

July 12, 2024, 24-22



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Contributors

Public Policy

Kathy Febraio, President, ext. 809 febraio@nyshcp.org

Laura Ehrich, Vice President of Public Policy, ext. 806 ehrich@nyshcp.org

Carole Deyoe, Senior Associate of Public Policy, ext. 810 deyoe@nyshcp.org

FI Administrative Reimbursement Changes Delayed

Implementation Date Extended to August 1

Effective August 1, 2024, Fiscal Intermediary (FI) administrative payments will transition to a non-risk distribution methodology for Medicaid Managed Care (MMC) enrollees. Per the Department of Health (DOH/the Department) this effective date has been delayed from July 1 to August 1 to provide additional time for executing contracting efforts. This change applies to services for all MMC enrollees except for those in the Program of All-Inclusive Care for the Elderly (PACE) and the Fully Integrated Duals Advantage for Individuals with Intellectual and Developmental Disabilities (FIDA-IDD) Plan.

Starting August 1, 2024, FIs will bill managed care plans using a three-tier per member per month (PMPM) schedule. Plans will then bill the state using newly established rate codes and pass the exact amount back to the FI according to this rate structure:

Tier 1: Rate Code 2443

1-159 Direct Care Hours Authorized Per Month Per Consumer
FI PMPM Reimbursement Effective 4.1.2022: \$146.45

Tier 2: Rate Code 2444

160-479 Direct Care Hours Authorized Per Month Per Consumer
FI PMPM Reimbursement Effective 4.1.2022: \$387.84

Tier 3: Rate Code 2445

480 and above Direct Care Hours Authorized Per Month Per Consumer
FI PMPM Reimbursement Effective 4.1.2022: \$1,046.36

Plans have been instructed by the Department to bill eMedNY using the rate code that corresponds to the number of service hours the MMC enrollee received in the billing month. Since direct care hours can fluctuate, plans should submit claims for FI administrative costs no earlier than the first day of the following month.

Plan Rate Cut Details Released

Many insurance plans had been in a holding pattern, awaiting further details from the Department before sending contract changes to FIs. That guidance has now been released. The Department's Office of Health Insurance Programs (OHIP) recently presented information to the insurance plans detailing the impact of removing the administrative portion on their rates. The Department also outlined the anticipated savings to the state for the fiscal year 2024-2025.

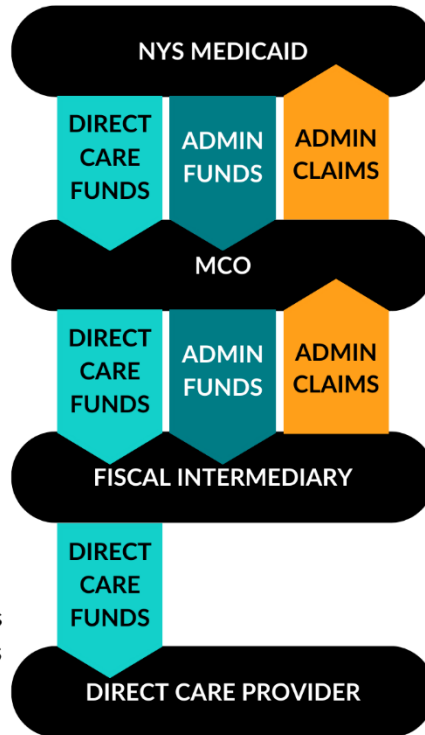
Statewide, Managed Care rate cuts for Managed Long Term Care Plans (MLTC) and Medicaid Advantage Plans (MAP) will average 10% with regional variations. The state anticipates savings of between 3.7 and 4.4%. The Managed Care model contract will be updated to reflect this change.

Flow of Funds Clarified

FI Administrative Payment Funds Flow

DIRECT CARE

- State continues to pay MCOs a capitated monthly payment.
- MCOs pay Fiscal Intermediaries for the volume of direct care hours a CDPAP worker provides according to their contract, compliant with all applicable state and federal laws, regulations, and guidance.
- Fiscal Intermediaries pay the CDPAP workers for the direct care hours provided to a Medicaid member.



FISCAL INTERMEDIARY ADMIN

- FI will bill the MCOs according to the three tiered rate schedule for each member receiving CDPAP services.
- MCO pays the exact amount of the three tiered rate schedule to the FI according to Prompt Pay guidelines.
- MCOs will bill the state based on the three tiered rate schedule via the new established rate codes.
- State pays the MCO for the PMPM according to the fee schedule.

