November is National Home Care & Hospice Month

Each November, the California Association for Health Services at Home (CAHSAH) along with the entire home care industry throughout the country celebrates National Home Care and Hospice Month to honor care giving heroes who make a remarkable difference in the lives of patients and the families they serve. It is an important opportunity to recognize the health care administrators, nurses, clinicians, therapists, aides, homemakers, chore workers, companions and other home care professionals who assist some of our most frail citizens and help them to remain at home and in the community.

“During National Home Care and Hospice month, we take time to honor the thousands of individuals in home care and hospice who, on a daily basis, provide remarkable care in people’s homes. Thank you for all that you do.”

CAHSAH President Joe Hafkenschiel

This year it is especially important that we take time and effort to celebrate Home Care & Hospice Month due to recent legislative threats at the state and federal levels, including cuts to Medicare and Medi-Cal, and the elimination of the personal attendant exemption. For this reason CAHSAH has created a package of materials and resources that will help each member agency to highlight their caregivers and to make connections with local lawmakers and media. This package includes posters and flyers, ideas and suggestions for celebrating, information on how to contact your local legislators, and information on how to invite a legislator on a home care visit.

November is a perfect time to connect with your local state and federal representatives, as they are often in their district offices. It is also important because CAHSAH’s priority issues, primarily protecting the personal attendant exemption from AB 889 (Ammiano), ensuring that a new licensure requirement for home care aide services in California is protected from the overly burdensome requirements proposed in SB 411 (Price), and opposing copayments and reimbursement reductions for home health and hospice services, will all be on the table and active in January. Therefore, CAHSAH strongly encourages all members to use November as a time to establish or re-establish relationships with your state and federal legislators to ensure our highest chance of success in our advocacy efforts in 2012.

You can find your local legislators by clicking here. Some ideas for connecting are to invite them on a home care visit, invite them to your celebration of home care month and ask them to speak, or visit them in their office to talk about your company and clients. CAHSAH makes itself fully available to assist you in setting up meetings with your local representatives. Please just contact Mary Adorno at (916) 641-5795 x123, or madorno@cahsah.org, and we will do all the work necessary.
Raising Awareness for Home Care

This month like almost every month was very busy for CAHSAH. I was proud to represent the Association at NAHC’s annual conference in Las Vegas. Approximately 5000 attendees spent 5 days networking, attending education events, and visiting the exhibit hall that housed over 300 vendors. One of those vendors was CAHSAH, who welcomed our California contingent along with promoting our manager, administrator and executive certificate programs which are presented around the country. I was pleasantly surprised with not only the awareness, but the strong interest in learning more about the programs.

CAHSAH will be hosting the second annual Age Tech conference on November 15 in Pasadena. Age Tech is a joint venture CAHSAH has entered into with Aging Services of California. The conference will present key note and break out speakers addressing various areas of aging and technology. Areas such as TeleHealth, Medication Reconciliation, and Electronic Health Records will be presented. Additionally, an exhibit hall will feature a number of vendors who provide goods and services that deal with technology. As a member of CAHSAH you are also a member of Age Tech. I urge you to take advantage of the reduced member rates, and attend this one day conference. The conference will appeal to all sections of CAHSAH including Private Duty, Medicare Home Health and Hospice. I hope to see you there.

In October, almost every CAHSAH committee met. The Home Care Aide, Licensed Home Health Agency, Hospice, Medicare Certified, Medi-Cal, Membership and PAPA committees had scheduled meetings. These committees worked hard to deal with our issues and start planning the agenda for 2012. It was nice to see a lot of new faces on these committees. CAHSAH is always looking for future leaders, and this is the best way to get involved if you want to move into leadership positions.

CAHSAH’s annual lobby day has been scheduled for February 8. Last year we set a record with attendance of over 220 individuals. The prior year’s attendance has hovered around 60-70 people. This year we cannot let our guard down. We still have a lot of work to do with the bills AB 889 and SB 411. This year I am hoping to have over 300 attendees blanketing the capitol. CAHSAH will also be planning two Town Hall meetings in Northern and Southern California in January to go over the issues and update the industry on our bills and strategy.

Lastly, CAHSAH is negotiating a contract with a Public Relations firm in Sacramento. We are trying to raise public awareness regarding SB 411 and AB 889, along with promoting a positive image of the industry as a whole. We are excited to enter into this new venture.

If you would like to contact me feel free to call me at: 818-986-1234 x101 or email bberger@accreditednursing.com

Have a Happy Halloween.

Respectfully,

Barry Berger
CAHSAH Board Chair
Let Heffernan take care of the insurance.

So you can focus on what you do best. Specialists in home care insurance, offering workers comp, liability and more, Heffernan has worked with CAHSAH for over 15 years. Contact Melani Conti at melanic@heffgroup.com or John Prichard, Jr. at johnpj@heffgroup.com.

CAHSAH Website Sponsorship Opening!

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Position your business as a leader in the home care business by standing with CAHSAH - the premier voice of home care for more than 40 years!

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very Fall the Governor wades through hundreds of pieces of legislation that have managed to make it to his desk to either be signed into law or vetoed. This year CAHSAH tracked 60 bills of which 20 were priority bills requiring advocacy efforts. The bills which CAHSAH tracked that were signed into law are included below with a brief description. If you would like the complete text of any of the bills signed into law click on the bill number. Because California has a two year session, some of the 60 bills we tracked will remain active when the legislature starts back up in January. Our State Bill Watch in this bulletin includes the active priority bills that will be taken up next year.

