



## CLINICAL & REGULATORY UPDATE

2017-22 | October 26, 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

#### **With Emergency Preparedness Deadline Closing In, CMS Posts Provider-Accessible Basic Surveyor Training Course**

*Source: NAHC, October 13, 2017*

On September 16, 2016, the Centers for Medicare & Medicaid Services (CMS) published a final rule on Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers. This rule affects all 17 provider and supplier types eligible for participation in Medicare, including home health and hospice. While the rule became effective on November 15, 2016, providers and suppliers have until November 15, 2017 to implement the new requirements and be in full compliance. Surveyors will begin evaluating the new requirements after November 15, 2017 and providers and suppliers found out of compliance with the new regulations will be cited for non-compliance and will be required to follow standard procedures for correcting deficiencies.

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#### **CMS Shifts from Denials to RTPs For Home Health Claims with No Matching OASIS**

*Source: HHL*

Home health agencies will now have their claims returned instead of automatically denied when Medicare systems fail to match those claims with a corresponding OASIS assessment.

CMS announced this change on Oct. 12, stating that it would occur for situations when the OASIS assessment is not in the Quality Improvement and Evaluation System (QIES) and it has been more than 40 days since the assessment was completed. Note: CMS originally called for denial for claims that didn't have an OASIS after 30 days but are temporarily extending that timeline to 40 days.

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## **CMS Reinforces Types of Acceptable Collaboration in Q&A about One-Clinician Rule**

*Source: HHL*

Review CMS' latest Q&A on the one-clinician rule to make sure clinicians' collaboration on the OASIS complies with new guidance manual changes effective January 1, 2018. This step could prevent over-payment risk during future audits.

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# **HOSPICE**

## **Message in Response to TIME Article on Hospice**

To: NHPCO Membership  
From: Edo Banach  
Date: October 25, 2017

"Most families are happy with their experience, according to the CAHPS survey. In data collected from 2015 to 2016 from 2,128 hospices, 80% of respondents rated hospice a 9 or 10 out of 10." - Direct quote from the TIME article

I am sure that many of you have seen the article, "'No One is Coming:' Investigation Reveals Hospices Abandon Patients at Death's Door," published earlier today by TIME and written by journalists from Kaiser Health News. The article paints an unflattering picture of hospice by highlighting outlier examples of neglect and questioning the care hospice provides at critical times for patients and family caregivers.

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## **CMS Seeks Hospices to Pilot Test Draft HEART Assessment Instrument**

The Centers for Medicare & Medicaid Services (CMS) has contracted with RTI International to develop the Hospice Evaluation & Assessment Reporting Tool (HEART), an expanded item set covering the comprehensive patient assessment for hospice providers. As part of the HEART development process, RTI will be pilot testing the draft HEART instrument by conducting two sequential pilot tests.

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## **Anti-psychotic Medications for Patients in Nursing Homes**

*Source: NHPCO*

NHPCO CMS has issued Interpretive Guidelines for nursing homes which will be implemented on November 28, 2017. Among the issues addressed is the use of anti-psychotics in nursing homes. §483.45(e)(5), "PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication." The required evaluation of a resident before writing a new PRN order for an antipsychotic entails the attending physician or prescribing practitioner directly examining the resident and assessing the resident's current condition and progress to determine if the PRN antipsychotic medication is still needed. As part of the evaluation, the attending physician or prescribing practitioner should, at a minimum, determine and document the following in the resident's medical record: 1) Is the antipsychotic medication still needed on a PRN basis?; 2) What is the benefit of the medication to the resident? and 3) Have the resident's

expressions or indications of distress improved as a result of the PRN medication? See [F758 on page 472 for the regulatory citation and a description of the regulatory requirement \(PDF\)](#).

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## **CMS Issues Letter on Part D and Hospice**

*Source: NHPCO*

CMS has issued a response to a letter written by the National Council for Prescription Drug Plans (NCPDP) where NHPCO is represented. The request to CMS (PDF) was to alert CMS Part D to the various issues hospices continue to have in communicating a beneficiary's election of hospice services and ensuring that the correct entity - the hospice, the Part D plan or the beneficiary - is responsible for the medications.

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### **QUESTIONS? CONCERNS? COMMENTS?**

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