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.

HOME HEALTH

Workplace Violence and Reducing Turnover of Home Health Employees
A special to NAHC Report by Louis C. Kirby, MD

One of the two most significant limitations on growth in the home health and hospice sector is labor shortages - recruiting and retaining qualified nurses and home health workers. Registered nurses are retiring faster than new ones can be trained, and one of the primary causes of home care nurse and aide burnout is workplace violence. Aside from the benefits of implementing a workforce safety plan, equipping your staff with the training and tools to mitigate their safety risks has a direct impact on your ability to attract and retain qualified employees.

The facts surrounding the issue of workplace violence in the home health care sector (discussed below) are compelling and alarming. Developing a robust safety program for your mobile workforce has been proven to reduce healthcare worker stress and turnover. In addition, clearly communicating a commitment to workforce safety in your hiring materials allows your organization to distinguish itself amongst others as a caring and supportive place to work.

Proposed Payment Model Would Significantly Change the Way LUPAs Are Calculated
Source: HHL

When preparing for the Patient-Driven Groupings Model (PDGM), it's vital to examine how many visits your agency provides individual patients during 30-day periods - and to determine whether those episodes would be considered LUPAs under PDGM. LUPAs pay considerably less money than a standard episode, so a significant increase in LUPAs and a decrease in standard episodes would hurt your bottom line.
Deeper analysis of the PDGM will give your agency a better sense about how often the care you provide will result in LUPAs as opposed to your agency receiving a standard episode payment. This is important to know since the new payment model will use a different way to determine if an episode is a LUPA.

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**Home Care Providers Tap Retirees to Fill Workforce Gaps**
*By Kaitlyn Mattson | September 19, 2018*

Home care providers face relentless pressure to recruit and retain workers, with many focused on the rising number of millennials entering the labor pool. But some providers are finding success by tapping into a different demographic: retirees.

"[Retirees] offer significant professional and personal experience that they can bring to the job," Natasha Bryant, managing director and senior research associate at the LeadingAge LTSS Center at University of Massachusetts-Boston, told Home Health Care News. "They may be willing to work part-time and can fill these slots."

Washington, D.C.-based LeadingAge is a trade association representing 6,000 providers - mostly nonprofits - that work in aging. The LTSS Center at UMass Boston conducts research designed to address and help with the challenges and seize the opportunities associated with the older population. The center has offices in Washington, D.C., and Boston.

**Continue Reading**

**Data Shows Progress in Reducing Home Health and Hospice Appeals Backlogs at ALJ Level**
*Source: NAHC*

- Low reversal rate continues to trouble home health sector

Medicare law requires that providers have a right to a hearing before and decision from an Administrative Law Judge (ALJ) within 90 days of request. If the decision is not rendered consistent with that standard, the appellant can accelerate the appeal to the next level. The right of an accelerated appeal has value, but it falls short of the right of a face-to-face hearing before an ALJ. In recent years ALJ appeals have been significantly backlogged with an expected delay of, minimally, two to three years before matters are scheduled and heard. In response to these delays, Medicare-certified providers have registered significant concerns with the Centers for Medicare & Medicaid Services (CMS), the Medicare Administrative Contractors (MACs) and with Congress. Some trade associations have gone so far as to file lawsuits to secure resolution of the matter.

**Continue Reading**

**HOSPICE**

**NHPCO Applauds Inclusion of Safe Disposal Provision in Final Opioid Package**
*Source: NHPCO*

- New Law Allowing Qualified Hospice Employees to Safely Dispose of Expired or No Longer Needed Medication Praised by the Nation’s Leading Hospice Organization
(Alexandria, Va) - The National Hospice and Palliative Care Organization today applauded Members of Congress for including key provisions related to safe disposal of expired or no longer needed medication in the final opioid legislative package that has passed both chambers of Congress with bipartisan support.

"Opioid abuse is truly a national crisis, and one that the hospice community is dedicated to helping prevent and treat," said NHPCO President and CEO Edo Banach. "In fact, as a key part of this nation's grief support safety net, hospices are acutely aware of the toll that this epidemic takes on families and communities."

A provision in the passed bill will help reduce the number of unused controlled substances at risk of diversion or misuse by allowing qualified hospice employees to safely dispose of these medications on site after the death of a patient, or when the controlled substance is expired or no longer needed because the hospice patient's plan of care has been modified. Granting appropriate hospice professionals the legal authority to dispose of unused medication after a hospice patient's death would not only alleviate grieving families of this responsibility but also help prevent potential diversion or illicit use of these drugs.

Opioids play a key role in alleviating pain and suffering for those with advanced illness and at the end of life. Patients admitted to hospice care frequently require intensive medication management of both chronic conditions and symptoms associated with end-stage disease such as pain, shortness of breath, nausea, delirium, and depression. Our nation's hospice and palliative care providers can be an important part of the care continuum for people with serious pain, including those with serious illness and facing the end of life, and should be looked at as a resource for these populations.

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**Hospice Provider Preview Reports - Don't Forget to Review Your Data!**

*Source: NHPCO*

As previously reported, hospice provider preview reports and Hospice Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Survey provider preview reports have been updated and are now available. These two separate reports are available in your Certification and Survey Provider Enhanced Reports (CASPER) non-validation reports folder. Hospice providers are encouraged to review their Hospice Item Set quality measure results from Quarter 1-2017 to Quarter 4-2017 and their facility-level CAHPS survey results from Quarter 1, 2016 to Quarter 4, 2017. This update includes Composite process measure for hospices. Providers have 30-days to review their HIS and CAHPS results (September 3, 2018 through October 3, 2018).

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**CMS Hosts First Hospice HEART Assessment Special Open Door Forum**

*Source: NAHC*

On Wednesday, September 26, 2018, the Centers for Medicare & Medicaid Services (CMS) began engagement of hospice stakeholders in discussions on the ongoing process of developing an assessment tool (the Hospice Evaluation and Assessment Reporting Tool - HEART) for use as part of the Hospice Quality Reporting Program (HQRP) by holding the first of several quarterly Special Open Door Forums. The next Special Open Door Forum on the Hospice HEART is scheduled for December 2018, and CMS plans additional forums during 2019 in March, June, September and December. In addition, CMS has created a dedicated HEART webpage and an email for correspondence (**CMSHEART@cms.hhs.gov**), and plans to offer other opportunities for input.
QUESTIONS? CONCERNS? COMMENTS?
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