**New Laws Impacting Home Care, Employers Effective Jan. 1, 2012**

**Abuse Reporting**

**AB 332 (Butler [D]) Elder abuse.** Increases the fines for any person who is not a caretaker of an elder or dependent adult, who knows or reasonably should know that the victim is an elder or a dependent adult, or any person who is a caretaker of an elder or dependent adult, when that person violates specified identity theft provisions of law, with respect to the property or personal identifying information of an elder or a dependent adult which shall be punishable by a fine not to exceed $2,500, or by imprisonment in the county jail not exceeding one year, or by both that fine or imprisonment, or alternatively by a fine not exceeding $10,000, or by imprisonment in a state prison for 2, 3, or 4 years, or by both that fine and imprisonment, if the value of the assets taken is of a value exceeding $950. **Priority B Watch**

**SB 718 (Vargas [D]) Elder and dependent adult abuse: mandated reporting.** Allows the reports made by mandated elder and dependent adult abuse reporters to be submitted through a confidential Internet reporting tool, if the county or long-term care ombudsman implements such a system, and would require a county or long-term care ombudsman program that chooses to implement this system to report specified information to specified policy committees of the Legislature one year after full implementation. **Priority B Support**

**Budget**

**SB 73 (Cmte on Budget and Fiscal Review) Health and human services.** Provides the statutory changes necessary to make mid-year revisions to the Budget Act of 2011 to implement payment reductions as specified pertaining to Medi-Cal managed care contracts, the Senior Care Action Network, and the AIDS Health Care Foundation. Directs the Dept. of Developmental Services to utilize input from stakeholder workgroups to develop General Fund savings proposals from developmental regional centers for up to $100 million. Implements a 20% reduction in authorized hours of service to each IHHS services recipients effective January 1, 2012. **Priority A Watch**

**AB 102 (Cmte on Budget) Health.** Deletes the 6-month residency requirement for applying to Healthy Families Program and the Access for Infants and Mothers Program. Requires that reimbursements to Medi-Cal pharmacy providers for legend and non-legend drugs shall not exceed the lowest of the estimated acquisition cost of the drug plus a professional fee for dispensing or the pharmacy’s usual and customary charge, as defined. Requires that the 1% and 5% Medi-Cal Provider payment reductions cease to be implemented when and to the extent that federal approval is obtained for one or more specified payment reductions and adjustments, including, but not limited to, the 10% provider payment reductions. **Priority B Watch**

**Elder Abuse**

**AB 1293 (Blumenfield [D]) Elder abuse: theft or embezzlement: restitution.** Authorizes the prosecuting agency, in conjunction with a criminal proceeding alleging theft or embezzlement of property of an elder or dependent adult worth $100,000 or more, to file a petition, as prescribed, with the superior court of the county in which the defendant has been charged with the underlying criminal offense, for preservation of property of the defendant for purposes of restitution to the victim, as specified. **Priority B Watch**

2012 Laws, continued on page 5

CALIFORNIA ASSOCIATION FOR HEALTH SERVICES AT HOME
In-home Supportive Services

SB 930 (Evans [D]) In-home supportive services: enrollment and fingerprinting requirements. Requires the county, public authority, or nonprofit consortium to send the State Department of Social Services a copy of the state-level criminal offender record information search response that is provided to that entity by the Department of Justice for any individual who has requested an appeal of a denial of placement on the registry of IHSS personnel or denial of eligibility to provide supportive services to an IHSS recipient. **Priority B Watch**

Labor

SB 459 (Corbett [D]) Employment: independent contractors. Stiffens penalties for willful misclassification of employees as independent contractors and defines “willful” as “violently and knowingly misclassifying” an individual. Makes it unlawful for an employer to charge an individual who has been willfully misclassified any fees or other deductions from compensation if those fees and deductions (e.g. for licenses, space rental, equipment) would have been prohibited had the individual been properly classified as an employee. Penalties may be assessed in the range of $5,000 to $25,000 per violation. Any violator may be ordered to display prominently on its Internet web site (or other area accessible to employees and the general public) a notice that explains the employer has been found guilty of committing a serious violation of the law by willfully misclassifying employees, along with other prescribed information. Imposes joint and several liability on individuals who, for money or other valuable consideration, knowingly advise an employer to treat an individual as an independent contractor to avoid employee status. **Priority A Watch**

SB 299 (Evans [D]) Employment: pregnancy or childbirth leave. Prohibits an employer from refusing to maintain and pay for coverage under a group health plan for an employee who takes the specified leave. **Priority B Oppose**

Medi-Cal

AB 301 (Pan [D]) Medi-Cal: managed care. Extends to January 1, 2016, the termination of the prohibition against CCS covered services being incorporated into a Medi-Cal managed care contract entered into on or after August 1, 1994. **Priority A Support if amended**

AB 667 (Mitchell [D]) Medi-Cal: subacute care program. Changes the way the Department of Health Care Services defines medical necessity for pediatric subacute care services to be substantiated in one of five ways. **Priority A Watch**

Nursing

SB 539 (Price [D]) Nursing. Extends operation of the Board of Vocational Nursing and Psychiatric Technicians of the State of California until January 1, 2016 and specifies that the board would be subject to review by the appropriate policy committees of the Legislature. **Priority B Watch**

Pharmacy

AB 604 (Skinner [D]) Needle exchange programs. Authorizes the Dept. of Public Health until January 2019 to allow certain entities to provide hypodermic needle and syringe exchange services in any location where the department determines that the conditions exist for the rapid spread of HIV, viral hepatitis, or any other potentially deadly or disabling infections that are spread through the sharing of used hypodermic needles and syringes and would require the department to establish and maintain on its Internet Web site the address and contact information of these programs. **Priority B Watch**

Security Breaches

SB 24 (Simitian [D]) Personal information: privacy. Requires any agency, person, or business that is required to issue a security breach notification to more than 500 California residents pursuant to existing law to electronically submit a single sample copy of that security breach notification to the Attorney General, as specified. A covered entity under the...
federal Health Insurance Portability and Accountability Act of 1996 will be deemed to have complied with the notice requirements in subdivision (d) if it has complied completely with Section 13402(f) of the federal Health Information Technology for Economic and Clinical Health Act. Does not exempt a covered entity from any other provision of this section. **Priority B Watch**

