

## Home Care Heroes Emerge in Hurricane's Course

*HCA urges providers to keep sending us your stories about the heroic efforts of home care staff in response to Hurricane Irene!*

**H**CA has been hearing remarkable stories from home care providers about your staff's response to Hurricane Irene in ensuring the safety and continuity of care for patients ... clinical staff helping to evacuate neighbors in flooded communities using boats where cars once drove ... the movement of entire home care operations to satellite locations, as flooding rivers ravaged office spaces and supply cabinets ... home care personnel traveling by Black Hawk helicopter over flooded terrain to bring vital medical supplies to emergency shelters where water-clogged roads had blocked entry ... extraordinary measures taken by home care personnel to traverse a devastated landscape and guide patients during the emergency, ensuring that those who needed to be evacuated were evacuated ... the stories are endless.

Through it all, home care's heroic personnel stayed true to their mission and answered the call of duty – even as many had to cope with the urgent needs of their own households and families during the crisis.

See HEROES p. 2



**Steve Schlamowitz**, an LPN at **Visiting Nurse Service of Schenectady and Saratoga Counties**, is one of the countless heroic home care staff who went above and beyond the call of duty in response to Hurricane Irene. Read his story and the stories of other home care personnel and providers in this week's *ASAP*. (Photo courtesy of VNS of Schenectady and Saratoga Counties.)

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**HCA's offices will be closed on Monday, September 5 for Labor Day.**

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#### Save the Date!

**LTHHCP Forum:** Monday, October 24, in Albany

**Downstate LHCSA Forum:** Friday, October 28, in NYC

*More details coming soon*



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▼ **HEROES continued from p. 1**

“Home care providers and their staff are the eyes, ears and voice for many of New York’s vulnerable patients during an emergency,” **HCA President Joanne Cunningham** said in a press release sent to the media this week about home care’s role in crises like Hurricane Irene.

“A home care nurse, aide, therapist or social worker is often a patient’s main source of day-to-day contact, especially in the case of homebound patients,” she added. “Direct-care personnel closely know the patients as well as their social and medical needs, and this knowledge is of critical help to emergency management officials and families.”

The entire press release can be read at

<http://www.hca-nys.org/documents/PRHomeCareHurricaneResponse82911.pdf>.

Given that the unique role of home care providers in emergency preparedness and response is not widely known to the general public, it is important for providers to continue telling your heroic stories about your response to the hurricane. HCA’s press release, sent to statewide media earlier this week, spoke generally to the role of home care in events like Hurricane Irene; **however, HCA is interested in continuing to hear YOUR organization’s stories about specific experiences with the storm.**

Some of your stories are detailed in this week’s *ASAP*. As the cleanup and rebuilding effort get underway, HCA wants to know more about conditions on the ground and in the field for providers, their staff and patients. How

See **IRENE** p. 7

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## HCR Soars in Response Effort, as Floods Ravage Schoharie Branch Office

*HCA Member HCR Home Care details its efforts to serve patients and cope with extensive office damage in the throes of Hurricane Irene*

**F**rom reading the statewide news coverage and hearing from friends and family in Central New York, it is clear that Schoharie County was one of the hardest hit regions of New York State during Hurricane Irene, with entire main street districts underwater and untold wreckage to home and businesses.

Like countless home health agencies throughout New York, **HCA Member HCR Home Care**, which serves Schoharie County in addition to Monroe, Genesee, Orleans and Cortland Counties, was quick to respond. What follows is a moving account provided by staff at HCR about their work in response to Hurricane Irene.

