2009 was an extraordinary year for the country, our state, the home care industry and CAHSAH. Barack Obama was inaugurated as the country’s 44th President in January. One of his first priorities was to sign into law a federal stimulus package on February 17 which was designed to alleviate the country’s severe recession. The stimulus package provided California with approximately $11 billion in temporary Medicaid funding averting severe Medi-Cal eligibility cuts. The legislation also restored the Budget Neutrality Adjustment Factor (BNAF) avoiding hospice payment cuts.

A second major priority of the President was Health Care Reform. CAHSAH was fortunate to have the Chair of our Board, Brittnei Salerno, represent home care at a Southern California Forum on Health Care Reform held on April 6. These forums, town hall meetings, and Congressional hearings initiated a months-long process of debating the particulars of the proposed legislation. As the process proceeded, CAHSAH’s concerns focused on two major issues: the level of home health and hospice cuts and the employer mandate.

Approximately half of the total ten year cost of the bills of $800-$900 billion is being financed by cuts to Medicare providers with home health being cut by $44 to $55 billion. The other major problem was the employer mandate which would force employers who did not provide health insurance which met the standard to pay a penalty of up to 8 percent of payroll. CAHSAH initiated a grassroots campaign on these two issues which continues in December as the Senate tries to pass a final version of the bill.

In addition to Health Care Reform, CAHSAH tracked a number of other federal issues. One was HR1409 and S560 which would establish a card check system to enable employees to join labor unions abolishing secret ballot elections. We also sent a letter to Labor Secretary Hilda Solis urging her to maintain the federal companion exemption. Finally, we supported S1123 (Collins) to restore the rural add-on at 5 percent. We discussed these issues with our Congressional delegation on our annual visit to Washington, D.C. March 23-25.

While attention at the federal level focused on jump starting the economy and Health Care Reform, attention in California in 2009 focused on the fiscal condition of the state. In January, the budget shortfall for the current and 2009-2010 fiscal year was estimated at more than $40 billion. A budget fix was quickly undone and by May, an additional $22 billion deficit was identified. The state attempted to fix the problem by getting a waiver to make further cuts in Medi-Cal but the waiver was not approved. Regional centers were...
Let Heffernan take care of the insurance.

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

particularly hard hit suffering an additional $234 million in cuts on top of the $100 million cut suffered at the beginning of the year. CAHSAH formed a new Developmental Services Committee to protect these vital issues. In the middle of the fiscal crisis, we held a very effective Lobby Day on April 22 in Sacramento.

We also made progress on our two Medi-Cal lawsuits. On February 18, the 9th Circuit Court of Appeals turned town the state’s request to overturn the injunction granted November 17, 2008. Retroactive restoration of the rate cut is still pending. In the second suit regarding rates for the 2001-2005 period, Judge Michael P. Kenny ruled on September 25 that the state must conduct a new rate study which addresses costs and access. The state was ordered to appear before the court on March 5, 2010.

During 2009, CAHSAH tracked more than 50 bills. Some of the more notable were AB1000 (Ma: D-San Francisco) which would have mandated employers of ten or more employees to provide sick leave; AB943 (Mendoza: D-Artesia) which would prohibit employers from using credit reports for employment purposes; and AB527 (Fuentes: D-Sylmar) which created a presumption that all records are false when only one record was found to be falsified. All of these bills failed passage or were vetoed by the Governor.

CAHSAH had another very successful year in education in 2009. A total of 3,421 individuals registered for CAHSAH education programs. One of the leading workshops was OASIS-C with record-breaking attendance of 587. We added a third day to the ICD-9 coding workshop and created a new workshop on Hospice Surveys. Our Annual Conference in San Diego in May featured a new leadership track and our Expo again sold out. We continued development of our certificate programs adding new logos and trademarking their names. We partnered with several other state associations to customize our on-line Home Care Managers Certificate Program to their state. A highlight of the year was the home care and hospice administrator programs in July in Las Vegas with 225 in attendance. We also debuted our on-line 60-hour home care aide training program in September.

In spite of the economic downturn in 2009, our membership recruitment remained strong. During the year, we welcomed 136 new provider members and 41 affiliates. We inaugurated prospective member open houses and held four of them across the state. We added a new Group Purchasing Organization with Provista providing members 25 percent or more savings on purchases of office supplies and other products. Our Home Care Aide Organization Certification Program continued to expand throughout the year to encompass 99 providers and 83 branches for a total of 182 locations across the state.

As the challenges of 2009 draw to a close, we must be prepared for continuing challenges into the new year and beyond. The tight fiscal environment at the federal and state levels looks to be multi-year rather than short term. We thank our Board of Directors, committee members and volunteers, the members of CAHSAH, and our CAHSAH staff for your dedication and support.

