



Home Health Line

Regulatory news, benchmarks and best practices



COVID-19 response

Update key protocols as CMS revises survey tool to address pandemic issues

In the waning hours of 2020, CMS rolled out revised instructions for the COVID-19 Focused Infection Control Survey Tool, offering a fresh reminder of the questions agencies will be facing from surveyors as the public health emergency (PHE) heads into a second year.

The survey tool is for home health and hospice surveyors conducting nearly any type of survey, CMS noted in a memo to survey directors Dec. 30 ([QSO-21-08-LTC](#)).

Providers were also encouraged to use the tool for “COVID-19 infection control education and self-assessment purposes.”

Agency response to the pandemic is of particular interest to the Department of Health and Human Services’ Office of the Inspector General (OIG), with two studies currently underway.

OIG is interviewing a small number of agency executives for a report expected later this year called “Infection Control at Home Health Agencies During the COVID-19 Pandemic.”

Earlier this month, OIG announced a nationwide study, “Home Health Agencies’ Challenges and Strategies in Responding to the COVID-19 Pandemic.” Findings are expected in 2022.

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Prepare for targeted infection control surveys: What do you need to know?



With the rise of CMS’ targeted surveys, agencies must be prepared and know what to expect. Join Mary McGoldrick, MS, RN, CRNI, a home care and hospice consultant and infection preventionist, as she walks you through what surveyors are focusing on and how your agency can avoid the most common citations. Get answers to your questions with a live Q&A at the end of the broadcast. For more details link to: <https://store.decisionhealth.com/infection-control-021821>.

Strengthen infection control procedures

One of the most important points in the revised survey tool is documentation, says Arlene Maxim, founder of A.D. Maxim Consulting and author of “The Survey Trainer.”

With these survey questions, surveyors are going to be asking for proof. “I know we all hate more documentation, but you’re not going to be able to get away without having it,” Maxim says.

Surveyors will want to see competency on hygiene and proper disinfecting techniques, for example. And they will want to see dates and documented guidance for staff, she says.

Policies need to be documented in an infection control manual.

Many agencies have an infection control policy included within their broader policies and procedures, but that will not be enough to address surveyor questions.

The infection control manual will be the first thing that surveyors will be looking for once they walk in the door, Maxim says.

An agency can purchase a manual online as a starting point, but agency leaders will want to customize it to address current requirements and to make sure policies outlined in the manual are achievable for their agency.

Sometimes too much specificity can trip up agencies, says Diane Link, owner of Link Homecare Advantage in Littlestown, Pa. One agency was recently cited for screening patients at the start of every day, because their policy specified testing would be before every visit.

“If your policy states that you are going to screen the patient prior to every visit, you have to document that you are doing it prior to every visit,” Link says.

Watch out for common errors

The CMS survey tool addresses most of the existing infection control practices that agencies should be familiar with at this point in the pandemic, but there are important points that touch on particular areas.

Specific to home health care, the survey tool notes the provider should have “educated patients and family

members regarding transmission of infectious diseases and specifically mitigating transmission of COVID-19.”

Agencies should also conduct daily screening for employees, including asking about potential exposure to others with known or suspected COVID-19 and a check of symptoms and fever.

“Staff also need to be able to articulate that they do self-screening each day,” Link says.

And make sure you’re keeping up with infection control logs with COVID-19 test results for employees and patients who have been tested.

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Other important survey questions:

- **Visitor screening.** Facilities are expected to have signage posted at the entrance noting visitation restrictions and screening procedures. “One of the ways that agencies get in trouble: The surveyor shows up and the agency doesn’t take his or her temperature and do the screening,” Maxim notes. “It’s hard to come back from that.”
- **Hygiene and PPE.** The survey tool is looking at hand washing techniques and Maxim notes appropriate handwashing should be routinely reviewed with staff, every three months, if possible. There is also a survey question about whether eye coverings are used, when appropriate. So, nurses will want to make sure this is in their bag when visiting patients.
- **Cleaning of equipment.** Appropriate cleaning is among the survey questions. Maxim notes nurses should make sure they’re not just cleaning their equipment, but also cleaning their nurse bags. “Make sure you have policies in place and you’re recording it,” she stresses.
- **Other polices to review.** The survey tool includes a list of disinfectants that agencies will want to review. Maxim notes some nurses and therapists will sometimes purchase disinfectants off the shelf and it may not be on the list. — *Greg Hambrick* (ghambrick@decisionhealth.com) ■

Related link: See CMS survey tool at <https://www.cms.gov/files/document/qso-21-08-nltc.pdf>.