### HCR's Account

*Hearing of the storm warnings, the administrative and clinical office staff in Schoharie went right into emergency mode. Calls were made to all priority patients, ensuring they had oxygen, prescriptions and any other supplies needed to survive a storm. From this point on, the office and field staff stayed on alert.*

*As the storm approached Schoharie and evacuation orders went out, patients, families, and caregivers were called to make sure all were notified of the orders. Most patients made it to shelters after the initial alert. One client who did not evacuate his home in time called our offices after a foot of water had blocked his door. We called the sheriff's office to coordinate evacuation and the patient made it to a shelter successfully. Along with these calls to patients, efforts were also made to ensure all the staff had evacuated and were safe.*

*At the shelter in Cobleskill, where many nurses and home health aides were working throughout the storm, medical supplies were running low. **Mikki Megivern**, RN, HCR Director of Patient Services in Schoharie, made calls to pharmacies outside the county and sent out two nurses, **Vivian Thurber**, RN and **John Driessen**, RN, to retrieve supplies. Vivian and John were to meet up and caravan back to the shelter; however, they came across multiple road closings. After being stuck in traffic for three hours, Vivian called Mikki to let her know the situation. As Mikki was on the phone with the shelter, a member of the National Air Guard was listening and asked how far away John and Vivian were from the airport. With a police escort to the airport, Vivian and John were air lifted back to the shelter with the medical supplies by Black Hawk helicopter. (See photos.)*

**Continued next page**

Top photo: John Driessen, HCR RN, center ▼  
Middle photo: Vivian Thurber, HCR RN  
(Photos Provided Courtesy of HCR)



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**Jessica Jock**, LPN (and very pregnant) had been working alongside other nurses and home health aides non-stop in the Cobleskill shelter. During the daylight, field staff went door-to-door looking for any patients they had not heard from. Each patient was cared for, most without electricity or water. Because of all the damage and road obstructions, it took five times as long to reach any location.

Home health aides have been assisting in pet care and other needs of the community. One home health aide, **Mary Grace**, has been using Facebook to get more volunteers to Schoharie to help out.

Cobleskill Regional Hospital offered a conference room for our team to work out of until we found another spot as flooding had destroyed our Main Street office. (See photos to the right.)

Not only have staff been working with patients, but their own lives have been shaken by Irene. One nurse's grandmother's trailer was completely overturned by the storm. Another office staff member was missing her parents, both in their 80s, for two days. A home health aide had to evacuate her home.

Despite the emotional and physical toll, the clinical and administrative staff in Schoharie continues to work and come together to support the community. On Tuesday, staff from both the Monroe County and Cortland County offices arrived in Schoharie to lend a hand and do whatever they needed to help. ■



**Top photo:** Margaret Hildreth of HCR's Schoharie offices amid the wreckage

**Middle photo:** HCR staff meet to discuss operations

**Bottom photo:** the flooding in Schoharie County as seen from a Black Hawk helicopter

(Photos Provided Courtesy of HCR)

## For Visiting Nurse-Volunteer Fireman, Hurricane Irene Was No Match



### Caregiver Profile: Steve Schlamowitz

Steve Schlamowitz is serious about superheroes, so much so that it has been his life's quest to become one. This passion is shown in the comic book collection he has accumulated over the past 30 years – a treasure that was just one of the many items he lost to the deluge named Irene.

“Steve the Superhero LPN” works at HCA Member **Visiting Nurse Service (VNS) of Schenectady and Saratoga Counties.**

Although flood-blocked roads made it impossible to access VNS's Erie Boulevard building in downtown Schenectady – near a spot that was, ironically, once a waterway, when the Erie Canal flowed

through the city's downtown – Steve's first thought was to service his patients.

Before long it became increasingly obvious that Irene had really packed a punch, leaving Steve's home destroyed (see photo below). In a flash, Steve, who is also a volunteer fireman, heeded the mandatory

evacuation of his family from their home, managing to get his blind mother, his father, his sister and her children out of the house and all safely placed in temporary housing. Without skipping a beat, Steve began rescue efforts assisting with the evacuation of his fellow Rotterdam Junction residents ... in a pontoon boat (see bottom photo), after he had rescued dozens of animals bringing them to safety at the local fire house. That was on Monday.