**Telemedicine**

AB 415 (Logue [R]) Healing arts: telehealth. Prohibits a requirement of in-person contact between a health care provider and patient under the Medi-Cal program for any service otherwise covered by the Medi-Cal program when the service is appropriately provided by telehealth, as defined. Requires a health care provider, as defined, prior to the delivery of telehealth services to verbally inform the patient that telehealth may be used and obtain verbal consent from the patient. Failure to comply with this provision constitutes unprofessional conduct. Establishes procedures for granting privileges, verifying and approving credentials for providers of telehealth services. **Priority A Support**

**Wages** AB 469 (Swanson [D]) Employees: wages. Makes it a misdemeanor if an employer willfully violates specified wage statutes or orders, or willfully fails to pay a final court judgment or final order of the Labor Commissioner for wages due. Requires an employer to provide each employee, at the time of hiring, with a notice that specifies the rate and the basis, whether hourly, salary, commission, or otherwise, of the employee’s wages and to notify each employee in writing of any changes to the information set forth in the notice within 7 calendar days of the changes unless such changes are reflected on a timely wage statement or another writing, as specified. **Priority A Watch**

**Work-Comp**

AB 1136 (Swanson [D]) Employment safety: health facilities. Amends the Occupational Safety and Health Act to require an employer to maintain a safe patient handling policy for patient care units and to provide trained lift teams, or staff trained in safe lifting techniques in each general acute care hospital, except for specified hospitals. Requires the replacement of manual lifting and transferring of patients with powered patient transfer devices, lifting devices, or lift teams, as specified. Employers would be required to adopt a patient protection and health care worker back and musculoskeletal injury prevention plan, which shall include a safe patient handling policy component, as specified, to protect patients and health care workers, as defined, in health care facilities. **Priority A Oppose**

AB 240 (Bonilla [D]) Compensation recovery actions: liquidated damages. Permits an employee to recover liquidated damages pursuant to a complaint brought before the Labor Commissioner alleging payment of less than the minimum wage fixed by an order of the Industrial Welfare Commission or by statute. **Priority B Oppose**

AB 335 (Solorio [D]) Workers’ compensation: notices. Requires the administrative director, in consultation with the commission, to prescribe reasonable rules and regulations for serving certain notices on an employee and make fully accessible on the department’s Internet Web site, and make available at district offices informational material written in plain language that describes the overall workers’ compensation claims process. Requires each notice to be written in plain language and to reference the informational material to enable employees to understand the context of the notices. Deletes a requirement for notice by certified mail. **Priority B Support**

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Three Tips to Fill Those Tough Positions

A recent Talent Shortage Survey from Manpower Group found that 52% of US employers today are having difficulty filling jobs. Here are the top 3 ways to access highly qualified talent to fill your hard-to-fill positions.

1. **Post open positions** on niche job boards like California Association for Health Services at Home (CAHSAH) that cater specifically to the qualified talent you need. [Click here](#).

2. **Search for qualified talent** in the resume databases of niche job boards.

3. **Take advantage of upgrades** that make your job stand out on the job board or that get you added exposure off the job board like making it a “featured job” on other web pages.

**Special Pricing for Home Care & Hospice Month: $99 for a 45 day Job Posting**

California Association for Health Services at Home(CAHSAH) – Your source for those hard-to-fill positions
Answering your legislative & compliance questions

WNU Headlines

OCTOBER 3
2010 PPS Final Rule Home Health CAHPS Alert

The Centers for Medicare & Medicaid Services (CMS) announced in the Calendar Year (CY) 2010 PPS final rule that the Consumer Assessment for Healthcare Providers and Systems participation of Home Health Agencies (HHCAHPS) is required for CY 2012. Home Health Agencies (HHA) that failed to meet the quality reporting requirements will receive a 2 percent reduction in their payment in 2012. Unless eligible for an exemption (served 59 or fewer survey-eligible patients between April 1, 2009, and March 31, 2010), HHAs must have registered for credentials to access the CAHPS site. Click here for the full article.

OCTOBER 10
CMS Awards MAC for J6 Region to NGS

The Centers for Medicare & Medicaid Services (CMS) has awarded the Medicare Administrative Contractor (MAC) for J6 bid to National Government Services (NGS) on Friday. Initially, CMS had awarded the contract to Noridian Administrative Services but on January 26, 2009, a protest against the award was made by NGS which allowed them to continue as the fiscal intermediary until a final decision was made by CMS. The contract includes a base period of one year and four one-year options. Click here for the full article.

OCTOBER 17
CMS Clarifies Discharge Policy for Hospice Patients Without a Face to Face Encounter

Confusion surrounding whether a hospice must discharge when it does not have a timely face to face encounter has prompted the Centers for Medicare and Medicaid Services to put out a clarifying transmittal here. While the new transmittal contains an error in the implementation date, the transmittal specifies that a hospice must discharge the patient but can re-admit once the encounter occurs. Use of occurrence span code 77 is not appropriate when a required face-to-face encounter does not occur timely. Click here for the full article.

OCTOBER 24
Medicare Enrollment Application Fee for Institutional Providers

Institutional providers (i.e., all providers except physicians, non-physician practitioner, physician group practices and non-physician practitioner group practices) must submit the application fee with their revalidation or other enrollment actions. Institutional providers which submit enrollment actions using internet –based PECOS (Provider Enrollment, Chain, and Ownership System) pay the application fee during the online submission process. Institutional Providers who are submitting applications for the following reasons are required to pay the Provider Enrollment Medicare Application Fee. Click here for the full article.

Ask Mary

Question: How is an immediate family member defined for purposes of prohibiting the establishment of a financial arrangement with a home health agency?

