

Bureau Talk

May 2014

Bureau of Home Care and Rehabilitative Standards

Missouri Department of Health and Senior Services

<http://health.mo.gov/safety/homecare/>



New Publishing Schedule

Bureau Talk will now be published in February, May, August and November. Agencies and their employees can access it at www.health.mo.gov/safety/homecare. The bureau will continue to notify agency administrators when the latest version of *Bureau Talk* is available and encourages administrators to share the new publishing schedule with their staff.

Bureau Welcomes New Employee

The bureau welcomes Mike Fields, R.N., as a health facilities nursing consultant. Mike has more than four years' experience as a long-term care facility surveyor. He also processed regulation exceptions and handled second business requests.

Mike will survey all over the state, but his primary focus is the St. Louis area. Please join us in welcoming Mike to the bureau team!

Department Employee of the Month



The bureau is pleased to announce that Health Facilities Nursing Consultant Judy Morris, R.N., was named the Department of Health and Senior Services' February Employee of the Month.

Judy helped develop an orientation manual for surveyors new to the federal home-health and hospice-survey process. An eager volunteer, Judy spent two years on the manual. It includes curriculum maps, checklists, field-guided activities and many other tools. The Centers for Medicare & Medicaid Services will release the manual this fall for surveyors nationwide.

Surveyors from California, Maryland, Massachusetts and Wisconsin also aided Judy with the manual. They counted on her to keep them on track and used many Missouri examples in the final product. Judy took on the project in addition to her other surveying responsibilities.

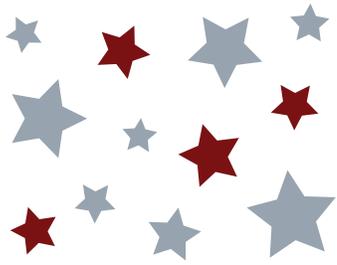
Please join us in congratulating Judy, who has been with the bureau nine years.

Judy Morris, health facilities nursing consultant

Is Your Fictitious Filing Up-To-Date?

DBA

If your agency has filed a fictitious name with the Missouri Secretary of State's office, be sure it's up-to-date. That means if your agency has changed locations, the fictitious filing should include the new address. If the new address is not included, there will be a problem with your agency's license renewal. Your fictitious filing address must match the address on your license application. You can go to the Secretary of State's website at www.sos.mo.gov/BusinessEntity/soskb/csearch.asp and view your fictitious name registration at any time. Don't forget to send a copy of your fictitious name registration with your license renewal application.



NATIONAL HEALTHCARE DECISIONS DAY

★ *your decisions matter* ★

Studies indicate that most Americans have not exercised their right to make decisions about their healthcare in the event they cannot speak for themselves.

An initiative on April 16 known as National Healthcare Decisions Day (NHDD) aimed to increase public awareness about the importance of advance care planning. That day's activities are over, but the initiative continues to encourage people to express their wishes about their healthcare and asks providers and facilities to respect those wishes, whatever they may be.



Providers can advocate for a better public understanding of advance care planning and learn more about the initiative at www.nhdd.org/join/. Organizations and individuals are encouraged to register as participating organizations or state liaisons.

The National Healthcare Decisions Day chairman, inspired by the Olympics, recently challenged NHDD participants to ask what type of medal they deserved for their advance care planning activities and said:

"Lead by example. When presenting about advance care planning, share your own story if you can. Explaining honestly and openly how you engaged in the process of advance care planning can go a long way to inspire others.

- Make advance care planning interdisciplinary. The most effective presentations on advance care planning involve a variety of disciplines, all which can lend a different perspective and all of which can re-enforce the importance of advance care planning.
- Make the discussion intergenerational. Advance care planning is not just for older adults. Terry Schiavo, Nancy Cruzan, and Karen Ann Quinlan were all in their twenties when their health crises occurred. The very best care planning involves multiple generations.
- Find collaborators. NHDD offers a great venue for improving relationships within a community. For example, it's a perfect opportunity for staff at hospitals, nursing homes, home health agencies and hospices to come together to discuss how to improve referrals and transfers during times when advance care plans are being implemented.
- Include your family and friends. One of the best ways to encourage others to engage in advance care planning is to normalize the process, which begins with expanding the audience and taking the discussion outside of healthcare facilities and lawyers' offices.
- Get out in the community. Some of the most effective NHDD events have been held at libraries, churches, schools, and even banks."

Administrators

Administrator Responsibilities



An agency administrator is expected to direct the day-to-day functions of an agency, according to regulations, policies and procedures. The administrator must reside within close proximity to that agency and its approved branch locations to respond timely and efficiently to any concerns that arise. If the administrator does not live within close proximity, he or she is not providing thorough oversight.

