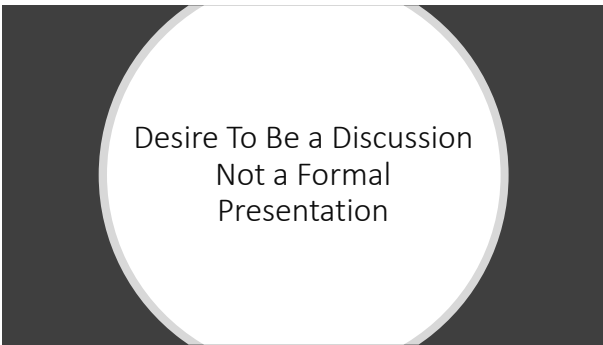




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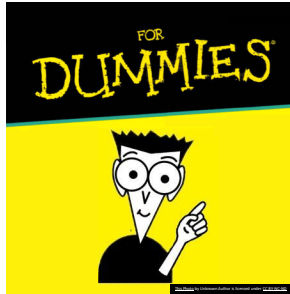
Why will collaboration become more important?

Collaboration will become more important as Healthcare Systems switch to Value Based Care.

We will have an increased need to improve and understand the importance the relationship of ALF/SNF state rules and Home Health/Hospice Regulations and CCPS

3

The Shift From Fee for Service to Value Based Care Will IMPACT Post Acute Care



4



Value-based healthcare is a healthcare delivery model in which providers, including hospitals and physicians, are paid based on patient health outcomes. ... Value-based care differs from a fee-for-service or capitated approach, in which providers are paid based on the amount of healthcare services they deliver

5



When the market shifts further toward Value, those not ready may be left behind, while those on their road trip may be well positioned.
How is Your Post Acute Facility Going To Be Prepared?

6

**Healthcare's
New Mantra**

The Right Care, in the Right Place, At the Right Time

Where does "Post Acute" fit into all of this?

7

Healthcare systems need post acute providers more now than ever.

SNFs and ALFs need Home Health and Hospice More Than Ever

8

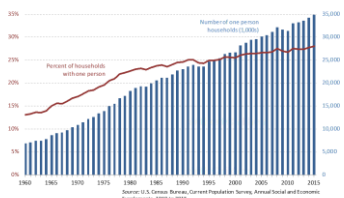
Hospital Systems –
30 Day Mortality Rates &
AVOIDABLE Hospitalizations and Emergency Room Visits

- Readmission and death rates are measured within 30 days, because readmissions and deaths after a longer time period may have less to do with the care received in the hospital and more to do with other complicating illnesses, patients' own behavior, or care provided to patients after hospital discharge.
- No longer just a focus on readmissions but AVOIDABLE visits.

9

Demographics Also Predict Greater Need for Facilities Care Due to Lack of At-Home Caregivers

Figure HH-4. Growth in living alone



U.S. Department of Commerce
Bureau of Economic Analysis
U.S. Census Bureau
Current Population Reports, Annual Social and Economic Supplements, 1980 to 2015.

Note: This figure uses a person weight to describe the characteristics of people living in households. As a result, individual household size and marital status are not included in the population, in order to make accurate estimates of the number of occupied and vacant housing units.

10

Idaho
Population
Growth

Location	Daily Move ins	Annual Move ins
Boise	18	6570
Meridian	21	8000
Nampa/Caldwell	9	3200
Total	48	17,770

- Does anyone still live in Portland, Seattle or California ?

11

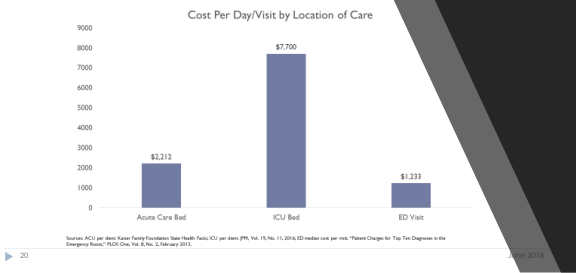
Top Management Focus Areas for ACOs

Objective	Percent of ACOs with Objective
Prevent hospital readmissions	58%
Manage chronic conditions	56%
Prevent ED visit and inpatient admissions	54%
Integrate post-acute care	35%
Integrate mental health care	18%
Improve end-of-life care assessment	16%
Improve pharmacy or medication adherence	14%
Improve patient engagement	12%
Provide palliative care	11%
Avoid overuse of specialty care/redundant imaging & diagnostics	10%

