Compassion Leads to Success at CAHSAH’s 2009 Lobby Day

Compassion leads CAHSAH members to provide dedicated home care for their clients, and during CAHSAH’s 2009 Lobby Day, more than 50 members were asked to share their compassionate stories of home care with their state legislators.

Lucy Andrews, Chair of CAHSAH’s Policy and Public Affairs (PAPA) Committee opened Lobby Day with motivating remarks, stating “I could speak about the legislative process…I could speak about lobbying tactics…but what matters most is the people we serve and being the voice for those who can’t always speak for themselves.” Andrews concluded by introducing the “Help Us Choose Home” video featuring music by Daughtry. The captivating video, a public affairs campaign developed by state home care associations and the National Association for Home Care (NAHC) to position home care for a central role in health care reform, demonstrates the tremendous benefits home care provides to those in need.

CAHSAH's contract lobbyist, Peter Kellison, then provided insights on the current political climate in the state Capitol, and continued to press members to share their stories of home care. He explained that most legislators lack knowledge on home care issues and usually link home care with IHSS; thus, Kellison who has represented CAHSAH for more than 15 years, stressed the importance of differentiating home care. Kellison also outlined challenging fiscal concerns in the Capitol which keenly influences every issue and every bill due to our current economic challenges.

Brittnei Salerno, CAHSAH's Chair and a veteran of Lobby Day, provided additional tips on making the most of Lobby Day and ensuring successful advocacy efforts. She cautioned members that the reception may vary from one legislative office to another. “Some may be great, some may be frustrating, but they are all important,” explained Salerno.

CAHSAH’s Policy and Advocacy Director, Jordan Lindsey, followed with a presentation outlining lobbying strategies and then detailed CAHSAH’s key advocacy priorities, which are:

>>continued on page 4
To better address new Medicare regulations and reimbursement cuts, many home health agencies are considering whether to start offering telehealth services as a means of driving improved clinical outcomes and financial performance. This article is a continuation of last month’s article that covered:

- **Is Telemonitoring for you?**
- **Establish your agency’s goals for a telemonitoring program.**
- **Steps 1 and 2 for creating and following an implementation plan.**
  - Define the telemonitoring program.
  - Choose the right staffing model.

**See Below for Steps 3-5. Click Here to Read Part 1 from March Issue of CAHSAH Bulletin.**

### Creating and Following an Implementation Plan (Continued).

#### 3. Take the time for clinical training and well-planned program deployment

*Work with your telemonitoring vendor to roll out training for the clinical staff and to implement a deployment plan geared toward your agency’s goals for the telehealth program:*

- Equipment set up – train all clinicians as well as one home health aide in each branch.
- Basic troubleshooting – educate all of your staff as well as the clinical manager. Create a ‘frequently asked questions’ fact sheet for any staff answering patient phone calls.
- Referral process to identify patients appropriate for telemonitoring – analyze each admission for suitability, such as ICD-9 coding or recent hospitalizations. The admission nurse and director are both accountable for meeting our telemonitoring goals.
- Deployment planning – determine which location is best for initial rollout and schedule a phased rollout for multiple branches.

Integrity Home Care started with their largest agency/home office since it had more patients to select from, then scheduled ‘go-lives’ with our other branches at 3 week intervals. Your agency may consider starting with the most efficient branch first, or alternatively, the location needing the most improvement in clinical outcomes or operational efficiency.

Training and deployment are important to consider during vendor selection – choose a telemonitoring firm with easy-to-use equipment and comprehensive support services that will enable your agency to quickly set up an effective program.

#### 4. Develop strategies for program ‘buy-in’

*Achieving buy-in with all stakeholders is critical for the success of your telemonitoring program.*

This point was underscored in the Philips National Study – some strategies work better than others. Agencies with successful telehealth programs point to the central importance of having a clinical champion, executive and physician buy-in.
in, nurse receptivity and patient/family acceptance.

At Integrity Home Care, it was critical that the clinical champion ensures Executive buy-in by reporting telehealth metrics tied to agency goals. She holds marketing calls with the Telemonitoring Manager to encourage team involvement and proper communication about the program. Physician buy-in is achieved through effective messaging about the improvement in clinical outcomes possible with telemonitoring. Two caveats: too much information can distract the physician – ask doctors how much and how often they want information – and once they agree about the benefits of telehealth, they may be looking for other agencies to offer telemonitoring services in your area.

To achieve Clinician buy-in, Integrity Home Care found the following steps useful:

- Conduct initial telemonitoring training with all clinical staff – make sure your executive management is on hand to show their buy-in.
- Describe your program goals and involve their input in setting up the program – e.g. encourage your clinicians to brainstorm about what type of patients would benefit from telemonitoring.
- Share any positive stories with the entire staff – this is the quickest way to help clinicians understand how telehealth enables them to provide better care for their patients.
- Provide continued education and assurance that the program is ‘here to stay’ – use your creativity to send out reminders and pep rallies to keep staff excited about the program.

Most importantly, keep on message – be patient and consistent and “communicate, communicate and communicate some more.” Expect that even with doing all the right things, it still may take about 6-7 months to achieve buy-in with your clinical staff.

Patients and their families have proved quite receptive to telehealth technology, and rarely refuse the home monitoring equipment. To encourage Patient buy-in, Integrity Home Care provides education about the program and the peripherals, helps with basic troubleshooting, and makes patient satisfaction a key metric for the Telemonitoring Nurse, measured through surveys and questions delivered on the home TeleStation.

5. Publicize your results and plan for the future

As of Q3 2008, Integrity Home Care has already seen improvement in clinical outcomes since deploying their telemonitoring program a year ago:

- Hospitalizations have dropped 1 to 3% in each of our branch offices
- Urgent care visits have dropped 2% in our bigger branches
- Visit utilization has decreased 1 visit on average per episode
- All outcome measures have risen approximately 4 to 6 points in all offices

So what’s next for Integrity Home Care? They are exploring other revenue models that may make sense for telemonitoring. Some options under consideration are private pay clients, private insurance contracts, wellness programs in local factories, and rehabilitation/exercise programs. Now that Integrity has figured out how to design and deploy an effective telemonitoring program to meet their agency’s goals with Medicare patients, the agency is looking for additional ways where telehealth can drive better outcomes and add to their patients’ quality of life.
Budget Priorities in 2009

• Preserve Access to Care through Sustainable Medi-Cal Provider Rates
• Protect the Severely Threatened Regional Center System.