The bureau sends all correspondence and concerns to the administrators of the entities it regulates. Those entities are home health, hospice, and outpatient physical therapy agencies. The bureau does not send correspondence to corporate offices or directors of nursing, per bureau policy. There is no exception to this requirement. The administrator is ultimately responsible for all aspects of an agency.

If an administrator cannot meet the requirements outlined above, an agency's governing body should appoint a new administrator and forward the new appointment notification to the bureau.



Administrators on Vacation

Spring is approaching and vacation season will be upon us soon. Many agencies notify the bureau when their administrators plan to take extended time off, hoping to avoid a survey during that time. There is no guarantee the bureau can accommodate such a request. However, the bureau will consider the request if an agency writes to the bureau two months before its administrator plans to be gone. Two months advance notice is necessary because the bureau plans its survey schedules eight weeks in advance.

Please remember that an agency should be capable of assisting the bureau in a recertification survey in the absence of an administrator, under the direction of a person authorized to act in the administrator's absence. CFR 484.14 (c) states, "A qualified person is authorized in writing to act in the absence of the administrator."



Physical Therapists— Medication Reviews

The scope of practice for physical therapists has not changed. Physical therapists cannot do medication reviews. The bureau contacted the Board of Healing Arts about this matter recently and in 2010. The guidance the bureau received both times is the same: "The management of patient medications should be completed by the nurse or physician involved in the patient's care; however, the statute does not prevent a physical therapist from listing medications in a patient's chart."

Medicare Administrative Contractor

Providers often call the bureau about fiscal matters, but the bureau does not have jurisdiction over billing issues. The bureau refers those calls to CGS Administrators, LLC, which operates as a Part A, Part B, Home Health & Hospice, and Durable Medical Equipment Medicare Administrative Contractor (MAC) for the Centers for Medicare & Medicaid Services (CMS).

If a home health or hospice agency has questions that need to be addressed by MAC or a fiscal intermediary, please call 877-299-4500 and choose option one.

Top Home Health and Hospice Deficiencies

The top five home-health survey citations for calendar year 2013 are:

- #1 G337 Assessment Includes Review of All Medications
- #2 G177 RN Counsels Patient/Family in Meeting Nursing/Related Needs
- #3 G158 Written Plan of Care Established & Periodically Reviewed
- #4 G159 Plan of Care Covers Diagnoses, Required Services, Visits, etc.
- #5 G174 RN Furnishes Services Requiring Substantial/Specialized Nursing Care

The top five federal citations for hospice surveys for calendar year 2013 are:

- #1 L509 Exercise of Rights/Respect for Property/Person
- #2 L591 Nursing Services
- #3 L647 Level of Activity
- #4 L530 Content of Comprehensive Assessment
- #5 L524 Content of Comprehensive Assessment

Home Health

Home Health Annual Statistical Report

Home health providers should note that “Medicaid Managed Care” will be added to the “Admissions/Discharges/Census” section on Page 1 in the 2014 Home Health Statistical Report.

Three Types of Care in the Home

The bureau receives many phone calls from the public about services their loved ones may receive at home. Often people do not understand the differences among Medicare Skilled Home Health Care, Medicaid In-Home Care, and Private Duty/Private Pay. To help consumers understand those three home-care concepts, the bureau, in conjunction with the Division of Senior and Disability Services, developed a flow chart titled, “The 3 Types of Care in the Home” (**Attachment A**). Consumer and industry feedback about the form has been very positive. They feel it is easy to understand and clearly delineates the differences among the three programs.



New CMS Home Health Survey Guidance

The Centers for Medicare & Medicaid Services recently published Survey & Certification (S&C) Letter 14-14-HHA and Manual System Transmittal 114. Both documents offer valuable regulatory guidance to home health agencies and are available at www.cms.gov. The S&C letter and Transmittal 114 include several

new or revised documents, which are outlined below and attached.

- 1) State Operations Manual (SOM) Chapter 10 (**Attachment B**)
The final rule on available alternative sanctions for home health agencies (HHAs) with condition-level deficiencies was published in 2012. Among other things, this rule allows for the imposition of civil money penalties, directed in-service training, a directed plan of correction, suspension of payment, and temporary management. The Centers for Medicare & Medicaid Services (CMS) has developed a new Chapter 10 in the State Operations Manual to guide state agencies and regional offices on imposing those sanctions, and on the procedures regarding an informal dispute resolution process (IDR).
- 2) Appendix B (**Attachment C**)
The recent establishment of survey and enforcement regulations, as well as changes to other HHA policies, has necessitated revisions to previously published survey guidance.
- 3) SOM, Chapter 2, Certification, Sections 2180-2202.19 (**Attachment D**)
Survey protocols, HHA enforcement regulations, changes to Outcomes and Assessment Information Set (OASIS) data transmission and other policy changes have resulted in the need to update the HHA sections of Chapter 2.