Source: NYSDOH June 2024

HCP Support

HCP will continue requesting additional guidance for FIs before the new effective date.

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DOHMH Health Advisory: West Nile Prevention

On July 11, 2024, the New York City Department of Health and Mental Hygiene (DOHMH) issued Advisory #18 regarding pesticide spraying to prevent West Nile Virus in NYC.

The NYC Health Department uses trucks to spray certain neighborhoods overnight where high numbers of West Nile virus-carrying mosquitoes have been identified. The chemicals used are low quantities of sumithrin, prallethrin, or pyrethrin.

Residents are notified of upcoming spray events via press releases and flyers posted in those areas. People are advised to stay indoors during overnight spraying. Close air conditioner vents or set to the “recirculate” position during spraying.

Upcoming spraying is scheduled for Queens next week. See the [Mosquito Control website](#) for more information and to note when events are occurring in your area.

DOHMH notes that few people have any symptoms from this low level of exposure. However, some sensitive individuals may experience transient irritation of skin, eyes, or mucous membranes. Chronic respiratory conditions such as asthma could also be exacerbated when exposed to these chemicals.

Outdoor furniture, toys, etc., may have some short-lived residue after spraying, but it does not pose a significant health risk. Soap and water are effective for cleaning these items if there is a concern. If skin and/or clothing have been exposed to pesticides, wash with soap and water. DOHMH reminds New Yorkers to always wash produce thoroughly before eating or cooking, regardless of the source.

When pesticide poisoning is suspected, call the NYC Poison Center at 212-POISONS (212-764-7667). Confirmed poisonings are also reported to the NYS Health Department, Pesticide Poisoning Registry at (800)-322-6850.

Home Care Tips

Remind your staff and patients to prevent mosquito bites by wearing protective clothing (long sleeves, pants, socks/shoes, etc.) and by properly applying an effective repellent. Only those containing picaridin, DEET, eucalyptus oil, or IR3535 are proven effective against mosquitoes when used as directed. Pay close attention to directions for use, especially on children.

Thank you for doing all you do to keep New Yorkers healthy and safe!

The graphic features a central text area surrounded by a decorative border of colorful triangles in shades of orange, teal, and red. At the top left is the HCP logo, which includes a stylized house icon. To its right is the text 'NYS Association of Health Care Providers' and 'Representing Home & Community-Based Care', with 'Celebrating 50 Years' below it. The main text reads 'HCP ANNUAL AWARD NOMINATIONS' in large, bold, black letters. Below this, it says 'Submissions are due by July 31'. At the bottom left, there is a teal button with the text 'Click here for the Nomination form' in white.

HCP | NYS Association of Health Care Providers
Representing Home & Community-Based Care
Celebrating 50 Years

HCP ANNUAL AWARD NOMINATIONS

Submissions are due by July 31

[Click here for the Nomination form](#)

HIPAA Breach! What now?

Breaches of protected health information (PHI) can range from minor incidents, such as accidentally disclosing a patient's contact details to major events like the recent ransomware attack on Change Healthcare. Given the potential impact of such breaches, it's crucial to understand the Health Insurance Portability and Accountability Act's (HIPAA) notification requirements. Whether the breach is minor or major, the U.S. Department of Health and Human Services (HHS) provides clear instructions to guide your next steps, ensuring that you respond appropriately and promptly to protect affected individuals and comply with legal obligations.

What is a Breach?

A breach is an unauthorized use or disclosure of PHI that compromises its security or privacy, as defined by the [Breach Notification Rule](#). A risk assessment determines if a breach has occurred by evaluating:

- The nature and extent of PHI involved
- The unauthorized individual who accessed the PHI
- Whether the PHI was actually viewed or acquired
- The mitigation efforts by the covered entity (including home care agencies) or business associate
- If a covered entity cannot demonstrate a low probability that PHI has been compromised, it is presumed to be a breach.

Exceptions include:

- Unintentional access or use of PHI by an employee or authorized individual within their scope of authority
- Disclosure of PHI to an individual authorized to access PHI in general
- Good faith belief that the unauthorized person could not access or retain the PHI

Notification Requirements

When a breach occurs, the covered entity must notify the compromised individual, HHS, and sometimes the media.

