The 2012 legislative session is in full swing with election year politics, pending ballot measures, and the dismal state of California’s finances all playing a significant role in day-to-day operations under the Capitol dome.

New Senate, Assembly and congressional district lines have been drawn. Scores of sitting legislators are term limited and/or running for other offices. A major battle is brewing between two major tax increase ballot measures – both of which if passed will result in billions in additional state revenues. And if the vote is split and neither of those initiatives passes – further draconian budget cuts will become a reality. So needless to say – 2012 is shaping up to be a very busy year in Sacramento.

On the legislative front, CAHSAH’s top priorities remain the defeat of AB 889 (Ammiano) and SB 411 (Price). AB 889, the so-called domestic workers’ bill of rights would regulate the wages, hours, and working conditions of domestic work employees, including provisions such as: right to overtime compensation, right to meal and rest periods, a minimum of eight hours uninterrupted sleep, and time off requirements.

We continue to closely monitor both of these measures and talk to members of the legislature about the negative impact enactment of these bills would have on home care. We also continue to support SB 135 (Hernandez) which allows hospice programs to operate their own facilities, rather than be limited to using bed space in existing facilities permitted to serve hospice patients.

Legislative Session, continues on page 2
Legislative Session, continued from p. 1
the terminally ill. And we also remain concerned about the state's effort to require mandatory enrollment into managed care for all persons eligible for both Medicare and Medi-Cal ("dual eligibles") with a three year phase in beginning January 1, 2013.

CAHSAH’s Policy, Advocacy and Public Affairs (PAPA) Committee met on March 19th to review over 1,500 new bills introduced in both houses of the legislature. Staff evaluated all of those measures for their impact on home care and identified over 150 Senate and Assembly bills that could have an impact on our industry. PAPA reviewed all of those bills and voted to take positions on many of them. PAPA charged staff to communicate those positions to Assembly Members and Senators through position letters and testimony before legislative committee hearings.

On the federal level, CAHSAH has joined with our National Association of Home Care (NAHC) colleagues and state home care associations throughout the nation to oppose the U.S. Department of Labor’s proposed rule to end the companionship services exemption for home care workers, which would require overtime pay and minimum wage for companion workers providing non-medical care to clients at home. CAHSAH’s delegation to the NAHC annual March on Washington & Law Symposium Conference held on March 25-28, 2012 discussed this important issue with key members of the House and Senate and their staff.

In the public affairs and communications arena, CAHSAH continues its media outreach on all of the issues previously mentioned as well as general discussion about the critical role home care plays in health care and the marketplace at large. CAHSAH President Joe Hafkenschiel and CAHSAH Board member Ken Erman appeared on an hour long San Francisco public radio call-in show to talk about why the provisions of AB 889 are unworkable and were able to portray the home care industry in a very positive light. Joe and Ken also appeared prominently in a KCRA Channel 3 (Sacramento NBC affiliate) show on various health care issues to discuss home care. Joe and Ken did a great job of articulating why home care must remain affordable and available to those who need it and how recent legislative measures could negatively impact the industry. One of Ken’s home care aides also appeared on the segment and spoke eloquently about her work attending to an elderly client. Ken also appeared before a joint informational hearing of the Assembly Human Services Committee and the Assembly Aging and Long Term Care Committee on home care. Ken’s segment before the committee emphasized the benefits of working with home care agencies and the many risks of not going through a full-service agency.

CAHSAH remains ever vigilant in protecting its members in the public policy arena. We communicate daily with state and federal policy makers and constantly weigh-in on behalf of our membership on all issues related to home care. An indispensable part of that effort involves CAHSAH members communicating with their state legislators about pending legislation and with our federal policy makers on all federal issues including the proposed federal rule to eliminate the federal companion exemption. CAHSAH maintains a robust policy, advocacy and public affairs program on your behalf and continues to serve as the eyes, ears and voice of the industry on all matters related to how you do business and provide care at home to so many Californians.
Chair’s Message
Barry Berger

Home Care March on Washington

This week I had the privilege of representing CAHSAH and the home care industry at NAHC’s Annual March on Washington. I want to acknowledge and thank the California delegation Lucy Andrews, Millette Arredondo, Thomas Boyd, Paul Giles, Michelle Hofhine, Marcia Reissig, Tricia Ritchie, Neil Rotter, Matt Sempre, Ron Widick, Mark Wilson, along with Joe Hafkenschiel and Dean Chalios for their participation. The trip to Washington D.C. is a financial commitment along with a commitment to our industry. I applaud these individuals who took this long trip.