Answer: From the Federal Register Section 411.351 defines an immediate family member as: Immediate family member or member of a physician’s immediate family means husband or wife; birth or adoptive parent, child, or sibling; stepparent, stepchild, stepbrother, or stepsister; father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law; grandparent or grandchild; and spouse of a grandparent or grandchild.

Question: What services under Hospice must be made available on a 24 hour basis?

Answer: From Condition of Participations, Section 418.100, Organization and administration of services specifies: “(c) Standard: Services. (2) Nursing services, physician services, and drugs and biologicals (as specified in § 418.106) must be made routinely available on a 24-hour basis 7 days a week. Other covered services must be available on a 24-hour basis when reasonable and necessary to meet the needs of the patient and family.

Question: Do you know if there is a defined work week relative to a home health plan of care?

Answer: Per California’s Department of Licensing and Certification: Home health agencies may establish in their policy and procedures when their seven day work week starts and ends. There is not a specific regulation that specifies how work week is defined but the agency must consistently implement.
<table>
<thead>
<tr>
<th>Bill No.</th>
<th>Description</th>
<th>Position</th>
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<tbody>
<tr>
<td>SB 558</td>
<td>Simitian (D) Elder and dependent adults: abuse or neglect: damages. Existing law provides for the award of attorney's fees and costs to, and the recovery of damages by a plaintiff when it is proven by clear and convincing evidence that a defendant is liable for physical abuse or neglect of an elder or dependent adult and the defendant has also been guilty of recklessness, oppression, fraud, or malice in the commission of the abuse. This bill would revise these provisions to change the standard of proof to a preponderance of the evidence.</td>
<td>Oppose Held in Assembly Appropriations SUSPENSE</td>
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<tr>
<td>AB 594</td>
<td>Yamada (D) California Department of Aging and Adult Services. Would enact the Community Care Modernization Act of 2011 and establish the California Department of Adult and Aging Services in the California Health and Human Services Agency, for the purpose of maintaining individuals in their own homes, or the least restrictive homelike environments for as long as possible, by integrating services under a single agency, to establish stronger, more focused leadership for home- and community-based services for all older adults and persons with disabilities.</td>
<td>Support Two Year Bill</td>
</tr>
<tr>
<td>AB 271</td>
<td>Nestande (R) Appeals: class actions. Would require an appellate court to permit an appeal from an order granting or denying class action certification to join a defendant pursuant to those provisions if the petition to appeal is filed within 14 days of entry of the order.</td>
<td>Support Two Year Bill</td>
</tr>
<tr>
<td>AB 311</td>
<td>Cook (R) Employment: labor standards: consultation unit. Would establish in the division the Labor Standards Consultation Unit for the purpose of providing consulting services to an employer or employee regarding compliance with labor standards.</td>
<td>Support Two Year Bill</td>
</tr>
<tr>
<td>AB 400</td>
<td>Ma (D) Employment: paid sick days. Would provide that an employee who works in California for 7 or more days in a calendar year is entitled to paid sick days, as defined, which shall be accrued at a rate of no less than one hour for every 50 hours worked. An employee would be entitled to use accrued sick days beginning on the 90th calendar day of employment. The bill would require employers to provide paid sick days, upon the request of the employee, for diagnosis, care, or treatment of health conditions of the employee or an employee’s family member, or for leave related to domestic violence or sexual assault.</td>
<td>Oppose Two Year Bill</td>
</tr>
<tr>
<td>AB 889</td>
<td>Ammiano (D) Domestic work employees. Would regulate the wages, hours, and working conditions of domestic work employees and provide a private right of action for a domestic work employee when those regulations are violated by his or her employer and provide an overtime compensation rate for domestic work employees. Would state that the provisions of Wage Order Number 15 of the Industrial Welfare Commission, with specified exceptions, apply to a domestic work employee, but would provide that these new domestic work provisions shall prevail over protections in that order or any other law that affords less protection to a domestic work employee.</td>
<td>Oppose Two Year Bill</td>
</tr>
<tr>
<td>SB 389</td>
<td>Dutton (R) Employment: meal periods. Would provide that the payment of the additional one hour of pay per workday in which the employer failed to provide a meal period or a rest period would constitute compliance with any requirement to provide an employee with a meal period or rest period and is the exclusive remedy for that failure to provide a meal period or rest period and would no longer constitute a misdemeanor.</td>
<td>Support Held in Senate Labor Committee</td>
</tr>
<tr>
<td>AB 899</td>
<td>Yamada (D) Home Care Services Act of 2011. Would enact the Home Care Services Act of 2011 and would provide for the licensure and regulation of home care organizations by the State Department of Social Services and establish home care organizations as being recognized in the health care industry. Imposes various licensure requirements on a home care organization and impose a civil penalty on an individual or entity that operates a home care organization without a license.</td>
<td>Support Held in Assembly Appropriations SUSPENSE</td>
</tr>
<tr>
<td>SB 411</td>
<td>Price (D) Home Care Services Act of 2011. Would enact the Home Care Services Act of 2011, which would provide, on and after July 1, 2012, for the licensure and regulation of home care organizations by the State Department of Social Services, and the certification of home care aides. Requires a home care organization to provide a client with specified information before arranging for the provision of home care services, as defined, to that client, including, but not limited to, the type, time and hours of available home care services, and the extent to which payment may be expected from specified sources. Requires a home care organization to distribute to the client its advance directive policy and provide a written notice to the client of certain rights. Prohibits a home care organization from hiring an individual as a home care aide unless that individual meets certain requirements, including, but not limited to, demonstrating specified language skills and completing a minimum of 5 hours of training as specified.</td>
<td>Oppose Unless Amended Two Year Bill</td>
</tr>
<tr>
<td>SB 743</td>
<td>Emmerson (R) Medical Providers Interim Payment Fund. Would transfer up to $2,000,000,000 from the General Fund, in the form of loans, and appropriate $2,000,000,000 from the Federal Trust Fund, to the Medical Providers Interim Payment Fund for each fiscal year in which these payments are necessary, as specified.</td>
<td>Support Two Year Bill</td>
</tr>
<tr>
<td>SB 393</td>
<td>Hernandez (D) Medical homes. Would establish the Patient-Centered Medical Home Act of 2011 and would define medical home and other terms.</td>
<td>Watch Two Year Bill</td>
</tr>
<tr>
<td>AB 197</td>
<td>Monning (D) Recovery of wages: liquidated damages. Would increase the amount of liquidated damages that may be awarded to an employee to twice the amount of the wages unlawfully unpaid, plus interest.</td>
<td>Oppose Held on Assembly Inactive File</td>
</tr>
<tr>
<td>AB 375</td>
<td>Skinner (D) Workers’ compensation: hospital employees: presumption. Would provide, with respect to hospital employees who provide direct patient care in an acute care hospital, as defined, that the term “injury” includes a bloodborne infectious disease, as defined, or methicillin-resistant Staphylococcus aureus (MRSA) that develops or manifests itself during the period of the person's employment with the hospital.</td>
<td>Oppose Held on Senate Floor</td>
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<td>Bill Number</td>
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<tr>
<td>S.659</td>
<td>The Home Health Care Access Protection Act of 2011 would reform process for evaluating home health case mix changes</td>
<td>Watch</td>
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<tr>
<td>HR 2267</td>
<td>Home Health Care Planning Improvement Act would allow NPs/PAs to sign home health plans of care</td>
<td>Support</td>
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<tr>
<td>S.227</td>
<td>Fostering Independence Through Technology Act would establish pilot projects under the Medicare program to provide incentives for home health agencies to utilize home monitoring and communications technologies</td>
<td>Support</td>
</tr>
<tr>
<td>S.501</td>
<td>Hospice Evaluation and Legitimate Payment Act modifies the hospice face-to-face requirements, establishes a hospice payment demonstration program and requires hospice programs to be surveyed every 36 months</td>
<td>Support</td>
</tr>
<tr>
<td>HR 4</td>
<td>Small Business Paperwork Mandate Elimination Act repealed the 1099 filing provision in the Patient Protection and Affordable Care Act</td>
<td>Support</td>
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<tr>
<td>H.R.1041</td>
<td>Fairness in Medicare Billing Act would repeal Medicare Competitive Bidding</td>
<td>Watch</td>
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<tr>
<td>H.R.1173</td>
<td>Repeals the CLASS Act and eliminates the voluntary federal long term care insurance program under the Patient Protection and Affordable Care Act</td>
<td>Watch</td>
</tr>
<tr>
<td>S.20</td>
<td>American Job Protection Act would repeal the employer mandate provision of the Patient Protection and Affordable Care Act</td>
<td>Support</td>
</tr>
<tr>
<td>S.454</td>
<td>Strengthening Program Integrity and Accountability in Health Care Act of 2011 would prevent fraud, waste, and abuse under Medicare, Medicaid, and CHIP</td>
<td>Watch</td>
</tr>
<tr>
<td>S.891</td>
<td>Medicare Hospice Care Access Act of 2011: allows physician assistants to serve Medicare hospice patients as attending physicians</td>
<td>Support</td>
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<tr>
<td>HR 1546</td>
<td>Repeals Outpatient Rehabilitation therapy Caps</td>
<td>Watch</td>
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<tr>
<td>HR 2468</td>
<td>Medicare Home Health Flexibility Act of 2011: allows occupational therapists to conduct initial home health assessments</td>
<td>Support</td>
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<tr>
<td>HR 2341</td>
<td>Removes Companionship Services Exemption</td>
<td>Oppose</td>
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<tr>
<td>HR 3066</td>
<td>Companionship Exemption Protection Act: preserves the current companionship services exemption.</td>
<td>Support</td>
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<tr>
<td>S 1680</td>
<td>Craig Thomas Rural Hospital and Provider Equity Act (home health rural add on; allow NPs/PAs to sign home health plans of care; allows PAs to serve Medicare hospice patients as attending physicians</td>
<td>Support</td>
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MEMBERSHIP UPDATE

