



Dates of interest:

- 2/27—Get Real About Patient Assessments—Kansas City
- 2/28—Improving Medications Management—phone conference
- 3/4—Blueprint for OASIS Accuracy—Columbia
- 3/5—Certificate for OASIS Specialist—Clinical Exam—Columbia
- 3/6—MAHC Home Care Forum—St. Louis (AM)
- 3/6—Get Real About Patient Assessments—St. Louis (PM).
- 3/11—Aide's Role in Reducing Re-Hospitalization—phone conference
- 3/12—Changes R Us—Setting Business Priorities—phone conference

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Home Care Update

MO General Assembly: House Nearing Appropriations Decisions

The Mo House of Representatives plans to take action on this year's budget before adjourning for Spring Break on March 13th. The House Budget Committee, chaired by Representative Icet, has begun the process of consolidating the recommendations for the budget that come from each of the department Appropriations Committees. Once the Budget Committee has finalized their work, the budget will go to the full House for their consideration.

A reimbursement increase of \$.88 per hour for Medicaid In-Home and home care programs had been recommended by Governor Blunt. The House Appropriations Committee that oversees the department's budgets that contain this increase met February 19th and a recommendation to reduce the \$.88 to \$.68 was discussed. At this point it is still possible that the \$.88 will move forward in the budget request. However, it makes it more difficult to keep the higher rate.

Therapy for Home Health patients was also discussed by the Appropriations Committee. The committee feels that it is important to extend therapy services to patients receiving home health care, but the funding for this expansion was not identified. However, having the committee make the recommendation is a positive step. More work will need to be done on this front also.

Private Duty and Beyond: Recruit, Retain, Select and Train Quality Care Givers

According to a recent poll conducted by *Private Duty Today*, the top four most critical topics for private duty providers in 2008 all deal with care givers. Finding and keeping quality staff is vital for private duty and all providers of home care services. Some of the observations and conclusions from the survey include:

Recruitment and Retention are not new concepts for home care organizations. Competing for workers with food service, cleaning service and other retail organizations is tough. Ultimately, you have to have something more than wages to attract potential workers to your door. Once an individual is hired, trained and put to work, retaining them becomes critical. It is less expensive and easier to keep a quality caregiver than to recruit, hire and train a new one. Continued on Page 3.

Best Practices: Not just for Home Health Agencies

All home care providers could find helpful information, resources and tips in the best practice intervention tools produced by the Home Health Quality Improvement Organization Support Center (HHQIOSC).

The HHQIOSC has published their final package of best practice intervention tools on the important topic of Transitional Care Coordination. Best practice intervention packages are free and were provided monthly. They include educational tools and resources, guidelines, success stories, and best practice education to assist agencies in reducing avoidable hospitalizations.

The campaign resources will remain available on the HHQI website at www.homehealthquality.org on the Internet. In addition, campaign resources are available on the Medicare Quality Improvement Community website at www.medqic.org on the Internet.

CMS Proposes Regulatory Cut of \$2.9 Billion in Hospice Payments

President's Budget Already Calls for \$5.14 Billion Cut

The National Association for Home Care & Hospice (NAHC) has confirmed earlier reports that President Bush's proposed 2009 budget includes a regulatory proposal that would eliminate the budget neutrality adjustment for the hospice wage index. The anticipated savings would be \$2.29 billion over five years.

This would be in addition to the \$5.14 billion cut by freezing hospice reimbursement rates over three years also proposed in the budget. Deputy Administrator for the Centers for Medicare & Medicaid Services (CMS)

CMS informed NAHC that if they go forward with a change in the budget neutrality adjustment for hospice, they would follow the regulatory route and issue a proposed rule using the Notice of Proposed Rulemaking (NPRM) process to be followed by comments and issuance of a final rule. (Information in this article came from NAHC Report, a publication of the National Association for Home Care and Hospice)

President Bush's Budget Cuts Deep for Medicare

The Leadership Council of Aging Organizations (LCAO) and the National Association for Home Care & Hospice (NAHC), publicly expressed opposition to the proposed cuts to critical medical services to seniors in President Bush's fiscal year 2009 Budget.

In a recent letter LCAO echoed NAHC's position of condemning the damaging and unsustainable reductions in Medicare spending of \$178.2 billion over the next five years, \$556.4 billion over 10 years, and more than \$10 trillion over the next 75 years, as proposed by the President.

Overpaying Medicare Advantage Plans

Among LCAO's budget concerns are the substantial cuts to health care providers under Medicare that could affect beneficiaries' access to essential care. Skilled nursing facilities and hospice providers would receive no inflation adjustment in their reimbursement between FY 2009 and FY 2011, and home health care providers would receive none for the next five years.

