CONNECTICUT ASSOCIATION FOR
HEALTHCARE AT HOME

TESTIMONY

Delivered by Tracy Wodatch, R.N., V.P. Clinical and Regulatory Services
The Connecticut Association for Healthcare at Home

Before the Government Administration and Elections
Public Hearing regarding the Governor's Budget Recommendations

Pertaining to CT Home Care Waiver Program for Elders Provider Reimbursement

HB 5049 An Act Eliminating Unnecessary Government Regulation

March 3, 2014

Senator Musto, Representative Jutila and honorable members of the Government Administration and Elections Committee. My name is Tracy Wodatch, Vice Presdient of Clinical and Regualtory Services for the Connecticut Association for Healthcare at Home. I am an RN with over 30 years nursing experience across the care settings including home health, hospice, long term care and acute care.

The CT Association for Healthcare at Home represents 60 Connecticut DPH licensed/Medicare certified home health and hospice agencies that foster cost-effective, person-centered healthcare in the setting people prefer most – their own home. Collectively, our agency providers deliver care to more CT residents each day than those housed in CT hospitals and nursing homes combined.

We are pleased to offer our recommendations to eliminate unnecessary government regulations for our home health and hospice providers.

The attached document outlining our specific recommendations was submitted to the Governor's office per his request by the December 16, 2013 deadline. A copy of the document was sent to both the Department of Public Health(DPH) who licenses our providers and to the Department of Social Services(DSS) who sets for policies to administer the Medicaid program for our providers.

We welcome the opportunity to discuss any of our recommendations with your committee as well as with DPH or DSS. If you have questions or require additional background, I would be happy to provide it to you.

Thank you.

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CONNECTICUT ASSOCIATION FOR
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Home Health and Hospice Regulatory Revisions/Updates: Recommendations by the CT Association for Healthcare at Home

Thank you for the opportunity to conduct an independent review of current home health and hospice regulations and to offer recommendations for revisions. The Hospice and Palliative Committee as well as the Policy Committee of the CT Association for Healthcare at Home respectfully submit the following revision recommendations and ask that the respective department (DSS or DPH) contact the Association (Tracy Wodatch VP of Clinical and Regulatory Services) with any questions or need for further clarification. Tracy's contact info is as follows: wodatch@cthealthcareathome.org or 203-774-4940.

Many of our recommendations are listed to align the regulations with current Medicare Conditions of Participation and with the state's plan to rebalance encouraging more people to live in the home and community-based setting. In order to meet the needs of this growing population, home health care agencies will need to offer more abundant services which will require significantly more dedicated, skilled staff. As clinicians transition from their management and direct care staff roles in inpatient facilities, the skills and experience level of these qualified clinicians can and should be utilized in home health and hospice care; however, the current regulations can be limiting especially the DPH regulations for administrative and supervisory roles. We ask that you consider the following updates.

DSS Home Health Provider Manual Chapter 7:

P2: 17b-262-7 Refusal to Serve

Forms and process should be made current to ensure agency is tracking any refusals to serve and can produce tracking log should DSS request.

Remove (b) and (c) and replace with language to reflect the requirement in the DPH Home Health Care Agency regulations:

DPH regs: 19-13-D72. Patient care policies (pp14-15)

(1) Conditions of Admission:

(D) Circumstances which render a patient ineligible for agency services, including but not limited to level of care needs which make care at home unsafe, kinds of treatments agency will not accept, payment policy and limitations on condition of admission, if any;

(E) Plan for referral of patients not accepted for care;

(3) Discharge from Service:

(A) Agency policies shall define categories for discharge of patients.

These categories shall include but not be limited to:

(ii) Emergency discharge--termination of service(s) due to the presence of safety issues which place the patient and/or agency staff in immediate jeopardy and prevent the agency from delivering home health care services;

(C) In the case of an emergency discharge the agency shall immediately take all measures deemed appropriate to the situation to ensure patient safety. In addition, the agency shall immediately notify the patient, the patient's physician, and any other persons or agencies involved in the provision of home health care services. Written

notification of action taken, including date and reason for emergency discharge, shall be forwarded to the patient and/or family, patient's physician, and any other agencies involved in the provision of home health care services within five (5) calendar days.

