THESTANDARD

Innovative Change in 2012

by Terry A. Duncombe, RN, MSHA, President & CEO

2012 is off to a great start, and we at CHAP are excited for the opportunities the new year brings. As the nation's healthcare landscape continues to change, it's clear, now more than ever, that community-based care will continue to be the setting of choice for the growing number of aging and chronically ill Americans. And as home care and community-based care organizations change to meet the needs of a growing customer base, CHAP is changing as well.

To meet the changing needs of our industry, in 2011, we announced upcoming revisions to our Core, Home Health, Hospice, Home Medical Equipment, Pharmacy, Private Duty and Infusion Therapy Nursing Standards of Excellence. The revisions are intended to strengthen topics such as infection control, emergency management and human resources. We are also expanding topics such as corporate compliance, government regulations and care coordination. In addition to strengthening existing standards and introducing new topics, the revisions process also aims at reducing duplicative standards between Core and service-specific standards, as well as to enhance evidence and interpretive guidelines, and provide checklists and companion educational content.

As part of the revision process, we released the proposed standards revisions for public comment in October, 2011. The public comment period completed in early November and our standards development team began aggregating and analyzing the feedback we received. In addition to customer feedback, as part of the comment period, we received feedback from our site visitors, our Board of Review, Board of Directors and a team of industry experts.

Although we are pleased with the thoughtful and constructive input we received from many of our customers, we did not receive the volume of responses we had hoped. We believe this is due, in part, to the length of the number of revisions and because of the amount of work required to use the tool we supplied to provide feedback. We are grateful for the many responses we did receive and plan to continue to use that input to inform our revisions in the next phase of the project. We are pleased to announce, in an effort to solicit more feedback, CHAP will be hosting a series of customer focus groups around the country throughout the first half of 2012, to provide our customers additional opportunity to provide feedback and input on the proposed revisions before we finalize and release the new standards. Information about the focus groups will be available on the CHAP website at www.chapinc.org.

We understand the value of the CHAP brand and want to take the necessary time to ensure, as we revise our standards, they continue to be broad and descriptive, not prescriptive and are easy to understand. Our standards have always had relevance to community-based care because they were developed by and for the community-based care industry. The focus groups and additional public comment will ensure we stand true to our values.

In addition to the proposed CHAP Standards of Excellence, we are also in the final stages of bringing

CARES 2.0 (Computer-based Accreditation Review and Evaluation System) online in the first part of this year. The new enhancements to the CARES product will provide more self-service features from initial application to re-application, as well as many important user-focused features for the CHAP Self Study tool.

Because we believe in the value of our educative and consultative approach to accreditation, CHAP will be offering a number of educational workgroups and webinars throughout 2012, featuring content focused on the improvements to our standards and the CARES product. Additional information on our educational offerings will be available in this newsletter and on the CHAP website. CHAP customers should expect to receive email blasts with the latest news and information on education throughout the year.

The CHAP standards are founded on four underlying principles, Structure and Function; Quality Products and Services; Human, Financial and Physical Resources; and, Long-term Viability. As part of our efforts to ensure the long-term viability for CHAP and its customers, we endeavored in a strategic scenario planning session with our Board of Directors, industry experts , and our management staff in the fall of 2011.

The goal of the scenario planning exercise was to lead discussions focused on understanding the wide range of political, economic and social factors that shape the landscape, and how CHAP may be able to strengthen its role in promoting quality in community-based care by preparing for various possible scenarios with innovative strategies.

The scenario planning sessions were a huge success and we learned a great deal of valuable information about how community-based care organizations, as well as CHAP, can posture themselves to weather upcoming challenges we may face.

Throughout 2012, we will be sharing our findings from the scenario planning sessions through the CHAP website and this newsletter in a series of articles featuring interviews detailing various stakeholder perspectives on how each area of the industry can coordinate care and complement others as we, as a whole, work to demonstrate the vital role community-based care plays in the future our of nation's healthcare.

So, as we are off to a great start in 2012, there's much more to do. We at CHAP are excited to continue to be your partner of choice in accreditation and will continue to work with each of our accredited organizations and stakeholders to define and advance the highest standards of community-based care to ensure, regardless of how the economic and social factors continue to change, CHAP and its accredited organizations succeed in any scenario.

Happy new year!