COVID-19: Staff safety

Leverage employee assessments to see if they are fit to work

Agencies are moving their employee return-to-work assessments onto digital platforms, and it’s proving to be beneficial to keep patients and staff safe as well as meeting compliance requirements.

Excelin Home Health is one such agency that has benefited from the HIPAA-compliant secure messaging and video function offered by Synzi in St. Petersburg, Fla., says Alicia Marr, CEO of the agency in Dallas, Texas.

This platform, which integrates with the agency’s EMR vendor WellSky, allows the agency’s field clinicians to digitally self-report symptoms and updates without coming to the office.

“Prior to COVID-19, most of our employee assessments were completed by a very manual process,” says Marr. The agency relied on phone logs and questionnaires to screen employees.

The new digital tool “has been instrumental to identify employee symptoms early before a potential exposure has occurred. It also has allowed us to screen our staff more efficiently and accurately so we can deploy healthy workers into the field,” Marr says.

To ensure staff are healthy and ready for work, home health agencies are surveying their employees on a regular basis amid the pandemic, says AnnaMaria Turano, vice president of marketing at Synzi.

“Assessments are extremely valuable as agencies ask employees to self-report symptoms and situations which may mean they are potentially at-risk,” Turano says.

Based on the assessment results, the agency can determine the next steps for managing the employee’s situation and determining whether or not further testing may be needed for colleagues and patients who may have been in contact with the employee.

How digital assessments work

Employees receive a prompt on their electronic device at the beginning of each workday asking them to complete self-assessment questions, Marr says. Employees complete the assessments from home as they begin their morning routines. Employers can see if employees are “fit to work” (and free of COVID-19 symptoms) or ready to return to work if they were treated for COVID-19, she says.

The employee completes the assessment, and it is submitted electronically to the branch office. Assessment variances are routed to the branch manager for review and must be cleared prior to releasing the employee for work, Marr says. All assessments are compiled in a reporting format so it can be easily tracked and trended over time.

In addition to using the Synzi platform to assess employees, Excelin also used the platform to roll out interim employee education or updates in an assessment format and receive electronic confirmation of employee understanding.

Adhere to regulatory requirements

Agencies must take caution to be able to produce easily identifiable, precise and consistent employee

screening information as part of their infection control program or face costly compliance risks.

Review the guidance from the state in which you provide services to see if there is specific guidance to make decisions about return-to-work, and check for any changes on a regular basis since COVID-19 guidance is constantly changing, says Lanchi Bombalier, JD/MPH, PT, a partner at Arnall Golden Gregory LLP in Atlanta, Ga. Often the state's public health department will have guidance applicable specifically for health care personnel, but it also typically includes a caveat to consider local circumstances. For instance, in Georgia, the guidance for return to work for health care personnel related to COVID-19 was just updated on January 4, 2021. The CDC continues to endorse quarantine for 14 day and states have issued guidance that is generally in alignment with CDC's guidance.

Georgia's current guidance on testing right now is in line with the CDC's. They do not recommend using a test-based strategy for returning to work, because CDC has reported prolonged the polymerase chain reaction (PCR) positive test results absent evidence of infectiousness, which could delay an individual's return to work unnecessarily, Bombalier says.

Surveyors also are looking to see if agencies are properly surveilling their staff, says Robert Markette, an attorney with Indianapolis-based Hall, Render, Killian, Heath & Lyman. This includes checking for signs and symptoms and sending staff who exhibit symptoms home. Ensuring staff have met CDC criteria prior to returning to work is an important aspect of this effort. — *Megan Pielmeier* (mpielmeier@decisionhealth.com) ■

Staff retention

Avoid coding errors and omissions related to caregiver burnout

By *Megan Herr and Kammie Beversdorf*

Think about setting caps on the number of charts that coders are responsible for in a day to prevent fatigue that could lead to burnout and errors.