2009 Year In Review: CAHSAH is also pleased to present a special video review of the year 2009. The video features messages from CAHSAH President, Joe Hafkenschiel, Policy & Advocacy Director, Jordan Lindsey, Education Director, Soua Vang, and Finance & Membership Director, Sandy Bertoux.
December WNU Headlines

December 7th: CAHSAH’s Lawsuit for Adequate Medi-Cal Rates Nearing Critical Hearing, Outcome Depends on your Action!
All Agencies, Whether Medi-Cal or Not, Should View and Complete the Attached Document if, during the years 2001-2005, you: Never considered taking Medi-Cal beneficiaries because the rates were not sufficient to cover your costs; Limited your in-take of Medi-Cal beneficiaries; Previously accepted Medi-Cal beneficiaries but have completely stopped accepting. Click here for the full article.

December 14th: New Instructions for Hospices Notice of Election & Claim
The Centers for Medicare & Medicaid Services (CMS) has released new instructions for reporting of the attending physician and the physician certifying a terminal illness on a hospice notice of election (NOE) and claim. Hospices must report the National Provider Identifier (NPI) of the attending physician/nurse practitioner in the “Attending Physician” field on the NOE and claim effective January 1, 2010. Click here for the full article.

December 21st: New Workers’ Compensation Assessment: State Officials Explain
The increase in the state Workers’ Compensation Premium Assessment (WCPA) for the year are the subject of a California Chamber of Commerce interview with California Department of Industrial Relations (DIR) Director John Duncan and DIR Chief Financial Officer Greg Edwards. Click here for the full article.

December 28th: CMS Announces Limitation on Outlier Payments Under the HH PPS
The Centers of Medicare and Medicaid Services announced new policy effective January 1, 2010, on the 10 percent annual limitation that applies to outlier payments under the HH PPS. The policy entails that Medicare systems will track both the total amount of HH PPS payments that each HHA has received and the total amount of outlier payments that each HHA has received. When each HH PPS claim is processed, Medicare systems will compare these two amounts and determine whether the 10 percent has currently been met. Since the payment of subsequent claims may change whether an HHA has exceeded the limitation over the course of the timely filing period, Medicare systems will conduct a quarterly reconciliation process. This quarterly reconciliation process occurs four times per year, in February, May, August and November. Click here for details.

Better Outcomes Through Standardized Patient Care
NEW Automated Rules Management Feature

McKesson Supply Management Online now offers Automated Rules Management to help control costs while increasing efficiency.

The technology you already use, Supply Management Online, makes rules management easy for you. With this new feature, you can now enhance quality of care while monitoring and reducing unnecessary costs, all with a simple set-up.

Rules management is a tool for you to:
- Manage supply costs for patients
- Limit products purchased to approved formulary
- Control products purchased by clinicians
- Reduce chances of non-reimbursement
- Avoid over-utilization of products
- Track adherence to protocol guidelines
- Achieve cost savings

McKesson Supply Management Online helps you to execute your strategies and comply with Prospective Payment System (PPS) requirements simply while reducing waste and controlling costs.

To learn more about how to streamline patient care and simplify staff use of supplies, contact McKesson Medical-Surgical today at 888.822.8111.
Until recently, we were not able to answer this question. We knew how many licensed home health agencies and hospices there were because they must be licensed by the Department of Public Health and must file the Annual Report of Home Health Agencies and Hospices with the Office of Statewide Health Planning and Development (OSHPD). However, we knew very little about the unlicensed portion of the industry, namely organizations which provide home care aide services and are not required to be licensed.

CAHSAAH has now compiled information about the unlicensed part of the industry. We did this by identifying organizations from sources like yellowpages.com whose name suggested they might provide home care services. We then called these organizations and verified that they did indeed provide home care services. We are now in the position to make educated estimates of the size and composition of California's home care industry.

**Number and Type of Home Care Organizations**

Based on the 2008 OSHPD Annual Reports, we estimate there were 1,122 licensed home health agencies, 41 home health agencies with hospice programs, 268 hospice only agencies and 1,200 home care aide providers. In addition, we estimate there were 235 home medical equipment providers, 75 home infusion pharmacy providers and 46 other providers. Thus, home care aide organizations comprise the largest single type of home care provider in California and 40 percent of the entire industry.

**California Home Care Expenditures**

Using National Health Expenditure data, we are able to estimate home health spending in California for 2008. National expenditures for home health for that year were $62.1 billion. Since California's population was about 12 percent of the national population in that year, home health expenditures in California for 2008 are estimated at $7.5 billion. According to the category definitions for National Health Expenditures, home health care spending does not include spending for "non-medical types of home care".

