

Home Health in Residential Care Assisted Living Facilities

Duke VanCampen MS RN - Health Care Consultant

Jamie Simpson MBA QMRP

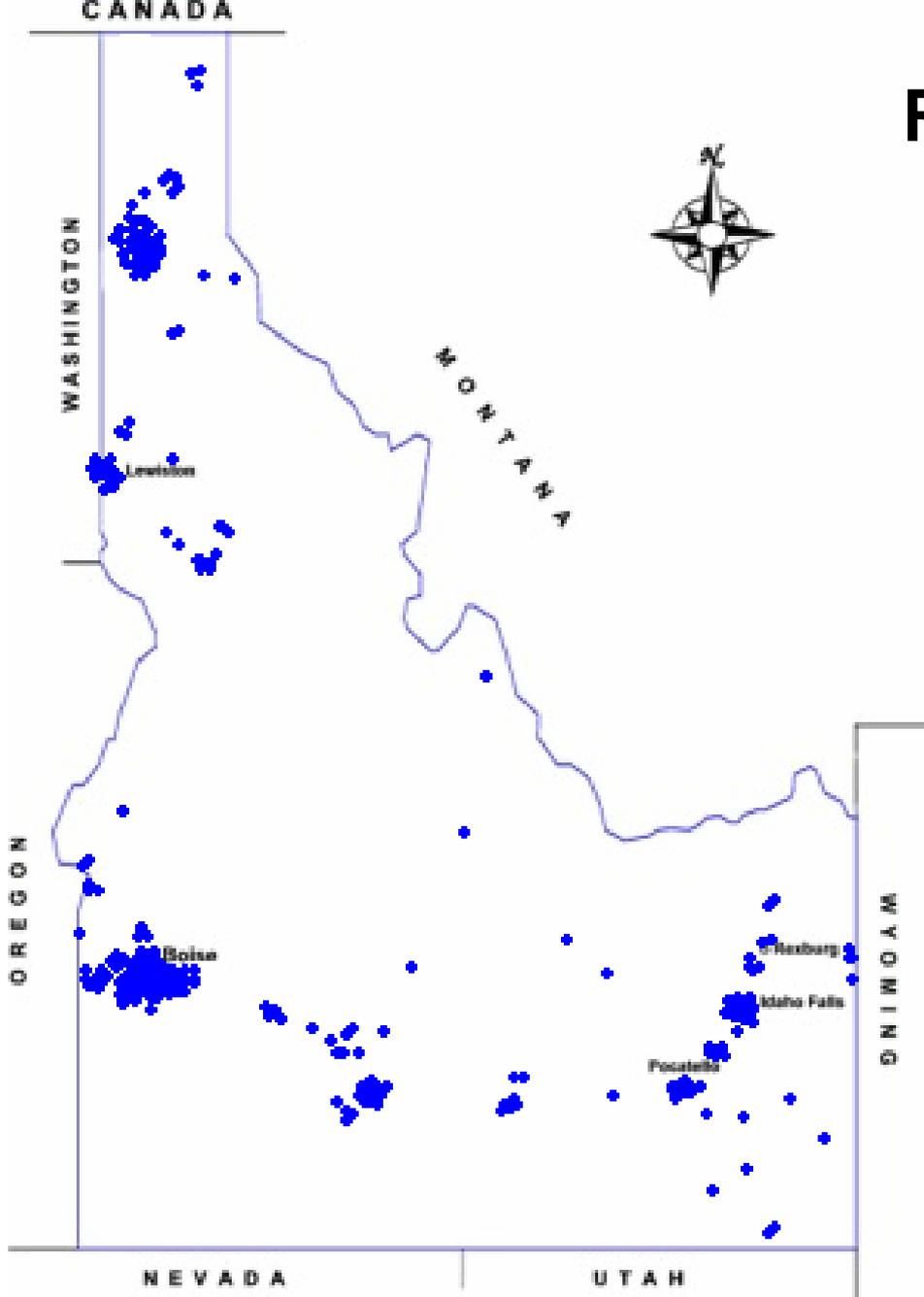
July 2009

IDAHO RESIDENTIAL CARE OR ASSISTED LIVING ACT 39-3301

LEGISLATIVE INTENT AND DECLARATION. The purpose....is to provide a humane, safe, and homelike living arrangement for adults who need some assistance with activities of daily living and personal care but do not require the level of care identified under section 39-1301(b), other than for short exceptional stays..... 39-3349.