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For More Information on CHAP Standards Revision Focus Groups:

Visit the CHAP Website at www.chapinc.org or Email businessdevelopment@chapinc.org.

CHAP CARES Update:

by Linda Scott, RN, MSHA, Chief Operating Officer

We've been updating you here on the work we are doing to develop the next version of our Computer Based Accreditation Review and Evaluation System (CARES). Due for release in the first half of 2012, here are some of the features and benefits you can expect to enjoy:

- From your account home page, you will be able to reapply for accreditation by reviewing and updating your current account information, rather than start a new application
- With changes in your organization, you can apply for an Addendum to your Accreditation Services Agreement and make changes in your demographic information
- You will be able to PRINT YOUR SELF STUDY! This has been the number one accredited organization request for some time and we are delighted to be able to deliver!
- From your account home page, you will access and complete any required Plans of Correction, rather than go to email for this process
- Alerts and reminders of what comes next in your accreditation process, to help you keep on track with your accreditation goals

The new site will look a little different, but will be easy to navigate. You may need to change your password, if your current one does not meet the enhanced security requirements. We'll be providing more specific updates and guidance as our GO LIVE date gets nearer through this newsletter and at www.chapinc.org.

Frequently Asked Questions:

Q: Why are you making this change?

A: To improve our support to our accredited organizations. CARES 2.0 will provide features organizations have requested, and will simplify the administrative burden of seeking and maintaining accreditation. It will enable us to provide faster actions in the accreditation process, and keep the cost of accreditation low.

Q: How will CARES 2.0 help me?

A: By reducing the amount of documentation you need to do in applying for accreditation and maintaining your accreditation status. All of your information will be available for review, update and action. This means no more "start from scratch" application and addendum and renewal forms, as well as on-going access to self studies and Plans of Correction with the flexibility to print hard copies if that serves you better.

Q: When will CARES 2.0 be available?

A: The first half of 2012

Home Care Legislation 101

by Lohn Letizia, ATP, President, Laurel Medical Supplies, Inc., A CHAP Accredited Provider

"I'm just a bill sitting on Capitol Hill." Many of us remember these immortal words from *Schoolhouse Rock!* on Saturday mornings as our early introduction to the legislative process. It was so simple then!

Today as an industry we face competitive bidding, respiratory caps, and many other regulatory and legislative challenges. In the "19's", as my son would say, I would read about Medicare changes and assume that someone else would address this issue and make it go away while I did nothing.

One day I had an epiphany and realized that these issues weren't going away and were only getting worse. And I hadn't done a thing about it. I was fortunate to meet people in our industry that got me off the bench and into the game. (Thank you and you know who you are.)

So what can you do to get into the game? Below I have listed several options to assist our industry. Some require fewer resources than others, but we need each and every person to make a difference.

- **Networking:** There are many opportunities to network within our industry. Most states have an association that provides an excellent opportunity to learn in advance about issues that could impact your company and be a part of developing a solution to advance a better outcome at the state level. State legislators are often more accessible and responsive to the individual needs of consumers and small businesses. We are also represented by our national association the American Association for Homecare (AAH). AAH provides legislative updates and has at least one yearly lobby day in Washington DC on Capitol Hill. This allows you and other members of your state to educate your legislators on industry issues. AAH also has committees that you can become involved in to keep abreast of upcoming legislative and regulatory issues.

- **Establish a Relationship:** Snail mail is out! Start to establish a relationship with your legislators and staff through the phone or email. You will not typically deal with your legislator directly, but with their Health Legislative Assistant. You can educate your legislator and staff via email and other social media outlets. This is an excellent way to get to know legislative staff and for them to know you.

- **Visit the Capitol:** Make a legislative visit to your state capitol, Washington, DC, or both. As mentioned, many state associations have lobbying days and AAH sponsors a lobbying day each year. This is a great opportunity to build upon the relationship that you have established and allows the opportunity to educate your legislator and/or staff directly.

- **Grassroots:** Get your customers involved! Too often I have heard legislative staff say that they are not hearing from consumers on these issues. I reply that the issue has not taken effect yet and therefore the consumers are not aware of the change. I realize that it is difficult to get most patients involved when they don't think that it will affect them. However, with recent healthcare changes many more seniors and their families are paying attention to their health insurance needs. Our patients have a loud voice that, when blended with our message, significantly strengthens it.