Legislative Priorities in 2009

• Oppose AB 1000 (Ma), which would require employers to provide paid sick days to employees.
• Oppose AB 664 (Skinner), which would presume that a hospital is liable for an employee's worker's compensation due to an infection or injury.
• Support AB 657 (Hernandez), which creates the health professions workforce master plan.

Lindsey presented an outline of effective advocacy efforts which included three critical components: money, noise, and relationships. Stressing the importance of Lobby Day, Lindsey urged and motivated members to create noise and further their relationship with the legislators on their lobby day visits.

CAHSAH’s President Joseph Hafkenschiel concluded the policy and lobbying briefing, providing a broad overview of health care reform and the advocacy efforts needed to make certain that home care is a central component of those reforms. Members grouped together by their regions and formulated a strategy for their visits with the legislators before walking a short distance to the Capitol. At the Capitol, members briefly participated in a massive rally organized by CDCAN, The Arc of California, and other disability rights organizations in protest of budget cuts to the Regional Centers and in response to an Assembly Budget hearing, attracting more than two thousand advocates.

Members reconvened together in the Capitol for a legislative luncheon, and engaged in a unique one-on-one dialogue with Assemblyman Anthony Portantino (D, Pasadena), Assemblyman Curt Hagman (R, Diamond Bar), Assemblyman Ed Hernandez (D, Baldwin Park), and Assemblyman Dave Jones (D, Sacramento). Assemblyman Hernandez shared his experiences and challenges as an optometrist serving Medi-Cal clients, and his goal of ensuring disadvantaged communities access to care which is the motivation behind his bill AB 657. Assemblyman Jones, Chair of the Assembly Health Committee, received enthusiastic applause with his remarks extolling the value of home care and the inadequate Medi-Cal rates.

All attendees dispersed throughout the Capitol after the luncheon, meeting close to 50 legislators. After sharing their compassionate stories of home care with the Senate, Assembly, Democrat, and Republican; attendees returned to the debriefing session mostly with warm smiles to celebrate their success of creating noise and furthering their relationship with the legislators.

The education and sharing of the home care stories now continue as members create their own grassroots efforts in their own communities.

“I would definitely like to do this again,” said Basia Christ, Competent Care Home Health Nursing, Costa Mesa. “I also attended Lobby Day in Washington, DC and never felt more American. Just knowing we do have power, we can change something—or at very least—have our voices heard rather than doing nothing and complaining about what we don’t like about our government.”

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April WNU Headlines

April 27th: HHS Declares a Nationwide Public Health Emergency for Swine Influenza A

The Department of Health and Human Services has declared a nationwide public health emergency in response to the recent outbreaks of the Swine Influenza A in parts of Mexico, the United States, and Canada. The declaration will enable HHS to employ preventative and mitigation activities to control the number of outbreaks and their impact. The best source for information and direction is your local health department. Click here to read the full article.

April 13th: Medi-Cal Committee Tackles Issues

CAHSAH’s Medi-Cal Committee, Chaired by Dave Dial and Co-Chaired by Alex Saldana met on April 8 in Sacramento.

Issues Tackled:
- Longstanding billing issues
- The Hospice Share of Cost audit for hospice patients in skilled nursing facilities
- CAHSAH’s lawsuit against the State for failing to perform rate studies for the period 2001-2005
- The 3 percent Regional Center rate cut
- Assisted Living Waiver Pilot Project (ALWPP). Click here to read the full article.

April 13th: FTC Interprets Red Flags Rules for Medical Identity Theft

Last year, the Federal Trade Commission (FTC) introduced Red Flags Rules to combat identity theft. The regulation is scheduled to take effect on May 1, 2009. The FTC has interpreted these rules as applying in the health care sector, where medical identity theft is a real concern. Medical identity theft occurs when someone uses another person’s identification such as name, insurance information or Social Security Number to obtain medical services or goods without the victim’s consent or knowledge. Click here to read the full article.

April 6th: CAHSAH’s Chair Represents Home Care at President Obama’s Forum on Health Care Reform

Tuesday, April 6th, Brittnei Salerno attended President Obama’s fifth and final Forum on Health Care Reform in Los Angeles and represented CAHSAH and the home care industry among an exclusive group of health care representatives. Among the attendees were Governor Schwarzenegger, Governor Gregoire of WA, White House Director of Domestic Policy Melody Barnes, and several state and federal lawmakers. Click here to read the full article.

April 6th: Congress Approves Budget Resolutions for FY 2010

The Senate and House approved the non-binding budget resolutions for the Fiscal Year (FY) 2010, prior to spring recess, that do not contain any Medicare payment cuts to home health providers, despite the budget blueprint outlined by President Obama for the FY 2010 calling for $13.4 billion in cuts to home health payments. Click here to read the full article.

April 6th: CA Regional Center Concerns Lead to Grassroots

Passion and enthusiasm started the grassroots movement. On April 2, 2009, Barry Berger, president of Accredited Family of Home Care Services in Woodland Hills, received nothing but enthusiasm and passion from a group of competitors from his own industry when he hosted a grassroots meeting to organize an advocacy and education group to meet elected officials and voice concerns regarding California Regional Center issues. Click here to read the full article.
Right at Home Launches Care Chef Program

Asessing the senior and disabled care of clients is a usual routine for Dan Parker, president of Right at Home. During a client assessment, Parker discovered that one of his clients was living on donuts. He also learned that another client depended on pre-packed meals loaded with sodium. Right at Home, founded more than a decade ago, focuses on improving the quality of life for their clients. Thus, Parker joined together with the Kitchen Academy of Sacramento, and is launching a new program, “Care Chef’s.”

“Our guiding mission is that the best care focuses on improving the quality of life for those we serve,” explains Parker in a news release. “Our Care Chef personal care services will provide a detailed nutritional assessment and evaluation, and arrange a daily menu for each client based on specific dietary needs. Additionally, our Chef Care program will allow for clients on a fixed budget to afford a personal chef experience in the comfort of their own home.”

Recognizing special dietary needs of their clients, Right at Home specifically wanted to address their clients needs and wants while providing quality nourishment. Clients will be able to receive nutritional assessment and dietary menu planning which will be prepared by skilled culinary chefs trained by Kitchen Academy of Sacramento.

“Culturally, some of our clients were seeking specific menus, such as Asian, Southern or Kosher cuisine, while others were prescribed diets such as diabetic, renal and coronary diets,” explained Parker.

