

MEMORANDUM

Texas Department of Human Services * Long Term Care/Policy

TO: LTC-R Regional Directors-Section/Unit Managers
Home and Community Support Services Agencies (HCSSA) Program
Administrators

FROM: Marc Gold, Director
Long Term Care Policy
State Office MC: W-519

SUBJECT: Regional Survey & Certification Letter #00-25

DATE: January 8, 2001

The attached RS&C Letter is being provided to you for information purposes and should be shared with all professional staff.

- RS&C Letter No. 00-25 - Health Maintenance Organizations (HMOs) Requesting Clarification on Home Health Agencies (HHAs) ; Call Mary Jo Grassmuck, at (512) 438-2100.

If you have any questions, please direct inquiries to the individuals or sections listed above.

- Original Signature on File -

Marc Gold

Attachment

c: Cindy Kenneally W-521
Pam Coleman W-516
Linda Kotek W-519



**Department of Health & Human Services
Health Care Financing Administration**

Division of Medicaid and State Operations, Region VI

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Dallas, Texas 75202
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November 20, 2000

REGIONAL SURVEY AND CERTIFICATION LETTER NO. 00-25

TO: All State Survey Agencies (Information)
All Title XIX Single State Agencies (Information)

SUBJECT: Health Maintenance Organizations (HMOs) Requesting Clarification on Home Health Agencies (HHAs)

The purpose of this letter is to share information provided by our Central Office regarding questions recently asked by HMOs. **Specifically, many of the questions relate to the applicability of the Outcome and Assessment Information Set (OASIS) requirements and the Medicare conditions of participation (CoP) regarding HHAs.**

As you know, the Medicare CoP for home health agencies (HHAs) apply to all patients served by the HHA, regardless of payment source, and not just Medicare patients, unless the condition is specifically limited to Medicare beneficiaries. The Health Care Financing Administration's (HCFA) policy in this area is longstanding. Sections 1891(a) and 1861(o)(6) of the Social Security Act refer to an HHA meeting the HHA CoP, not just, as they apply to Medicare beneficiaries. While the purpose of the CoP is to help ensure proper care of Medicare beneficiaries, the CoP do this by defining the standards for an agency in which Medicare beneficiaries may be treated, instead of setting out the requirements applicable only to the care of Medicare patients served by the HHA.

The comprehensive assessment and OASIS data collection requirements apply to Medicare certified HHAs, and, to Medicaid home health providers in States where those agencies are required by the State to meet the Medicare CoP. The comprehensive assessment and OASIS data collection requirement currently applies to all patients receiving skilled care, including Medicare, Medicaid, managed care, and private pay patients with the following exceptions: 1) patients under the age of 18; 2) patients receiving maternity services; and 3) patients receiving only chore or housekeeping services. OASIS requirements have been delayed for patients receiving only personal care (non-skilled) services. The encoding and transmission requirement currently applies to Medicare and Medicaid patients only. A detailed explanation of the current requirements and timing of future requirements appears on HCFA's OASIS web page at <http://www.hcfa.gov/medicaid/oasis/oasishmp.htm>.

In addition, some of the questions also relate to the HHAs providing non-covered care to the Medicare beneficiary. As a part of the patient rights CoP, the HHA is required to advise the patient, before care is initiated, of the extent to which payment for the HHA services may be expected from Medicare or other sources, and the extent to which payment may be required from the patient. (See 42 CFR 484.10)

The following is HCFA's response to those specific questions submitted by the HMOs:

1Q. Can we provide palliative care services through our HHAs for those patients who are not homebound or not within 6 months of death.

Answer: Medicare approved HHAs may provide palliative care services to patients who are not homebound or not within 6 months of death if the patients are under a plan of care (PoC) signed by the physician and all other CoP are met. Of course, coverage and eligibility rules may prevent Medicare payment for those services.

2Q. Can we provide one time only visits such as 1 physical therapist visit for home safety evaluation, 1 registered nurse visit for lab draw, or 1 social work visit for planning or community resources? Would these patients be subject to all of the CoP requirements, i.e. OASIS, PoC, complete clinical record and discharge?

Answer: One time only visits may be provided to patients of an HHA. All patients in a Medicare certified HHA would be subject to all of the CoP requirements, including the OASIS, PoC and complete clinical record regardless of how brief the visit schedule. All patients are subject to the OASIS requirements if the service provided is skilled. Of course, coverage and eligibility rules may prevent Medicare payment for those services.

3Q. Can we provide visits to non-homebound patients? If done as part of the HHA, would they be subject to all CoP requirements, i.e. OASIS, PoC, complete clinical record and discharge?

Answer: A Medicare approved HHA may provide services to non-homebound patients as long as it continues to meet the Medicare CoP. Medicare patients who are not home bound would not meet the eligibility requirement for payment under the Medicare home health benefit. See preface for applicability of OASIS and CoP requirements.

4Q. Can we provide disease management programs for ongoing supervision to HHA patients who would normally be discharged when no longer homebound or who are stabilized but would not qualify for MAE? Would these patients be subject to all CoP requirements, i.e. OASIS, PoC, complete medical record, and discharge?

Answer: Yes. The CoPs would continue to apply although the OASIS requirements would not currently apply once the patient no longer required skilled care. See preface.

5Q. If we provided a disease management or palliative care program, do we need to separate the records in any way? Would record maintenance be subject to CoP and State Regulations?

Answer: All patients accepted for care by the HHA are subject to the CoP. This includes the clinical record condition.

6Q. For any non-Medicare patients in scenarios listed above, how would we track and report the visits on cost reports and State reports?

Answer: Please check with your Fiscal Intermediary regarding cost reports and the State Office of Licensing and Certification for the State reports.

7Q. How would the costs associated with these non-Medicare patients be allocated on the cost report? Would we use a non-reimbursable cost center?

Answer: Same as Number 6. Please check with your Fiscal Intermediary regarding cost reports and the State Office of Licensing and Certification for the State reports.

8Q. Could we provide an MSW (for one or more visits) when social problems existed but no need for skilled nursing or skilled rehab? If so, would a nurse have to do OASIS, PoC, complete medical records, and discharges?

Answer: The MSW can visit the patient for one or more visits; however, since the HHA must comply with the CoP for all patients accepted for care, the HHA is responsible for assuring that the comprehensive assessment and OASIS requirements are fulfilled as well as all other CoP. Since the MSW cannot complete the comprehensive assessment under the OASIS requirements, the RN would need to perform the comprehensive assessment and any other required assessments.

9Q. Can a MSW continue to visit the patient after other skilled services have stopped, provided Medicare is not billed for the visit? If so, would the nurse need to make a discharge visit to complete OASIS after the MSW discharges the patient?

Answer: The registered nurse is responsible for completing the OASIS discharge assessment in this situation, when the patient is discharged from the HHA.

10Q. Can we provide aide services only? We would plan to have an RN set up the PoC and supervise at least every 62 days. Would these patients be subject to all CoP requirements, i.e., OASIS, PoC, complete clinical record, and discharge?

HMOs Requesting Clarification on HHAs
RS&C Letter #00-25
November 20, 2000
Page 4

Answer: A Medicare approved HHA may provide aide services only to some of its patients. The CoP apply, although the OASIS requirements for personal care only patients are delayed.

We hope this clarification will be helpful to you and your staff. If you or members of your staff have any questions, please contact your HCFA State Representative.

Sincerely,

- Signature on File -

Linda Jones, Health Insurance Specialist
Survey and Certification Operations Branch
Division of Medicaid and State Operations

cc: HCFA State Representative
HCFA Home Health Team