires the HHA to accommodate to the greatest degree possible... to plan for and provide care that is patient centric AND in accordance with ordered Plan of Care
COMPREHENSIVE ASSESSMENT

• CMS recognizes that the new comprehensive crosses into OASIS items

• OASIS is considered to not sufficiently assess all patients

• CMS expects agencies to revise/expand current assessment tools as needed to assure each patient’s psychosocial and cognitive status are accurately assessed

• Goal is to develop more complete person centric understanding of the patient
COMPREHENSIVE ASSESSMENT

REASSESSMENTS

• Reassess for significant change in condition
  • Major decline or improvement
  • Criteria is to be determined by HHA in policy is current requirement
  • CMS “...believe that extended ER stays without admission, hospital observation status and accessing urgent care are experiencing a significant change in condition and would warrant a patient assessment.” Therefore it is not necessary to explicitly list incorporate these .. into regulation because they are captured under significant change in condition.

• Resumption of Care
  • 48 hours after return OR on physician ordered resumption of care date
CMS does not wish to meddle in HHA independent business decisions . . .

• Agencies may adopt new assessment tools to achieve accuracy in new assessment items

• New rules do not require or specify a form, format or EMR/EHR

• The extent to which any agency may choose to revise a form or their EMR is entirely up to the agency
Orders from multiple physicians are acceptable

The HHA is “expected” to have “appropriate” systems in place to avoid duplicative OR conflicting orders

Coordination among physicians regarding care plan issues to assure outcomes is an agency responsibility
• Verbal order – Reinforced - a verbal order means a physician order that is spoken to appropriate personnel and later put in writing for the purposes of documenting as well as establishing or revising the patient’s plan of care.
  • NOTE: There is no mention of voicemail dictation

• Faxed and other electronic orders are not considered verbal orders because they do not meet this definition. However, all orders need to be appropriately authenticated
484.60(b) & 110 (b)  ORDERS

• Another new favorite word
  • TIMED

• Clinical Record - All entries are to be dated and time

• Verbal orders are to be annotated with the date and time received.

• Clinicians can take verbal orders in compliance with the state practice acts

• “… also require that verbal orders be authenticated, dated, and timed by the physician according to the HHA’s internal policies and applicable state laws and regulations.”
ORDERS

- Implications
  - Policies
  - Training
  - Tool
  - Monitoring
COORDINATION

Coordination – reinforces shared decision making between patient, physician and HHA

Coordination – supports allowance for agency to accept and implement orders from multiple physicians

CMS notes the goal is that coordination activities support and foster collaboration and communication among all professional disciplines providing care

Coordination is only proven by documentation
Coordination is on-going between interdisciplinary assessments.

Coordination is evident in the development of individualized plan of care.

Coordination shows partnership with patient/representative, and caregiver(s).

Coordination is only proven by documentation.
484. 60 (d)  COORDINATION

• Integrate services

• Identification of patient needs

• Identification of factors that could affect patient safety or treatment effectiveness

• Includes coordination of care provided by all disciplines – employed or contracted staff
COORDINATION

• Coordination entails assuring patient needs continually assessed, plan of care updated, care is delivered timely and effectively and that goals are achieved

• The written plan of care is required to contain the measurable outcomes anticipated to occur as a result of implementing and coordinating the plan of care

• Each agency documents these activities in the manner that suits the need to demonstrate compliance
• Communication with physician
  • Changes in condition that indicates a need to change the plan of care – unchanged
    • Frequently cited deficiency
    • Difficult to quick audit
    • Coordinate who and when and where documented/shared
484. 60 (d) COORDINATION

• Communication with physician
  • Communicate indication(s) that measurable outcomes will not be met
    • Focus is on outcome driven care plans
    • The HHA is expected to be the facilitator of coordination between all involved – physicians and professional staff – to assure the patient attains outcomes…. Not just that all tasks on a POC are completed

Note: CMS was looking for ways to facilitate this communication as it was writing these rules
484. 60 (d) COORDINATION

• HHAs that choose to accept orders from multiple physicians are responsible for:
  • (1) Assuring communication with all physicians involved in the plan of care
  • (2) Integrating orders from all physicians involved in the plan of care to assure the coordination of all services and interventions provided to the patient

• Coordination is to assure patient needs are continuously met
484. 60 (d)  COORDINATION

• Expectation that HHA coordinates wound care with the physician ordering that care
• Expectation is NOT that HHA coordinates cardiac care IF that coordination is being done by the physician ordering wound care
  • Think about the logistics of coordination

• With regard to having a doctor review the Plan of Care every 60 days the assumption of burden is an office support person 5 minutes per admission.
• Communication with patient
  • HHA are “strongly encouraged” to engage patient/representative
  • Documentation of patient preference regarding involvement in care planning, goals development, and care
  • Involve the patient, representative and caregiver(s) as appropriate in coordination of care
  • Communicate rights and plan of care and education with patient and representative, if chosen
• Communication with patient
  • Communication structure for each patient will be based on documented patient preferences regarding involvement of not only themselves but also representatives

Support of patient centric care requires coordination of goals, and changes in care plan be communicated with the patient and documented for the team
COORDINATION

• Coordination will impact survey of other standards:
  Plan of Care
  Aides
  Skilled Professionals
  Laboratory Services
  LEP – Communication
  Training and Education

• AND can impact proof of services consistent with Medicare benefit regulations
484. 60 (d) COORDINATION

• DOCUMENTATION
  • CMS “reminds” HHAs that clinical notes are “expected” to provide important communication among all members of the care team
  
  • Communication should be made regarding developing the POC, the course of care provided, outcomes of on-going assessments, and the treatments/training provided
  
  • Coordination includes the response of patient/caregiver to training and the impact, positive or negative on attaining outcomes
The HHA must provide the patient and caregiver with a copy of written instructions outlining:

• Visit schedule, including frequency of visits by HHA personnel and personnel acting on behalf of the HHA.

• Patient medication schedule/instructions, including: medication name, dosage and frequency and which medications will be administered by HHA personnel and personnel acting on behalf of the HHA.
The HHA must provide the patient and caregiver with a copy of written instructions outlining:

- Any treatments to be administered by HHA personnel and personnel acting on behalf of the HHA, including therapy services.
- Any other pertinent instruction related to the patient’s care and treatments that the HHA will provide, specific to the patient’s care needs.
- Name and contact information of the HHA clinical manager.
484. 60 (e) WRITTEN INFORMATION TO THE PATIENT

- Implications
  - Policies / Processes
  - Training
  - Tools
  - Monitoring
Resources

• Donna Floyd, RN
  888-428-2724
  www.CragConsulting.org

• HCAC
  Member’s Resources – Blogs, Update Emails, Quarterly Calls
  Allied Members
  303-848-2521
  www.homecareofcolorado.org
Resources