All Care Chefs are employees of Right at Home, and are bonded, insured, and “ServSafe” certified. Care Chefs will also help budget and personally shop for their clients, and bring their own instruments to prepare and package the meals for refrigeration.
Changes to Stark Regulations: A Refresher

Elizabeth E. Hogue, Esq.
E-mail: ElizabethHogue@ElizabethHogue.net

As many providers already know, the so-called “Stark law” prohibits physicians from making referrals to providers who render “designated health services” (DHS) if referring physicians or their immediate family members have an ownership or investment interest in, or compensation arrangement with the provider. Designated health services generally include home health, home medical equipment (HME), infusion services, and outpatient hospital services, among others. DHS does not, however, include hospice services. Likewise, providers of DHS generally cannot bill for services provided to patients referred by physicians who have ownership or investment interests in, or compensation arrangements with them that violate the Stark law.

Exceptions to these general rules were published in the form of final regulations on January 4, 2001, the so-called “Phase I” Stark rules. On March 26, 2004, “Phase II” Stark regulations were published as interim final rules in the Federal Register. These Phase II regulations further clarified exceptions to the statute described above.

Changes to the regulations went into effect on December 4, 2007. Revisions to the regulations related to payments to consulting physicians from whom providers receive referrals, training and education, and non-monetary compensation are relevant for home health agencies.

Use of Physicians to Provide Consulting Services

>>continued on page 11

California Agencies Excel in Decreasing Hospitalizations in Q1 2009!

Industry benchmarks indicate that reducing hospitalization rates remain an elusive target. Of 2,200 home health agencies in the SHP database, the risk-adjusted and actual rate hovers at 27.9 percent. California agencies beat the national benchmark in Q1 2009 by 6.8 percent and CMS’s expectation by 5.6 percent.

To determine the most common reason for hospitalization, refer to your drill-down report in SHP for Agencies™.