From the OSHPD Reports, we can identify total gross revenues for hospice in 2008. Total gross revenues for hospice for California was $1.1 billion in 2008.

The most difficult component of expenditures to estimate are those for home care aide services from non-licensed agencies. As noted above, these non-medical home care expenditures are not included in the National Health Expenditure data. However, one way to calculate these expenditures is to estimate the annual revenue by agency and multiply by the number of agencies. It is frequently stated that the average home care aide agency has revenues of approximately $1,000,000 annually. Multiplying this figure by 1,200 agencies results in $1.2 billion annually.

**Chart Conclusion**

There have been few, if any, studies of the size of the home care industry in the United States or individual states. Most such studies do not include the home care aide sector since there is very little data on that sector. Using internally compiled data, CAHSAAH estimates that 40 percent of all the home care agencies in California are providers of unlicensed home care aide services and these services may account for 12 percent of all expenditures.
Q: Do I need to send an Advanced Beneficiary Notice (ABN) if the client's goals for therapy are met but the client wishes to continue therapy?


Yes, this situation qualifies as an Advanced Beneficiary Notice triggering event under Section 50.5 (b) Reductions which states “A reduction occurs when there is a decrease in a component of care (i.e. frequency, duration, etc.). For example, a beneficiary is receiving outpatient physical therapy five days a week and wishes to continue therapy five days; however, the notifier believes that the beneficiary’s therapy goals can be met with only three days of therapy weekly. This reduction in treatment would trigger the requirement for an ABN.”

Q: Can I use medically necessary non-covered services to clear share of cost for Medi-Cal hospice clients who reside in a skilled nursing facility?

A: From the Medi-Cal Manual (link: http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part1/share_z01.doc page 4, Yes all medically necessary health services – including medical services, supplies, devices and prescription drugs, whether Medi-Cal covered or not – can be used to meet Share of Cost for Medi-Cal and County Medical Services Program (CMSP) purposes.

Q: What labor posters are required for home care aide organizations?

A: In California, all employers must meet workplace posting obligations. Workplace postings are usually available at no cost. The Department of Industrial Relations requires employers to post information related to wages, hours and working conditions in an area frequented by employees where it may be easily read during the workday. The Department offers this link for the specific requirements and posters http://www.dir.ca.gov/wpnodb.html

CAHSAH Welcomes New Members!

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

Providers
Advance Home Health Services, Inc., Alhambra
Century Hospice, Lakewood
Hospice Angels, Pasadena
In Home Care Specialists, Newport Beach
Premiere Care Management Specialists, LLC, Brentwood
Regency Health Solutions, Temecula
WeCare Home Assistants, Walnut Creek

Affiliates
Kenyon HomeCare Consulting, LLC, Seattle, WA
Hospice Utilization Trends 2002-2008

This article presents an analysis of hospice utilization trends based on data reported to the Office of Statewide Health Planning and Development (OSHPD) from the Annual Utilization Report of Home Health Agencies/Hospices for the years 2002 through 2008. An article in the November, 2009 Bulletin reported on home health agency trends. This analysis is based on data from November, 2009.

Number of Hospices
In 2008, 293 hospices filed reports with OSHPD. This does not include 23 hospices who failed to file reports. Of these, 254 were “hospice only” programs while 39 were home health agencies with hospice programs. A total of 274 hospices reported hospice visits. The total number of hospices reporting has grown from 173 in 2002 to 293 in 2008 representing a growth of 69 percent between 2002 and 2008. The number of hospices grew 6 percent between 2007 and 2008. As shown in Table 1, the number of hospice only programs is growing while the number of home health agencies with hospices is declining.

<table>
<thead>
<tr>
<th>TYPE</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospice Only</td>
<td>113</td>
<td>134</td>
<td>159</td>
<td>166</td>
<td>205</td>
<td>240</td>
<td>254</td>
</tr>
<tr>
<td>Home Health Agency with Hospice</td>
<td>60</td>
<td>56</td>
<td>45</td>
<td>45</td>
<td>40</td>
<td>37</td>
<td>39</td>
</tr>
<tr>
<td>Total Hospices</td>
<td>173</td>
<td>190</td>
<td>204</td>
<td>209</td>
<td>245</td>
<td>277</td>
<td>293</td>
</tr>
</tbody>
</table>

Admissions By Source
The most frequent source of admission for hospice in 2008 is physicians (38%), followed by hospitals (31%). Long-term care facilities accounted for 9 percent of admissions. All other sources of admission accounted for the remaining 22 percent.