On Monday we were entertained by the keynote speakers Alex Castellanos, political analyst for CNN News and Mark Shields, syndicated columnist and political analyst for PBS. They talked about the upcoming election and their individual spin on all of the candidates. Both of these pundits have been involved in presidential elections for the past three decades. It was interesting to hear their “war stories” of various Democratic and Republican candidates.

The rest of the day we attended various sessions that included ACO’s, Labor Unions, Labor Issues, and a Panel from CMS. Whether you were there representing Home Health Care, Hospice or Private Duty there were opportunities to learn for everyone.

On Tuesday we boarded buses at the painful hour of 7 a.m. to head over to “The Hill”. We walked five blocks in 35 degree temperature to the Russell Building that houses some of the Senate. Breakfast was convened in the historical room where the Watergate Hearings took place and where President Kennedy announced his candidacy for president. After a short introduction from Val Halamandaris we were addressed by Senators Tom Carper, Delaware, Susan Collins, Maine, Sheldon Whitehouse, Rhode Island, Amy Klobuchar, Minnesota and Ben Cardin, Maryland. The common thread all of these senators had is their understanding and their advocacy for the home care industry. It was a pleasure to be in the same room with elected officials who had the same passion for our services almost as much as us.

From there we walked to the Capitol to begin our legislative visits. When they say timing is everything, they were not kidding. What a time to be in Washington. As you are aware the Supreme Court was in the middle of hearing the arguments over Health Care Reform, aka Obama Care. In order to get to our meetings within the Capitol we had to walk by the thousands of demonstrators on both sides of the issue. The passion these people had in expressing their views exemplifies the meaning of freedom of speech and our democracy. The energy throughout Washington and around the Capitol was palpable.

We then proceeded to make our legislative visits both in the House and Senate. The CAHSAH delegation met with both Senators and ten Congress members. We keyed in on the issues of The Companion Exemption, rate decreases in Medicare and Medi-Cal, and the potential reimbursement for technology including Telehealth and Telemedicine. Some of our meetings fell on deaf ears, while others “got it”. One of my meetings was with congressman Henry Waxman’s representative Amy Hall, a past employee of CMS, who understood our industry. She challenged us on the fraud and abuse issues within home health, citing the recent issues that took place in Houston. I believe we responded to her concerns with the positive effects our industry has both on the economics and social advantages of home care. By the end of our meeting I personally felt we were able to push the pendulum back a little to our side. Congressman Waxman is a leader on the Energy and Commerce Committee.

This is the second year I have attended The March on Washington. I will remember this as one of the highlights of my 32 year career as a home care provider. I urge all of you to take the opportunity to attend NAHC’s event in the future.

Respectfully,
Barry Berger
CAHSAH Board Chair

CAHSAH Bulletin
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Joseph H. Hafkenschiel, President

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E-mail: rmaharaj@cahsah.org
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CAHSAH does not necessarily endorse any of the products, services or meetings advertised in the Bulletin. CAHSAH also does not endorse the opinions, products or services of guest authors in the Bulletin.
Empowered by CAHSAH’s Board of Directors, our members are showing strong support in achieving an unprecedented goal of raising $100,000 for CAHSAH’s Political Action Committee (PAC). With the proposed elimination of the companionship exemption hanging in suspense not only at the State level but also at the Federal level, the importance of having significant funds in our PAC cannot be overemphasized. Several of you joined your colleagues immediately when a pledge to contribute between $500-$1000 was made by Chris Hardeman of DialMed. As Chris restated, “We must each be a drop of water that collectively fills the bucket. Invest a little money now to keep from paying twenty (or 100) times that amount if the companionship exemption is eliminated.”

Each month CAHSAH will keep you updated on where we are in reaching our goal by recognizing the incoming PAC contributions for that month on the policy page of the CAHSAH bulletin. We will also highlight upcoming opportunities for your organization to stand out in their support. One very special way of maximizing your PAC dollars is to join our PAC Partners by independently contributing to a hosted dinner for one of our champion legislators. CAHSAH’s PAC Partner program enables each Pac Partner to contribute between $500-$1,000 to a legislator’s campaign which, together with CAHSAH’s contribution, helps us achieve an amount that enables us to host a private dinner for our legislative champions. One such dinner was held on March 15th for Senator Mimi Walters in Orange County which allowed members one on one time to share their home care stories in an intimate setting. If you are interested in joining our current PAC partners: Barry Berger of Accredited Home Health Services, Monica Bush of ResCare, Jarrod DePriest of Maxim Healthcare Services, Ken Erman of RX Staffing, and Leonard Frie of LWF Home Care Specialists, please contact Dean Chalios at dchalios@cahsah.org.