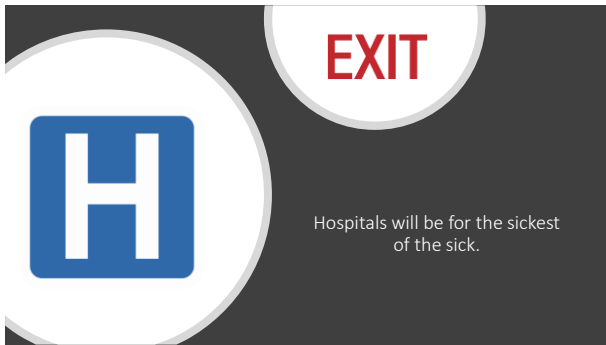
Source: "The 2017 ACO Survey," Health Affairs Blog, October 4, 2017. <http://healthaffairs.org/blog/2017/10/04/the-2017-aco-survey-what-do-care-partners-need-to-know-about-the-future-of-accountable-care-organizations/>. Accessed October 25, 2017.

12

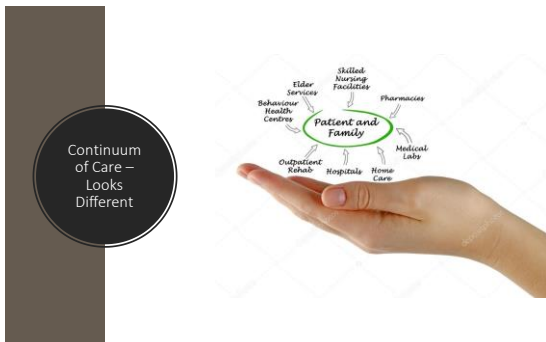
Hospital Costs are Biggest Target for ACOs



13



14



15

Why Is This Exciting Times for Post Acute Providers?




16


The National Trend	The Treasure Valley
44%	98.3% of patients received no GIP or Continuous Home Care

Pepper Report No GIP or Continuous Home Care


17




Nursing care may be covered on a continuous basis for as much as 24 hours a day during periods of crisis as necessary to maintain the patient at home.



A period of crisis is a period in which patient requires continuous care to achieve palliation or management of acute medical symptoms.
Think of continuous care as being the same as regular hospital care, except the goal is to prevent hospital admission.



A minimum of 8 hours of care by the hospice team will occur in the home.
Need not be continuous
SW and Chaplain time not counted.
Update plan of care accordingly



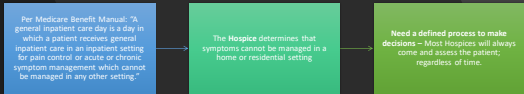
Order: Admit to hospice with Continuous Care due to _____ as evidenced by _____

Not required but recommended by NHPCO.

Continuous Care – ASSISTED LIVING

18

GIP Definition – SKILLED NURSING FACILITY



Let's discuss the difficulty in admitting patients that need GIP care afterhours due to the PASRR.

19

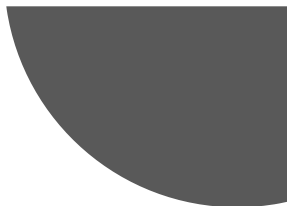
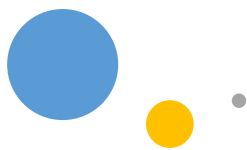


Modern Home Health and Hospice Company are increasing in intensity of care for their patients

20



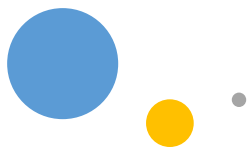
21



So, if there is going to be an increase in ALF & SNF admissions with Hospice & Home Health...

What do we all need to know....

22



Importance of Understanding Regulations and CoPs

Partnerships are important to provide quality of care at end of life.

We only die once - we get one chance to do it right.

23

Contracts with Home Health or Hospice

Must have a contract in place

- Should include:
- Any rules that applies to an agency providing services in the building
 - Describes coordination of care with the Staff
 - Provide copies of care plan and updates
 - Provide copies of notes
 - Delineation of Responsibilities

24

Contracts Should Include

- Professional liability insurance
- Helps to assure only Qualified Staff are being used (Licensed, passed background check, trained in infection control and abuse reporting)
- Establish criteria for when resident is no longer appropriate for Facility and each entity's role in ensuring a smooth transition



25

Be Clear on Who is Doing What

- Medications
 - Delivery
 - Education
 - Monitoring
 - Delegation
- Cares
- Supplies/Equipment
- Staffing
- Scheduling of appointments, labs, testing and other follow up
- Ensuring visit notes are returned to facility in a timely manner. It is recommended by facility standards to not have separate forms.