Reason For Discharge
As would be expected, the predominant reason for hospice discharge is death, accounting for 84 percent of all discharges in 2008. As shown in Chart 2, 5 percent of all patients were discharged because of an extended prognosis while 4 percent were discharged because they desired curative treatment. All other reasons accounted for the remaining 7 percent of discharges.

Length Of Stay
One of the significant issues in hospice is that patients are often admitted to hospice at a very late stage of their disease process. Consequently, their length of stay is less than optimal. This phenomenon is supported by the data. As shown in Chart 3, 24 percent of patients had a length of stay of less than 6 days, while another 24 percent had a length of stay of 6 to 15 days. Only 26 percent had a length of stay longer than 60 days.

As shown in Table 2, the proportion of patients with very short stays remained relatively constant between 2007 and 2008 with 23.7 percent of patients having a length of stay of 0-5 days. Similarly, stays of 6-10 days rose slightly to 14.7 percent.

>>continued on page 7
Patients by Length of Stay, 2002-2008

<table>
<thead>
<tr>
<th>LOS (Days)</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
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<tbody>
<tr>
<td>91 to 120</td>
<td>2797</td>
<td>2881</td>
<td>3389</td>
<td>3225</td>
<td>3530</td>
<td>3724</td>
<td>3641</td>
</tr>
<tr>
<td>121 to 150</td>
<td>1569</td>
<td>1789</td>
<td>1962</td>
<td>2170</td>
<td>2470</td>
<td>2475</td>
<td>2538</td>
</tr>
<tr>
<td>151 to 180</td>
<td>1435</td>
<td>1503</td>
<td>1609</td>
<td>1898</td>
<td>2230</td>
<td>2273</td>
<td>2381</td>
</tr>
<tr>
<td>180 or more</td>
<td>3597</td>
<td>4511</td>
<td>5337</td>
<td>6727</td>
<td>7710</td>
<td>8284</td>
<td>8192</td>
</tr>
<tr>
<td>Total</td>
<td>64957</td>
<td>70771</td>
<td>76975</td>
<td>79574</td>
<td>84745</td>
<td>88868</td>
<td>91528</td>
</tr>
</tbody>
</table>

**Diagnosis**

As shown in Chart 4, cancer is by far the most prevalent diagnosis in hospice, accounting for 41 percent of all diagnoses in 2008. Dementia and heart disease were the next most common diagnoses, accounting for 14 percent and 11 percent respectively. All other diagnoses accounted for the remaining 34 percent.

**Visits By Discipline**

Hospices reported making more than 5 million visits in 2008, as shown in Table 3. While total visits grew nearly 155 percent between 2002 and 2008, Licensed Vocational Nurse (LVN) visits grew the most, increasing from 130,966 in 2002 to 632,914 in 2008, or more than 383 percent.

<table>
<thead>
<tr>
<th>Hospice Visits By Discipline, 2002-2008</th>
</tr>
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<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>RN</td>
</tr>
<tr>
<td>Homemaker/Home Health Aide</td>
</tr>
<tr>
<td>Social Services</td>
</tr>
<tr>
<td>LVN</td>
</tr>
<tr>
<td>Chaplain</td>
</tr>
<tr>
<td>Physician</td>
</tr>
<tr>
<td>Other</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

During 2008, Homemaker/Home Health Aide visits were the most common visits, at 35 percent of all visits (See Chart 5). Homemaker/Home Health Aide visits were closely followed by RN visits which accounted for 34 percent of the total. LVN visits accounted for 13 percent and social services accounted for 8 percent of visits. All other visits accounted for the remaining 10 percent.

**Days by Location**

During 2008, more than 6.3 million total days of hospice care were provided. This was a 4.1 percent increase over the 6,092,903 days provided in 2007. As shown in Chart 6, 65 percent of the days were provided at home. Skilled nursing facilities were the location for 20 percent of the days, followed by Residential Care Facilities for the Elderly (RCFEs) at 14 percent. All other locations accounted for the remaining one percent of days.

**Gross Revenue By Payor**

During 2008, California hospices had gross revenues (charges) of $1,149,727,385 as shown in Table 4. Between 2007 and 2008, gross revenues rose by 12.8 percent. Over the same period, Medicare revenues increased 12 percent, Medi-Cal revenues increased by 14 percent and private pay revenues increased by 21 percent.
Excerpts from “When the Best Doctor is Far Away”
By Sean Flynn, Parade Magazine, Sacramento Bee, Nov22, 2009

“Last Christmas morning, a young boy lay unconscious in the emergency room of a tiny hospital in Colusa, CA. His pulse was slow and weak, his blood starved of oxygen. ‘He was literally blue,’ says Dr. James Marcin, a pediatric critical-care doctor. ‘He was dying.’ The usual treatments weren’t working – the boy’s lungs were filled with fluid. Dr. Marcin advised the nurses to crank up the ventilator to three times its typical pressure—a dangerous, possibly deadly level in a less critically ill patient.