April is one of our most important PAC fundraising months as CAHSAH prepares for its Annual PAC Event which will take place at the Sheraton Hotel in Pasadena on May 9. The event features a night of dining, DJ, dancing and unique tailgate games. You can really get into the team spirit with our football theme “GAME ON” and win the PAC Event grand prize iPad. We are currently accepting sponsors for the event and this is a perfect way to spotlight your company. Sponsorships begin at $300 and all sponsors receive tickets to the event as well as premiere recognition. Complete details on sponsorships are here. For those of you who would like to create your own way of supporting the event, we encourage you to put together a gift basket which will be raffled off the night of the event or perhaps you’d like to sponsor wine for a table.

CAHSAH recognizes and thanks the following March 2012 contributors to PAC:
- Foothill HomeCare Partners (Sierra Madre)
- GFK Home Health Care (Buena Park)
- Grace Home Health Care (Long Beach)
- Home Instead Senior Care (Fresno)
- Home Instead Senior Care (Riverside)
- HomeCare Homebase (Dallas, TX)
- LivHOME Inc (Pasadena)
- Medical Home Care Professionals (Redding)
- Orange County Home Care Council
- Palomar Pomerado Health (Escondido)
- Right at Home (Pasadena)
- Right at Home of the Desert (Rancho Mirage)
- San Diego Regional Home Care Council
- Senior Helpers, Fountain Valley
- Shea Family At Home (El Cajon)
- The Golden Years In-Home Care (Oakdale)
- Unlimited Caregivers (Poway)

Click here to contribute to the PAC!

GAME ON, for PAC sponsorship opportunities, contact Mary Adorno at (916) 641-5795 ext. 124

CONTACT
Mary Adorno
madorno@cahsah.org

40K
$40,673

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The Golden Years In-Home Care (Oakdale)
Unlimited Caregivers (Poway)
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.

California Association for Health Services at Home (CAHSAH)
Your source for those hard-to-fill positions.
**Ask Mary**

*Answering your legislative & compliance questions*

**Question:** What does CAHSAH recommend on administering of medications by home care aides in non-medical care companies?

**Answer:** Home care aides may not administer medication of any kind as administering medication is a direct violation of the law. Administering medication is a skilled nursing service which can be verified by reviewing the California Nurses Scope of Practice. Even “passing” medication to a client is considered administering medications. Whether working for a licensed or unlicensed agency, home care aides are never permitted to administer medications. Title 22, Section 74710(7) states: “The home health aide shall not administer medications of any kind.” For unlicensed home care organizations Title 22, Section 74652(a) states “Entities providing or arranging for the provision of skilled nursing services shall obtain a home health agency license. Home care aides may however, give a verbal cue for the patient to take their medication but may NOT physically assist the client with the medication.

**Question:** May an unlicensed agency provide a licensed nurse (registered nurse [RN] or licensed vocational nurse [LVN]) to render skilled services (medication set ups, diabetes testing, insulin injections, etc.) to patients in their temporary or permanent places of residence, if these services were not ordered by a physician?

**Answer:** From Department of Health Care Services, Field Operation’s letter to CAHSAH dated July 16, 2003. No. An unlicensed agency cannot provide a RN or LVN to render skilled services to patients in their temporary or permanent places of residence, whether or not the services were ordered by a physician. By providing the services of licensed nurses, an unlicensed agency is operating a home health agency, because its business activities come within the statutory definition of a home health agency in Health and Safety Code section 1727(a). An unlicensed agency must either cease providing the services of licensed nurses or apply for, and be granted, a license to operate as a home health agency.
AB 197 [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.

Oppose
Held on Assembly Inactive File

Wages

Medi-Cal

AB 2266 [Mitchell [D] ] Medi-Cal: Health Homes for Enrollees with Chronic Conditions. Would require the department, upon approval of a state plan amendment, to establish a program in at least 5 counties to provide health home services to frequent users of health services, as defined.

Support
Pending hearing in Assembly Health Committee

Work-Comp

AB 375 [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.

Oppose
Held on Senate Floor

Licensure

SB 135 [Hernandez [D] ] Hospice Facility Licensure. Would create a new health facility licensing category for, and would require the department to develop regulations governing licensure of, hospice facilities, as defined. It would impose various requirements on these facilities. This bill contains other related provisions and other existing laws.

Support
Two Year Bill Held at Assembly Desk

AB 889 [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.

Oppose
Two Year Bill Held in Senate Appropriations Committee on Suspense File

Labor

SB 411 [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 types 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.