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<td>AB 367 (Galgiani)</td>
<td>Would provide that transfers to the Medical Providers Interim Payment Fund shall be in an amount sufficient to make continued payments to the above-described providers. To the extent that the bill would increase the amount transferred into a continuously appropriated fund, this bill would make an appropriation.</td>
<td>Support</td>
<td>Passed Health. Amended, referred to Appropriations.</td>
</tr>
<tr>
<td>SB 110 (Liu)</td>
<td>Would require the Department of Justice to send a bulletin to law enforcement agencies and district attorneys describing the laws relating to the protection of persons with disabilities.</td>
<td>Support</td>
<td>Amended, re-refer to Appropriations.</td>
</tr>
<tr>
<td>AB 214 (Chesbro)</td>
<td>Would require a health care service plan and a health insurer to provide coverage for durable medical equipment, as defined, as part of their plan contracts or health insurance policies.</td>
<td>Watch Bring</td>
<td>Re-referred to Appropriations.</td>
</tr>
<tr>
<td>AB 249 (Carter)</td>
<td>Would require all other health facilities to create a log to track, by serial number or other unique identification number, all patient-owned mobility, hearing, eating, or breathing equipment, as specified. Because the bill would create a new crime, this bill would impose a state-mandated local program.</td>
<td>Watch</td>
<td>Passed Health. Amended, referred to Appropriations.</td>
</tr>
<tr>
<td>SB 344 (Strickland)</td>
<td>Would apply the above penalty to knowingly engaging in exploitation of or exerting criminal undue influence upon an elder or dependent adult in order to acquire possession or control of an interest in funds or property of the elder or dependent adult.</td>
<td>Support</td>
<td>Amended. Re-referred to Public Safety.</td>
</tr>
<tr>
<td>SB 39 (Benoit)</td>
<td>Would enact the Good Samaritan Protection Act which would provide that disaster service workers shall not be liable when acting within the scope of their responsibilities under the authority of the governmental emergency organization.</td>
<td>Watch</td>
<td>Amended. Re-referred to Judiciary.</td>
</tr>
<tr>
<td>AB 657 (Hernandez)</td>
<td>Would require collaboration with the California Workforce Investment Board, to establish a Health Professions Workforce Task Force composed of specified members, to assist in development of a health professions workforce master plan for the state, and would prescribe the functions and duties of the task force and submit a complete statewide health professions workforce master plan to the Legislature.</td>
<td>Support</td>
<td>Re-referred to Appropriations.</td>
</tr>
<tr>
<td>SB 56 (Alquist)</td>
<td>Would create the California Health Benefits Service Program within the State Department of Health Care Services for the purpose of expanding cost-effective public health coverage options to the uninsured and purchasers of health insurance. The bill would require the department to perform various duties, subject to the availability of sufficient private donations, as determined by the Department of Finance, relative to creation of joint ventures between certain county-organized health plans and various other entities.</td>
<td>Watch</td>
<td>Amended, and re-refer to Appropriations.</td>
</tr>
<tr>
<td>SB 810 (Leno)</td>
<td>Would establish the California Healthcare System to be administered by the newly created California Healthcare Agency under the control of a Healthcare Commissioner appointed by the Governor and subject to confirmation by the Senate. The bill would make all California residents eligible for specified health care benefits under the California Healthcare System, which would, on a single-payer basis, negotiate for or set fees for health care services provided through the system and pay claims for those services.</td>
<td>Watch</td>
<td>Set for hearing May 4.</td>
</tr>
<tr>
<td>AB 950 (Hernandez)</td>
<td>Would create a new category for, and require the department to license and regulate, hospice facilities, as defined.</td>
<td>Watch</td>
<td>Passed Health. Amended, referred to Appropriations.</td>
</tr>
<tr>
<td>AB 378 (Cook)</td>
<td>Would require each public authority or nonprofit consortium, in consultation with its advisory committee and stakeholders, to develop training standards and core topics, to be used in training it provides.</td>
<td>Watch</td>
<td>Passed Health. Amended, referred to Appropriations.</td>
</tr>
<tr>
<td>AB 452 (Yamada)</td>
<td>Would establish the California Independence Program, a voluntary program for the provision of in-home supportive services to certain aged, blind, and disabled individuals who are otherwise ineligible for HSS services.</td>
<td>Watch</td>
<td>Bring Back Hearing canceled at author’s request.</td>
</tr>
<tr>
<td>AB 141 (Tran)</td>
<td>Would permit an individual nonexempt employee to request an employee-selected flexible work schedule providing for workdays up to 10 hours per day within a 40-hour workweek, and would allow an employer to implement this schedule without any obligation to pay overtime compensation.</td>
<td>Support</td>
<td>Referred to Labor &amp; Education.</td>
</tr>
<tr>
<td>AB 943 (Mendoza)</td>
<td>Would prohibit an employer, with the exception of certain financial institutions, from obtaining a consumer credit report for employment purposes unless the information is substantially job-related.</td>
<td>Watch</td>
<td>Passed, and re-refer to Appropriations.</td>
</tr>
<tr>
<td>AB 946 (Sales)</td>
<td>Would provide that the pay requirements would not apply to an employee of a temporary service employer who is assigned to a client for over 91 consecutive calendar days unless the temporary service employer pays the employee weekly.</td>
<td>Support</td>
<td>Hearing postponed by committee.</td>
</tr>
<tr>
<td>AB 1000 (Ma)</td>
<td>Would provide that an employee who works in California for 7 or more days in a calendar year is entitled to paid sick days, which shall be accrued at a rate of no less than one hour for every 30 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</td>
<td>Passed, and re-refer to Appropriations.</td>
</tr>
<tr>
<td>AB 1298 (Coto)</td>
<td>Would provide that an employee who works in California for 7 or more days in a calendar year is entitled to paid sick days, which shall be accrued at a rate of no less than one hour for every 30 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</td>
<td>Referred to Insurance.</td>
</tr>
<tr>
<td><strong>SB 187</strong> (Benoit)</td>
<td>Would permit an individual nonexempt employee to request an employee-selected flexible work schedule providing for workdays up to 10 hours per day within a 40-hour workweek, and would allow an employer to implement this schedule without any obligation to pay overtime compensation.</td>
<td>Support</td>
<td>Set for hearing April 29.</td>
</tr>
<tr>
<td><strong>AB 367</strong> (Galgiani)</td>
<td>Would provide that these transfers to the Medical Providers Interim Payment Fund shall be in an amount sufficient to make continued payments to the above-described providers. To the extent that the bill would increase the amount transferred into a continuously appropriated fund, this bill would make an appropriation.</td>
<td>Support</td>
<td>Passed Health. Amended, referred to Appropriations.</td>
</tr>
<tr>
<td><strong>AB 613</strong> (Beall)</td>
<td>Would require the department, in pursuing means to improve and streamline the TAR process, to do so in specified ways, including performing a cost-benefit analysis for each procedure requiring a TAR and reducing the number of TARs required.</td>
<td>Support</td>
<td>Passed Health. Amended, re-referred to Appropriations.</td>
</tr>
<tr>
<td><strong>AB 839</strong> (Emmerson)</td>
<td>Would delete the provisions that provide that the 3-year and 10-year prohibitions may begin from the date of the final decision following an appeal from that denial or termination.</td>
<td>Watch</td>
<td>Bring Back. Passed, re-refer to Appropriations with recommendation: To Consent Calendar.</td>
</tr>
<tr>
<td><strong>AB 1142</strong> (Price)</td>
<td>Would provide that it is the responsibility of a hospital, as soon as proof of Medi-Cal eligibility is supplied by a person presenting themselves as a Medi-Cal beneficiary, to provide all information regarding their Medi-Cal eligibility to certain providers that bill separately for all services associated with the person's treatment in the hospital rendered during the same time period for which the hospital is submitting a claim.</td>
<td>Watch</td>
<td>Read second time and amended.</td>
</tr>
<tr>
<td><strong>AB 1445</strong> (Chesbro)</td>
<td>Would provide that a maximum of 2 visits, taking place on the same day at a single location shall be reimbursed when either after the first visit the patient suffers illness or injury requiring additional diagnosis or treatment or the patient has a medical visit, and another health visit, or both. The bill would provide that these provisions shall constitute a change in the scope of services and would require an FQHC or RHC to file a scope of service change to the extent required by applicable law.</td>
<td>Support</td>
<td>Passed, re-referred to Appropriations.</td>
</tr>
<tr>
<td><strong>AB 1462</strong> (Feuer)</td>
<td>Would add graduate medical education programs to the list of factors the commission is required to consider when negotiating inpatient hospital services contracts.</td>
<td>Watch</td>
<td>Passed Health. Referred to Appropriations.</td>
</tr>
<tr>
<td><strong>SB 208</strong> (Steinberg)</td>
<td>Would require the department to submit an application to the federal Centers for Medicare and Medicaid Services for a waiver to implement a demonstration project that improves health care, as specified.</td>
<td>Watch</td>
<td>Set for hearing May 4.</td>
</tr>
<tr>
<td><strong>AB 1542</strong> (Committee on Health)</td>
<td>Would establish the Patient-Centered Medical Home Act of 2009 to encourage health care providers and patients to partner in a patient-centered medical home, relating to a centralized, comprehensive location for a patient's medical records.</td>
<td>Watch</td>
<td>Referred to Health.</td>
</tr>
<tr>
<td><strong>AB 1295</strong> (Fuller)</td>
<td>Would require the Chancellor of the California State University and the Chancellor of the California Community Colleges to appoint representatives to work collaboratively to coordinate and implement articulated nursing degree transfer pathways, prior to the commencement of the 2012-13 academic year.</td>
<td>Watch</td>
<td>Re-refer to Appropriations with recommendation: To Consent Calendar.</td>
</tr>
<tr>
<td><strong>SB 294</strong> (Negrete McLeod)</td>
<td>Would authorize the implementation of standardized procedures that would expand the duties of a nurse practitioner in the scope of his or her practice, as enumerated.</td>
<td>Support</td>
<td>Read second time. To third reading.</td>
</tr>
<tr>
<td><strong>AB 391</strong> (De La Torre)</td>
<td>Would require health care service plans and health insurers to annually file with the Director of the Department of Managed Health Care or Insurance Commissioner a list of their plan contracts or health insurance policies offered, issued, or outstanding in this state in the previous calendar year.</td>
<td>Watch</td>
<td>Passed Health. Referred to Appropriations.</td>
</tr>
<tr>
<td><strong>SB 26</strong> (Simitian)</td>
<td>Would require the board to coordinate with other state agencies, local governments, drug manufacturers, and pharmacies to develop sustainable, efficient policies and programs to manage pharmaceutical wastes and the disposal of devices. The bill would authorize a pharmacy to accept the return of home-generated pharmaceutical waste and home-generated sharps waste.</td>
<td>Support</td>
<td>Set for hearing May 4.</td>
</tr>
<tr>
<td><strong>AB 1296</strong> (Blumenfield)</td>
<td>Would revise a requirement regarding pupil acceptance to allow a nonpublic, nonsectarian school to accept a pupil if the local educational agency and the parent or guardian of the pupil agree that the pupil may be accepted when, on a temporary basis, the nonpublic, nonsectarian school cannot provide one or more of the services outlined in the pupil’s IEP due to a shortage of qualified professionals.</td>
<td>Watch</td>
<td>Re-referred to Education.</td>
</tr>
<tr>
<td><strong>AB 1094</strong> (Conway)</td>
<td>Would require a business to take all reasonable steps to dispose, or arrange for the disposal, of an individual’s records within its custody or control containing personal information when the records are no longer to be retained by the business by taking any of the actions described above. The bill would exempt from these provisions information that is made available to the general public from federal, state, or local government records. The bill would provide that a cause of action shall not lie against a business that comes into possession of abandoned records containing personal information and that disposes of those records in accordance with these provisions. The bill would set forth findings regarding records that end up in the possession of a storage company or commercial landlord, and would provide that it is the intent of the Legislature to create a safe harbor for such a record custodian who properly disposes of the records.</td>
<td>Watch</td>
<td>Passed Business &amp; Professions.</td>
</tr>
<tr>
<td><strong>AB 152</strong> (Carter)</td>
<td>Would define ‘disability’ for purposes of the act as either a mental or physical disability, as those terms are defined.</td>
<td>Watch</td>
<td>Hearing canceled at the request of author.</td>
</tr>
<tr>
<td><strong>SB 222</strong> (Ducheny)</td>
<td>Would revise this provision to exclude remuneration in excess of $21,000.</td>
<td>Oppose</td>
<td>Hearing postponed by committee.</td>
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## Workers Compensation