TECHNOLOGY
Making It Work for You

We want you to take advantage of all the new technology made available this year, so here’s a checklist for your convenience:

- CAHSAH’s Resource Guide and Directory – not only is this available in hardcopy, but the online version has been updated, plus you are now able to access the information via your mobile device – http://mobile.cahsah.org

- When you complete your renewal application online, your profile information is automatically prefilled. Be sure to maintain your data throughout the year by utilizing online capability
  - http://www.naylornetwork.com/CAHSAH/login0.asp - for provider members
  - http://www.naylornetwork.com/CAHSAHaffiliate/login0.asp - for affiliate members

- New CAHSAH Logo – you can access and complete the logo agreement online if you wish to use on your website or in any collateral. If you haven’t updated the image, please do so before the end of December – http://www.cahsah.org/?p=memberlog

EXHIBITORS!!!
“GAME ON. . . PLAYING TO WIN”

Position yourself for the Kick Off! The prospectus and floorplan will be available shortly. Reserve your spot early, because this year is going to be like no other – lots of things in which to participate, to name a few:

- Tailgate Party
- Farewell Dinner for CAHSAH President
- Awards Luncheon

NEW – You will be able to reserve your booth online this year; no more faxing or mailing.

Mark your Calendar for May 9-10
Pasadena Convention Center!

MEMBER SPOTLIGHT

Thanks to the following for taking an active role this month in our new member concierge program!

