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Home Health Line

Regulatory news, benchmarks and best practices

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COVID-19: Telehealth

Consent forms allow patients to make informed decisions about care

Now that some agencies are navigating the unchartered territory of providing telehealth for home health patients, they are looking for ways to get consent from patients to ensure absolute compliance while limiting the unnecessary risk for exposure to COVID-19 spread.

While CMS doesn't pay for home health services furnished via telecommunications, agencies can still use telehealth and telemonitoring to supplement — but not replace — in-person visits, CMS stated in the interim final rule to help providers during the public health emergency, released end of March (*HHL 4/13/20*).

A consent form should make clear to the patient that this is not substituting for the planned visits and that these visits are an effort to minimize exposure, says Robert Markette, an attorney with Indianapolis-based Hall, Render, Killian, Heath & Lyman.

This will protect agencies from survey violations under §484.60(a)(1). This standard states that the patient's physician orders for treatments and services are the foundation of the plan of care. If the home health agency misses a visit, treatment or service as required by the plan of care, which results in any potential for clinical impact upon the patient, then the agency must notify the responsible physician of such missed treatment or service.

ICD-10 code changes coming October 1

Home health coders will need to be informed of FY2021's new, deleted and revised codes to appropriately capture patients' conditions, stay in compliance and ensure accurate payments come October 1. In this 60-minute webinar on Thursday, June 25, coding and billing expert Brandi Whitemyer will walk you through how these updates will impact the home health coding environment so you can start preparing now! To register for this webinar, visit *https://tinyurl.com/y8yr9298*.

Agencies should clearly document that they have gotten patient consent and advised the patient about what telehealth is, how it is conducted and that the agency will continue to provide confidentiality of care. Having written consent stating the patient agreed to telehealth is an extra layer of protection for the agency, says Diane Link, owner of Link Healthcare Advantage in Littlestown, Pa.

Document patients' decisions

General consents are typically signed upon the first visit along with other preliminary forms. They ask whether the patient permits the health care provider to leave detailed voicemail messages at a patient's designated telephone number or to use email and/or text messaging as a means of communication, says Shakeba DuBose, health care attorney and consultant at the DuBose Law Firm, LLC and TDLF Healthcare Compliance Consulting Group, LLC in Columbus, Ohio.

Patients have a right to refuse care provided via telecommunication media especially, because this technology comes with the risk of having health care information disclosed or used without authorization as a result of security breaches or hacks, DuBose says.

Ultimately, telehealth consent forms provide patients with the opportunity to make an informed decision about how they receive their care and document that decision, DuBose says.

Educate patients about telehealth

In addition to obtaining consent, the clinician should explain the process of telehealth to patients including how to access the platform and what to expect during the telehealth call.

"Explain that it's part of the plan of care to supplement in-home visits and that the patient can still contact the agency with any concerns via telephone," Link says.

Make sure patients understand that your agency can call to discuss their care and to do the following remote checks, and these are in addition to regular scheduled visits to limit exposure to COVID-19, Markette says.

"We have been advocating for remote patient monitoring as a way to be more efficient. It's important to document that we were clear and communicated with the patient, and they were aware of how it would work," Markette says.

When patients understand the benefit of using telehealth, consents in the form of electronic, paper or verbal provide documentation of their informed decision to receive health via a non-traditional means such as video conferencing or teleconferencing, says DuBose.

Tips for telehealth consent

- **Warn patients what your agency might ask**. Let patients know that when you contact them, your agency might ask about their blood pressure but not their social security numbers, for instance, Markette says.
- **Include info about how you will contact the patient**. Provide a brief description of how you will call the patient and what number you'll call from so they know what number to look for, Markette says. "My biggest concern is that the patient understands

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how it will work and doesn't get scammed by someone who is pretending to be us," Markette says.

- **Assess the patient's technology capabilities**. If patients have an iPhone, ask if they can do a face-to-face video call, Markette says.
- **Incorporate any state- and payor-specific requirements that might apply**. For example, a state Medicaid agency may have specific telehealth consent requirements as a condition of payment, says Madison Pool, an associate with Arnall, Golden and Gregory in Atlanta. Further, the frequency that consent is required may vary. It could be once a year, or it could be more often. — *Megan Pielmeier* (mpielmeier@decisionhealth.com) ■

Related links: For more on missed visits, visit: *https://go.cms.gov/3d2T4w1*. For more on expanding reimbursement for telehealth, visit: *https://go.cms.gov/35l9jle*.