The decision saved the boy’s life. And Dr. Marcin, a specialist based at the University of California, Davis, made the call from more than 75 miles away, sitting in front of his television in his Sacramento living room, which was connected to the four-bed Colusa emergency room by a teleconferencing system.

Dr. Marcin was practicing telemedicine, a quickly growing feature of the American healthcare system. The use of telemedicine in emergencies is dramatic, yet more prosaic applications are just as valuable – for example, chronic illnesses like heart disease and diabetes can be monitored and managed remotely.

Telemedicine can have a significant impact for all types of patients and care and is definitely the wave of the here and now, not just the future.

Other states have successively lobbied for federal and state assistance. CAHSAH is working behind the scenes as well to make inroads in this area. One of the first major efforts -- CAHSAH is joining forces with Aging Services of California, Center for Aging Services, and Continua to make a presentation to several legislative committees at the State Capitol on February 9, 2010. The goals is to promote aging in place by discussing technologies that prevent unnecessary acute episodes and early detection of health issues, better management of chronic diseases, promote high quality of care, achieve greater staff and caseload efficiency and promote aging in place.

Those members interested in telemedicine, its benefits and availability, should contact CAHSAH GPO vendor Philips Telehealth Solutions, 866-554-4RPM, www.philips.com/telehealth.

Announcing Benefits Quiz Winners

The following agencies were the first five to respond with correct answers, receiving $50 off their 2010 dues:

A Servant’s Heart Senior Care, San Marcos
Accredited Home Health Services, Woodland Hills
Colonial Home Care Services, Inc., Orange
Competent Care Giving, Costa Mesa
Craig Cares, Roseville

For your information, the Questions and Answers are noted below:

What is the name of the California city which will host the CAHSAH 2010 Annual Conference and Home Care Expo? SACRAMENTO

What new social media tool became available on the CAHSAH website in 2009? FACEBOOK

There are two lawsuits filed by CAHSAH that are nearing resolve. What is the overall topic of the lawsuit? (one word answer) MEDI-CAL

In what month is your CAHSAH anniversary? In other words, in what month are your renewal dues payable? (this answer is unique to each participant but will be confirmed)

Watch for CAHSAH’s mini surveys. Don’t let the next opportunity pass you by. There are often associated rewards for participation!
CAHSAH Open Houses a Success

As one of CAHSAH’s primary recruiting strategies for 2009, we embarked on a series of Open Houses throughout the state wherein prospective members in targeted areas were invited to participate in an informal setting to learn about CAHSAH and to discuss industry related issues/concerns. Each was hosted at a member facility.

- March – Sacramento at CAHSAH
- June – Woodland Hills at Accredited Home Health Services
- September – Orange at St. Joseph Home Health Network
- November – Pleasant Hill at Hospice of the East Bay

A total of 73 agencies/102 people attended the events. To date, we are very pleased that thirteen (13), or 18 percent, of those entities have joined CAHSAH.

In 2010, the strategy will be expanded to create venues of value that will include both members and prospects. Watch for announcements – we may be coming to an area near you!

EXHIBITORS WELCOME!

Holidays have come and gone; it will be May before you know it and time for CAHSAH’s annual trade show. The prospectus is available as well as the online floorplan. We invite you to join us if the past is any indication of the future, booths will be sold out early – with a waiting list. Submit your reservation today. For questions or assistance, contact mlander@cahsah.org.

RAMP – new member referral program coming in 2010!

In 2010, CAHSAH will be launching a Member to Member Referral Program to build and strengthen CAHSAH community, known as RAMP – Referrals and Admissions for Member Providers –

As an association, we want to encourage and create an environment wherein our members support each other, developing business opportunities from within and strengthening association value. One of the main reasons agencies join CAHSAH is to network with like minded individuals. So let’s take it to the next level – “When you can’t help, help others who can”; create a winning opportunity for both the patient and your peer by referring to member organizations.

We have surveyed some of our members to find out who received member referrals resulting in admissions during the past year: 47 referrals with total revenue $184,240 generated – an average of $3920 per admission. Just think of the potential business growth if 10% of our member locations received only one average admission per year directly through a member referral – that’s $348,880 of additional revenue for our members!

Begin thinking in broader terms; CAHSAH members represent the continuum of care so why not take advantage of that by supporting those agencies that support home care?