- Sharon Fredrichs, St. Joseph Home Health
- Monica Bush, ResCare HomeCare
- Cindy Hatton, Hospice of the East Bay
- Katherine Moore, AccentCare
- Carol Wood, Ramona VNA & Hospice
California Joins Other States in Placing Restrictions on Employers’ Use of Credit Checks

On October 10, 2011, Governor Brown signed into legislation Assembly Bill No. 22, which generally prohibits employers from using an applicant’s or employee’s credit history in making employment decisions. Prior to this legislation, employers could request a credit report for employment purposes if they provided prior written notice of the request to the person for whom the report was sought.

Assembly Bill 22 significantly changes this landscape by prohibiting employers from using credit reports for employment purposes unless the report is used for one of the limited purposes enumerated by the statute.

Effective January 1, 2012, Employers in California may only use consumer credit reports for employment purposes if the report is sought for one of the following:

- A managerial position;
- A position in the state Department of Justice;
- A sworn peace officer or other law enforcement;
- A position for which the information contained in the report is required by law to be disclosed or obtained;
- A position that involves regular access to confidential information such as credit card account information,

  Social security number, or Date of birth;
  - A position which the person can enter into financial transactions on behalf of the company;
  - A position that involves access to confidential or proprietary information; or
  - A position that involves regular access to cash totaling ten thousand dollars ($10,000) or more of the employer, a customer, or client, during the workday.

If an employer procures a consumer report for one of the limited exceptions outlined in the statute, it must provide the person for whom the credit report is sought with written notice informing him or her that a report will be requested, the specific reasons for obtaining the report as provided in the statute, and a check box allowing the applicant to request a copy of the credit report at no charge.

California is the seventh state to enact legislation restricting employers’ use of credit reports, joining Washington, Oregon, Hawaii, Illinois, Maryland, and Connecticut. Similar legislation is pending in several other states. Accordingly, employers who use credit information as part of employment screening or other hiring purposes should evaluate their policies in light of the recent momentum against using such information in employment decisions.

CAHSAH Welcomes New Members!

Please help us extend a warm welcome to those new members who have recently joined CAHSAH between September 23, 2011 and October 21, 2011.

**Providers**

AAA Nursing Services, Inc., Woodland Hills, CA
Apple One Companions & Homemakers, Santa Clara, CA
Care On Call, Redwood City, CA
Caring Hearts Home Health Agency, Hayward, CA
FirstLight HomeCare, Orange, CA
FirstLight HomeCare of North County, San Diego, CA
Home Care Assistance, Palo Alto, CA
Homeliving Health Providers, Inc., Duarte, CA
Right At Home – Orange, Orange, CA
Right At Home of Pasadena, Pasadena, CA
Roseville West Services Home Companions, Inc., Roseville, CA

**Affiliates**

Ellen Cuozzo, Fremont, CA
Donald Grimes, Mission Viejo, CA

Connect with CAHSAH Community!

By joining the CAHSAH ListServe, you can network with your home care industry peers on topics such as PPS, OASIS, workers’ compensation, staffing shortages, and much more!

Join the CAHSAH ListServe! Click Here.
Join leading experts as they bring the latest technology innovations to the forefront at the AgeTech Conference next month. This one day conference will cover eCare@home service delivery model, nuts-and-bolts on how to develop eCare@Home models in your organization, ROI, electronic health records, Tele-health and more. You will also have an opportunity to meet with technology vendors to explore the latest technological advances hands-on at the expo.

This is a must attend for CEOs, COOs, CIOs, Administrators, Care Managers, Service Coordinators, Telehealth Managers, and other staff to gain knowledge, perspective and insight into the technology-enabled care opportunities for aging services and home care providers.

OPENING KEYNOTE SPEAKER - eCare@Home: Bridge to Future Sustainability

Healthcare reform is a call for healthcare delivery reform. Presenter Beth Hennessey will discuss the unique role of home and community based services in current and future care delivery reform, define the role of technology in care delivery, care integration and care transitions. She will also discuss the principles and tenets of an innovative, comprehensive care delivery model being replicated by providers throughout the nation.

Beth Hennessey, Executive Director, Integrated Chronic Care, Sutter Care at Home

LUNCHEON - INTERACTIVE TECHNOLOGY EXHIBITOR INTERVIEWS: WHAT’S PRIME NOW & WHAT’S AROUND THE CORNER FOR SUCCESSFUL ECare@Home?

In this interactive luncheon session, industry buffs Cindy Campbell and Tim Rowan will provide brief opening remarks to set the context then facilitate “hot-seat” interviews with panels of technology exhibitors. Gain an understanding of the state-of-the-art of eCare technologies and the future direction of development. Have your questions answered and learn from the questions and insights of your provider colleagues.

Cindy Campbell, Associate Director Operational Consulting, Fazzi Associates
Tim Rowan, Editor, Home Care Technology Report

CLOSING KEYNOTE SPEAKER - Achieving eCare@Home: The Innovation Imperatives

The United States spends $2.4 trillion annually on health care with chronic disease accounting for 75 percent of this staggering bill. These costs are simply unsustainable. To change the game, we need to usher in a new era of health care innovation. Dr. Joseph Smith will inspire and challenge you to play a role in this movement. Wireless health encompasses end-to-end solutions that facilitate continuous access to health care information, expert advice, or therapeutic intervention-enabled by remote sensing, ubiquitous telecommunications networks, and smart systems and platforms.

Joseph Smith, MD, PhD, Chief Medical and Science Officer West Wireless Health Institute

EXHIBITOR AND SPONSOR OPPORTUNITIES

For more information on how to become a sponsor or exhibitor, please visit: http://www.cahsah.org/educational_events/11AgeTechConf.asp#Sponsor or contact Soua Vang at svang@cahsah.org.

To register or for more information, please visit: http://www.cahsah.org/educational_events/11AgeTechConf.asp
Getting ORIENTED in the Business of Home Health, Hospice and Private Duty

Not everyone is interested in starting their own business however “success” is always at the top of the interest list. So whether you are an entrepreneur or newly hired staff - this conference is for you!