Private plans were originally allowed to participate in Medicare because they were expected to deliver extra benefits to enrollees at a lower cost than the traditional fee-for-service program, LCAO explained in its response to the President's budget. Over the years, however, payments to private plans have increased and they are now paid an average of 13% more than traditional Medicare (17% more in the case of Private Fee-for-Service plans).

Inflated payments to Medicare Advantage plans are funded by all taxpayers and all Medicare beneficiaries, not just the 20% of Medicare beneficiaries enrolled in private plans. The Congressional Budget Office (CBO) has estimated that equalized Medicare payments would save about \$54 billion between 2009 and 2012 and nearly \$149 billion between 2009 and 2017.

According to the Centers for Medicare & Medicaid Services (CMS),

eliminating these inflated payments would reduce Medicare Part B premiums by \$2.00 a month per beneficiary and would bring an additional two years of solvency to the Medicare hospital trust fund.

Shifting Costs to States

Of additional concern to LCAO is the proposal to cut federal Medicaid expenditures by \$18.2 billion over five years (with \$17.4 billion in reductions from legislative changes and another \$800 million from regulatory changes). These savings would primarily be achieved not by lowering health care costs, but rather by shifting costs to the states. These reductions will negatively affect seniors and people with disabilities who rely on Medicaid for services such as hospitalization, physician care, and long term care. (Information in this article came from NAHC Report, a publication of the National Association for Home Care and Hospice)

Bill Colby Joins Center for Practical Bioethics:

The Center for Practical Bioethics is delighted to announce William H. Colby on Monday joined the Center as the Senior Fellow, Law and Patient Rights. In that role Colby will direct Center activities around the intersection of law, medicine and ethics with a special emphasis on patient rights.

Center president and CEO Myra Christopher calls Colby a national player in shaping both policy and culture regarding end-of-life care in the United States. "Bill's work over the last 20 years has changed how we die in America," she says.

Colby is the lawyer who represented the family of Nancy Cruzan in their family's right-to-die case, the first such case heard by the U.S. Supreme Court. He is also the author of two award-winning books, *Unplugged: Reclaiming Our Right to Die in America*, and *Long Goodbye: The Deaths of Nancy Cruzan*. Colby is a highly-sought speaker and frequently engages the news media on issues surrounding the end of life.

Bill was the keynote speaker at the Missouri End-of-Life Policy Summit in 2006.

Education Opportunity for Therapists

MAHC is once again offering top-notch education for therapists. Cindy Krafft, MS, PT, COS-C, a nationally renowned speaker, is bringing her "Therapy Practice in the Refined PPS Environment: Challenges and Opportunities" conference to the Doubletree Hotel St. Louis at Westport on April 2nd. For more information on this conference go to www.homecaremissouri.org.

Private Duty and Beyond (Continued from page 1)

Quality caregivers correlate directly to the value of the organization. The real value could be the fact that you have better overall quality caregivers this year than last – your quality is improving and so is your value. This example of real value however only impacts on existing customers who can see the improvement this year over last. Perceived value therefore is also important and impacts on the future customer. Perceived value is perhaps more of a marketing issue. One way to increase your perceived value is by comparison. Comparing the value a customer will get with your organization to the value they would get with a different organization. Demonstrating what you do that makes your value better could include pre-employment initiatives that you take like background screenings. Since most organization now conduct extensive background screenings on potential workers perhaps a better tool would be to focus on the training and orientation programs for your workers.

One way to improve the overall quality of your caregivers is through in-service opportunities. MAHC conducts monthly telephone aide in-service workshops. These workshops are available live or on CD. In addition to aide in-service opportunities, MAHC conducts regular nursing, therapy and social work conferences. Most of these are also available on CD. Contact Ann at the MAHC office if you would like a list of available topics. ann@homecaremissouri.org

Zogby International: 54% Expect Recession to Hit in the Next Year

UTICA, New York—Recession worries are on the rise, with 54% of Americans saying they expect a recession in the next year, up from 48% who said the same in January, a new Reuters/Zogby telephone poll shows. Concern that a recession could be just around the corner cuts across political lines, with majorities of Democrats (68%) and independents (52%), as well as 41% of Republicans who now say they expect a recession in the next year, all showing an increase from those who expressed the same concerns in mid-January.

Home Health Prospective Payment System (HH PPS) Refinement and Rate Update for CY 2008

Home Health Agencies who bill Regional Home Health Intermediaries (RHHI) or Medicare Administrative Contractors (A/B MAC) for services provided to Medicare beneficiaries this MLN Matters article is of importance to you. Go to this link for the full MLN Matters Article: <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5879.pdf>