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<tbody>
<tr>
<td>AB 516 (Niello)</td>
<td>Would require, for injuries occurring on or after January 1, 2010, for temporary disability, that the benefit amounts payable to an injured worker be not less than an amount equal to the employee's weekly earnings from all employers, nor more than $1,260, or 1.5 times the state average wage, whichever is greater.</td>
<td>Support</td>
<td>Referred to Insurance.</td>
</tr>
<tr>
<td>AB 664 (Skinner)</td>
<td>Would provide, with respect to hospital employees, that the term 'injury' includes a blood-borne infectious disease, neck or back impairment, or methicillin-resistant Staphylococcus aureus that develops or manifests itself during the period of the person's employment with the hospital.</td>
<td>Oppose</td>
<td>Amended and re-referred to Appropriations.</td>
</tr>
<tr>
<td>SB 3 (Cedillo)</td>
<td>Would provide, for injuries occurring on or after January 1, 2010, for a supplemental job displacement benefit in the form of a voucher for up to $6,000 to cover various reeducation and skill enhancement expenses, as specified, which would expire 2 years after the date the voucher is furnished to the employee or 5 years after the date of injury, whichever is later. The bill would exempt employers who make an offer of reemployment or continued employment, as specified, from providing vouchers.</td>
<td>Watch</td>
<td>Set for hearing April 27.</td>
</tr>
</tbody>
</table>

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## CAHSAH Federal Bill List

<table>
<thead>
<tr>
<th>Bill Number</th>
<th>Description</th>
<th>Position</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>H.R.468 (Schakowsky)</td>
<td>Expands training and support to all sectors of the health care workforce to care for the growing population of older individuals in the United States.</td>
<td>Watch</td>
<td>Referred to House Energy &amp; Commerce Committee</td>
</tr>
<tr>
<td>S.245 (Kohl)</td>
<td>Permits a home health agency to determine the most appropriate skilled service to make the initial assessment visit for an individual who is eligible for home health services under Medicare but does not require skilled nursing care as long as that skilled service is included as part of the plan of care for such services.</td>
<td>Watch</td>
<td>Referred to House Energy &amp; Commerce Committee and House Ways &amp; Means Committee</td>
</tr>
<tr>
<td>H.R.1765 (Matsui)</td>
<td>Amends Title XVIII of the Social Security Act with respect to payment for furnishing intravenous immune globulin in a patient’s home for the treatment of primary immune deficiency diseases and covers certain disposable pumps as durable medical equipment under the Medicare Program.</td>
<td>Watch</td>
<td>Referred to House Energy &amp; Commerce Committee and House Ways &amp; Means Committee</td>
</tr>
<tr>
<td>HR 574 (Engel)</td>
<td>Amends title XVIII of the Social Security Act to provide for the coverage of home infusion therapy under the Medicare Program.</td>
<td>Support</td>
<td>Referred to House Ways &amp; Means Committee</td>
</tr>
<tr>
<td>S.421 (Specter)</td>
<td>Imposes a temporary moratorium on the phase out of the Medicare hospice budget neutrality adjustment factor.</td>
<td>Watch</td>
<td>Referred to Senate Finance Committee</td>
</tr>
<tr>
<td>S.264 (Stabenow)</td>
<td>Amends Title XIX of the Social Security Act to encourage the use of certified health information technology by providers in the Medicaid program and the Children's Health Insurance Program.</td>
<td>Watch</td>
<td>Referred to Senate Finance Committee</td>
</tr>
<tr>
<td>S.457 (Thune)</td>
<td>Establishes 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>Referred to Senate Finance Committee</td>
</tr>
<tr>
<td>H.R.897 (Putnam)</td>
<td>Amends the Internal Revenue Code of 1986 to allow individuals a deduction for qualified long-term care insurance premiums, use of such insurance under cafeteria plans and flexible spending arrangements, and a credit for individuals with long-term care needs.</td>
<td>Watch</td>
<td>Referred to House Ways &amp; Means Committee</td>
</tr>
<tr>
<td>H.R.902 (Smith, A.)</td>
<td>Amends title XVIII of the Social Security Act to improve the provision of items and services provided to Medicare beneficiaries residing in rural areas.</td>
<td>Watch</td>
<td>Referred to House Energy &amp; Commerce Committee and House Ways &amp; Means Committee</td>
</tr>
<tr>
<td>H.R.1670 (Davis, D.)</td>
<td>Amends title XIX of the Social Security Act to provide individuals with disabilities and older Americans with equal access to community-based attendant services and supports.</td>
<td>Watch</td>
<td>Referred to House Energy &amp; Commerce Committee</td>
</tr>
<tr>
<td>H.R.1409 (Miller)</td>
<td>Amends the National Labor Relations Act to establish a check card system to enable employees to form, join, or assist labor organizations, to provide for mandatory injunctions for unfair labor practices during organizing efforts, and for other purposes.</td>
<td>Oppose</td>
<td>Referred to the House Committee on Education and Labor</td>
</tr>
</tbody>
</table>

### Priority A Legislation

<table>
<thead>
<tr>
<th>Bill Number</th>
<th>Description</th>
<th>Position</th>
<th>Location</th>
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<tbody>
<tr>
<td>S.560(Kennedy)</td>
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</table>
The Phase II regulations provided specific guidance regarding the use of physicians to provide consulting services to physicians. Many providers utilize the services of referring physicians as consulting physicians to their organizations. These consulting physicians provide a variety of appropriate services to providers.