RESPONSIBILITY FOR INSPECTIONS AND TECHNICAL ASSISTANCE. The licensing agency shall inspect and provide technical assistance to residential care or assisted living facilities. The department may provide consulting services upon request to any residential care or assisted living facility to assist in the identification or correction of deficiencies and in the upgrading of the quality of care provided by the facility.

RALFs in Idaho



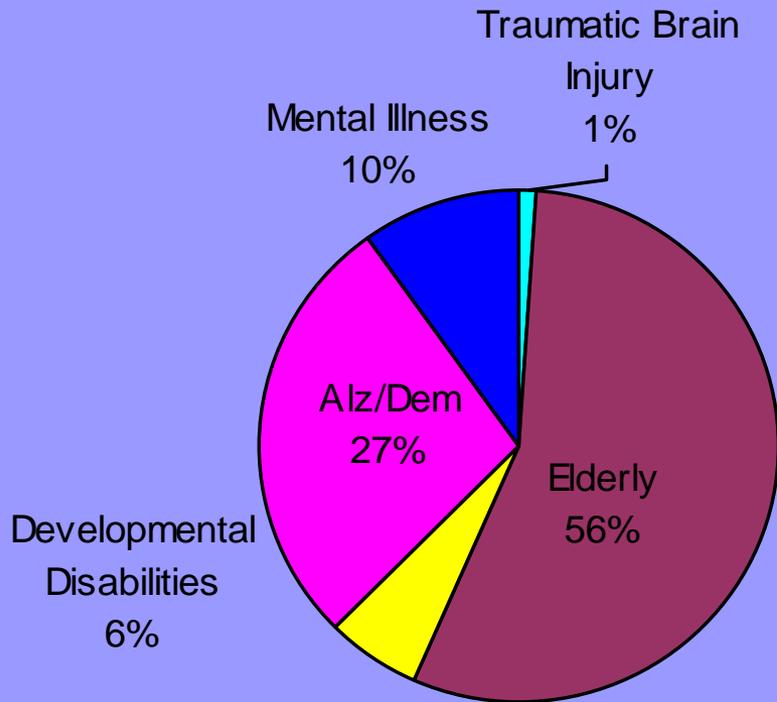
Total Facilities: 330

Total Licenses: 292

Residential Care or Assisted Living Facility (RALF): A facility or residence...for the purpose of providing necessary supervision, personal assistance, meals and lodging to 3 or more adults.

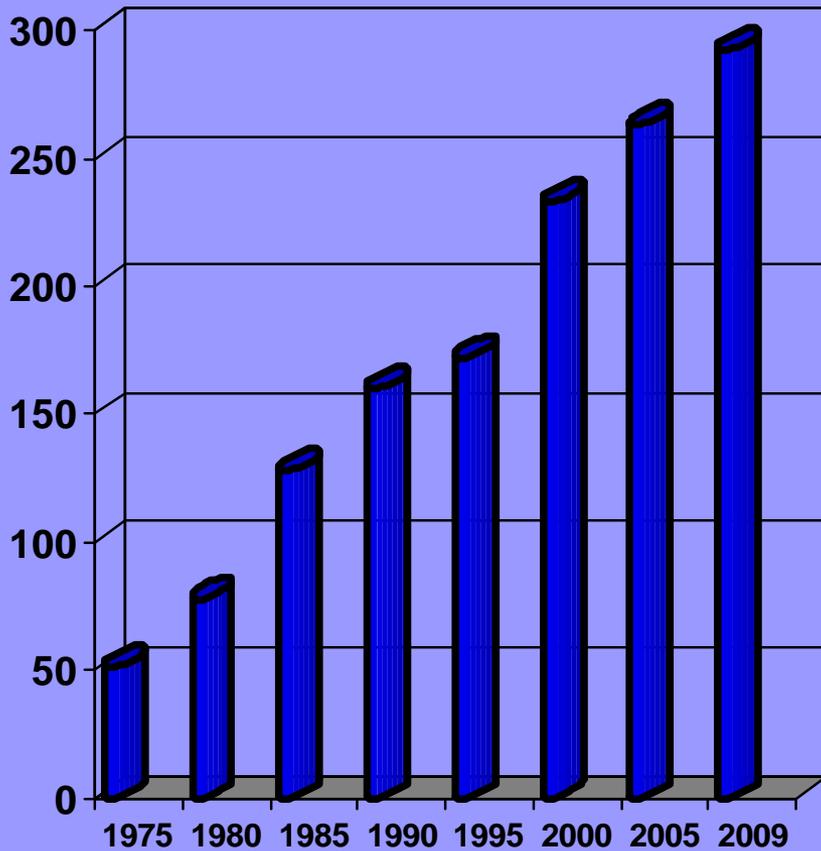
Mission: *To ensure the residents of Idaho's RALFs receive quality care in a safe, humane, home-like living environment where their rights are protected.*