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OASIS C

The January and April 2014 CMS Quarterly Q&As are now available (see **Attachments E & F**). Please print these Q&As and share with your clinical staff. A few of the issues covered include:

- Clarifying when OASIS is required for Managed Care Programs
- Live video streaming
- The flushing of Tenckhoff peritoneal catheters that are used to drain ascites
- Adaptive readers
- Reporting a clinician's assessment findings based on an assessment without physician confirmation
- Electrodesiccation and curettage
- A "PICC" catheter that is inserted centrally
- Drains that are inserted percutaneously
- Agency personnel who can assist assessing clinicians with a record review for "look-back" items
- Missed Transfers and Resumptions of Care
- A physician-ordered SOC date, and a Date of Referral when an agency's ability to make contact with a patient is delayed
- How to report patient education when it is provided after the last qualified clinician's visit date.

The next Quarterly CMS Q&As should be published on July 16, 2014. Mark your calendars!

ICD – 10

On 3/31/14, the Protecting Access to Medicare Act of 2014, also known as the "Doc Fix Bill," was enacted, resulting in an ICD-10 implementation delay until at least Oct. 1, 2015. Despite the delay, CMS recommends that agencies go ahead with ICD-10 training because coders will have more time to prepare and gain proficiency.



Many seasoned ICD-9 coders left in anticipation of the new ICD-10, prompting a large turnover in coder employees. Therefore, ICD-9 coder training is still needed.



OASIS C-1

OASIS-C1 was scheduled to occur simultaneously with the ICD-10 transition. In fact, CMS revised the OASIS data set because of the ICD-10 transition. The OASIS data set revisions include updated item language and instructions, and an expansion of available spaces to allow the seven-digit alpha-numeric reporting required by ICD-10.

Everyone is asking how the ICD-10 delay will impact the transition to OASIS-C1. The Centers for Medicare & Medicaid Services (CMS) made the following statement: "CMS is examining the implications of the ICD-10 provision in the recently enacted Protecting Access to Medicare Act of 2014 and will provide guidance to providers and other stakeholders soon on the implementation of OASIS-C1. Until that time, the Division of Continuing Care Providers, in conjunction with the training department, will not provide training for providers on the OASIS-C1 implementation."

The bureau will notify home health agencies via Listserv when it learns the new date for the CMS OASIS-C1 Implementation Webinar.

WOCN Guidance on OASIS-C1



A new WOCN guideline includes changes that will help clinicians and providers prepare for ICD-10 implementation. The guideline, "Wound, Ostomy and Continence Nurses Society's Guidance on OASIS-C1 Integumentary Items: Best Practice for Clinicians," is available at www.wocn.org.

The guideline addresses clinicians' concerns that the wound-classification system uses terms that lack universal definition; as a result, clinicians may misinterpret those terms. The guideline, developed by consensus among a WOCN Society panel of content experts, provides for the classification of wounds.

The guideline includes a new OASIS-C1 item, "M1309 - Worsening in Pressure Ulcer Status since SOC/ROC," and deletes the "M1310, M1312, and M1314, Pressure Ulcer Length, Width and Depth" items. The guideline also defines "Stage IV Structures." The definition supports and is consistent with current CMS guidance for data collection of the integumentary items.

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Outpatient Physical Therapy (OPT) Agencies



In the May 2013 *Bureau Talk*, OPT providers learned about revisions to Appendix E and Chapter 2 of the State Operations Manual (SOM). Those revisions became effective March 13, 2013. Some providers have not read or implemented those changes. Some highlights of the changes are:

- Any change in location requires a 90-day notification period.
- All changes must be approved by CMS prior to providing services. Receiving approval from the MAC/ FI does not equate to getting approval from the CMS Regional Office.
- All extension site locations must be situated within a 30-mile radius of 90 percent of an agency's primary site population.
- Before a primary site location is approved to change location, a survey by an accrediting organization (AAAASF is the only CMS-approved Accrediting Organization for OPTs) must be conducted.

These are just a few of the changes. All OPT agencies should have reviewed the State Operations Manual and Appendix E for these updates to assure compliance with OPT agency regulations.



Hospice

Interdisciplinary Team (IDT) Meetings

A hospice provider recently asked the bureau if IDT meetings could be done by teleconference. Regulations infer but do not specifically state that IDT meetings be conducted in person; therefore, the bureau will allow IDT meetings by teleconference only on rare occasions.



Alternate forms of this publication for persons with disabilities may be obtained by contacting the Missouri Department of Health and Senior Services' Bureau of Home Care and Rehabilitative Standards, P.O. Box 570, Jefferson City, MO, 65102-0570, 573-751-6336. Hearing- and speech-impaired citizens can dial 711.

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