According to the Phase II regulations, there is an exception for personal service arrangements that may include payments to referring physicians for consulting services. In order to meet the requirements of this exception, providers must ensure that:

- They enter into a written agreement with physicians that is signed by providers and physicians, which specifies the services covered by the arrangement.
- The arrangement must cover all of the services to be furnished by referring physicians to providers.
- Aggregate services provided by consulting physicians do not exceed those that are reasonable and necessary for the legitimate business purposes of providers.
- The term of each arrangement is for at least one year. To meet this requirement, if an arrangement is terminated during the initial term of the agreement, with or without cause, the parties may not enter into the same or substantially the same arrangement during the remainder of the first year of the original term of the agreement.
- Compensation paid over the term of the agreement is set in advance, does not exceed fair market value, and is determined in a manner that takes into account the volume or value of any referrals or other business generated between the parties.

The services to be furnished under each arrangement do not involve the counseling or promotion of a business arrangement, or other activity that violates any State or Federal law.

As described above, providers must pay for services from consulting physicians at fair market value. Many providers have asked how they should determine fair market value. Specific training regarding the requirements of Federal and State health care programs, such as billing, coding, reasonable and necessary services, documentation, and unlawful referral arrangements; or training regarding other Federal, State or local laws, regulations, or rules governing the conduct of the party for whom the training is provided.

Previously, the Stark II rules made it clear that fees paid to referring physicians for their services were considered to be at fair market value only if hourly payments were calculated using either of the following two methodologies:

- The hourly rate is less than or equal to the average hourly rate for emergency room physician services in the relevant physician market, provided there are at least three hospitals providing emergency room services in the market.
- If there are fewer than three hospitals that provide emergency room services in the geographic area where the provider operates, or if providers choose to do so, they may pay physicians at an hourly rate that is determined by averaging the 50th percentile national compensation level for physicians with the same physician specialty or, if the specialty is not identified in the survey, for general practice in at least four of the following surveys divided by 2,000 hours. The surveys are:
  - Sullivan, Cotter and Associates, Inc. - Physician Compensation and Productivity Survey
  - Hay Group - Physicians Compensation Survey
  - Hospital and Healthcare Compensation Services - Physician Salary Survey Report
  - Medical Group Management Association - Physician Compensation and Productivity Survey
  - ECS Watson Wyatt - Hospital and Health Care Management Compensation Report
  - William M. Mercer - Integrated Health Networks Compensation Survey

As of December 4, 2007, the above formulas no longer apply. Nonetheless, providers must be able to demonstrate, using some reasonable basis, that compensation paid to consulting physicians who also make referrals is at fair market value.

Providers could, for example, conduct what amounts to a “salary survey” of providers that operate in the same geographic area regarding the amount per hour that other providers pay consulting physicians. Such a survey is likely to produce a range of hourly rates. Providers should document the results of these surveys and pay physicians at rates that do not exceed the highest end of the range.

The above described change with regard to the use of formulas to calculate compensation at fair market value is an appropriate and welcome change. The formulas proved difficult, if not impossible, for home care providers to use. Providers can now avoid the frustration of trying to comply and breathe a sigh of relief.

Training and Education

The Phase II Stark rules also include an exception for “compliance training,” which appears to allow organizations to provide a variety of types of training and education to physicians from whom they receive referrals.

Previously, according to this exception, providers could provide such training to physicians, their immediate family members, and office staff who practice in the provider’s local community or service area so long as the training is held in the local community or service area. “Compliance training” means:

- Training regarding the basic elements of a compliance program, such as establishing policies and procedures, training of staff, internal monitoring, or reporting;
- Specific training regarding the requirements of Federal and State health care programs, such as billing, coding, reasonable and necessary services, documentation, unlawful referral arrangements; or
- Training regarding other Federal, State or local laws, regulations, or rules governing the conduct of the party for whom the training is provided.

This exception did not, however, include medical education.

As of December 4, 2007, compliance training may include programs that offer continuing medical education credits, provided that compliance training is the primary purpose of the program.

The balance of this article continues on-line.

Click here to read the full article.
New Recruiting Tools

As members, you recognize the value of CAHSAH, but it's often difficult to translate that message into words that would best describe member benefits then relate those in a meaningful way to prospects. Our goal over the past 12-16 months has been to create tools to assist you.

We have introduced:

• Estimate of Value (recently updated)
• 2008 Report Card
• Section Specific Legislative Updates
• Overcoming Objections to Joining
• Key Membership Benefits
• Section Specific Benefits

We have provided tools in a number of different formats so that you may choose what works best for you. Review, select the most appropriate, print and keep near your phone.

Why not share what helps during these difficult economic times? Yes, money is tight, but this is when CAHSAH membership is most needed – attending workshops to learn how to maximize reimbursement dollars, lobbying to stop further reductions in Medi-Cal payouts, to name a few.

Peer to peer recruiting is most powerful. Increased memberships helps the association in general and plays an important role in helping new members succeed.

Brittnei Salerno, CAHSAH’s Board Chair, represented home care at President Obama’s Forum on Health Care Reform. There were only five forums held nationwide, and home care was represented at only three of those, so what a great opportunity for CAHSAH to be included and to have input on health care reform. Thank you, Brittnei, for representing us well.

A special thanks goes to those who have helped welcome new members to CAHSAH:
- Pat West
  - Pioneer Home Health Care, Inc.
- Lucy Andrews
  - At Your Service Home Care
- Lydee Hershey
  - Caring Solutions, Inc.
- Georgia Rock
  - Pathways Home Health & Hospice
- Belinda Condit
  - Providence Home Care

Thanks to Barry Berger, president of Accredited Family of Home Care Services and CAHSAH Board Treasurer, for hosting a grassroots meeting to organize an advocacy and education group to meet elected officials and voice concerns regarding California Regional Center Issues. He received nothing but enthusiasm and passion from a group of industry competitors who assembled together to work towards the betterment of home care.