- **Host a Legislative Event:** Invite a local or national politician to visit your office. Many legislators, both state and federal, don't have an understanding of what we do or how valuable we are to the patients that we serve. As an industry, many people are unaware of what we do until they need our services, and our legislators are no different.

- **Attend A Fundraiser:** There are often industry sponsored events that you can attend and meet with your Representative in smaller surroundings. This does require a donation to the legislator; however you will have better access to them at the event.

- **Join a Buying Group:** Both the MedGroup and VGM offer an excellent source of information on legislative affairs in Washington, DC and offer their core benefits as well.

The one thing each of us can bring to our legislators is passion! Each of us serves our patients 24 hours a day 7 days a week. We need to demonstrate some of that passion in our state and nation's capitols.

We have a small industry that needs a stronger voice on Capitol Hill. Each one of you can make a difference if you start today.

Visit www.aahomecare.org for more information on how to get involved in national and state associations.

New Educational Webinars Announced:

- CHAP Accreditation 101
- CHAP Consultant Primer

Webinar	Description	Dates/Times/Costs
CHAP Accreditation 101	This introduction to CHAP accreditation prepares attendees with detailed information on the CHAP accreditation process. Upon completion of this series, participants will be able to: 1. Discuss the steps to achieve an accreditation decision. 2. Understand the use and benefits of the self study. 3. Apply strategies for sustaining compliance with the CHAP Standards of Excellence. Audience: This session is intended for new providers interested in CHAP accreditation, newly contracted CHAP applicants and consultants interested in learning more about the CHAP accreditation process.	**February 28, 2012:** 10:00 AM to 11:00 AM ET Cost: $25.00 **March 1, 2012:** 2:00 PM to 3:00 PM ET Cost: $25.00 Click here to register.
The CHAP Consultant Primer	This new educational outreach webinar is intended to help home care consultants understand CHAP's position on working with consultants, and the related policies and procedures applicable when doing so. Audience: This session is intended for consultants who assist new and continuing providers with CHAP accreditation, or consultants who wish to begin assisting providers with CHAP accreditation.	**February 28, 2012:** 2:00 PM to 3:00 PM ET Cost: $75.00 **March 1, 2012:** 10:00 AM to 11:00 AM ET Cost: $75.00 Click here to register.

Adding Products to Your CHAP Accreditation

by Gwen Franzgrote, MA, RRT, Director of Education

The purpose of the CHAP Site Visit is to validate the compliance of an organization seeking accreditation with the CHAP Standards of Excellence for the services provided. The CHAP Standards of Excellence are broad and descriptive in nature and are adaptable and applicable to any organization regardless of size and complexity.

The CHAP Standards of Excellence and the Underlying Principles of Structure and Function, Quality, Resources, and Long Term Viability establish the foundation for processes that will define and advance the highest standard of community-based care, regardless of the payers the organizations may work with for reimbursement of services.

The requirements of Medicare as a payer for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) providers, requires the supplier to be accredited, and the CMS approved accrediting organization (AO) to report to CMS the accreditation and products relevant to that accreditation. This is applicable to two (2) of the nine (9) services CHAP accredits, Home Medical Equipment and Pharmacy.

CHAP is a CMS approved accrediting organization (AO) for all DMEPOS products and services. Additionally, the CMS Quality Standards are embedded within the CHAP Standards of Excellence and demonstrating compliance with the CHAP Standards of Excellence also demonstrates compliance with the CMS Quality Standards.

During the course of a CHAP Site Visit for accreditation of a provider of medical equipment, products and services, the CHAP Site Visitor will review the products provided as part of the organization's scope of services. The CHAP Site Visitor will document the products and the information will be retained as part of the site visit documentation. This information is collected for all organizations whether they participate in the Medicare program or not.

When the organization is under contract with CHAP and adding products within the three (3) year accreditation period that were not provided at the time of the Initial or renewal of accreditation Site Visit, the organization's product listing will need to be updated and validated.

The first step to updating your product listing on file with CHAP is to communicate in writing the request to add products. The organization will be asked to provide supporting documentation using the CHAP standards relevant to the new product/service. The organization should review and address all relevant and related CHAP Standards addressed in policies and procedures. Additionally, the organization must address all state licensing requirements for staff and/or provision of the added products/services, as applicable. Refer to the following for guidance:

http://www.palmettogba.com/palmetto/statelicensure.nsf

The organization is also to provide, as applicable and appropriate, copies of the revisions or developed policies and procedures for the addition of the Product/ Service related to CHAP Standards for Accreditation.