Who lives in RALFs?

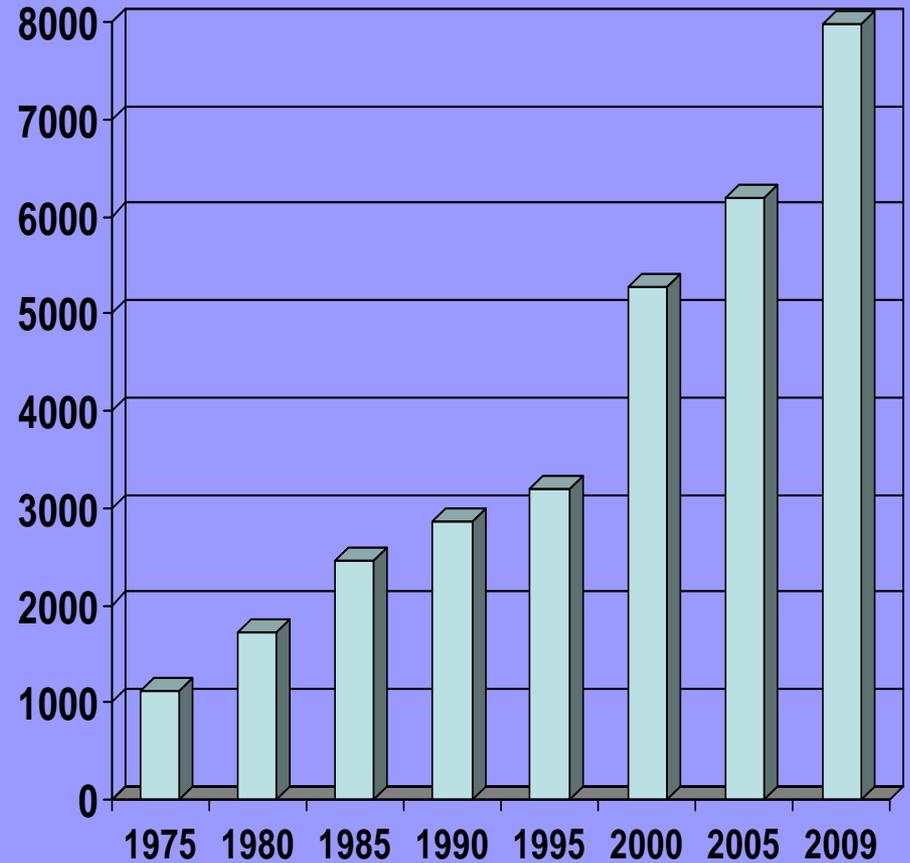


Growth of RALFs in Idaho

■ Licenses ■ ■



■ licensed beds



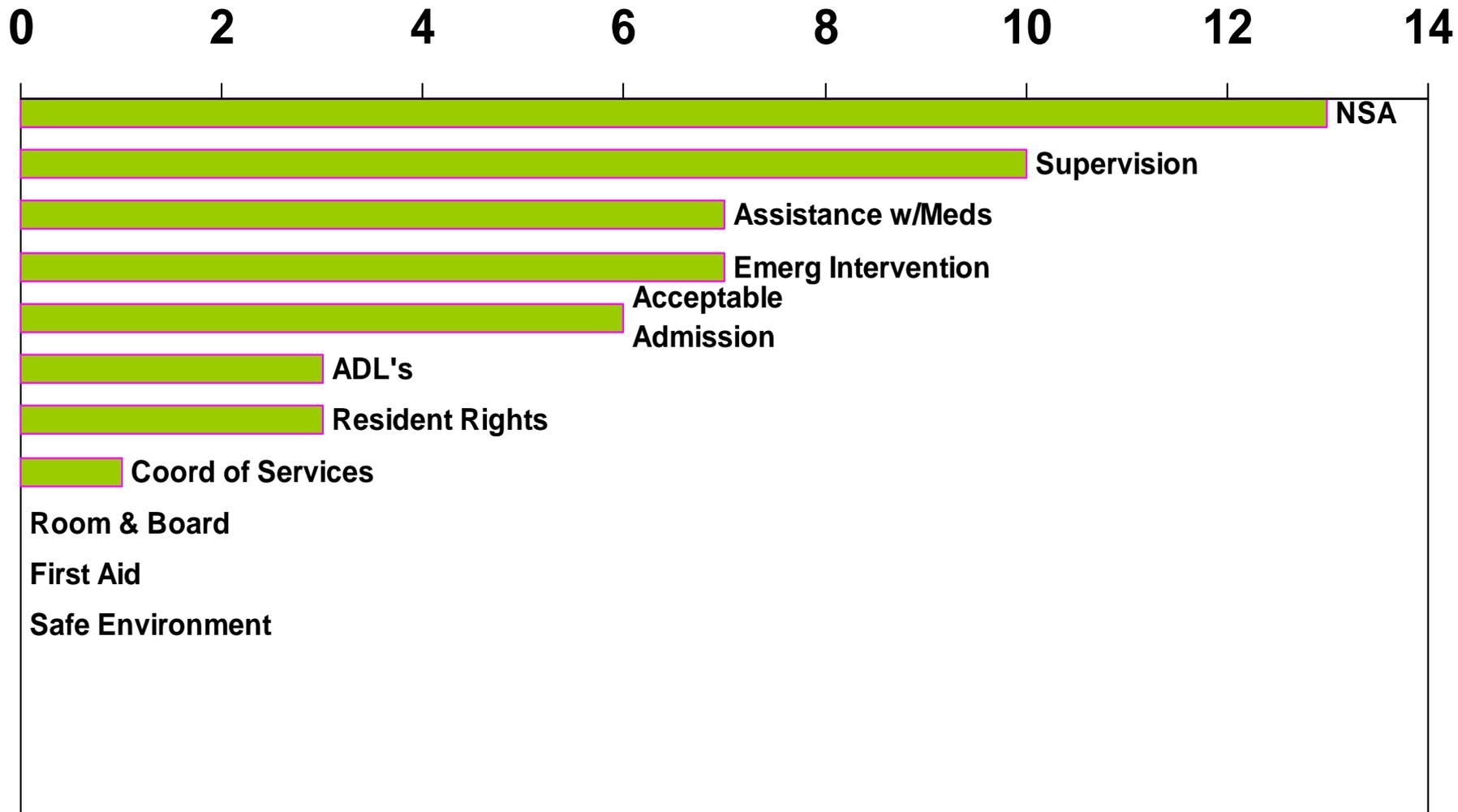
Most Frequent Health Survey Citations 2008

- 305.02 MAR matches med orders and the meds are available (54)
- 310.01 Using bulk meds without variance (42)
- 300.01 RN visit @ change of condition and 90 days (35)
- 520 Inadequate Care (30)**
- 350.07 Reportable incident within 24 hours (25)
- 450 Food Code (21)
- 305.01 RN assess, document response to medications (21)
- 625.01 16 hours orientation (21)
- 300.02 Nurse available 24-7 for Change of condition and to implement new medication orders (17)
- 305.08 RN assure staff training for medical needs (16)
- 250.15 Call System (14)

Most Frequent Citations cont.