Be watching for further information as we RAMP Up the RAMP Program.

SHARE THE WEALTH

Looking for New ideas? New processes? Best practices? Who better to provide the answers than your CAHSAH peers?

We often receive phone calls and emails, asking for information and for help. You probably see similar questions on our ListServe. So, during the months of January through April, CAHSAH is sponsoring a ‘Share the Wealth Program’. We encourage you to submit your ideas and allow others to benefit from your experience. Just jot down a couple of paragraphs describing the situation, a new process/procedure, and the outcome. What may seem like a simple idea to you may make a world of difference to someone else.

Here are some topics that might trigger ideas, events, programs –

<table>
<thead>
<tr>
<th>Referral/Intake</th>
<th>Documentation Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assignment/Scheduling</td>
<td>Quality Improvement</td>
</tr>
<tr>
<td>Patient Care Practice</td>
<td>Information System</td>
</tr>
<tr>
<td>Supervision</td>
<td>Coding</td>
</tr>
<tr>
<td>Documentation System</td>
<td>Billing</td>
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</tbody>
</table>

Send your story to sbertoux@cahsah.org. The most notable will be published in the Bulletin each month; the winner will be announced at Conference and will receive a free workshop coupon. So take a few moments while it’s fresh in your mind, jot it down and send. That prize just might have your name on it!

2010 – January Renewals

For members renewing in January, the due date has come and gone. If you received your notice and have not yet renewed, please contact our office asap at 916-641-5795, ext 114, or click here to renew online.

- Taking advantage of CAHSAH’s many member benefits can easily offset your dues amount, such as:
  - Reduced pricing on education programs
  - Half price for conference registration
  - Discounts on products and services through six group purchasing programs
  - Lessened fees for publications/forms, such as Eli Research, Decision Health, CHAP, NEVCO and more
  - Free HCA Certification

Ensure continuation of your membership by renewing today!
Whether you want an update on Washington, tap into the generational workforce, or just need some humor in your job, you can’t afford to miss the 2010 keynote sessions.

On Wednesday, May 5, Val Halamandaris, NAHC’s president will give an update on healthcare reform, and predictions on how it will affect our industry in terms of operations, reimbursement, clinical practice, technology, profitability, and growth for the future.

On Thursday, May 6, Bob Losyk with Innovative Training Solutions will close the gap that exists between young workers and the seasoned workforce. This session will reveal the unique characteristics of the millenium workforce, so that participants can immediately begin to understand them. Bob will also map out the smartest way to manage and motivate them so that you can tap into their true potential. Filled with practical solutions, this session will get the generation “Y” workforce really working for you!

On Friday, May 7, Kent Rader will share with you, how our healthcare industry is experiencing workforce shortages that promise to only get worse. Recent surveys report more than half of our employees hate their jobs. The number one reason sited for both phenomenons is the stress associated with today’s healthcare environment.

This program will take you on a journey you won’t want to end. It begins by sharing the origins of stressful feelings and how humor is a proven tool in combating these feelings and improving your organization. Kent offers practical ways to include more humor in your life, along with stories that are guaranteed to make you laugh.

In addition to these remarkable keynote sessions – CAHSAH has 42 concurrent sessions in six different tracks to choose from. For more information or session description please visit http://www.cahsah.org/?p=concurrent.

Medicare Documentation Wrap Up

On November 5th and 6th CAHSAH gave attendees a haunting dose of Medicine to cure their Medicare scares aboard the Queen Mary in Long Beach. With Patricia Jump, an experienced RN and sought after home health consultant, as the leader we spent two intense days dealing with some of Medicare’s most frightening regulations.

The First day was the Medicare Documentation workshop where nursing and therapy staff were brought up to date on the many rules and regulations under the Medicare program. Patricia gave the inside tips about comprehensive documentation needed to support Medicare criteria and avoid survey deficiencies. Plenty of issues were discussed, with acceptable solutions given to solve any dilemma.

The Second day was an advanced training on how to successfully run a Medicare Business, designed for the managers and directors of a Medicare business. Attendees were given secrets of high-performance tasks to increase revenue, compliance, productivity and smooth operational management. Patricia also showed how to minimize financial risk by learning what to track, benchmark and change.

Conference Sponsorships Are Going Quick!

If you haven’t already secured your spot as a sponsor for the 2010 Annual Conference – do it today!

By becoming a conference sponsor, you are maximizing your company’s exposure to over 375 home care and hospice leaders and decision makers.