On Tuesday, two days after the storm struck, claiming many of Steve's possessions, including his vehicle, Steve still thought first and foremost about his patients. All roads leading out of his town were closed, but that did not stop Steve from walking almost two miles to the main highway to meet a friend who drove him to work. Just another real-life-superhero day. ■



▼  
**Middle photo:** flooding in front of LPN **Steve Schlamowitz's** home in Rotterdam Junction

**Bottom photo:** **Steve Schlamowitz**, manning a pontoon, takes part in evacuation efforts

(Photos Provided Courtesy of VNS of Schenectady and Saratoga Counties)

## Home Health Aide Braves Storm to Rescue Patient Needing Hospital Care



Morna Harvey (Photo Courtesy of HAPI)

### Caregiver Profile: Home Health Aide Morna Harvey

HCA Member **Home Assistance Personnel, Inc.'s** (HAPI, of Jewish Home Lifecare) phone lines were jammed – Community Services administrative staff made calls from their homes to help handle the volume of calls – and most home health aides could not get to work on Saturday and Sunday when public transit was shut down in New York City, due to Hurricane Irene.

Home Health Aide **Morna Harvey**, an HAPI veteran of 15 years, rose to the occasion.

Ms. Harvey's family told her not to go to work on Sunday, August 28, but she had cared for her Bronx Home Care client on weekends for three years and knew she was needed.

Waking up at 5 a.m. and setting out at 6, when the hurricane really started to kick and the rain was torrential, it took Ms. Harvey about an hour to walk 20 absolutely deserted blocks to her client, during which she dodged into a store that was luckily open when a car seemed to be following her. The driver came into the store, but Ms. Harvey waited for him to drive off before resuming her walk. Drenched to the bone and thoroughly windblown, Ms. Harvey arrived at her client's apartment, knocked repeatedly on the door, to no avail. She knew something was wrong.

Fortunately, building security was on site, the superintendent was called, and they all went to the client's apartment. While the super had a key, the chain was on the door. Ms. Harvey could not see anything; the lights were out, so she shouted the client's name and asked "do you know who this is?" (the client has dementia) and she heard the client respond "Morna."

The super got the chain off the door and, when they entered, they found the client in the bedroom, lying on her back with a big, old TV on top of her. The TV cart had toppled. She said she may have hit her head. The client had somehow managed to pull two pillows off the bed and put them under her but she was unable to get out from this position.

Ms. Harvey immediately called the HAPI on-call number and 911. 911 responded quickly, despite it being the morning of the hurricane. Client and aide were at Bronx Lebanon Hospital by 8:30 a.m. Knowing that the client had no family and was so attached to her, Ms. Harvey felt it important to stay at the hospital. On Monday, Ms. Harvey had brought the client's medications back to the hospital after they were earlier sent home.

Despite the patient's dementia, the client smiles whenever Ms. Harvey is near.

"Not only should her client smile when Ms. Harvey is near, but all of us do as well," say the staff at HAPI, who add: "This is one story that represents the devotion and connection HAPI aides have with their clients. We want Ms. Harvey to know we not only value her as an employee and truly recognize her contribution, caring and work ethic, but are proud of her." ■

## Partners, Communication Make the Difference in Disaster Response

*HCA plays prominent role in monitoring sheltering operations and other human services*

This has been a devastating week for many of HCA's providers, their patients and their staff. Hurricane Irene showed no mercy, destroying homes, lives, properties and faith as the storm plowed through the Northeast. Many upstate and rural counties suffered unthinkable losses with whole villages swept away. Roads and bridges were closed, complicating evacuation, rescue and recovery efforts.

One of home care's regulatory requirements is to show proof of interaction and communication with community partners and understanding of their role in a community disaster. The value of this sense of community partnership, support and teamwork plays out on all levels of disaster response and was extremely evident in the New York State Emergency Operations Center this week, where HCA Vice President For Policy and Clinical Affairs **Lexi Silver** played a prominent role in monitoring sheltering operations and other human services needs throughout New York State.

Working in a windowless room filled with phones, laptops and TV screens, Ms. Silver and the "Human Services" committee worked tirelessly to respond to frantic calls and requests – a summer camp flooded out in the mountains; a family stranded without shelter, food and water; shelters without staff; psychiatric patients with no place to go; counties without a response structure to help their citizens' health and safety needs. Legislators called on behalf of their constituents. Information was often sketchy and incomplete, as much of the affected region lost power and internet connection. Confirming information was difficult and often it came down to who someone knew in a specific region.