OASIS

Delirium screen coming to the OASIS in future; start practicing now

By: Katherine J. Vanderhorst and Dr. Amy Craven

CMS has big plans for updating OASIS-D to OASIS-E including the addition of dozens of new items — or standardized patient assessment data elements (SPADEs) — at various timepoints.

While these changes, originally scheduled for January 2021, have since been postponed until a year after the pandemic ends, it's still a good idea for agencies to have a heads up about what's coming.

CMS will add data elements from the Confusion Assessment Method (CAM) to the OASIS. New item C1310 (Should brief interview for mental status (C1310A-C1310D) be conducted) will be added at start of care (SOC), resumption of care (ROC) and discharge.

The CAM was developed in 1990 to improve the identification and recognition of delirium and is intended to standardize a way for trained clinicians to identify delirium quickly across settings. It is suggested that a valid cognitive test, such as the Brief Interview for Mental Status (BIMS), be administered.

Delirium is a serious disturbance in mental abilities that results in confused thinking and reduced awareness of the environment. The start of delirium is usually rapid — within hours or a few days. It is considered a neuropsychiatric disorder that commonly occurs with underlying medical conditions and often occurs after an acute hospitalization or illness. Patients often experience physical and mental changes that not only increase morbidity and mortality, but they're correlated to higher medical costs and nursing home placement.

There are numerous conditions and factors that increase an individual's risk of Delirium. Many of these are commonly seen in the population seen in the home. Discharge from hospital post illness, surgery, older age, dementia, dehydration, sepsis (infection), drug and alcohol abuse, multiple medications, impairments in vision and hearing and history of delirium are all risk factors.

The current OASIS does not include a validated delirium assessment. The CAM will provide a simple test that can aid in detecting the presence of cognitive impairment in older adults. The test is a reliable, validated instrument that takes two to four minutes to administer.

How do you administer the CAM?

After the completion of a cognitive screen, the clinician should answer the following question based on what he or she observes during the visit.

- **Feature one: Acute onset.** Ask: "Is there evidence of an acute change in mental status (attention, orientation or cognition) from the patient's baseline?" Respond with "0, No" or "1, Yes." Note that this information usually must be attained from caregivers who know the patient's baseline.
- **Feature 2: Inattention.** Ask: "Did the patient have difficulty focusing attention, for example, being easily distractible or having difficulty keeping track of what was being said?" Respond with "0, Behavior not present;" "1, Behavior continuously present, does not fluctuate;" or "2. Behavior present, fluctuates (comes and goes, changes in severity)." Note that inattention is when patient is unable to focus on questions or keep track of what is being said. Interviewer may not be able to engage patient. Patient may be focusing on just one answer or answers inappropriately. Patient is dazed or distracted.
- **Feature 3: Disorganized thinking.** Ask: "Was the patient's thinking disorganized or incoherent (rambling or irrelevant conversation, unclear or illogical flow of ideas or unpredictable switching from subject to subject)?"

Respond with "0, Behavior not present;" "1, Behavior continuously present, does not fluctuate;" or "2, Behavior present, fluctuates (comes and goes, changes in severity)." Note that disorganized thinking may be answers that don't make sense or have nothing to do with a question that you asked.

- **Feature 4: Altered level of consciousness.** Ask "Did the patient have altered level of consciousness as indicated by any of the following criteria?" This includes:
  - Vigilant — Startled easily to any sound or touch
  - Lethargic — Repeatedly dozed off when being asked questions but responded to voice or touch
  - Stuporous — Difficult to arouse and keep aroused for the interview
  - Comatose — Could not be aroused

How to score the CAM

Delirium is present if the following are present: "Feature 1 — Acute change or fluctuation (any symptom)" AND "Feature 2 — Inattention" in addition to either "Feature 3 — Disorganized thinking" or "Feature 4 — Altered level of consciousness."

The diagnosis of delirium by CAM requires the presence of Features 1 and 2 and either 3 or 4.

What if the patient has delirium?

- **Contact the patient's physician and let him know the results immediately**. A delirium is a medical emergency so patient should be evaluated quickly by a physician
- **Make sure the case manager on the case is notified immediately**. ■

Related links: View two useful videos on the CAM at https://bit.ly/2UtqKML and https://bit.ly/2JsJSUO.

Details about the OASIS-E delay here: https://tinyurl.com/y87azvou.

Source: Inouye SK, van Dyck CH, Alessi CA, Balkin S, Siegal AP, Horwitz RI. Clarifying confusion: the confusion assessment method. A new method for detection of delirium. Ann Intern Med. 1990;113(12):941-948.