Individual Notification

Individuals must be notified without unreasonable delay, and no later than 60 days after the breach discovery. The notification should include:

- A brief description of the breach
- Types of information involved
- Steps individuals should take to protect themselves
- What the covered entity is doing to investigate the breach
- Contact information for the covered entity

Notifications must be sent via first-class mail or email if the individual has agreed to electronic notices. If unable to contact 10 or more individuals, the entity must post the notice on its website for 90 days or use local media. A toll-free contact number must be provided for at least 90 days.

If a business associate is responsible, they must notify the covered entity within 60 days, and the covered entity must then notify the affected individuals.

HHS Notification

For breaches affecting 500 or more individuals, HHS must be notified without unreasonable delay and no later than 60 days after discovery. For breaches affecting fewer than 500 individuals, notification is required annually, no later than 60 days after the calendar year ends.

HHS [maintains a list](#) of recent HIPAA breach cases on its website. The post lists over 900 breaches reported within the last 24 months that are currently under investigation by the Office for Civil Rights.

Media Notification

For breaches affecting 500 or more individuals, notice must be given to prominent media outlets in the affected region. This can be in the form of a press release and must include the same information provided to individuals, issued without unreasonable delay but no later than 60 days after discovering the breach.

HCP Support

HCP encourages all members who are covered entities under HIPAA to review their breach response protocols before a breach happens. If you aren't sure if you are a covered entity, the Centers for Medicare and Medicaid Services (CMS) [has a helpful tool](#) and a wealth of resources to aid you in being HIPAA compliant. Simply put, if you submit health services claims, you are a covered entity.

Note that business associates of covered entities also must be HIPAA compliant. See the above tool for more information.

Closure of Local Health Dept. LHCSAs

On July 2, 2024, the Department of Health (DOH/the Department) released [Dear Administrator Letter \(DAL\) DHCBS 24-01](#) to address closure procedures for a Local Health Department's (LHD) Licensed Home Care Services Agency (LHCSA).

HCP shares this information with our members to better prepare them for the possible transfer of clients from closed LHD LHCSAs.

Background

Recall that in February 2024, Article 36 of the Public Health Law (PHL) was amended to permit LHDs to give up their LHCSA license while continuing to provide **core public health services**.

Core public health services are defined in PHL Section 602 as not requiring a LHCSA license when the service is provided in the home by a local county's or New York City's health department. Additionally, core public health services require "only minimal patient contact", which is defined as:

- Being of limited duration for acute or non-chronic conditions, including health conditions posing a potential public health threat.
- Involving treatment requiring no more than six (6) patient visits; more than six visits are permitted if needed in the interest of patient safety and public health.

Note that if the LHD believes that more than six visits will be necessary, it must recommend that the patient "attain the services of a home care services agency licensed to provide the identified services in that county."

PHL Section 3605(1-a) lists the following examples of core public health services, noting that this is not an all-inclusive list: immunizations; testing for tuberculosis; observation of tuberculosis self-directed therapy; verbal assessment, counseling and referral services. The law also allows DOH to determine other services to be defined as core public health services.

Important for HCP provider members is the statement in the law disallowing LHDs from providing home health aide services, personal care services, or nursing services that require more than minimal patient contact. Inclusion of this language was strongly supported by HCP.

Closure Procedures

A local health department wishing to surrender its LHCSA license must first contact its DOH Regional Office who will work with the LHD to develop and implement a condensed closure plan. This plan will include the LHD's attestation regarding its adherence to the core public service provisions as outlined in Article 36 (see above).

This initial abridged closure plan shall also cover a plan for records storage and the physical surrender of the LHCSA license by mail to the Regional Office after the closure activities are complete. The Regional Office may outline other closure requirements on a case-by-case basis.

Contact

Questions about the amended law or this policy document may be directed to the [Department via email](#).

DOH Lunch and Learn Recording Available

The first Department of Health (DOH/the Department) "Lunch and Learn" educational session was presented on June 27, 2024. The one-hour session was [recorded and is now available for review and playback](#).

Part 1 of the *Survey Process and Understanding Compliance Training Series* focused on the Licensed Home Care Services Agency (LHCSA) Re-Licensure Survey, covering tasks, what to expect from the process, and how to prepare for a survey.