"How bad is it? Who can you call out there?" were frequent questions when issues appeared. Data and reports were frequently missing, incomplete or misleading. Often the committee reached out to home care agencies, knowing they were credible sources of information on conditions. Many called or sent in reports of conditions or activities. Some lost their offices, but they were still tracking patients and staff, they were staffing shelters, they were grieving losses, and they were managing.

### ▼ IRENE continued from p. 2

is your organization coping with the storm? Describe for us the evacuation efforts for your patients; in what specific ways did your staff go above and beyond the call of duty to reach and assist patients? Provide us with any anecdotes about patients and how your agency addressed their needs before, during and after the storm. Keep us posted about your follow-up work in the aftermath of the storm and any important details related to your community's rebuilding efforts.

**Most importantly, if you have any photographs, please also send them our way!** As you can see from this week's *ASAP*, these images leave a vivid impression about the work that you do, the challenges you continue to face, and the personal impact of this devastating storm.

Please send all information to HCA's Communications Director Roger Noyes at [rnoyes@hcanys.org](mailto:rnoyes@hcanys.org). With permission, HCA will use your stories and photographs in follow-up media outreach, in *ASAP*, on our Facebook page and in related communications.

HCA thanks and applauds you for your service and unwavering dedication to patients. ■

The Human Services committee is a formal part of the state's response structure and is made up of representatives of several state agencies, the Red Cross, the Salvation Army and HCA, the only association present throughout the incident.

However, working side by side with the Human Services committee were countless other teams dedicated to roads, intelligence, logistics, safety and infrastructure – hundreds of strangers thrown together for a common cause. Hurried nods in the hallways became smiles. Quick comments in passing led to conversations at meal times. Conversations led to identification of resources and assets previously unknown. Within each damaged community, there were often people someone knew who could help, and paralleling all the data and formal intelligence were "on the ground" human contacts and requests that got jobs done. Problems were solved – all due to the power of communication within the sense of shared community.

## Upcoming HCA Programs and Events

*Registration for these and other events is available at <http://www.hca-nys.org/events.cfm>*

### Hospice Education — Aide Resource Teleconference Series

HCA is proud to present this teleconference series for your valuable team members: the hospice aides. Each teleconference is an hour in length and will cover a variety of topics.

September 13 (3 to 4 p.m.): Signs and Symptoms to Look for in the Dying Patient

October 11 (3 to 4 p.m.): Depression and the Hospice Patient

### The Aide's Role in Detection & Prevention of Patient Abuse: What Would/Should You Do?

September 8 — Teleconference (3 to 4 p.m.)

Aides will learn to recognize the signs and symptoms of abuse and neglect and what they should do about it.

### HCA's Senior and Financial Managers Retreat

September 13 and 14 — New Paltz

A premier opportunity to learn tips, tools and strategies to enhance your organization's financial outcomes.

### ICD-9-CM Code Updates

September 15 (2:30 to 4 p.m.) — webinar

Patricia Tulloch, RN, BSN, MSN, HCS-D, Senior Consultant with RBC Limited, will review pertinent code changes that take effect October 1, 2011 in an effort to prepare staff to code properly and ensure accurate agency reimbursement.

### Strategies and Tools for Rehabilitation Programming and Documentation

September 22 — Albany

CMS and MedPAC have outlined reforms to home care for the next five years. In this full day workshop, presented by Arnie Cisneros, learn what additional costs and quality controls will affect rehab programming and delivery over the next two years. Establish clinical control management techniques to assure compliant rehabilitation programming, care plans, delivery and outcomes under an evolving PPS model.

### ICD-9-CM & OASIS Coding: Back to Basics and Beyond

September 27 — Nanuet

This program includes a comprehensive overview of ICD-9-CM coding with specific application to the home health industry. Coding mandates, exceptions and best practices will be reviewed along with tips to reinforce OASIS documentation to substantiate accurate ICD-9-CM coding.

### The Aide's Role in Prevention of Food Borne Illnesses

October 13 — Teleconference (3 to 4 p.m.)