Here’s a list of available sponsorship opportunities:

- Flash Drive sponsorship
- Cyber Café
- Keynote Speakers
- Breakfast and Lunch
- Pin
- Exhibit Reception
- Dessert
- Let Attendees’ Fingers Do The Walking
- Don’t delay – share the spotlight and find a company to co-sponsor. For more information or to sign up, please visit http://www.cahsah.org/?p=sponsorship or contact Soua Vang at (916) 641-5795 ext. 122 or svang@cahsah.org.
While OASIS-C has occupied everyone’s thoughts and training efforts recently, we need to recognize that the guidance for OASIS-C has also had a major affect on our coding choices. CMS has refined guidance for the completion of M1024 (formerly M0246) and now expects procedure codes to be reported under certain circumstances. It is critical that home health coders are aware of these recent changes in order to maintain compliance with CMS guidance while minimizing any possible negative impact that these changes could potentially have on both reimbursement and risk adjustment. Attend CAHSAH’s ICD-9 Coding workshops and make sure your agency is compliant with the new changes!

| January 13, 14, & 15, 2010 - Sacramento, CA |
| January 20, 21, & 22, 2010 – Ontario, CA |

We all know that great leaders don’t just manage, they empower and influence others. As a leader, it’s your job to guide your agency to meet its current and future goals. Great leaders are self directed and have a clear vision for their agency. They make things happen. But given the economic situation and negative cash flow, it can be tempting to put education on the back burner. But you are only doing yourself a disservice if you do that. Surround yourself with others who have the same vision by attending education events that will impart knowledge to you as a leader and give you access to other professionals in the field.

This three module course will cover the following:
- Hospice Financial Management
- Leading a Strategically Positioned Hospice Organization
- Integration of Compliance Management into Organizational Performance

Space is limited so sign up today for this popular program and take your skills to the next level!

OASIS-C: Don’t Just Survive – Thrive!

With OASIS-C being finalized and implemented on January 1, 2010 we felt it was important to offer this training again! Spend a day and a half with CAHSAH and OASIS Expert and author Melinda Gaboury reviewing all the new changes to OASIS-C. Day one will be spent defining OASIS-C and the changes from OASIS B-1, identifying sections of OASIS-C Guidance Manual and its use, and listing specific criteria that must be followed in completing M items that are new to OASIS-C. Day two you will learn how to calculate and evaluate the HHRG, HIPPS Code and Episode Exceptions, evaluate the effects of OASIS-C on agency reimbursement and receive instructions for Non-routine Supply Documentation and scoring from OASIS-C questions. Register early to save your seat! The COS-C Exam will be offered following the workshop. Please visit www.oasiscertificate.org for more information and/or to register.

| Workshop Dates and Locations: |
| March 1-2, 2010 – Sacramento, CA |
| March 3-4, 2010 – Ontario, CA |

| Exam Dates and Locations: |
| March 2, 2010 – Sacramento, CA |
| March 4, 2010 – Ontario, CA |

Please visit our website for more information.

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www.cahsah.org
Tigated under federal regulations to repay assets of a home health agency was obligations may not protect purchasers who utilized home health agencies and hospices attractive to buyers. The acquisition of certified home health agencies and hospices raises a number of issues that must be addressed in preparation for the completion of acquisitions. One of the most pressing is: Who will be responsible for any liabilities for services provided before the sale claimed by Medicare or Medicaid after the acquisition is completed?

Historically, providers attempted to address and resolve this issue through provisions in Purchase Agreements that made it clear that purchasers were acquiring only the assets, not the stock, of acquired providers. Purchase Agreements also routinely stated that purchasers would not be responsible for any liabilities related to services provided before the acquisition. Further, Purchase Agreements typically provided that former owners retained all liabilities.

A court decision; U.S. v. Vernon Home Health, Inc. et al, U.S. Court of Appeals for the Fifth Circuit, No. 93-4621, June 1, 1994; makes it clear, however, that such provisions may not protect purchasers who utilize the prior owner’s provider number. In this case, a corporation that purchased the assets of a home health agency was obligated under federal regulations to repay over $30,000 in Medicare overpayments made by the government to the prior owner. The successor corporation purchased the assets only of the home health agency in March 1985.

The purchase agreement specified that the new owner assumed no liabilities, including liabilities associated with outstanding overpayments. The new owner, however, began using the prior owner’s provider number immediately after the sale in order to avoid any gap in services.

The judge in this case decided in favor of CMS. Use of the existing provider number by the new owner was evidence that the participation agreement between the old owner and CMS was assigned to the new entity. According to the Court, an assigned agreement is subject to all applicable federal laws and regulations, including those regarding adjustments for overpayments.

Prospective purchasers may attempt to avoid this type of liability by providing for indemnification by the old owners for any monies it is forced to pay to CMS for overpayments related to services provided by previous owners. As a practical matter, however, the purchase of all the assets of the agency may mean that the old corporation has no assets to be used to indemnify new owners.