Bill Wiedemann of Adventist Health recruited an exhibitor for conference, and Cindy Hatton and Michelle Hofhine recruited two new provider members. How terrific is that? We appreciate your dedication to CAHSAH.

Two of CAHSAH’s GPO vendors, Philips Home Healthcare Solutions and Strategic Healthcare Programs (SHP), have collaborated and announced the launch of an electronic interface enabling on-demand Telehealth Benchmarks. Click here for details of the outcomes of telemonitored patients using SHP’s on-demand benchmark tool. Last month we acknowledged SHP as a recipient of a Frost and Sullivan award; this month congratulations go to Philips for being awarded the Frost and Sullivan Growth Strategy Leadership Award in recognition of its "strategic leadership and foresight into the North American remote monitoring market and its acquisitions across the home health continuum".

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Please help us extend a warm welcome to those new members who have recently joined CAHSAH between March 21, 2009 and April 21, 2009.

Providers
Affordable IN-Home Care, Ontario
America’s Best Home Health Care, Pasadena
APEX Homecare Services, Inc., Los Angeles
Best of Care, Carlsbad
Burbank Home Health Care, Inc., Burbank
ComForCare Senior Services, Orinda
Continuity Care Staffing Services, Inc., North Hollywood
Neighborhood Home Health Care, Inc., Pasadena
Noble Healthcare Group, Inc., Fremont
Select Home Care, Whittier
West Coast Nursing, Inc., Los Angeles

Affiliates
21st Century Health Care Consultants, FL
Advanced Diabetes Supply, CA
Amore HomeHealth Care Services, IN
Bay Alarm Medical, CA
Provista, TX
RemCare, Inc., NM

Want to Save Money? Here’s How
CAHSAH GROUP PURCHASING PROGRAMS
Another Member Benefit
CAHSAH’s primary purpose is to promote the common business interests of the home care industry and has therefore established itself as a group purchasing organization (“GPO”), authorized to act as a purchasing agent for home care agencies who furnish home care services. As a GPO, CAHSAH enters into agreements with vendors regarding the purchasing of products, supplies, and services, many of which are discounted, that will increase the efficiency and effectiveness of home care providers and reduce home care costs.

Our GPO vendors and contact information are as follows:

Heffernan Insurance Brokers (800) 234-6787
Workers’ Compensation and Liability Insurance
Kroll, formerly InfoLink Screening Services, Inc. (800) 789-5655
Background Screening
Philips Consumer Healthcare Service (866) 544-4RPM
Telehealth
Strategic Healthcare Programs (SHP) (805) 963-9446
Benchmarking and Business Intelligence
Strategic HR Services (800) 789-5655
Human Resources Services

Take advantage of CAHSAH’s Group Purchasing Programs by contacting the vendors directly.

CERTIFIED HOME CARE AIDE ORGANIZATIONS
Congratulations! The following agencies have received their Home Care Aide Organization certification between March 21, 2009 and April 21, 2009.

Visiting Angels, Valencia
Right At Home, Bakersfield
Elderlink Home Care Services, Corona
Oxford Services, Long Beach
Oxford Services, Torrance
Oxford Services, Santa Ana
Good Company Senior Care, Inc., Los Angeles
Continuity Care Staffing Services, Inc., North Hollywood

To date, 141 agency locations have received their Home Care Aide Organization certification!

TO VIEW A FULL LIST of home care aide organizations who have received CERTIFICATION, go to www.cahsah.org.

TO APPLY OR FOR FURTHER DETAILS go to www.cahsah.org or contact Michele Lander at mlander@cahsah.org or (916) 641-5795 x 129.

CAHSAH’s Home Care Aide Organization Certification Program allows home care aide organizations or components of home care organizations which provide home care aide services to submit evidence that they meet CAHSAH’s Minimum Standards for Home Care Aide Organizations.

More CAHSAH Website Enhancements
There are two important changes to home page:

- The tab that was previously listed as “Podcasts” has been expanded to include ListServe and FAQ’s. Future plans include a social media format. The tab has been renamed “CAHSAH Community.”

- The old “ListServ” tab has become “CAHSAH Certified,” providing links to information regarding our new Home Care Aide Organization Certification Program.

CAHSAH continues to modify items to make the website more comprehensive, yet user friendly. Take a look.
Thanks to everyone who attended one of our recent Blueprint for OASIS Accuracy programs. We commend you for making the effort to ensure your OASIS data accuracy. Every assessment that is scored correctly now, because of something you learned in the workshop, could mean hundreds of dollars in appropriate reimbursement. If you share what you learned with everyone in your organization, you can multiply the hundreds of dollars by the hundreds (or thousands) of assessments that your organization will submit this year and it becomes clear that your investment in attending the workshop was well worth it.

CMS will be implementing a new version of the OASIS data set, the OASIS-C, in January 2010. As always, CAHSAH is committed to providing you with the most current, reliable, and highest quality OASIS education possible. To meet that goal, we have contracted OASIS Answers, Inc. to provide needed OASIS-C transition educational workshops this fall. While it is important that home health agencies are aware of the expected OASIS-C changes, and begin to make necessary reviews and analysis of operational issues this summer, conducting detailed data collection education on OASIS-C before the data set is finalized and CMS-approved item-by-item instructions are available is not advised. Therefore, we have scheduled our OASIS-C training at what we believe to be the most effective time, October 7-8th in northern California and Oct 14-15th in southern California.

The changes to the OASIS data set under OASIS-C are quite extensive and as proposed will effect close to three quarters of the data set, through the addition of new items, changes to existing items and retiring other items. To cover the amount of material involved in the transition from the current OASIS-B1 to OASIS-C in the most effective, timely and comprehensive manner, the Blueprint for OASIS Accuracy workshop has been expanded from one day to two and is directed at field data collectors and their supervisors.

This training will be based on the same “no opinions - just defendable CMS facts” approach that you have come to expect and trust from the OASIS Answers’ Team. Rather than provide opinions, assumptions, or unfounded interpretations, the “Blueprint” presenters will provide up-to-the-minute education on what information IS available and what questions remain unanswered.

Join us in our commitment to enhancing OASIS accuracy in the state of California by registering to attend the Blueprint for OASIS Accuracy workshops in October.