Aides will learn about the most common organisms, the signs and symptoms of food poisoning and foods that high risk patients should avoid.

### The Aide's Role in Hearing and Other Sensory/Communication Disorders

November 10, 2011 — Teleconference (3 to 4 p.m.)

Aides will learn about the various types of sensory and communication impairments, how they affect our patients and things the aide can do to assist the patient in dealing with these impairments.

## CHHA Spending Limit DAL Sent to Providers Over the Statewide Spending Cap

Late last week, the state Department of Health (DOH) mailed *Dear Administrator Letters* (DALs) to update only those Certified Home Health Agencies (CHHAs) who were notified in an April DOH DAL that their agency would be experiencing an initial percentage payment **reduction** for CHHA services provided from April 1, 2011 through March 31, 2012, due to the imposition of an aggregate spending cap. CHHAs that were under the aggregate spending limit/cap were **not** mailed this DAL.

The initial payment reduction (see the April 11 DAL) is based on the difference between the agency's average paid Medicaid claims per recipient during calendar year 2009 and the calculated spending limit.

The Department expects that the U.S. Centers for Medicare and Medicaid Services (CMS) will approve New York's State Plan Amendment (SPA) to implement these CHHA spending limits, and, in response to requests made by HCA and many providers to reevaluate the initial percentage reduction, the Department has conducted an analysis of recent claims data for only those CHHAs which were found to be over the spending limit/cap.

The purpose of this analysis is to assist those CHHAs in evaluating the progress their agencies have made toward reducing their average Medicaid claims per recipient and to determine if the initial percentage reduction to be withheld from the respective CHHA payments should be mitigated.

*Continued on next page*

## Information on Delivery of SSI Benefit Checks and Replacing Food Lost to Hurricane Irene

The following information will help individuals who face non-receipt of their Social Security and/or Supplemental Security Income (SSI) payments and loss of food due to Hurricane Irene.

### *SSI mailings*

Those who receive their Social Security or SSI benefits by mail are advised that the U.S. Postal Service attempts to deliver their checks as part of normal mail delivery procedures. If the payment cannot be delivered due to storm damage, the check will be held at the local post office or alternate postal facility, and the individual has 30 days to pick up the check from the post office. After that time, the post office returns the check to the Treasury Department. If the mailbox is badly damaged or destroyed, individuals are advised to provide a secure receptacle (i.e., box, container, etc.), with the address clearly displayed, so that the letter carrier can leave mail in the receptacle at the residence. If the residence is uninhabitable, individuals are advised to complete a Postal Service change of address card to facilitate the delivery of mail to a valid temporary address.

More information is at <https://secure.ssa.gov/apps10/public/reference.nsf/links/09012011011817PM>.

### *Replacement Food Stamps*

Individuals receiving food stamps who lost food due to Hurricane Irene that they purchased with food stamps can have the monetary value of that food replaced.

To request replacement benefits, individuals must report the loss at a local food stamp center within ten days of the loss, and follow up by completing request form (LDSS-2291) within 10 days of reporting the loss.

More information, including a Replacement Request Food Stamps form and state guidance on replacement food stamps is at <http://www.nutritionconsortium.org/foodstamp/fsppolicyalerts.htm>.

Individuals can call the *Food Bank for New York City* at (212) 894-8060 for assistance; outside of New York City, contact *Hunger Solutions New York* at (518) 436-8757.

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CHHAs receiving this recent DAL were informed by the Department that – based upon Medicaid claims submitted by their agency for service dates from April 1 through July 31, 2011 and comparable data for the same service period and payment cycles in 2009 – their agency has experienced either a decrease or increase in paid Medicaid claims per recipient during this period. Consequently, the “Initial Percentage Claims Reduction” calculated and provided for these CHHAs in the April 11 DAL will either be decreased or increased.