Oppose Unless Amended
Two Year Bill Held on Assembly Inactive File

Abuse Reporting

SB 558 [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.

Oppose
Held in Assembly Appropriations
Suspense

Broaden Your Horizon with the New Home Health Nurse Training

A Ten Part Webinar Series

T he New Home Health Nurse Training webinar series will provide fundamental guidance in areas of case management, how to prepare an OASIS document, define the guidelines to developing a Plan of Care, identify two basic rules of coding and much more. This series is intended to provide an overview in many of these basic topics a nurse new to the home health environment will encounter on a daily basis.

Each registration will include continuing education credits, handouts and the unlimited access to the recording of the webinar session. Don't worry if you have missed any previous sessions, all sessions are recorded and you can still register. This is a great educational series to add to your agency's library!

Register for any session or the entire series. For more information, please visit the CAHSAH website.
<table>
<thead>
<tr>
<th>Bill Number</th>
<th>Description</th>
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<tbody>
<tr>
<td>S.659 (Collins)</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>
<td>Pending hearing in Senate Finance Committee</td>
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<tr>
<td>HR 2267 (Schwartz) S.227 (Collins)</td>
<td>Home Health Planning Improvement Act would allow NPs/PAs to sign home health plans of care</td>
<td>Support</td>
<td>Pending hearing House, Energy and Commerce Committee, Subcommittee on Health</td>
</tr>
<tr>
<td>S.501 (Thune)</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>
<td>Pending hearing in Senate Finance Committee</td>
</tr>
<tr>
<td>S.722 (Wyden) HR 3506 (Reed)</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>
<td>Pending hearing in Senate Finance Committee</td>
</tr>
<tr>
<td>H.R.3831 (Lee)</td>
<td>Medicare Hospice Care Access Act of 2012: allows physician assistants to serve Medicare hospice patients as attending physicians</td>
<td>Support</td>
<td>Pending hearing in House Committee on Ways and Means, and, in addition, the Committee on Energy and Commerce</td>
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<tr>
<td>H.R.3859 (McMorris)</td>
<td>Rural Hospital and Provider Equity Act of 2012: Home health rural add on; allows NPs/PAs to sign home health plans of care</td>
<td>Support</td>
<td>Referred to the Committee on Energy and Commerce, and, in addition, the Committee on Ways and Means</td>
</tr>
<tr>
<td>S. 891 (Grassley)</td>
<td>Medicare Hospice Care Access Act of 2011: allows physician assistants to serve Medicare hospice patients as attending physicians</td>
<td>Support</td>
<td>Pending hearing in Senate Finance Committee</td>
</tr>
<tr>
<td>H.R.4 (Lungren)</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>
<td>Passed into law</td>
</tr>
<tr>
<td>H.R.452 (Roe) S.668 (Cornyn)</td>
<td>Medicare Decisions Accountability Act of 2011 and Health Care Bureaucrats Elimination Act would eliminate the Independent Payment Advisory Board</td>
<td>Watch</td>
<td>Pending hearing House, Energy and Commerce, Subcommittee on Health</td>
</tr>
<tr>
<td>H.R.1041 (G. Thompson)</td>
<td>Fairness in Medicare Billing Act would repeal Medicare Competitive Bidding</td>
<td>Watch</td>
<td>Pending hearing House, Energy and Commerce, Subcommittee on Health</td>
</tr>
<tr>
<td>H.R.1173 (Boustany) S.720</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>
<td>Pending hearing in the House</td>
</tr>
<tr>
<td>HR 1546 (Gerlach) S 829 (Cardin)</td>
<td>Repeals Outpatient Rehabilitation therapy Caps</td>
<td>Watch</td>
<td>Pending hearing House, Energy and Commerce Committee, Subcommittee on Health</td>
</tr>
<tr>
<td>HR 2341 (Sanchez) S 1273 (Casey)</td>
<td>Removes Companionship Services Exemption</td>
<td>Oppose</td>
<td>Pending hearing in the Subcommittee on Workforce Protections</td>
</tr>
<tr>
<td>HR 2468 (Boustany)</td>
<td>Medicare Home Health Flexibility Act of 2011: allows occupational therapists to conduct initial home health assessments</td>
<td>Support</td>
<td>Pending hearing House, Energy and Commerce Committee, Subcommittee on Health</td>
</tr>
<tr>
<td>HR 3066 (Lee)</td>
<td>Companionship Exemption Protection Act: preserves the current companionship services exemption.</td>
<td>Support</td>
<td>Pending hearing in House Education and the Workforce</td>
</tr>
<tr>
<td>S.20 (Hatch)</td>
<td>American Job Protection Act would repeal the employer mandate provision of the Patient Protection and Affordable Care Act</td>
<td>Support</td>
<td>Pending hearing in Senate Finance Committee</td>
</tr>
<tr>
<td>S.454 (Grassley)</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>Support</td>
<td>Pending hearing in Senate Finance Committee</td>
</tr>
<tr>
<td>S 1680 (Kent)</td>
<td>Craig Thomas Rural Hospital and Provider Equity Act (home health rural add on; allows NPs/PAs to sign home health plans of care; allows PAs to serve Medicare hospice patients as attending physicians</td>
<td>Support</td>
<td>Pending hearing in Senate Finance Committee</td>
</tr>
</tbody>
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CAHSAH Resource Guide

