

# Association for Home & Hospice Care of NC

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# What is AHHC?

- The Association for Home & Hospice Care of North Carolina (AHHC) is a nonprofit trade association representing providers of home health, hospice, palliative care, home care, private duty nursing and companion/sitter services.
- The Association was established in 1972 and currently has a membership of over 750 provider agencies and vendors, who provide products and services to providers.
- AHHC's mission is to provide Resources, Education, Advocacy and Leadership. Services include: technical assistance, monthly newsletters, quality educational programs, annual directory, email alerts, and political lobbying.

# Home Health & Hospice Overview

- Home Health and Hospice agencies are highly regulated and must meet both federal certification requirements known as the Conditions of Participation as well as NC Licensure requirements.
- The certification requirements are very extensive and dictate patient acceptance requirements, patient rights, patient assessment content and time frames, qualifications of management and staff, clinical record requirements, physician orders, supervision requirements, quality and data requirements, infection control, emergency preparedness, coordination of care, when discharge is allowed, etc.
- Both HH and Hospice services are available 24/7 via an on call system

## North Carolina data for Home Health and Hospice

- Per the SMFP 2017- 209 certified Home Health Agencies listed on the DHSR site – covering all NC counties
- Nearly 98% are accredited either by JCAHO, Accreditation Commission for Health Care or CHAP.
- Per the SMFP 2017 - 238 total hospices are listed – total inpatient beds are 449 and total residential beds are 159 – about 90% of providers are accredited
- Both Home Health and Hospice are on the CMS Compare Web sites that rate agencies based on CMS measures – both HH and hospice have mandated Quality Reporting Programs

# North Carolina Home Care data

- Altogether, there are over 1,600 licensed home care, home health, hospice, nursing pool licenses – that also includes DME companies licensed for home care, Infusion therapy companies, licensed only home care aide agencies (both private pay and Medicaid) and private duty companies (such as companies that provide services for ventilator dependent patients) and companion sitter agencies
- While historically most referrals for services came from hospitals, we see that shifting with referrals from community settings surpassing hospital referrals.

# Familiar Names of Home Care Services

- Personal Care Services or PCS
- Private Duty Nursing or PDN
- Community Alternatives Program for Children (CAP/C)
- Community Alternatives for Disabled Adults (CAP/DA)
- Companion and Sitter services

# Home Health Services

- Traditional Home Health Services are Nursing, PT, OT, ST, MSW and aide services and they are provided on a per visit basis
- Home Health services are both acute (such as IVs, post-surgical services, therapy, etc) or chronic disease services (for diabetes, wounds, cardiac issues, strokes, etc.).
- Home health agencies also provide palliative care and telehealth services although there is not separate payment for those services under traditional Medicare.

# Hospice

- In order to be eligible to elect hospice care under Medicare, an individual must be entitled to Part A of Medicare and certified as being terminally ill by a physician and having a prognosis of 6 months or less if the disease runs its normal course.
- The patient must sign a statement choosing hospice care instead of other Medicare-covered treatments for the terminal illness and related conditions
- Hospice care is usually given in the home, but it also may be covered in a hospice inpatient facility. Depending on the terminal illness and related conditions, the plan of care can include any or all of these services:
  - Doctor services
  - Nursing care
  - Medical equipment (like wheelchairs or walkers)



# Hospice Services continued

- Medical supplies (like bandages and catheters)
- Prescription drugs for symptom control or pain relief (related to the terminal illness)
- Hospice aide and homemaker services
- Physical and occupational therapy
- Speech-language pathology services
- Social work services
- Dietary counseling
- Grief and loss counseling for the patient and family
- Short-term inpatient care (for pain and symptom management)
- Short term respite care
- Any other Medicare-covered services needed to manage pain and other symptoms related to the terminal illness and related conditions, as recommended by the hospice team
- Hospices are also leaders in providing palliative care

# Hospice Services

- Patients can get hospice care for two 90-day benefit periods, followed by an unlimited number of 60-day benefit periods.
- At the start of the first 90-day benefit period, the hospice doctor and the patient's regular doctor or nurse practitioner (if the patient has one) must certify that the patient is terminally ill (with a life expectancy of 6 months or less).
- At the start of each benefit period after the first 90-day period, the hospice medical director or other hospice doctor must recertify that the patient is terminally ill
- A hospice physician or hospice NP must have a face-to-face encounter with a hospice patient prior to, but not more than 30 days prior to the third benefit period recertification and each recertification thereafter to determine continued eligibility for the hospice benefit

- Hospice care costs are covered by Medicare (through the Medicare Hospice Benefit), Medicaid (in most states), and The Veteran's Health Administration and many insurances
- Medicare pays hospices a daily rate for each day a patient is enrolled in the hospice benefit. The payments are intended to cover the costs patient's incur in furnishing services identified in the patient's Plan of Care. Payments are made based on the level of care required to meet the patient's and family's needs. The levels of care are:
  - Routine home care (RHC) – Effective January 1, 2016, RHC payments are made at: A higher payment rate for the first 60 days of hospice care
  - A reduced payment rate for hospice care for 61 days and over
  - Continuous home care
  - Inpatient respite care
  - General inpatient care
  - Effective January 1, 2016, a service intensity add-on (SIA) payment, which is in addition to the per diem RHC rate (requires extensive supporting documentation)

# Home Care

- Several non medical providers in NC have developed programs to assist with patient transitions from hospital to home. These services may include errands, companion/sitter services, transportation, home management, meal preparation, etc.
- Other providers such as Wake Forest Baptist Health Care at Home, is a new partnership that focuses on providing a more complete program of post-hospital solutions for older adults throughout the Triad, but also adult patients of all ages with complex health problems who need help adjusting to living at home after they are discharged from the hospital into the community.
- Novant's Hospital to Home program offers transitional services through 13 partner hospital and organizations. These transitional care programs work. A study by Novant Health's Post Acute Services completed in June 2012 showed that a transitional program for at-risk seniors decreased readmissions by **61%**.

## Positives for Home Care and Hospice

- In most cases, Home Care and Hospice services are the preferred choice for an individual needing care.
- Highly cost effective in almost all settings of care
- Future Medicaid Reform plans will make Home Care and Hospice even more of a preferred choice for care because of cost effectiveness and patient preference.

# Challenges within Home Care and Hospice

- Major staffing shortages for aides that provide the bulk of the care in our services. This is a rural and urban issue.
- Growing concerns over the lack of Registered Nurses (RN's) to work in this industry
- Uncertainty at the Federal Level
- Medicaid Reimbursement issues over the years.

# Legislative Priorities for 2018

- Rate increase for the Community Alternatives Program for Disabled Adults or CAP/DA. The rates in this program need to match the other “like” services the state provides. The General Assembly was extremely helpful in the past long session in raising rates for many home care services.
- For the record, AHHC is **pro** Certificate of Need or CON.

# Questions and possible answers

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