- 320.01 Use of Negotiated Service Agreement (12)
- 305.08 Resident and Facility Staff Education (12)
- 305.03 Nurse assessment upon change of condition (12)
- 630.02 Specialized training – Mental Illness (11)
- 260.06 Housekeeping (11)
- 630.02 Specialized training - Dementia (11)
- 310.01.a All medications kept locked (11)
- 711.08 Signing of Care Notes (10)
- 310.03 Tracking Controlled Substances (10)
- 711.08.e. Notify nurse of change in resident condition (10)
- 215.03 Operating more than 30 days w/o administrator (7)**
- 730.01.g. Criminal history clearance for each staff (3)

Inadequate Care Breakdown



Contracted Staff and Services in Assisted Living

Home Health
Contracted Nursing

Home Health Contract

- Rule applies to any agency providing services in the building
- Ensures coordination with with AL staff
- Provide copies of Care Plan and Updates
- Provide copies of notes

Home Health Contract

- 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

Hospice Home Health Contract

- Admission Agreement
 - Exclusive agreements
 - Resident choice: Home Health agency must be willing to sign a contract with the assisted living facility

Contract Nursing Services

- Provides a clear and mutual understanding between the facility and the nurse of what the nurse is agreeing to do.
 - 90 day assessments
 - Available to staff by telephone
 - Changes of condition
 - Recommendations
 - Resident and facility staff Education
 - Follow-up on recommendations
 - Delegation
 - Medication Orders
 - Self Administration Assessments

Contract Nursing Services

- Facility Policies
 - How staff are to respond to medical situations when nurse is not present
- Admission Agreement
 - Disclosure to family level of nursing in building
 - Limitations and circumstances that will require transfer

Technical Assistance

Licensing and Certification: 208-334-6626

Website: www.assistedliving.dhw.idaho.gov

Email: alc@dhw.idaho.gov

Residential Care Health Facility Surveyors

Polly Watt-Geier, MSW

Karen McDannel, RN

Donna Henscheid, LSW

Maureen McCann, BSN

Rachel Corey, BSN

Sydney Braithwaite, RN

Rae Jean McPhillips, RN

Gloria Keathley, BSW

Program Administration: Shane Carlton

To Do

- Contracts
- Admission Agreements

Why Are We Here?

- Survey Issues requiring correction
- Complaints from residents/families/advocates and outside agencies
- Confusion over the AL Rules and Home Health Regulations
- To foster a positive relationship between the entities involved in providing resident/patient care.
- Discuss potential fraud and abuse situations

Objectives

- Discuss importance of AL state rules and HH regs and CoPs and their relationship.
- Discuss how to work effectively with outside agencies, such as **Home Health** and other outside service providers.
- Discussing the home health and assisted living relationship "do's" and "don'ts"
- Avoiding Fraud and Abuse situations "Kickbacks" and "Anti Trust Laws"

Coordination of Nursing Services (Facility and Home Health)

Nursing Task	Facility Nurse	HH Nurse	Both
● 90 day assessments	X		
● Available to staff by telephone			X
● Changes of condition			X
● Resident and facility staff Education			X
● Recommendations			X
● Follow-up on recommendations			X
● Delegation meds, cares			X
● Medication Orders			X
● Self Administration Assessments	X		

Outside Agency – Do's and Don'ts

- Nursing Delegation – Do Not over promise
- Board of Nursing expects that delegation occurs per the IDAPA 23.01.01 Rules
- Coordination of Resident/Patient Care – CoP (Condition of Participation) for Home Health and an IDAPA rule.

Outside Agency – Do's and Don't

Home Health CoP

484.18 Acceptance of Patients, Plan of Care, and Medical Supervision

Home Health Standard

484.18(a) Plan of Care

- Refer to the Idaho Nurse Practice Act
- Does Nurse understand responsibilities?

Outside Agency – Do's and Don'ts

Home Health CoP and AL IDAPA Rule for 16.03.22.011.08

- How do you safeguard and ensure that services are coordinated?
- Does P/P outline how delegation process occurs in facility?
- Can Outside Agency staff delegate to facility staff? Is that in your P/P?