NEW OPTION

MEMBERSHIP UPDATE

CAHSAH's Resource Guide/Provider Locator was made available via a mobile device last fall. Now, the Resource Guide/Supplier Locator (affiliate members) is mobile device ready. No matter where you are, you are now able to access all of the Resource Guide information.

Although the mobile device version has been adapted for this particular use, it reads from the same tables as the website version. The speed and view may vary, depending on your service and device. A print friendly format is, of course, not available.

The search capability for the Supplier Locator has also been enhanced to include a second level of parameters.

Access to the site is available to any and all; give it a try! – http://mobile.cahsah.org

CAHSAH is exploring the possibility of a mobile ready mini website version as well – watch for new and exciting upcoming technology advancements!

Note: As with any online capability, the listing is only as good as the information provided. Take this opportunity to make sure that your organization's data is up to date.

Potential Business & Referral Opportunity

CAHSAH Certified HCA Agencies

One of our CAHSAH certified members, Philippe Faurie of In Homecare Professionals of San Diego, has a passion for helping other members increase their business potential and has, through considerable effort, developed an iPhone referral source application and wishes to make it available to all CAHSAH Certified Home Care Aide members. His agency will be marketing the application throughout California, particularly to case managers and directors in skilled nursing facilities and hospitals, as well as all other referral sources such as Hospices and Retirement Communities.

The application is much like CAHSAH's member Resource Guide and Directory (both online and mobile access) but formatted exclusively for iPhone users. The iPhone version is available to download for FREE from the iTune portal at http://itunes.apple.com/us/app/inhomecare/id481310438?mt=8. The Android version is on its way and will be available in a few weeks.

This application enables a user to easily and quickly search statewide for agencies providing care in a neighborhood (search by location and radius). Agencies need only to provide details about their services, location, and contact information in order to enroll. For a basic listing, there are no enrollment or placement fees. Only the add-on features have associated costs.

To enroll or to get more information, you may visit www.inhomecareprofessionals.com or contact Philippe directly: philippe@inhomecareprofessionals.com.
“Spring Ahead”… You do it with time, why not your career?

There never seems to be enough time to accomplish the required daily tasks, so how do we work on moving our careers forward?

Consider taking part in a short term 2012 membership initiative – pick and choose the project that interests you and has an associated time commitment that is acceptable to you. Not only do you bring value to your association but you also help yourself – connecting, sharing, gaining new perspective.

For more details, contact Sandy Bertoux, sbertoux@cahsah.org

CAHSAH Welcomes New Members!

Please help us extend a warm welcome to those new members who have recently joined CAHSAH between February 22, 2012 and March 19, 2012.

**Providers**

AAA Care Home Services, Lake Forest, CA
ABC Always Better Care, Encino, CA
Able Hands Home Health Services, Inc., Glendale, CA
Advanced Home Nurses, Beverly Hills, CA
All Smiles Home Health Care, Inc., Encino, CA
All The Best Home Care, Huntington Beach, CA
Allcare Medical Consulting, Inc., Pasadena, CA
Bonum Home Health Services, Burbank, CA
California HomeHealth Referrals, Mountain View, CA
Central Coast Healthcare Services, Inc., Thousand Oaks, CA
Chase Home Health, Inc., Huntington Beach, CA
Custom Care Home Health Services, Elk Grove, CA
Excellent Companion Home Care, Los Angeles, CA
GFK Home Health Care, Buena Park, CA
HomeCarez, LLC, Laguna Hills, CA
Inland Christian Home, Inc., Ontario, CA
MedicoRx Specialty Pharmacy, Van Nuys, CA
Miracle Home Health Agency, Inc., Los Angeles, CA
MLH Healthcare, Inc., Alhambra, CA
Promesa Home Care, Inc., Riverside, CA
Reliance Hospice, Inc., Riverside, CA
Right at Home - West Orange County, Los Alamitos, CA
Synergy HomeCare Inland Empire, Upland, CA
The Golden Years In-Home Care LLC, Oakdale, CA
Unlimited Caregivers, Poway, CA