The documentation provided should represent, at a minimum, the following areas:

- Prescription requirements
- Consumer education materials
- Orientation, training and competency materials for staff
- Based on type of equipment, evidence of appropriate licensed and/or certified personnel
- Equipment management to include, but not limited to:
  - Infection control
  - Functional assessment
  - Inventory management and controls
  - Preventive maintenance
  - Warranty and repair
  - After hours support
- Consumer record documentation requirements

Additionally, as a review, **All Medicare DMEPOS suppliers must be in compliance with the Medicare Supplier Standards in order to obtain and retain their billing privileges. These standards, in their entirety, are listed in 42 C.F.R. pt. 424, sec 424.57(c);** relevant Supplier Standards # 22 and 25 specific to accreditation, are as follows:

(22) All suppliers of DMEPOS and other items and services must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services, for which the supplier is accredited in order for the supplier to receive payment for those specific products and services.

(25) All DMEPOS suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation. If a new product line is added after enrollment, the DMEPOS supplier will be responsible for notifying the accrediting body of the new product so that the DMEPOS supplier can be re-surveyed and accredited for these new products.

The complete listing of the Medicare Supplier Standards may be accessed at:

http://www.palmettogba.com/nsc.

Once received by CHAP, the information will be reviewed and written communication will be sent regarding the approval and addition of the requested Product/Service to the current accreditation and whether or not a follow-up visit will be necessary to validate compliance with the CHAP Standards. Replies are provided generally within thirty (30) days of the receipt of all requested and required documentation.

Once approved, specific to Medicare, the product codes are added to the organization's accreditation record which is transmitted to CMS on a weekly basis. It is important to note, CHAP communicates the information to CMS. It is the provider's responsibility to update the Medicare Enrollment (855 S) information when there are changes to what is currently on file with CMS. When updated by the provider, CMS will compare the updates to the accreditation information on file.

As always, please do not hesitate to contact your CHAP Customer Relations Representative (CRR) or Regional Director of Professional Services (RDPS) for questions, discussion or assistance.

The Home Health Aide Care Plan

by Linda Scott, RN, MSHA, Chief Operating Officer

In our review and revision of the CHAP Standards of Excellence for Home Health, Hospice and Private Duty, great care has been taken to clarify the requirements around the important issue of the Home Health Aide Care Plan. The CHAP standards require that the consumer's needs are assessed, and based on that assessment, written instructions for the Home Care Aide are developed.

The written instructions must include, at a minimum, specific care and/or services that can be safely tolerated by the consumer, including specific frequencies and schedule for care, services and/or tasks to be performed. Finally, the written instructions based on the consumer's functional and mental status could allow for a range of care, services and/or tasks that the aide may perform or assist the consumer to perform in order to accommodate consumer choice. The qualified professional, who develops the Home Care Aide plan of care, indicates the consumer's and/or caregiver's ability to select the appropriate services or task. The plan of care needs to be updated based on the consumer's physical, functional and mental status. The Standards also require that the Home Care Aide contact the supervisor for direction when the consumer requests care and/or services different from the written instructions.

A persistent and challenging issue in home care is how to meet the needs of the consumer, give guidance to the Home Care Aide, and allow for the changing needs and desires of the individual consumer all at one time. In the home health, hospice and private duty organization, ONLY the qualified professional by training and scope of practice, is prepared to assess the consumer's needs and what the consumer, in their current condition, can tolerate.

When the Home Health Aide Care Plan has a statement "per consumer choice" for skilled home health consumers this may put their skilled needs into question. This broad direction does not allow for the individualized care plan development based on the qualified professional's assessment of the consumer condition as to what is therapeutic.

The Aide is not trained to perform the assessment or determine what is therapeutic; the qualified professional must make this assessment. So, if the qualified professional somehow documents that "the consumer condition can benefit from/can tolerate either" and assign that choice based on the consumer condition, that would be acceptable. The Home Health Aide Care Plan is a required document, and is in addition to the client Plan of Care.