CAHSAH BOOKSTORE

Essential training DVDs for your agency!
“Boundaries and You” DVD
Video Training for Direct Care Workers

“The Boundaries and You” is an effective DVD for new staff orientation and ongoing training with scenarios based on realistic situations faced by employees. It also provides guidelines for employees working in assisted living, homecare, residential, or other healthcare settings. Supplemental training material is provided on a CD and employee/patient handouts are included.

Members: $101.01    Non-Members: $115.98

OASIS Training Video: “Pathways to Success” Maximizing OASIS Accuracy

You can have OASIS training at your fingertips! This OASIS training DVD is the ultimate resource to train new employees as well as refresh seasoned employees. It shows how to:

• Improve outcomes (present a first class report card)
• Enhance quality care, maximize reimbursement
• Learn ACCURACY in answering OASIS questions (based on CMS guidance)
• Discover best practice techniques for assessment and improvement.

Supplemental training material is also provided on a CD.

Members: $434.92    Non-Members: $449.94

*All prices include shipping, handling & tax
Call (916) 641-5795 ext 113 or visit www.cahsah.org to order these essential resources!
The Move to Become Certified
CAHSAH has two administrator certification programs that are nationally recognized in the home care and hospice industry. Make the move - getting certified not only affirms your commitment to the industry but also to the consumer.

Hospice Administrator Certificate Program
July 21-23, 2009
Las Vegas, NV

Home Care Administrator Certificate Program
July 22-24, 2009
Las Vegas, NV

For more information on these certificate programs please contact Richard Starks at 916-641-5795 ext. 117 or rstarks@cahsah.org or at http://www.cahsah.org/index.

Private Duty Workshops Well Received
With the ever changing economy, many business owners are looking for ways to seize opportunities for out-shining their competition. That is exactly what many of the attendees did when they took time out of their busy schedules to attend the Private Duty Workshops offered by CAHSAH. Led by the expert team of seasoned home care professionals, Lucy Andrews, Merrily Orsini and Melanie Stover from the Home Care Spectrum Group, the participants learned many of the secrets on how to differentiate themselves from every other business owner. Lucy Andrews presented ways to develop a unique service position that clearly sets you apart from your competition. With over 25 years of experience in the business, Lucy also uncovered many of the pitfalls to watch out for when structuring and hiring your staff. A detailed Marketing module led by Merrily helped participants understand why they need to move beyond traditional marketing theories because home care is “an at need service”. She revealed how to marry your message with your unique service position into visuals that enhance your service and how to develop appropriate product sheets and create a unique web presence. Lastly, the group discovered how to incorporate their new marketing strategies into a workable sales process which Melanie facilitated with her in-depth analysis of the “DRIVE” sales process. The participants were enthusiastic and were able to ask many questions which led to an intimate discussion between participants and presenters. The informal and intimate setting provided a perfect setting for sharing perspectives and finding ways to turn risks into opportunities. Participants were so excited about what they had learned that they volunteered to provide a video testimonial for the presenters. This is definitely a workshop you don’t want to miss next time it comes around.

You don’t want to miss out on the new 2010 updates!

Dates and Locations
July 28-30, 2009
Marriott Ontario Airport
2200 East Holt Blvd. Ontario, CA 91764
909-975-5000

August 4-6, 2009
Marriott Rancho Cordova
11211 Point East Drive Rancho Cordova, CA 95742
916-638-1100

For more information on this program or other workshops, visit CAHSAH at www.cahsah.org or call (916) 641-5795 ext. 113.
CAHSAH BOOKSTORE
Your number one source for great resources!

Success Doesn’t Take Time – It Takes Knowledge! Get the resources you need today!

Revving Up Referrals!
A manual specifically designed for the private duty, licensed, non-medical, or companion care sales and marketing professional.

Members: $440    Non-Members: $550

PPS Grouper v15  - Updated 01/09!
Get the latest accurate reimbursement information you need to determine payments using the final PPS regulations, effective January 1, 2009. Find out OASIS scores & all the codes you need including HHRGs, HIPPS, and the OASIS matching Key code. Find out RAP, PEP, LUPA & NRS add-ons and Outlier payments also along with an option to determine financial gains or losses. This user-friendly must-have tool makes complex calculations simple and automatic. (Software is an Excel-based spreadsheet for PCs. Developed by Paul Giles)

If previously purchased:
Members: $83.81    Non-Members: $218.50
If new purchase:
Members: $164.63    Non-Members: $434.00

For more information on this resource, visit www.cahsah.org or call 916-641-5795 ext. 113

EDUCATION CALENDAR
For more information regarding a specific program, visit www.cahsah.org

<table>
<thead>
<tr>
<th>Month</th>
<th>Date</th>
<th>Event Description</th>
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<tbody>
<tr>
<td>April</td>
<td>30</td>
<td>Phone Seminar: Agreements with Medical Directors...</td>
</tr>
<tr>
<td>May</td>
<td>5-8</td>
<td>Annual Conference &amp; Home Care Expo - San Diego, CA</td>
</tr>
<tr>
<td>July</td>
<td>21-23</td>
<td>Hospice Administrator Certificate Program - Las Vegas, NV</td>
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<td>22-24</td>
<td>Home Care Administrator Certificate Program - Las Vegas, NV</td>
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<tr>
<td></td>
<td>28-30</td>
<td>ICD-9 Coding Workshops - Ontario, CA</td>
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<tr>
<td>August</td>
<td>4-6</td>
<td>ICD-9 Coding Workshops - Sacramento, CA</td>
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<tr>
<td>September</td>
<td>TBD</td>
<td>Survey Workshops</td>
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<td>TBD</td>
<td>Hospice QAPI Workshops</td>
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<tr>
<td>October</td>
<td>7-8</td>
<td>OASIS-C (2-day) Workshop - Sacramento, CA</td>
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<td>7-9</td>
<td>Hospice Executive Certificate Program - Los Angeles, CA</td>
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<td>8-10</td>
<td>Home Care Executive Certificate Program - Los Angeles, CA</td>
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<td>10</td>
<td>Private Duty Conference (HR, Workers Comp, Unionization) - Los Angeles, CA</td>
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<td></td>
<td>TBD</td>
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<td></td>
<td>14-15</td>
<td>OASIS-C (2-day) Workshop - Los Angeles, CA</td>
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Education Sponsors:

California Association for Health Services at Home
3780 Rosin Court, Suite 190
Sacramento, CA 95834