It's true that skill sets can be transferred across jobs, however to be truly successful, knowledge must be obtained in the specific field. This means that if you have nurses or staff that have the right skill set for the job but are new to the industry this conference will help orient them to be even more successful in their current position. Don't hold back – send your staff to the most comprehensive start up conference offered this year.

See you in Las Vegas from November 8-9! For more information or to sign up for the conference, visit http://www.cahsah.org/educational_events/11StartUp.asp.

To exhibit at this event, please contact Kairsee Tacher at ktacher@cahsah.org or (916) 641-5795 ext 113.

Are You Ready for ICD-10?

Next year will be even more exciting as we introduce the first of the Art of ICD-10 Coding for Home Health Workshops which is a “prep for ICD-10-CM Course” entitled, “Prepping the Canvas for a New Landscape.” This class is meant to introduce participants to revised medical terminology, some guidelines & conventions of ICD-10-CM as well as compare & contrast it to the current ICD-9-CM code set. These are concepts that the World Health Organization recommends all entities involved in the conversion start to familiarize themselves with now.

The WHO has noted that countries that do this prep work have a much easier time transitioning to the new ICD-10-CM code set. It is not a “how to assign codes” class as the code set for the US has not yet been finalized and CMS recommends that coders should not learn the mechanics of the new system until 6 – 9 months prior to the October 1, 2013 implementation date. Join us for this enlightening workshop on February 21 (Sacramento) and February 22 (Ontario).

For more information visit www.cahsah.org.

 Why You Should Join Us in January for the
“Art of ICD-9 Coding for Home Health” Workshops
Sparkle Sparks, MPT, HCS-D, COS-C
January 23-34 - Ontario, CA • January 25-26 - Sacramento, CA

Are you on top of the latest coding changes? How do you know? Do you know which documents are official source documents and how to access the most current version of each? Do you know where to look for guidance regarding how to complete M1024 versus selection criteria for primary & secondary diagnoses? Are you aware that you no longer must report procedure codes in M1012?

If you answered “no” to any of the above questions then you really should consider joining us at the next “Art of ICD-9 Coding for Home Health” workshop series. Why? Because if you are not aware of these changes, your coding practices could negatively impact your coding accuracy, your agency’s reimbursement and your agency’s risk adjustment. And this outdated knowledge could attract the attention of your payers and various regulatory bodies that have kept up with these changes.

You can rest assured that CAHSAH and OASIS Answers is staying on top of any relevant changes and is presenting the very latest direction from CMS as well as the rest of the 4 Cooperating Parties that revise the Official Guidelines for Coding & Reporting as well as the code set itself. Sign up now for the January ICD-9 Coding workshops and save with early bird rates.

For more information visit www.cahsah.org.

Getting ORIENTED in the Business of Home Health, Hospice and Private Duty

Gold Sponsor: HealthCare Synergy

As we prepare for the 2012 conference, we want you to start thinking about strategies that can make you successful in the coming year. We’ve selected only the best and now it’s up to you to do the rest!

Save the dates and plan to attend the annual conference in Pasadena, California from May 8-10. Watch for the pre-registration brochure – coming out next month!

For more information about education sessions or sponsorship opportunities, please contact Richard Starks at rstarks@cahsah.org or (916) 641-5795 ext. 117

CALIFORNIA ASSOCIATION FOR HEALTH SERVICES AT HOME
The Academy for Private Duty Home Care Gets BIG Results for CAHSAH Members & Nonmembers

By Stephen Tweed

It was terrific being in Ontario, CA on September 21, 2011 for The Academy for Private Duty Home Care sponsored by CAHSAH. The owners, CEOs, and administrators of private pay, non-medical home care businesses from California and four other states came a way with some very specific benefits from the one-day interactive workshop.

The day was divided into four sections. The first section focused on seeing the bigger picture of private pay home care and how it fits into the continuum of home care and hospice services. One of the major trends discussed by participants is the number of Medicare Certified Home Health Agencies who are diversifying their revenue streams by entering the private pay marketplace. As part of seeing the bigger picture, we introduced the Three Pillars of Private Duty Home Care; Promotion, People, and Profitability. Each of the other three sections of the day was devoted to one of the three pillars.

The feedback from the Academy was very positive, and the participants rated it a “4.85” out of “5”. Leading Home Care wants to thank CAHSAH for sponsoring this workshop and providing ongoing support to members and guests who deliver services in private pay, non-medical home care.

Here’s what attendees had to say about the program.

“Excellent info for any business owner, even real estate. Thanks!”

“All the analysis data shared was quite interesting. Attending today keeps me on track and I enjoy answering questions for those not in business or thinking about it!”

CAHSAH to Approve Providers Offering Physical Therapy Courses

CAHSAH has been approved by the Physical Therapy Board of California as an approval agency to approve providers offering continuing competency courses. Courses approved for continuing education credit are for Physical Therapists and Physical Therapist Assistants licensed in the state of California.

The Physical Therapy Board of California introduced the regulations that require all physical therapists and physical therapist assistants to complete a required number of continuing competency hours before being eligible for license renewal.

“CAHSAH is very excited to offer Physical Therapy continuing education to help therapists meet their requirements.”

Joseph Hafkenschiel, CAHSAH President.

For more information, please contact Soua Vang at svang@cahsah.org or at (916) 641-5795 ext. 122.

CAHSAH BOOKSTORE

Compliance Tools for your Hospice Agency

Hospice Matrix

This resource compares the Medicare requirements for hospice with both the California State Hospice Standards and Title 22, the state home health agency licensure regulations. The matrix provides a quick reference tool so providers can easily compare all relevant regulations.