Fatigue can strike at the most inopportune times, especially during a global pandemic. Couple that with the added specificity requirements that came along with the Patient-Driven Groupings Model (PDGM), and it could easily cause burnout in a coder and potential errors that you can't afford.

"Burnout is real," says J'non Griffin, HCS-D, owner of Home Health Solutions in Carbon Hill, Ala. "Coders are dependent on a lot of other people to do their jobs while they are expected to perform flawlessly." Yet, coders are unable to perform their job well if they do not get the documentation they need from physicians and clinicians, and that can be stressful.

On top of that they sit in front of a screen all day and read untold numbers of H&Ps, progress notes, consultation and operative notes, discharge summaries and clinician narratives and evaluations outlining the current home health admission.

From these, they must put together a puzzle that tells the patient's story, forms the basis for the plan of care and impacts reimbursement by as much as 40%.

And due to the pandemic many of these patients are more complicated than before.

Coders are worn out at the end of the day with all the difficult residual effects of COVID-19 they are coding, says Sherri Parson, HCS-D, post-acute education senior manager with McBee Associates Inc, of Floral Park, N.Y. "Sometimes I believe when coders closely relate to the conditions that they are coding, it can be more difficult on them day after day."

Coding impacts many things

It's so important for your coders to be operating at full capacity as correct codes are important for so many reasons and determining the correct codes can take careful attention to detail that may be compromised by fatigue.

Consider this: When a coder reviews multiple pages of history and progress notes for a patient with hypertension and chronic kidney disease, the kidney disease was never mentioned. It was not a part of the current problem list or past history, but it is mentioned in the last page of the discharge summary during the discussion of the diuretics. It states, "Care should be used in light of the patient's chronic kidney disease."

This can impact not only the plan of care and treatment plan, but it could also impact reimbursement as it may change the comorbidity adjustment. However, on episode number twenty for the day, it could quite easily be missed.

Cap number of charts for coders

Over time these repeated challenges could really tire out your coders, and one answer might be to cap the amount of charts a coder is allowed to complete per day.

Only about 15% of respondents to DecisionHealth's Coders' Productivity survey said they have a maximum number of charts that they are allowed to code. The majority of those who did capped them at 11 to 20 charts per day. (See *benchmark*, p. 8.)

"We cap ours," Griffin says. Coders who are just responsible for coding are only allowed to code 20 charts per day. For those who do coding and OASIS review, they are capped at 10 a day and those who do coding, OASIS and POC manage about eight to 10 a day, depending on the software.

Balance the kinds of charts given

The number of charts may not be the only thing to consider. It's also important to look at the types of charts you are giving your coders, Parson says.

"For a coder, it can be much easier to assign codes for a simple joint replacement than a patient that has multiple comorbidities and a poor prognosis," she says.

The answer to this may lie in looking at the type of charts a coder is doing versus changing their quantity, Parson says.

Mix in some other tasks

If possible, swapping in some other tasks may help keep coders from becoming burnt out as well, Griffin says.

If an agency has more than one coder, give them a "break" occasionally to work on other projects in the short term. "Be sure it is something they enjoy doing just to give them a break on the day-to-day grind of coding," Griffin says.

For example, if they are in the office, you could swap in some office type duties such as review of a chart, answering the telephone or sitting in intake.

More ways to decrease coding errors

Here are a few tips for how to track and decrease the number of fatigue-based errors and omissions committed. Tips are provided by Kammie Beversdorf,

RN, HCS-D, HCS-O, is a coding quality resource with Pennant Services in Eagle, Idaho.