P9: 17b-262-728

Definition of Nursing Services needs to include assessment
From DPH regulations 19-13-D69 p6 ((D) Regular evaluation of patient progress, prompt action when any change in the patient's condition is noted or reported, and termination of care when goals of management are attained) —nursing services include assessment and evaluation of pt progress. Need to add to sec 17b-262-728 Services covered.

DSS Hospice Provider Manual Chapter 7:

P8: 17b-262-838

Services covered (a)(1): mirror Medicare CoPs for CTI requirement to bill. Verbal orders are acceptable provided a written order is received *prior to billing the claim.* (remove within 48 hours of the verbal order).

RCH Regulations

The Association respectfully requests that DPH review the section in the RCH regulations that addresses the storage and labeling of medications. With rebalancing initiatives in full swing in CT, this regulation does not allow for any in-house medication pre-fills of any kind including, electronically locked medication boxes.

DPH Regulations for Home Health Care Agencies:

P3: 19-13-D67 Personnel

(a) The administrator of an agency shall be a person with one of the following—(1)-(7) should align with the Medicare CoPs which state: *Administrator, home health agency.* A person who:(a) Is a licensed physician; or(b) Is a registered nurse; or(c) Has training and experience in health service administration and at least 1 year of supervisory or administrative experience in home health care or related health programs.

(b)(1)-(4)—remove and replace with

(b)(1) An agency supervisor of clinical services (SCS) shall be a registered nurse (RN) with an active license to practice nursing in this state who has a minimum of three (3) years' clinical experience in nursing. In addition and within the first year in SCS role, if the RN obtained nursing degree through diploma or associates' program, said RN would also need to complete at least six credits in community health nursing and/or health care management from an accredited college or university program or school of nursing.

(f)Replace with ... An agency supervisor of social work services shall be licensed pursuant to the Chapter 383b of the Connecticut General Statutes who has a minimum of three (3) years' clinical experience in social work.

19-13-D68 General Requirements

(c) Professional Advisory Committee (p5)
(1) There shall be a professional advisory committee, ..., one registered nurse (preferably a public health nurse)... this language reflects Medicare CoPs
(e) Supervisor of Clinical Services (6):
(1) and (4) where possible eliminate staffing ratios and replace with language aligned with DPH regulations for Hospice Inpatient Facilities:
The SCS is responsible for ensuring that the staffing for all services reflect the agency's volume of patients, their acuity, and the level of intensity of services needed to ensure that the plan of care outcomes are achieved and negative outcomes are avoided.

19-13-D69 Services

(d) Homemaker-Home Health Aide Service—consider changing the term to Home Health Aide (eliminating "Homemaker")
(4) Supervision of homemaker-home health aides: eliminate (D) staffing ratio to align with CoPs and allow for more optimal care team integration

19-13-D70 Contracted Services

(g) A term not to exceed one year unless the parties agree otherwise.

19-13-D71 Personnel policies

P13 (a)(5) Physical examination, including tuberculosis screening per CDC guidelines and a physician's or his/her designee statement that employee is capable of performing job functions as outlined in their job description.

19-13-D72 Patient care policies

P21 (b)(2)(K) An agency offering a hospice program shall designate a medical director (eliminate employ and replace with designate to mirror the hospice CoPs).

19-13-D73 Patient Care Plan

P23 (b) The original plan of care and any modifications shall be signed by the patient's physician or dentist within 30 days (remove 21 days and replace with 30 days to mirror the CoPs).

(c) The plan for each agency...at least every sixty (60) days except for hospice plans of care which will be reviewed according to their established hospice benefit periods or 90 days for first and second benefit periods and every 60 days thereafter.

19-13-D76 Quality Assurance program

Align with CoPs where possible...

P25: (c)(4) eliminate 120-day report –duplicative of annual reporting requirement, not federally mandated.
(c)(5) Ensure that a copy of the annual QA report is maintained by the agency (eliminate and the progress report on implementation)
(d)(2) remove "in a 5 year cycle"
(e)(1) remove "after approval by the commissioner".
(f) Add "Within" to beginning of sentence so sentence reads "Within 6 months after employment and annually thereafter...(this allows agencies to do sooner (90 days if appropriate).

P26 (g) replace with current CoP OBQI language from the State Operations Manual

19-13-D77 Administrative organization and records

P26 (d) remove entire sentence

19-13-D79 Facilities

P28 (c)(5)—remove entire sentence as record storage is addressed on p24 19-13-D75 (a)(4).