According to DOH, 75 percent of the CHHAs who were informed in the April 11 DAL that they were over the state’s spending limit experienced a decrease in paid Medicaid claims per recipient and, because of this decrease, their “Initial Percentage Claims Reduction” will be decreased or lowered to reflect this updated analysis. For the 25 percent of CHHAs that experienced an increase in paid Medicaid claims per recipient, and who will see an increase in their “Initial Percentage Claims Reduction,” HCA has always advocated that the Department only apply the reconciliation process after the end of the state fiscal year (March 31, 2012), to give these providers time to make the necessary adjustments. HCA will continue to advocate to the Department that this opportunity for an interim reconciliation only apply to providers that have made positive adjustments to decrease their paid Medicaid claims per recipient.

CHHAs over the spending limit that have questions or would like to discuss the revised calculations made by the Department are encouraged to contact DOH’s Charles Tobey or Tim Casey on or before September 7, 2011 at (518) 473-8910. HCA especially encourages the handful of CHHAs who experienced an increase in paid Medicaid claims per recipient to contact DOH, especially if you anticipate your 2011 CHHA Medicaid rates (based on your 2009 Cost Report submission) to be lower than the current 2009 Medicaid rates you are receiving which is the basis for DOH’s updated claims analysis and interim reconciliation.

DOH plans to issue another DAL sometime after September upon official CMS approval of the SPA to notify CHHAs who are over the spending cap/limit about when the payment reductions will be implemented.

The Department also plans to continue analyzing paid claims data during the coming months, and, therefore, the percentage to be applied to CHHA payments may be subject to further adjustment. In addition, please note that payments to all CHHAs (those over and under the statewide spending limit) will be subject to final reconciliation, as indicated in the April 11 DAL. The final reconciliation will occur after the close of the 2011-12 state fiscal year, and providers may be subject to either a positive or negative reconciliation payment adjustment.

Finally, HCA also plans to submit comments to DOH on its proposed rule implementing these CHHA spending limits. Our comments will focus on the legality of implementing such a policy and its impact on access to care for thousands of Medicaid beneficiaries receiving CHHA services.

CHHAs interesting in submitting comments to DOH can find the proposed rule and information on submitting the comments at:

<http://w3.health.state.ny.us/dbspace/propregs.nsf/4ac9558781006774852569bd00512fda/3701717ee774ccd6852578e1004bb2ce?OpenDocument>

*For further information, contact Patrick Conole at (518) 810-0661 or [pconole@hcanys.org](mailto:pconole@hcanys.org).*

## DOH Posts DAL on Special Needs CHHAs

Late today, the state Department of Health (DOH) posted a *Dear Administrator Letter* (DAL) setting thresholds for the number of non-special-needs patients that special needs Certified Home Health Agencies (CHHAs) can service.

According to the DAL, within one year of today, all special needs CHHAs must achieve at least 75 percent compliance with the requirement to limit their services to the special needs population that the agency was approved to serve. Within three years, that requirement is increased to 90 percent compliance.

Furthermore, DOH states that it will continue to monitor compliance with this requirement by various methods, including surveillance activities and the submission of reports such as the annual statistical reports and special needs CHHA semiannual reports.

The DAL is posted on the health commerce system at [https://commerce.health.state.ny.us/hcsportal/hcs\\_home.portal](https://commerce.health.state.ny.us/hcsportal/hcs_home.portal).

*For more information, contact the HCA Policy staff.*

## HCA Provides Input on Palliative Care Q&As

This week, HCA provided comments to the state Department of Health (DOH) on proposed Questions and Answers (Q&As) for providers and patients on new requirements related to the provision of information and counseling regarding palliative care and end-of-life options.

This new mandate was part of the 2011-12 final State Budget and requires home care agencies, hospitals, nursing homes, and assisted living residences to “establish policies and procedures to provide patients with advanced life limiting conditions and illnesses who might benefit from palliative care, including associated pain management services, with access to information and counseling regarding such options appropriate to the patient.”

This provision is effective September 27, 2011; HCA has been part of a DOH workgroup established to implement the law and was asked to comment on the proposed Q&As.