26

More to think about

- Hospice or HH Residents may require increased needs as their health conditions progress –
- Are you prepared to deal with these issues according to the Rules?
- Are you prepared to increase your staffing to care for these needs regardless of financial implications?
- Are you aware of what the outside agency can provide you and what they are supposed to provide you?
- Are you willing to accept the responsibilities for those needs?

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And More To Think About

- Admission Agreement – refer to IDAPA 16.03.22.220.01-09
- Services Provided (...coordination of outside services)
- Include acceptable admission information
- Include information about admission, discharge and transfers
- Include information about how emergencies will be handled
- Include staffing patterns and qualifications of staff on duty
- Admissions and care congruent with 16.03.22.152.05 a-h



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When Limiting the Number of Providers

Must be in the admission agreement

Should include:

- These are our contracted providers
- Facility can't make changes in the middle of care.
- Example, if you are not happy with the care you cannot say "we do not allow this company in our facility any longer."
- You must provide a 30-day notice to all patients in your facility if you are taking agencies off your list of contracted providers.
- There is a contract example on the Licensing and Certification website.
- Avoiding Fraud and Abuse situations "Kickbacks" and "Anti Trust Laws."
- If there is suspicion a call will be made to the OIG

29

Fraud and Abuse Guidance

\$ 1.) HH and Hospice Agencies cannot pay for your referrals

Bitcoin 2.) Cannot offer (furnish) or receive free services to/from referral sources.

Free services = paying for referral (either before or after an episode)
Free (unemployed) clinical staff
Paying A/L for rent unnecessary expense
*Must be charged at market value for services and paid accordingly

30

Coordination of Services/Care is Common Theme

Both entities are being cited.

Document, document, document Conversations, etc.

Federal Regulations and State IDAPA rules require the coordination of services provided by the FACILITY and the Outside Agency –

- Failure to Coordinate these services could result in Core deficiencies for the FACILITY and
- Possible Condition level citations for the Agency.

31

Best Practices

Outside agency verbally checks in and checks out with Nurse.

Facility Nurse should be reading notes and not just filing notes. Must have the outside agencies notes and POC. No separate forms or notes other than what is in the medical record.

Comfort kits should not be ordered until needed.

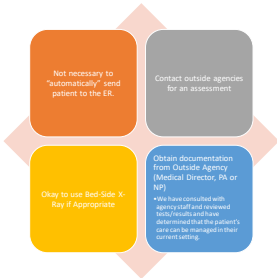
Facility staff can destroy medications. Outside agency can witness.

Outside agency can delegate to facility


- Document and sign off on training
- Facility cannot train each other following that training.

32

Before Sending a Patient to the Hospital



33



Final Notes:

- Don't assume that everyone else knows what your expectations are – DEFINE THEM FROM THE BEGINNING
- Find the agencies and facilities that complement your goal in resident care – work with them.
- Begin to understand by educating yourself on the rules and regulations governing those you partner with in patient care.
- Don't let it... your patients/clients are your responsibility
- Remember... you are bound by rules and regulations to follow through with quality care to those we serve.

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Resources

Information related to Hospice Benefit
<http://www.oms.hhs.gov/manuals/Downloads/Reg10203.pdf>
 Hospice Rules:
<http://oms.hhs.gov/manuals/Downloads/Form307aombospice.pdf>
 Home Health Rules:
<http://oms.hhs.gov/manuals/Downloads/Form307aobhhc.pdf>
 Assisted Living Rules:
<http://www.healthandwelfare.idaho.gov/9630/default.aspx>
 Idaho Board of Nursing:
<http://idbn.idaho.gov/submissionrules/faq9321003.pdf>
 Idaho Assisted Living Association:
<http://www.idala.org/>
 Office of Inspector General:
<http://www.oig.hhs.gov/>

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Presented By: Honey Goodman

Treasure Valley Hospice, LLC
 IHCA Board Member
 Idaho's Council of State Rep for NHPCO
 National Board: HAN

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