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Sales & marketing

Agencies should update marketers' bonus structures for PDGM

By: Melanie Stover

With the Patient-Driven Groupings Model (PDGM) in full force, many of the standard practices for creating bonus structures still make sense but with a few twists.

The concept of a bonus structure is simple. Reward the behavior you want to be repeated and minimize unintended consequences of the incentive program.

When agencies incentivize their marketers to do the right thing for both the patients and agency, everyone wins.

Focus your marketers on PDGM issues

- **The referral must be complete, or "tied up in a bow," and handed to intake**. Under PDGM agencies need to have a qualifying diagnosis that can be coded correctly. Your marketers' involvement in the facilitation of paperwork, coordinating with the referral source and reviewing the referral information for completeness is a crucial component to the timeliness of admission and billing.
- **Check for comorbidities**. This is part two of the complete referral. Request the marketers to gain any past clinical documentation that would support comorbidities if available.
- **Understand the 12 clinical groupings**. All staff, including marketers, should understand the 12 clinical groupings under PDGM and which diagnoses fall into each. This will help agencies have a better understanding of what types of patients they may want to focus on. Consider which patients your agency treats well and which ones will continue to support your agency's positive outcomes. Many of the EMRs can predict outcome measures in real-time in the form of reimbursement and quality measures. Identify the high-value types for your agency and create a focus for your marketers.

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- **Referral source education**. One of the critical roles of a marketer is education, and the activity around his or her education can be a component of an incentive plan. Focus on educating referral sources on high-value patient types, so they are aware of the breadth and depth of home health and how you help patients manage disease processes at home. Reps can be measured on their proficiency and competency based on crafted messages of the week.
- **Determine if it's a LUPA or not**. Many agencies take into consideration if the admission was a LUPA or not and count the admission accordingly when compensating marketers.
- **Identify institution vs. community referrals**. There was much talk of institution vs. community admissions earlier this year. Agencies should direct their sales force to focus on one or the other. Both have merit and continue to support the diversification of referral source types.
- **Keep payor sources in mind**. Bonus plans may include different payor sources, and not all payors are equal. The profitability of the agency is key to success. Agencies should make sure their bonus structure makes sense in terms of the agency's profitability.
- **Simplicity is key**. As with any program, it's a good idea to keep your compensation program as simple as possible. Agencies want their marketers out educating referral sources and getting patients the care they deserve, not trying to figure out a multi-point bonus program.
- **Have a clear direction**. When agencies make their program clear, it's easy for marketers to see a path to the goal they are trying to achieve. They can break it down into mini daily goals to achieve their monthly goal. Achievement of the mini-goals gives them confidence. Success breeds success.
- **Have a legal team review your agency's plan**. As with any incentive program, agencies should review their program with their legal counsel to adhere to all local and national laws. ■

Related links: Melanie Stover is the owner of Home Care Sales in Fairhope, Ala., which specializes in growth strategies for the home care industry. She has been presenting on the topics of home health, hospice and private duty for the last 18 years.

COVID-19: Employment law

Form I-9 in-person verification deferred during COVID-19 crisis

In light of the unusual state of current affairs employers are facing due to the COVID-19 crisis, the Department of Homeland Security (DHS) has announced it will exercise discretion to defer the "in-person" requirements associated with Employment Eligibility Verification (Form I-9). These changes address the Immigration and Nationality Act (INA) requirement mandating that employers review original employment eligibility verification documentation in the presence of the employee within three days of hiring any worker.

In the March 20th announcement, the DHS stated the following: "Employers with employees taking physical proximity precautions due to COVID-19 will not be required to review the employee's identity and employment authorization documents in the employee's physical presence."

Remote verification of documents

Despite the deferment of the physical presence requirement, employers are still responsible for checking/verifying the authorization documents. Employers are required to inspect the Section 2 documents remotely using video link, fax or email, for instance, and obtain, inspect and retain copies of the documents within three business days for purposes of completing Section 2 of Form I-9.

Other required procedures

Employers have other I-9 procedural requirements based on the DHS guidance, as follows:

- Once normal operations resume, all employees who completed the Form I-9 using remote verification must report to their employer within three business days for in-person verification of identity and employment eligibility documentation.
- Employers should enter "COVID-19" as the reason for the physical inspection delay in the Section 2 "Additional Information" field, after physical inspection takes place.
- After the documents have been physically inspected, the employer should add "documents physically examined" with the "date of inspection" to

the Section 2 “Additional Information” field on the Form I-9, or to Section 3 (as applicable, for reverifications).

- Timeframe: the above provisions may be implemented by employers for a period of 60 days from the date of the DHS notice (March 20) OR within three business days after the termination of the national emergency, whichever comes first.