Things to Think About:

- Education of Staff (House and Agency)
 - Refer to IDAPA Rules for required education
Teaching directly from Rules is a must
 - Adequate Orientation and Ongoing Ed
Teaching staff and agency regarding the requirements of both
 - NSA requirements....Delegation/Education
Who is doing what and how is reflective in the records
 - 16.03.22.152.05 a – h (Be Nots), Mutual agreement on appropriate care and admission

Things to Think About:

- Change of Condition....new expectations
- How are these changes communicated and who is addressing the changes
- Outside agency staff need to know your P/P and residents....and how to care for them
- AL staff need to know expectation and role of Agency to ensure compliance
- IDAPA Rule16.03.22.220.01 – Requirements for Admission Agreements – Services Provided

Things 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

Things to Think About:

Plan of Care and NSA

Plan of Care (CMS 485) – Agency

NSA (Negotiated Service Agreement)- Facility

Accurate description for Resident..TODAY?

- What is needed?
- When is it needed?
- Who will provide it?
- How will it be provided?

Coordination of Services is a common theme:

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.

Things to Think About:

Being Clear on Who is doing what includes:

- ✓ Medications
 - Delivery
 - Education
 - Monitoring
 - Delegation
- ✓ Cares-No bathing by home health aide
- ✓ Supplies/Equipment
- ✓ Staffing
- ✓ Scheduling of appointments, labs, testing and other follow up
- ✓ Ensuring visit notes and referrals are returned to facility in a timely manner

Things 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 suppose to provide you?
- ✓ Are you willing to accept the responsibilities for those needs?

Things to Think About:

- Under promise and over deliver
- The key to working successfully (Facility and Outside Agency) is understanding the Rules and Regulations established by our governmental entities
- Communicate, Communicate, Communicate
- If it isn't written down, it didn't happen.

Fraud and Abuse Guideposts

- 1.) Home Health Agencies cannot pay for referrals
- 2.) Cannot offer (furnish) or receive free services to/from referral sources.
 - Free services = paying for referral
 - Free/discounted clinical staffMust be charged at market value for services and paid accordingly

Fraud and Abuse Guideposts

- 3.) Education can occur to referral sources about Medicare coverage and services of home health
 - Medicare home health or hospice coverage
 - Your home health outcomes
 - Your disease management programs
- 4.) If payment to a referral source is not for something reasonable and necessary, Payment is likely illegal

Fraud and Abuse Guideposts

Not reasonable and necessary = intent to induce

Paying ALF to rent unnecessary space

5.) Free Services to influence beneficiary to choose a HHA/Hospice likely Illegal.

- Civil Monetary Penalties
- Anti kickback

OIG (Office of Inspector General) has determined minimal items do not influence choice

- \$10 per item; \$50 aggregate
- Cannot convert to cash

Must always check your State's rules about kickbacks

Antikickback

- Felony
- Jail/fines

Civil Monetary Penalties

- Civil penalty \$10,000 per item/service
- 3x amount claimed/payment
- Exclusion from Federal and State health care programs

Not in compliance

- Free services provided before or after an episode

Distinguish services furnished by HHA as part of the episode of care

- Furnished by HHA
- During the Episode of Care
 - respiratory therapist for CHF
 - telehealth for patient needing frequent monitoring

Final Notes:

- ✓ Don't assume that everyone else knows what your expectations are – DEFINE THEM FROM THE BEGINNING
- ✓ Find the agencies and facilities that compliment 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 settle... your patients/clients are your responsibility
- ✓ Remember... you are bound by rules and regulations to follow through with quality care to those we serve.

- ✓ Double check compliance with fraud and abuse and relationship with outside agencies

Resources

Information related to Hospice Benefit

<http://www.cms.hhs.gov/manuals/Downloads/bp102c09.pdf>

Hospice Rules:

<http://cms.hhs.gov/manuals/Downloads/som107apmhospice.pdf>

Home Health Rules:

<http://cms.hhs.gov/manuals/Downloads/som107apbhha.pdf>

Assisted Living Rules:

<http://www.healthandwelfare.idaho.gov/site/3630/default.aspx>

Idaho Board of Nursing:

<http://adm.idaho.gov/adminrules/rules/idapa23/0101.pdf>

Idaho Assisted Living Association:

<http://www.idala.net/>

Office of Inspector General:

<http://www.oig.hhs.gov/>