



CLINICAL & REGULATORY UPDATE

2017-19 | September 13, 2017

The Connecticut Association for Healthcare at Home supports its members in the provision of exceptional quality and accessible services through collaboration, leadership, provision of information, advocacy and education.

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HOME HEALTH

CMS Proposes Additional Functional Assessment Items

Source: NAHC, September 7, 2017

The Centers for Medicare & Medicaid Services (CMS) published in the Federal Register on July 28, 2017 The Calendar Year (CY) 2018 Home Health Prospective Payment System Rate Update proposed rule.

A significant portion of the proposed rule is dedicated to proposals that update the Home Health Quality Reporting Program (HH QRP). The changes are many with the majority focused on cross setting quality measures and standardized assessment items that CMS is required to develop in accord with the Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act) (see NAHC Report article). Below is CMS' proposal for collecting functional status assessment data beginning January 1, 2019.

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CMS releases written quality reporting Q&As that address medication items

Source: HHL, September 1, 2017

CMS released Q&As in writing on its Home Health Quality Reporting Training website in August, providing official documentation for medication item guidance that was released during its May provider training.

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HHQI Releases 2017 Immunization and Infection Prevention BPIP

As flu season gets into full swing, HHQI has released the updated [2017 Immunization and Infection Prevention Best Practice Intervention Package \(BPIP\)](#). This BPIP includes the recently released 2017-2018 Centers for Disease Control and Prevention

(CDC) Influenza guidelines. Please review to ensure you and your clinicians are implementing the most current evidence-based practices.

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Next Phase of Probe-and-Educate Review Means Targeted Effort with Higher Stakes

Source: HHL, September 4, 2017

If you're one of the agencies that had high denial rates in CMS' probe-and-educate review, brace yourself. Some agencies will have 20 to 40 claims reviewed for face-to-face documentation among other things this fall as part of CMS' next step in the probe-and-educate process.

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HOSPICE

Connecticut Medical Assistance Program Workshops For Hospice Providers Presented by The Department of Social Services (DSS) and DXC Technology

Are you or your staff in need of a refresher on current Connecticut Medical Assistance Program procedures related to Hospice claim submission guidelines? If you've answered yes, please join us! The following workshops are being offered as an overview of Hospice Program Services for HUSKY clients. These workshops will provide important information about the Connecticut Medical Assistance Program (CMAP) as well as provide a review of Hospice guidelines for the submission of on-line Hospice transactions, prior authorization requirements and other important topics that impact Hospice providers.

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NHPCO Free Podcast: Routine Home Care

Episode 23: Concluding our series on the four levels of required care with Judi and Jennifer discussing the provision of routine home care. This is the majority of care that is provided in hospice and there are still many questions providers have or components they are unsure about. Also, at the top of the episode, Judi also lets listeners know about the waiver CMS has enacted for providers in Texas and Louisiana.

[Listen To Full Podcast Now!](#)

When a Patient Asks You to Pray: Advice for the Palliative Care Professional

Research demonstrates that patients want to talk with their providers about R/S/E (religious, spiritual, existential) concerns but, most often, providers do not make space for them to do so (Williams, 2011). When spiritual support is provided, health outcomes and satisfaction are greater, there are lower rates of hospital deaths, higher rates of hospice enrollments, and persons are less likely to pursue unnecessary and aggressive end-of-life care. (Astrow, et al, 2007; Balboni, et al, 2010; Balboni, et al, 2011; Daaleman, et al, 2008; Flannelly, et al, 2012; Pargament et al, 2004; Wall, et al 2007).

Non-chaplain clinicians list multiple barriers to providing spiritual support, including a lack of time, discomfort with the prospect, and concerns about boundary issues. In at least one study (Balboni, MJ et al. 2014) of 112 nurses and 195 physicians, the greatest perceived barrier was the feeling they had not received adequate training (60% / 62%).

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QUESTIONS? CONCERNS? COMMENTS?

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