**Affiliates**

Aida Khrimian, Northridge, CA
Angela Delfino, Camarillo, CA
Debbie Beatty, Anaheim, CA
HPSI Purchasing Services, Irvine, CA
Independa, Inc, La Jolla, CA
Robert Bosch Healthcare, Palo Alto, CA
Zulficar Restum, Beverly Hills, CA

**CONFERENCE ATTENDEES**

You are invited to a Tailgate Party on Wednesday, May 9, 2012, from 4:30-6:30 p.m. in the Expo Hall. We have never done anything quite like this before for our opening reception –

- hot dogs, sliders, chips, ice cream bars.
- We are ‘kicking off’ in style because it’s Game On… Playing to Win!

Mark your calendar – you won’t want to miss out!
Join Us at the PAC Party

• Dinner  • Dancing  • DJ

Play the Fun Games and Win the Grand iPad Prize!

May 9, 2012, 7:30 PM at Sheraton Hotel in Pasadena, CA
Support the Political Voice of Home Care

This is CAHSAH’s most important Political Action Committee (PAC) fundraising event of the year, allowing us to support legislators that are champions of home care. Help keep home care relevant in the political arena; support CAHSAH’s PAC by sponsoring and attending the 2012 PAC Family Event filled with tailgate games and food. Event ticket pricing is $50 per person, $40 non-conference guest of an attendee, $20 per child (under 18).

Purchase Your 2012 PAC Event Ticket Now!

Organization Name:
Purchaser Name:
Address:
Total Ticket(s):
Sponsorship Level:

Purchase Your 2012 PAC Event Ticket Now!

Sponsorship Opportunities

• Super Bowl $2500 (10 tickets)  • Pro Bowl $1500 (9 tickets)
• Rose Bowl $1200 (8 tickets)  • Orange Bowl $1000 (6 tickets)
• Sugar Bowl $750 (4 tickets)  • Cotton Bowl $550 (2 tickets)  • Gator Bowl $300 (1 ticket)

Special recognition at the event!

CONTACT
Mary Adorno
Now to Sponsor!
(916) 641-5795 ext. 124
madorno@cahsah.org

Purchase Your 2012 PAC Event Ticket Now!
In February 2012, the U.S Department of Labor (DOL) and California’s Secretary of Labor joined forces to address misclassification of employees as Independent Contractors.

Employers found to be in violation can be liable for backpay for up to 3 years, including overtime pay and daily penalties for missed meal and rest periods if the worker should also have been treated as a non-exempt employee. In addition, California’s tough new SB 549 provides for penalties of $5,000 up to $50,000 for “willfully misclassifying” workers. And to top this off, a misclassified worker who also suffered a work-related injury that would have otherwise been covered by workers’ compensation raises the stakes exponentially for employer liability.

It’s a common misconception that independent contractor status is something that can be established based on the personal or mutual desires of the individual and business entity involved. However, it is not a matter of choice, but rather based on the overall nature of the relationship, and whether the individual is truly “independent”. Under California labor law, there is always a presumption of employer-employee status unless you can show otherwise.

If you have “independent contractors” working in your organization and are now wondering whether you are at risk, you might also be asking how to be sure those workers are correctly classified. No one single factor is determinant, but rather the overall nature of the relationship. Depending on whether California or the federal DOL or IRS is involved, one of the following multi-factor tests may be utilized – the California common law test or the new federal IRS test (which replaces the previous 20-factor test).

Even so, how can you know for sure? Although certainly not conclusive, if the individual works primarily or exclusively for your business; observes your work hours; uses your facilities and/or equipment and programs to accomplish the work; follows Company-prescribed policies and methods; participates in company meetings and has access to your e-mail and computer network; and performs work that is a part of the ongoing operations of your business, you probably have to conclude that he or she should be classified as an employee – and not an independent contractor.

On the other hand – while also not conclusive -- true independent contractors usually have their own stand-alone business with the potential for profit and loss, work on their own schedule for multiple clients, often use their own equipment and offices, and perform specialized projects or functions of a limited scope which are not part of the ongoing operations of the business.