- **Do an accuracy check.** Ask your QA department to perform a specific accuracy review of your coders' work, reviewing coding from the last two to three episodes for a day or for several days. If there are no other coders in your company, have the coder review her own work. First thing in the morning, suggest that coders re-code a percentage of the episodes they coded last over the past several days. You may be surprised at what your tired eyes and "mushy" brain missed.
- **Make adjustments where needed.** Are your company's productivity expectations too high? Are the standards you set for yourself too lofty? Look at the outcome of your accuracy review and see where issues may lie and what solutions are available. For example, it might be time to crunch numbers and compare reasonable capacity to actual volume. If this comparison shows a deficit, bring that to the attention of your agency's management team, along with a solution such as part-time assistance for overflow. Or maybe it's time to update or add to your base of coding education.
- **Encourage well-deserved breaks.** Get up and walk around. If your coders are in the office, recommend that they go outside and walk around the building or parking lot. If you're at home, walk around the block. Try yoga. Meditate. Try something that does not include screen time during your break. They spend plenty of time with their eyes glued to a monitor, give them a rest. — Megan Herr (mherr@decisionhealth.com) ■

About the author: This article was coauthored by Kammie Beversdorf, RN, HCS-D, HCS-O, is a coding quality resource with Pennant Services in Eagle, Idaho.

Private duty

Increased cost of home health aide services; pandemic plays a factor

The cost of providing in-home care services has increased, according to the 2020 Genworth Cost of Care Study, and the pandemic has played a role.

The Genworth study found that between 2004 to 2020, the cost for in-home care services rose on average from 1.9% to 3.8%, and homemaker services increased by 4.4%, bringing the annual national median cost to \$53,768. The cost of home health aide services had a

4.4% increase with an annual national median cost of \$54,912.

In 2020, the COVID-19 pandemic coincided with an increase in other operating expenses for care providers, according to the 2020 Genworth Cost of Care Study. More than half, 53%, of home care providers reported serving more clients this year than last.

According to Genworth, there were a variety of factors that contributed to rate increases, including labor shortages, employee recruitment and retention challenges and personal protective equipment (PPE) costs.

Pandemic spikes expenses

The most significant cost increases have related to labor, says Dave Banark, chief operating officer of Home Instead in Omaha, Neb.

Labor costs for home care agencies had been growing at a double-digit rate prior to the pandemic. During COVID-19, both base pay and availability of overtime pay are on the rise, Banark explains.

Home care is being recognized as a valuable and essential part of the health care ecosystem and providers are demanding adequate payments for it.

Another significant cost increase relates to the use of more PPE when compared to before the pandemic.

On the administrative side, managing exposures and potential exposures makes scheduling much more challenging, but it is crucial for Home Instead to keep clients and caregivers safe, Banark says.

Another increased cost for Home Instead involved more training. When the pandemic hit, Home Instead required agencies to have its teams stress training around the prevention of the spread of infectious disease, sanitation and the proper use and disposal of PPE.

Everyone in Home Instead's network also was granted access to unlimited phone and e-counseling during these stressful times, Banark says.

Availability of caregivers

In addition to increased costs, there's a smaller availability of labor that everyone is trying to pool from and a shortage of qualified workers, says Gordon

Saunders, senior brand marketing manager at Henrico County-based Genworth Financial Inc.

These same professionals also may be in demand in hospitals, which creates more competition for fewer qualified candidates, he says.

In 2018 the home care aide turnover rate was 88%, says Ginny Kenyon, founder and CEO of Kenyon HomeCare Consulting in Seattle, Wash. "That really drives up the costs to reinvest in recruiting, hiring and training. That costs a lot of money," she says.

How to offset increased expenses

- **Diversify or keep doing in-home person care.** Many agencies are taking a hard look at whether they should diversify or stick to just doing in-home person care, says Stephen Tweed, CEO of Leading Home Care in Louisville, Ky. As a way to increase profitability, the number one source of diversification is to add geriatric care management to your business model, he says. Another big need is to provide transportation, Tweed says. Some of his clients have set up a separate company that provides a non-emergency medical transport service with wheelchair vans that take people to medical appointments, he says.
- **Consider setting up a staffing business.** Other areas of revenue include medical facility staffing, recruiting, onboarding and hiring for medical facilities, Tweed says. There have been some agencies that provide care inside of senior living communities. They receive requests from the community to help them with staffing. Several agencies have even set up a staffing business to help their facilities. No new staff needed, but capacity for outreach and building partnerships is critical.
- **Focus on disease management.** Disease management programs can help to differentiate your agency and increase revenue. To have a successful disease management program, agencies should focus on caregiver education, Kenyon says. This helps caregivers feel confident and satisfied knowing the care and comfort measures they need to bring to the table, she says.
- **Compare rates to other industries.** Home care agencies not only compete for employees with other health providers settings, but they also compete with companies outside of health care such as Tar-

get whose wages can be more attractive, Saunders says. Smaller home health agencies will have to balance setting competing rates with the additional costs incurred by agencies related to training, certifications, technology, marketing, advertising and workers' compensation. — *Megan Pielmeier* (mpielmeier@decisionhealth.com) ■