MEMBERS $70.69  NON-MEMBERS $135.94

Hospice CoPs & Interpretive Guidelines

Major revisions were made to the Hospice Conditions of Participation in 2008. In December 2010, the State Operations Manual, Appendix M – Guidance to Surveyors was revised. This resource contains a side-by-side comparison of the Hospice CoPs and the interpretive guidelines. Understand what the authoritative interpretations and clarification of statutory and regulatory requirements are used by surveyors in making determinations about a hospice’s compliance.

MEMBERS $59.81  NON-MEMBERS $114.19

Hospice Quickflips

Hospice Quickflips© are a pocket-sized resource designed to help clinicians document care that reflects professional skill, while demonstrating compliance and eligibility under the regulations and guidelines published by Medicare. Also included is information and tips to enhance and improve interdisciplinary teamwork, the structure of the IDT meeting and regulatory knowledge. Produced by The Corridor Group, Inc.

*prices include shipping, handling & tax
Call (916) 641-5795 ext. 113 or visit www.cahsah.org to order these essential resources!
Many post-acute providers; including home health agencies, private duty agencies, hospices, and home medical equipment (HME) companies, place a high value on use of coordinators/liaisons who regularly visit patient floors at hospitals and other inpatient facilities. Some discharge planners/case managers do not understand why such access is needed, especially in view of the availability of various methods of communicating information to post-acute providers. In fact, discharge planners/case managers may view the presence of post-acute providers as nothing more than a nuisance. There are, however, several reasons why the use of liaisons/coordinators from post-acute providers in institutional settings are important.

First, visits by liaisons/coordinators to patient floors are important for the provision of quality of care for patients. It seems increasingly clear that patients are at greater risk during transitions in care. Such transitions include shift changes in inpatient settings as well as movement from one level of care to another. Care transitions during which patients may be at increased risk also include transitions from inpatient care to post-acute care. According to Standards of Practice for Case Management published by the Case Management Society of America (CMSA) in 1995 and revised in 2002 and 2010, case managers/discharge planners have a duty to assist clients in the “safe transitioning of care to the next most appropriate level.”

While discharge planners/case managers may feel that they communicate all necessary information to post-acute providers, it seems likely that the more communication there is prior to discharge, the more likely it is that the transition will go smoothly. In order to help ensure a safe transition, coordinators/liaisons may be present on patient floors in order to talk directly with patients, to obtain more information from discharge planners/case managers, and to meet with families, especially primary caregivers, to help ensure that they understand their role in the provision of home care and hospice services. Consequently, the activities of coordinators/liaisons on patient floors may help to provide optimum transitions to patients from hospital or facility to home, and may help to manage the risks of both hospitals and facilities and post-acute providers.

It is also appropriate for liaisons/coordinators to be on site to visit patients with whom the post-acute provider has an ongoing relationship to help ensure continuity and quality of care. Home health patients whose episodes of care paid for by the Medicare Program do not end while patients are in the hospital or facility are still admitted to home health agencies and are still patients of the agencies. Hospice patients remain admitted for hospice care even though they are hospitalized. HME suppliers may maintain equipment in patients’ homes throughout their hospitalizations. Coordinators/liaisons can best stay in touch with patients of their organization and their families by visiting them in inpatient facilities. Post-acute providers need to have current knowledge about the clinical condition of patients, the availability of primary caregivers, the need for additional equipment and supplies, etc. in order to be able to continue to provide appropriate care upon discharge. Providers are legally prohibited from rendering services to patients whose needs they cannot realistically meet.

Coordinators/liaisons may also need to be on patient floors because they receive referrals that do not come from anyone at the hospital. Referrals may come from a variety of sources and may be received either verbally or in writing. Examples of referral sources include, but are not necessarily limited to: discharge planners, hospital and facility staff members, physicians, patients, and patients’ friends and family members. It is unnecessary for referrals to be received by the Agency in the form of orders from physicians or other practitioners. Post-acute providers may, for example, receive referrals from family members who seek services for patients. So coordinators/liaisons may need to be on patient floors in response to specific requests from family members to begin the process of coordination of post-acute services.

Based upon the above, liaisons/coordinators have legitimate needs to be on patient floors in inpatient settings. While solicitation of patients is impermissible, violations of this prohibition by some post-acute providers should not interfere with the ability of post-acute providers to meet the legitimate needs described above. © 2011 Elizabeth E. Hogue, Esq. All rights reserved.
California Expands Benefits Coverage for Employees on Pregnancy Disability Leave

As most California employers are aware, provisions of the Pregnancy Disability Leave Act require all employers with five (5) or more employees to provide a job-protected leave of absence to any employee who is disabled due to pregnancy, childbirth, or any related medical conditions. Pregnant employees must be accommodated for any work restrictions deemed necessary by her health care provider, including transfer to positions that are less strenuous or less hazardous.

Under PDL, employees are entitled to this protected leave for the entire duration of their disability, including morning sickness, prenatal care, childbirth and recovery, for up to four months (or 88 work days for full-time employees), as determined by her health care provider.

Under existing law, an employee on PDL is entitled to continuation of her insurance benefits the same as provided for other temporary disabilities. Since the federal Family and Medical Leave Act (FMLA) and the California Family Rights Act (CFRA) require employers to continue benefits coverage for up to twelve (12) weeks, that has been the maximum period of time that employers are required to continue benefits.

On October 9, 2011, Governor Brown signed into law SB 299, which requires that an employer must maintain and pay for coverage for an eligible female employee who takes leave under PDL “for the duration of the leave, not to exceed four months over the course of a 12-month period, commencing on the day the leave begins, at the level and under the conditions that coverage would have been provided if the employee had continued in employment continuously for the duration of the leave.”

This means that should an employee be disabled for the entire four months, the insurance benefits must continue to be maintained beyond the existing 12 week-period.

This amendment of Section 12945 of the Government Code becomes effective on January 1, 2012.

Employers are advised to revise their leave policies and handbooks to include this new provision. We also anticipate a revised poster from the Department of Fair Employment & Housing to replace the current one (DFEH-100-20).