If you have IC’s, we urge you to carefully compare each “contractor” relationship against the factors embodied in the California common law and the IRS test. If you have concerns that those work relationships fail to meet the “independent” threshold in the overall context of the test factors, you may wish to confer with qualified employment law counsel on what steps to take before you get a visit from the Labor Commissioner.
Annual Conference & Home Care Expo

Game day starts May 8 in Pasadena, California! Make sure you have a strong defense and a good offense by attending sessions on regulatory tackles, reimbursement plans, marketing goals and face-to-face sideline networking! After the first quarter, unwind at the VIP get together in honor of CAHSAH President, Joe Hafkenschiel's retirement. During halftime, hit the expo tailgates party for fun and drinks. Then join everyone at the PAC event after party with dinner and dancing. There are just too many reasons why you should show up to the game. Think of it as Super Bowl FUN Day!

For more information or to sign up, please click here or contact Richard Starks at rstarks@cahsah.org or (916) 641-5795 ext. 117.

Getting Physicians’ Referrals Without Violating the Law

An Audio-Conference

Physicians continue to be a prime source of referrals for home health agencies, hospices, private duty agencies and HME companies. Relationships with physicians who make referrals are, however, highly regulated. Most post-acute providers must meet the requirements of both the federal Stark laws and the anti-kickback statute in their relationships with physicians who make referrals. What requirements must be met to pay referring physicians for consulting services? How much can consulting physicians be paid? What documentation do providers need regarding services provided by referring physicians? What items can providers give to referring physicians? How much can they cost? The purpose of this audio conference is to provide practical guidance regarding these and other questions.

Date and Time: April 12, 2012 (10:00 - 11:30am PST)

Register today! For more information, please visit the CAHSAH website.

Exhibit Opportunities at Certificate Programs

Vendors providing products and services to home care and hospice providers are invited to exhibit at one of the largest Administrator Certificate Programs in the country. Get valuable one-on-one time with Administrators and Executives of provider agencies. Space is limited to the first 18 vendors. Sign up today to secure your booth space.

To exhibit at this event, please download the exhibitor prospectus here or contact Richard Starks at rstarks@cahsah.org or (916) 641-5795 ext 117.
Get Comfortable with Hospice Billing

One of the most important parts in managing a Hospice is knowing how to correctly bill. Hospice Billing is such a critical procedure, especially processing the Medicare billing as part of the hospice reimbursement. Join our Hospice Billing expert, Melinda Gaboury, as she will assist your billing staff in developing practical methods to hospice billing and full understanding of regulatory requirements. She will make you feel at ease by increasing your awareness in areas of processing late charge claims; steps on dealing with transfers, discharges, revocations, and re-elections; discuss Hospice face-to-face requirements; review eligibility verifications using DDE screens from Medicare systems; and much more.

The National Board for Home Care & Hospice

Certification (NBHHC) launched the certification examinations to establish, assess and promote standards for home care and hospice professionals. The core purpose of the certification process is to promote best practices to ensure optimal level of service and strive for excellence delivered to clients. Today, the credentials are recognized on a national level, certifying over 1,000 individuals.

Once deemed eligible, an applicant may take the certification examination. The exam is offered several times a year in two different formats; in person and via computer based testing in various locations throughout the United States. For dates and locations, please visit the NBHHC website at www.nbhhc.org.

Blueprint to OASIS Accuracy

The rules continue to evolve, and “Blueprint” keeps you up to date, always providing the key resources and source documents which you can rely upon after the workshop. Empowering staff with defendable OASIS scoring practices provides you with the winning outcomes and proper reimbursement you deserve to provide quality care. All sessions are presented by two expert instructors who have earned the Certificate for OASIS Specialist – Clinical (COS-C) designation. The Blueprint for OASIS Accuracy program serves as the premier review workshop for the COS-C exam. Sign up today for the education course and exam.

Register today!
Space is limited, so early registration is encouraged.

Workshop Information
April 10-11, 2012 - Sacramento, CA
April 12-13, 2012 - Ontario, CA

Exam Information
April 12, 2012 – Sacramento, CA
April 14, 2012 – Ontario, CA
April 15, 2012 – Ontario, CA

Two FULL day OASIS-C Data Collection Rules & Guidance workshop, with optional Certificate for OASIS Specialist-Clinical Exam Administration

For more information or to sign up for these programs, please click here.

For more information or to register, please click here or contact Richard Starks at rstarks@cahsah.org (916) 641-5795 ext 117.
Patients who are assigned or “aligned” with physicians who participate in Accountable Care Organizations (ACOs) are not required to receive services from such physicians or from any other participants in ACOs. Patients who are aligned with physicians in ACOs still have the right to freedom of choice of all types of providers. The Centers for Medicare and Medicaid Services (CMS) emphasizes this fact in commentary to the final regulations governing ACO’s as follows:

• “We have also been vigilant in protecting the rights and benefits of FFS beneficiaries under traditional Medicare to maintain the same access to care and freedom of choice…”

• “An ACO will not receive an assignment of those beneficiaries that choose not to receive care from ACO providers.”