Thus, a more effective strategy may be to provide that a portion of the purchase price will be withheld and any overpayments paid by the new owners will be charged against the balance of the purchase price.

The “bottom line” is that CMS will take steps to prevent providers from avoiding liabilities in mergers and acquisitions. Careful planning is needed to ensure that appropriate parties are ultimately responsible for overpayments.

During 2008, Medicare gross revenue accounted for 87 percent of total gross revenue as shown in Chart 7. Medi-Cal accounted for 8 percent and private pay accounted for 4 percent. All other sources accounted for the remaining one percent.
# 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><strong>Abuse</strong></td>
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<tr>
<td>S 795 (Hatch)</td>
<td>Creates an Elder Justice Coordinating Council responsible for coordinating public and private activities and programs related to elder abuse</td>
<td>Watch</td>
<td>Referred to Finance Committee</td>
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<tr>
<td><strong>Health Care Coverage</strong></td>
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<tr>
<td>H.R.3200 (Dingell)</td>
<td>Requires employers to offer health benefits coverage to employees and make specified contributions towards such coverage or make contributions to the Exchange for employees obtaining coverage through the Exchange. Exempts businesses with payrolls below $250,000 from such requirement.</td>
<td>Watch</td>
<td>Place on House Calendar for Floor Hearing</td>
</tr>
<tr>
<td>H.R. 3962 (Dingell)</td>
<td>Affordable Health Care for America Act House primary bill for health care reform.</td>
<td>Watch</td>
<td>On Legislative Calendar to be Heard</td>
</tr>
<tr>
<td>S 1679 (Harkin)</td>
<td>Affordable Health Choice Act Senate primary bill for health care reform.</td>
<td>Watch</td>
<td>On Legislative Calendar to be Heard</td>
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<tr>
<td><strong>Health Care Workforce</strong></td>
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<tr>
<td>H.R. 468 (Schakowsky)</td>
<td>Companion Bill: S.245 (Kohl)</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>
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<td><strong>Home Health</strong></td>
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<td>HR 1094 (Lewis)</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</td>
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<tr>
<td>S. 1123 (Collins)</td>
<td>Would restore the 5 percent add-on for Medicare home health services delivered in rural areas. Seeks to reinstate the add-on payment for five years beginning Jan. 1, 2010.</td>
<td>Support</td>
<td>Referred to Senate Finance Committee.</td>
</tr>
<tr>
<td>S. 1157 (Conrad)</td>
<td>Would protect and preserve access for Medicare beneficiaries in rural areas to health care providers under the Medicare program and reinstate the 5 percent Medicare home health rural add-on for calendar year 2010.</td>
<td>Support</td>
<td>Referred to Senate Finance Committee</td>
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<tr>
<td><strong>Home Infusion</strong></td>
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<tr>
<td>HR 574 (Engel)</td>
<td>Companion Bill: S.254 (Lincoln)</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>
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<tr>
<td><strong>Hospice</strong></td>
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<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.1150 (Rockefeller)</td>
<td>Would make hospice a required benefit under Medicaid and the Children's Health Insurance Program.</td>
<td>Support</td>
<td>Referred to Senate Finance Committee</td>
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<tr>
<td><strong>Information Technology/Telemedicine</strong></td>
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<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 Medicare program and the Children's Health Insurance Program.</td>
<td>Watch</td>
<td>Referred to Senate Finance Committee</td>
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<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>
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<td><strong>Long Term Care Insurance</strong></td>
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<td>HR 1721 (Kennedy)</td>
<td>S 697 (Pallone)</td>
<td>Would create a new national insurance program to help adults who have severe functional impairments to remain independent, employed, and stay a part of their community. Financed through modest voluntary payroll deductions</td>
<td>Watch</td>
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<tr>
<td><strong>Medicare</strong></td>
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<tr>
<td>H.R.27 (Biggert)</td>
<td>Amends title XVIII of the Social Security Act establishing additional provisions to combat waste, fraud, and abuse within the Medicare Program.</td>
<td>Watch</td>
<td>Referred to House Judiciary</td>
</tr>
<tr>
<td>H.R.902 (Smith, A.)</td>
<td>Companion Bill: S.712 (Feingold)</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>
</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>
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<tr>
<td><strong>Unionization</strong></td>
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<tr>
<td>HR 1409 (Miller)</td>
<td>Companion Bill: S. 560 (Kennedy)</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.</td>
<td>Oppose</td>
</tr>
</tbody>
</table>
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Money Matters: Investing In the Future
May 4-7 - Sacramento, CA

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