Employers who use this option must provide written documentation of their remote onboarding and telework policy for each employee. The burden to provide this notice rests solely with the employers.

Exception applies to remote workplaces

The relaxed DHS provisions only apply to employers and workplaces that are operating remotely. According to the DHS, where employees are physically present at a work location, no exceptions are being implemented at this time for in-person verification of identity and employment eligibility documentation for Form I-9, Employment Eligibility Verification. However, if newly hired employees or existing employees are subject to COVID-19 quarantine or lockdown protocols, DHS will evaluate this on a case-by-case basis.

Designated representative

Additionally, employers may designate an authorized representative to act on their behalf to complete Section 2. An authorized representative can be any person the employer designates to complete and sign Form I-9 on their behalf. The employer is liable for any violations in connection with the form or the verification process, including any violations in connection with the form or the verification process, including any violations of the employer sanctions laws committed by the person designated to act on the employer’s behalf.

Notice of Inspection (NOI)

Along with the Form I-9 modifications, the DHS also announced that effective March 19, 2020, any employers who were served NOIs by DHS during the month of March 2020 and have not already responded will be granted an automatic extension for 60 days from the effective date. At the end of the 60-day extension period, DHS will determine if an additional extension will be granted.

What should employers do?

Employers should carefully follow the protocols outlined in the DHS announcement to avoid the potential for committing technical violations. When using the new remote verification process, be sure it is used only for the permissible circumstances. Finally, remember that employers who use the remote verification process must provide written documentation of their remote onboarding and telework policy to each employee.

The DHS will continue to monitor the ongoing national emergency and provide updated guidance as needed. Employers should therefore stay alert and regularly check the DHS and ICE websites for additional updates regarding when the extensions will be terminated, and normal operations will resume. ■

About the author: Nancy R. McDermott, J.D. Ms. McDermott a legal editor and writer and is the editor-in-chief for The Personnel Advisor, a Simplify Compliance publication.

Recruitment & retention

How to keep remote workers engaged during a pandemic

By: Lin Grensing-Pophal

When looking at data related to revenue, costs and profits, employee engagement might seem more subjective than tracking actual dollar amounts. But it’s a huge mistake to dismiss employee engagement as fluff.

Employee engagement is directly tied to employee recruitment and retention, as well as productivity. Companies that attract and retain the best staff and generate the greatest productivity are going to see real benefits in the hard numbers.

Unfortunately, employee engagement is difficult for many organizations, even in the best of times. Whether employees find the work unfulfilling or tedious, they don’t feel they are adequately compensated. They don’t click with their boss or coworkers. Or for a variety of other reasons, many employees simply lack true engagement.

Engagement in trying times

The rapid outbreak of COVID-19 has led to local, state and national shutdowns; quarantines; and “shelter-in-place” orders around the world.

For businesses fortunate enough to continue operations through remote work, the issue of employee

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engagement becomes a key concern. How do you maintain engagement when employees are suddenly forced into a new work environment and have concerns over basic needs, childcare and the health of themselves and their families?

Industry experts have offered some tips, advice and strategies to boost and maintain employee engagement even during the worst of times.

Set realistic expectations

When American state and local governments started ordering business shutdowns and social distancing measures in early March, many were initially set to last a couple of weeks or end on a specific date, often sometime in April. But it quickly became clear that these measures would be in place for longer than that.

In most cases, employers themselves aren't the ones deciding the length of remote work requirements, and there is so much that is still unknown. Still, employers should be clear with employees that it is far from certain if work from home will be over anytime soon.

In fact, employers may find the arrangement effective and continue the policy after the real danger from COVID-19 has passed. "Broadly speaking I believe, as a silver lining, this moment in time will be an interesting test case for a fully remote workforce," says Chris Cabrera, CEO of Xactly, in San Jose, Calif. "What will happen if more employees are more productive as a result of this shift to working from home? What if sales cycles remain the same?"

Create regular touch points

Just because your staff isn't meeting face to face doesn't mean you can't still touch base with them one-on-one or as a team in real time.

Advances in telecommunications technology have made this arrangement a successful reality for millions of remote workers well before COVID-19 emerged to press the issue.

But for most employees suddenly working remotely, this is a new experience. Maintaining regular touch points can help keep staff focused on their work and give managers an idea of who might be struggling and need additional attention.

Many of the experts who provided input on this subject stressed the importance of maintaining regular touch points with staff during the remote working period. This can include mandatory morning meetings via conference call or teleconference, for example. Managers also should continue and even consider increasing any regular one-on-one or team meetings with staff.