The underlying concepts (interpretive guidelines) of the CHAP Home Health, Hospice and Private Duty standards, current editions and pending revised editions in 2012, are:

- The HHA care plan is based upon the assessment of the client's needs and abilities and the specific tasks to be performed to meet those needs.
- Only the RN or PT, OT or SLP are qualified by training and education to perform a client assessment.
- The client has a right to participate in development of the plan of care, so their wishes are incorporated.
- The home health standards also require that the qualified professional assign the individual

consumer to the Aide, with a specific care plan individualized to meet the assessed needs.

In the event that the qualified professional determines that the consumer can physically tolerate or benefit from a certain level of care but another is also equally effective and acceptable, the RN can make that assignment. Examples of ways you might choose to do this:

- **HHA to provide bath at each visit. Consumer's condition can benefit from either tub or shower bath, and consumer's choice may be considered.**
- **Aide to assist with ambulation. Consumer may use cane or walker per their choice.**

The revised standards for Home Health, Hospice and Private Duty services, including the assignment of the Home Care Aide, are in a period of review and comment now. Watch our website at www.chapinc.org for announcements about education and training on the new standards.

At any time for questions or clarification regarding any of the CHAP Standards, please contact CHAP and ask to speak with the Regional Director of Professional Services for your organization.

Upcoming Events:

National Association for Home Care and Hospice Private Duty Home Care Leadership Summit & Exposition
January 23 - 24, 2012
Las Vegas, NV

HomeCare 100
February 4 - 7, 2012
Grande Lakes, FL

American Pharmacists Annual Meeting & Exposition
March 9 - 12, 2012
New Orleans, LA

National Hospice and Palliative Care Organization (NHPCO) 27th Annual Management & Leadership Conference
March 29 - 30, 2012
National Harbor, MD

Medtrade Spring
April 11 - 12, 2012
Las Vegas, NV

National Home Infusion Association 2012 Annual Conference & Exposition
April 23 - 26, 2012
Phoenix, AZ

Visiting Nurse Associations of America 30th Annual Meeting
May 2 - 4, 2012
Phoenix, AZ

California Association for Health Services at Home 2012 Annual Conference and Home Care Expo
May 9 - 10, 2012
Pasadena, CA

Visit www.chapinc.org for an updated listing of current and future events.

Education Update

by Michael Grogan, Vice President of Business Development

CHAP is hosting a series of educational webinars, *Performance Excellence 2012: Stepping Up To Quality - 2011 Top Ten Deficiencies - Part III*, to assist CHAP accredited providers and other organizations seeking accreditation in developing skills with which to ensure compliance with the CHAP Standards of Excellence.

Continuing the 2011 Educational Webinar series, "*Performance Excellence: Cultivating An Environment for Success, Part II,*" CHAP is offering this new series of educational webinars, detailing the top ten deficiencies cited across all services for agencies surveyed in 2011.

Please note that each session in Part III contains identical content, so attendees only need register for one of the sessions.

Registration for these sessions will begin in late February and will be available on the CHAP website.

A recording of the webinar will be posted to the CHAP website following the live sessions.

In addition to this series, CHAP will be hosting numerous webinars throughout 2012, featuring content focused on the accreditation process, consultant

education, the CHAP Standards of Excellence, and various topics focused on performance improvement techniques.

CHAP is also planning several regional workshops throughout 2012 to provide education for the upcoming 2012 Standards revisions, and is working with several state and national trade associations for possible pre- or post-conference educational offerings.

Educational webinars, workshops and training sessions will be announced via email, on the CHAP website and in this newsletter.

Visit www.chapinc.org for a complete listing of educational webinars and workshops; and for a list of recorded webinars and training presentations available for download free of charge.

Please direct questions regarding CHAP workshops and webinars to education@chapinc.org.

CHAP Is Hiring

CHAP is currently recruiting for the following positions in its DC Office:

- Regional Director of Professional Services
- Site Visitor

Visit http://chapinc.org/AboutCHAP/Employment or email hr@chapinc.org for more information.

CHAP is an equal opportunity employer.

Accreditation Timelines

Year-to-date, the average wait time for initial site visits is 45 days from submission of self study.

CHAP has no backlog or extended waits for initial site visits and strives to schedule initial site visits in 1 - 90 days from submission of the self study.

Initial applicants should feel confident CHAP will schedule your site visit between 1 and 90 days from submission of a self study, provided all other readiness requirements are met.

For a detailed review of the CHAP accreditation process and timeframes for initial and renewal applicants, please visit www.chapinc.org.