In our comments, HCA requested clarification on home care agencies’ roles and responsibilities in making referrals to the physician (of the need for palliative care services) and subsequent monitoring of the provision of those services by other providers. We also requested exemptions from the mandate in cases where patients may receive duplicative assessments within a short period of time from home care and other inpatient and post-acute providers, a common occurrence as home care patients often cycle through the system. Such duplicative information and counseling may be unnecessary and burdensome both for agencies and for their patients.

*For more information, contact Alexis Silver at (518) 810-0658 or [asilver@hcanys.org](mailto:asilver@hcanys.org).*

## Employers Required to Post Certain Labor Information

The National Labor Relations Board (NLRB) has issued a final rule that will require employers to post information for their employees, starting November 14, 2011, about their rights under the National Labor Relations Act.

The notice, which will be available from the NLRB by November 1, states that employees have the right to act together to improve wages and working conditions; to form, join and assist a union; to bargain collectively with their employer; and to refrain from any of these activities. It provides examples of unlawful employer and union conduct and instructs employees how to contact the NLRB with questions or complaints.

Private-sector employers whose workplaces fall under the National Labor Relations Act will be required to post the employee rights notice where other workplace notices are typically posted. In addition to the physical posting, the rule requires every covered employer to post the notice on an internet or intranet site if personnel rules and policies are customarily posted there. Employers are not required to distribute the posting by e-mail, Twitter or other electronic means.

The notice must be posted in English and in another language if at least 20 percent of employees are not proficient in English and speak the other language. The Board will provide translations of the notice, in the appropriate languages.

Information on this new requirement, including a series of Questions and Answers and a link to the final rule, is at <http://www.nlr.gov/print/1528>.

## Medicaid Drug Coverage Becomes Part of Managed Care Benefit

Starting October 1, 2011, Medicaid's pharmacy coverage will become part of the Medicaid managed care benefit package for Medicaid recipients in managed care plans. This means that recipients will have to use their managed care plan card, not their Medicaid card, when they go to the pharmacy.

The pharmacy benefit includes all FDA-approved prescription drugs, as well as some over-the-counter drugs and medical supplies.

Last week, the state Department of Health sent a notice to Medicaid beneficiaries about this change. The letter states that managed care plans will send information this week about the pharmacy benefit, including which drugs are covered.

Plans are required to provide emergency fills during a 90-day transition period from October 1 until December 1, 2011. During this period, plans must provide existing enrollees with a one-time, temporary fill of non-formulary drugs for up to a 30-day supply. This includes drugs that are on the formulary but subject to prior approval or step therapy or any other utilization restrictions. The one-time, temporary fill must be provided by a participating pharmacy. New enrollees are also entitled to one-time, temporary fills during the first 90 days of enrollment.

If access to a necessary drug is denied, consumers should try to work with their providers to satisfy plan requirements for prior authorization or step therapy or any other utilization control requirements. If the plan still denies access, consumers can pursue review processes specific to managed care plans and also request a fair hearing.

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Home care agencies should review their cases to identify any patients who are affected by this change and work with them and their families to find out if the managed care plan will cover the exact drugs they are on, and if not, what their options are.

More information, including a list of organization that provide assistance, is at <http://www.empirejustice.org/issue-areas/health/medicaid—related-programs/medicaid-managed-care-fact.html?print=t>.

Questions or concerns can also be directed to Andrew Koski at (518) 810-0662 or [akoski@hcanys.org](mailto:akoski@hcanys.org).

## Medicaid Stops Coverage for Certain Drugs for Dual Eligibles

Starting October 1, 2011, Medicaid will no longer cover drugs in the following classes for individuals dually eligible for Medicare and Medicaid:

- Atypical antipsychotics;
- Antidepressants;
- Antiretrovirals used in the treatment of HIV/AIDS; and
- Antirejection drugs used for tissue and organ transplants.

Drugs in these classes must be billed to the enrollee's Medicare Part D plan or, if applicable, to Medicare Part B.

New York Medicaid will continue to cover certain drugs which are excluded from the Part D benefit, including barbiturates, benzodiazepines, some prescription vitamins and some non-prescription drugs.

Questions pertaining to Medicaid drug coverage may be directed to (518) 486-3209.

## NGS Updates

National Government Services (NGS), New York's regional Medicare home health intermediary, has posted the following news to its website.