• “We also noted that the strategies employed by an ACO to optimize care coordination should not impede the ability of a beneficiary to seek care from providers that are not participating in the ACO, or place any restrictions that are not legally required on the exchange of medical records with providers who are not part of the ACO. We proposed to prohibit the ACO from developing any policies that would restrict a beneficiary’s freedom to seek care from providers and suppliers outside of the ACO.”

• “It is important to note that the term ‘assignment’ for purposes of this provision in no way implies any limits, restrictions, or diminishment of the rights of Medicare FFS beneficiaries to exercise complete freedom of choice in the physicians and other health care practitioners and suppliers from whom they receive their services. Thus, while

the statute refers to the assignment of beneficiaries to an ACO, we would characterize the process more as an ‘alignment’ of beneficiaries with an ACO, that is, the exercise of free choice by beneficiaries in the physicians and other health care providers and suppliers from whom they receive their services is a presupposition of the Shared Saving Program.”

• “…the Shared Savings program is certainly not intended to be a managed care program in a new guise. One important distinction between an ACO and many MA organizations is that beneficiaries are not locked into receiving services from the ACO to which they are assigned, and may continue to seek care from any provider they choose.”

• “Beneficiaries who are assigned to ACOs under the Shared Savings Program remain Medicare fee-for-service beneficiaries, retaining their full freedom of choice regarding where to receive services. We therefore take this opportunity, as requested by a number of commenters, to confirm and emphasize that basic beneficiary rights are maintained under the Shared Savings Program, most especially (but not exclusively) the right to receive care from physicians and other medical practitioners of their choice outside the ACO at no penalty to the patient.”

• “The ACO model does not include the use of networks or any restrictions on where beneficiaries can receive care.”

It remains to be seen how ACOs will work in practice, but the final regulations are quite clear that patients in ACOs retain their right to freedom of choice of providers.

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Dear CAHSAH Members,

Home health agencies are facing a crisis in California. Everyday increasingly more pressure is placed on providing services while at the same time, you the home health care agency must be critically aware of running a tighter ship with better internal controls, record keeping, billing systems and your overall operations must, at any given moment, pass intense scrutiny.

Helping you through the OIG 2012 Work Plan. We understand that a large part of this plan is eradicating fraud and abuse. Your job is two-fold. One is upgrading your technology and management systems. But the second, most critical is a thorough understanding of who your employees really are.

Scam artists, identity thieves and sexual abusers flock to work with the elderly and the young. Home health agencies are easy targets because often they are overburdened yet under funded and under staffed.

Will you be ready if your agency is examined about questionable and excessive payments? Or asked how successful you are in rehabilitating your patients? Are you ready for that? Your agency is only as good as your employees. SingleSource was selected to be CAHSAH’s group purchasing provider for background screening because we understand your industry.

We understand how important it is to conduct far reaching background checks. Background checks that are driven by an understanding that no two checks are alike. SingleSource analyzes the data and follows the trail when all the pieces don’t add up. That means extra security for you.

Pre-employment screening is just part of your job. On-going screening to make sure that your employees continue to be who they say they are is also critically important.

Preparing for California’s brave new health care reform means that you need employees who won’t let you down. We can help you through the OIG Work Plan.

Ask us how you can better manage fraud and abuse through our Medicare Exclusion Search.

Contact Carl Tremble: 800-713-3412, ext 111. ctremble@singlesourceservices.com

A SPECIAL MESSAGE FROM CAHSAH’s Background Screening Provider

Revving Up Referrals
The Driver’s Manual: The Unlimited Guide That Will Put You in the Winner’s Circle*

By Melanie Stover OTR/L, MBA, MS/ISM

This chapter series is a handbook of top targets for referral sources: techniques to find them, focus areas, and ways to respond to some of the most common objections. Use these ideas and tactics to help you organize and plan for your company. Designed with you in mind, this manual helps you make the most of your time. Each chapter stands alone allowing you to research what you need to know before going on your call- without having to read the full manual. Available in Electronic PDF File.

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Call (916) 641-5795 ext. 113 or visit www.cahsah.org to order these essential resources!

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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! Ask for feedback from others in the industry, or provide your own feedback on issues of importance to others.

Join the CAHSAH ListServe! Click Here!