Keep them busy

Depending on the organization, the employee and the effectiveness of managers, remote work can be more or less productive than being at the office. Companies should set the expectation that employees should be just as, if not more, productive working at home. It's the manager's job to ensure workloads and productivity are carefully monitored and managed.

"This is a critical time to have projects, deadlines and deliverables front and center in any business," says Antonia Hock, global head of The Ritz-Carlton Leadership Center.

"Employees should be actively engaged in work that keeps business moving forward. Idle downtime gives people time to worry, gossip, fret over the circumstances and dwell on negative press. This is time to be engaged in projects that have important meaning to business functions and for clients and customers."

Show gratitude

Managers and business owners are under a tremendous amount of stress in the midst of this pandemic. Many were faced with the reality of massive layoffs, reduction in hours and even bankruptcies and business closures.

Still, they need to be conscious of the fact that these anxieties are felt all the way down the chain, and many employees are working remotely for the first time. Plus many working parents face the added stress of caring for kids at home or home schooling their kids.

Staying conscious of this strain and remembering to regularly acknowledge and thank employees for their hard work and sacrifices will go a long way in these difficult times.

"We can't ignore the impact of frequent expressions of gratitude for employees' efforts as a huge motivation and productivity booster during tough times," says Adrian Gostick, The New York Times best-selling author of Leading with Gratitude and cofounder of The Culture Works training firm.

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"By withholding our gratitude in tough times, we end up shooting ourselves in the foot. Even well-intentioned leaders can become self-absorbed when things get challenging," Gostick says. "We need to jolt ourselves out of our self-centeredness. When we are more mindful, more aware, more thankful, everybody's more engaged, focused, and productive."

The COVID-19 pandemic has created a workplace situation no one has ever seen before. Comparisons to previous pandemics like the 1918 Spanish flu fall short, as we are in a unique technological position in which a significant amount of the work of millions of Americans can be performed remotely. That's the good news.

The challenge for employers and managers is how to get that remote work done while keeping huge numbers of remote employees engaged and productive. Following the tips above can put you on the right path toward productivity, engagement, and mutual success during a very difficult time when the future state is still highly unknown. ■

About the author: Lin Grensing-Pophal is a contributing editor for HR Daily Advisor, a publication produced by Simplify Compliance.

COVID-19: Employee education

Tips for combating COVID-19 myths among staff

By Bridget Miller

Employers can take steps to combat the spread of misinformation and myths about COVID-19. Here are a few tips for employers:

Provide reliable resources of factual information. Examples include the World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC). These organizations even have portions of their webpages designated to COVID-19, including information on scams and myths.

Communicate frequently about the virus, the situation in your location and what your team is doing about it and why.

Communicate that there's a lot of misinformation being circulated, and encourage employees to fact-check information they receive.

Remind everyone in the organization about your antidiscrimination, antiharassment, and antibullying policies. These did not get put on hold in the pandemic. Some people are prone to blaming others, especially if someone got sick on your team.

Communicate to employees the steps you're taking to protect them and how these actions will make a difference. Explain the basis for the actions, such as information from the CDC that supports the decision.

Review all communications that are to go to a wide audience before sending to ensure there are no biases or unverified claims. Word choice matters.

Train the management team and all leaders on these points. They're often the primary point of contact for employees.

Have a plan for handling any cases of the virus that emerge in the workplace, communicate that in advance and follow it if such a situation occurs. This can help reduce knee-jerk reactions in the moment that could be based on misinformation.

Be clear in communications about the known and unknown risks present in the workplace. ■

About the author: Bridget Miller is a business consultant with a specialized MBA in International Economics and Management. She has over 15 years of experience including HR, sales, marketing, IT, commercial development and training.

PDGM training opportunities

- **Achieve OASIS accuracy during PDGM and COVID-19.** Sign up for this webinar on June 4 and discover how you can create some consistency in your OASIS and clinical processes despite the constant change in rules and regs. We'll cover new rules for OTs, NPs and PAs, assessment submission, capturing comorbidities for PDGM. Secure your seat today at: https://tinyurl.com/ydgyz673.
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- **Home Health Guide to PDGM.** Take the mystery out of PDGM with the newest guide from DecisionHealth. This guide helps agencies transition from PPS to PDGM by outlining the proper legal and financial steps to take to adapt (and which to avoid), as well as how to properly manage costs, improve operational efficiencies and ensure patients continue to receive high-quality care during this challenging time. Get more details at: https://store.decisionhealth.com/hh-guide-pdgm. ■

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