- **Medicare Conference on November 15 in Rochester** – On November 15, NGS will conduct a regional Medicare conference in Rochester which applies to all Medicare Part A providers including home health, hospice, skilled nursing facility (SNF), and federally qualified health center (FQHC) providers that have NGS as their Medicare fiscal intermediary and/or Medicare administrative contractor (MAC).

The one-day conference includes 32 courses which are intended for Medicare billers; clinical, administrative and compliance staff; and office managers in home health agencies and hospices.

A complete listing of all sessions is at:

[http://www.ngsmedicareconvention.com./rochester\\_courses.html#partA](http://www.ngsmedicareconvention.com./rochester_courses.html#partA)

Registration for the \$185 conference (which includes breakfast and lunch) is at:

[http://www.ngsmedicareconvention.com./rochester\\_reg.html](http://www.ngsmedicareconvention.com./rochester_reg.html)

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NGS has received approval for six American Academy of Professional Coders (AAPC) continuing education units (CEU) for this conference. Six Medicare University Credits (MUC) will also be made available to anyone attending the conference.

Questions regarding registration or payment should be directed to [provideroutreachandeducation@wellpoint.com](mailto:provideroutreachandeducation@wellpoint.com), or leave a message at (914) 801-3574 to obtain additional information regarding the conferences.

- **NGS Will be Closed on Monday, September 5** – In observance of the Labor Day holiday, NGS's offices will be closed on Monday, September 5, 2011. This includes the provider contact center and electronic data interchange (EDI) Help Desk.

Providers will be able to use the interactive voice response (IVR) system. For the IVR phone number applicable to your state, please refer to the Contact Information, Interactive Voice Response System page under the Resources section of NGS's website. NGS's offices will reopen on Tuesday, September 6 for normal business hours.

- **Release of the Revised CMS-855 Medicare Enrollment Applications** – The U.S. Office of Management and Budget recently approved changes to the Medicare Provider-Supplier Enrollment Applications (the CMS-855) in order to update the applications from the 2008 versions, as well as the new CMS-855O application form used for the sole purpose of enrolling to order and refer items and/or services to Medicare beneficiaries. The revised and new forms are now available on the CMS Provider-Supplier website at:

<http://www.cms.gov/CMSForms/CMSForms/list.asp?filtertype=dual&filtertype=keyword&keyword=855>

Providers and suppliers enrolling for the sole purpose to order and refer are required to begin using the new CMS-855O form immediately. Providers and suppliers using the other CMS-855 forms to enroll in Medicare are encouraged to begin using the revised forms, though may continue to use the old forms through October 2011.

*For further information, contact Patrick Conole at (518) 810-0661 or [pconole@hcanys.org](mailto:pconole@hcanys.org).*

## Health Care Resources

### Publications

- "Valuing the Invaluable: 2011 Update, The Growing Contributions and Costs of Family Caregiving," by AARP Public Policy Institute  
<http://assets.aarp.org/rgcenter/ppi/ltc/i51-caregiving.pdf>
- "Medicare Savings Programs (MSP) in New York," by the Evelyn Frank Legal Resources Program at HCA Member Selfhelp Community Services  
<http://wnylc.com/health/entry/99/>

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- “List of Pooled SNTs in New York State,” by the Evelyn Frank Legal Resources Program at HCA Member Selfhelp Community Services  
<http://wnylc.com/health/print/4/>
- “Medicare Integrity Program: CMS Used Increased Funding for New Activities but Could Improve Measurement of Program Effectiveness,” by the Government Accountability Office  
<http://www.gao.gov/new.items/d11592.pdf>
- “Medicare Spending and Financing,” by the Kaiser Family Foundation  
<http://www.kff.org/medicare/upload/7305-06.pdf>
- “The Budget Control of 2011: Implications for Medicare,” by the Kaiser Family Foundation  
<http://www.kff.org/medicare/upload/8216.pdf>

*For more information, contact Andrew Koski at (518) 810-0662 or [akoski@hcanys.org](mailto:akoski@hcanys.org).*