Employment law

DOL addresses rules for posting regulations in virtual workplaces

By Sami Asaa

In recognizing that remote work is here to stay for many employees, the U.S. Department of Labor (DOL) recently issued guidance on how employers can use virtual means to distribute and maintain the various posters required by federal employment laws.

Know the laws prior to the pandemic

Several federal laws, including the Fair Labor Standards Act (FLSA), the Family and Medical Leave Act (FMLA) and the Employee Polygraph Protection Act (EPPA) require employers to post a notice of employee rights in a conspicuous location.

The FLSA, for example, requires employers to post a DOL-issued notice “in every establishment where such employees are employed so as to permit them to observe readily a copy.” The FMLA goes even further, mandating

the notice be “posted prominently where it can be readily seen by employees and applicants for employment.”

Traditionally, employers have satisfied the various notice requirements by placing posters on bulletin boards in well-trafficked locations such as break rooms or lobbies. Because many of the laws were passed decades before the first portable computer — the FLSA dates back to 1938 — few of them specifically address the concept of distributing notices through electronic means.

Takeaways from DOL's bulletin

In late December 2020, the DOL issued Field Assistance Bulletin 2020-7, which provides guidance to the agency's field staff on enforcing posting requirements in circumstances when there's no traditional workplace. According to the bulletin, notice requirements generally appear as either (1) a one-time notice or (2) continuous posting.

You may satisfy one-time notice requirements (e.g., as required by the Service Contract Act) by email delivery if employees customarily receive such messages from you. For continuous-posting requirements (e.g., the FLSA, the FMLA, the EPPA, and the Davis-Bacon Act), the guidance makes a distinction between employers with only some remote employees and employers with an entirely remote workforce.

For employers with some remote workers, physical posters are required for on-site employees, and

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the DOL “encourages” electronic posting for the teleworking individuals. If you have an entirely remote workforce, you may satisfy the continuous-posting obligations through electronic-only means if you meet the following requirements:

- All employees exclusively work remotely.
- They customarily receive information from you via electronic means.
- All employees have “readily available access” to the electronic posting at all times, e.g., via an internal or external website or a shared network drive or file system. The DOL notes that whether access is readily available is fact-specific and requires, for example, that employees can get to the notice without having to request permission.
- You must take steps to inform employees of where and how to access the notice(s) electronically.

If you have multiple groups of employees to whom different notices apply, the individuals must be able to “easily determine” which posting is applicable to them.

For laws that require posters be visible to applicants (e.g., the EPPA), virtual-only posting is permitted if (1) the hiring process is itself conducted remotely and (2) the applicants have ready access to the electronic posting at all times.

The DOL’s guidance applies only to federal posting requirements enforced by the agency. It doesn’t address posting rules enforced by other federal agencies — e.g., the Equal Employment Opportunity Commission (EEOC) — or the states.

Practical considerations

For employers embracing remote work as part of a long-term strategy, the DOL’s guidance is welcome news. Here are some practical considerations for businesses taking the approach:

- Consider designing an easily accessible space in your company intranet or employee portal for federal and state posters.
- Think about making your company intranet/portal automatically appear on employees’ computers upon logging in.
- If you have multiple groups of employees covered by different laws (e.g., a group involved in government contracts or other units in different states), ensure each group can tell which posters are applicable.
- For help in determining which federally mandated posters are applicable to your workforce, visit the DOL’s FirstStep Poster Advisor tool.
- Consider using your employee handbook (or even the handbook acknowledgment page) to inform employees about the virtual location of the postings.
- If hiring is conducted remotely, incorporate all required notices into your applicant portal/tracking system.
- Check applicable state and municipal agencies for guidance on the electronic posting of state and locally mandated notices. ■

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