In a change from its usual style of posting recorded sessions, this Survey Toolkit education is presented as a WebEx recording, complete with transcript. Presenters from DOH were Millie Ferriter and Lori Novak, DOH Center for Home and Community-Based Services. The Department encourages stakeholders to submit ideas for future educational programs [via email](#).

Part 2 will focus on commonly cited deficiencies and preparing for survey success. The date for that session has not yet been announced.

Lend Your Voice to Emergency Management Plans!

HCP and its members work diligently to ensure our sector is well-represented in emergency management and planning across all regions of the state. We encourage you to seize this opportunity to further these crucial efforts.

[Researchers from Cornell University](#) are [conducting a survey](#) to document the opportunities, challenges, and successes in NYS emergency preparedness activities. The survey is targeted towards emergency preparedness partners and community leaders. Your responses will help the researchers illustrate how communities prepare for and respond to weather-related hazards such as heat waves, air quality concerns, power outages, and more.

Help keep home care top of mind for policy makers by having your emergency management associate complete the 15-minute online survey today! It will only be open until the end of July, so act quickly to inform capacity-building policies and actions.

Survey Details

The survey is strictly anonymous; answers will not be linked to the respondent or their organization unless they opt-in to share that information. Data will only be analyzed in the aggregate, and you are not required to answer every question. Survey results may be published for scientific purposes, but your identity will remain anonymous.

Survey questions will address your role and experience in preparing for and responding to weather-related emergencies. You will be asked what type of support would improve your response capacity, as well as what might be needed in your community.

[Complete the survey today!](#)

Benefits of Participation

By taking part in this important research, you can ensure that the home care sector's needs are considered in emergency management planning and policy. Your community at large may benefit as well.

Survey participants are also offered useful resources that can help your emergency management team in your own organization's planning activities.

Background

Cornell's Health Impacts Core, a part of Cornell's Public Health Program, is working to build emergency response capacity for individuals and organizations. Knowing that prevention is at the core of public health, this and other projects prioritize preparedness to keep New Yorkers safe in the face of increasingly frequent severe weather events.

Direct questions and comments about the survey to the Health Impacts Partnership Lead, [Danielle L. Eisman](#), Ph.D. at Cornell's Department of Public and Ecosystems Health.

You may report any concerns or complaints about the survey anonymously through [Ethicspoint online](#) or by calling 1-866-293-3077. Ethicspoint is an independent organization serving as a liaison between the University and the person bringing the complaint so that anonymity can be ensured.

Provider Relief Funds Period 7 Reporting Opened July 1

The [Provider Relief Fund \(PRF\) Reporting Portal](#) is now open for Reporting Period 7.

Recipients of one or more General Distribution, Targeted Distribution and/or American Rescue Plan (ARP) Rural Distribution payments exceeding \$10,000, **in the aggregate**, from January 1,

2023, to June 30, 2023, are REQUIRED to report on the use of their payments during Reporting Period 7.

Those who applied for and accepted any Provider Relief Fund (PRF) monies agreed to the terms and conditions of the funding. An important condition of acceptance is the proper spending of funds in the designated timeframe. Another requirement is the subsequent [reporting of those expenditures](#).

Each *spending period* and *reporting period* corresponds to a *funds received period*. Current reporting is for *funds received* from January 1, 2023, to June 30, 2023. Reporting Period 7 will close at 11:59 pm Eastern Time on September 30, 2024.

Reporting

Reporting is only required if the total of funds received in a given period is \$10,000 or more in the aggregate. Reporting is based on the date the funds are received, and reporting windows are open for 90 days.

PRF reportable funding includes General and Targeted Disbursements (all phases), Paycheck Protection Program, Health Care Enhancement, Coronavirus Response and Relief Supplemental Appropriations (CRRSA). All were funds to reimburse eligible health care providers for health care-related expenses or lost revenues attributable to the COVID-19 pandemic.

[View the HRSA Reporting and Auditing Requirements page for more details.](#)

NYC Emergency Management Grant Summary

For the past three years, HCP staff has worked with the New York City Department of Mental Health and Hygiene (DOHMH) Office of Emergency Preparedness and Response (OEPR) on projects to advance emergency management (EM) activities in the home care sector. The work has been possible thanks to grant funding provided to our affiliate, the HCP Foundation (HCPF) through the US Department of Health and Human Services (HHS) Office of the Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program.

We recently wrapped up our activities for the 2023-24 grant year and offer the following summary for those that may have missed our reports on what we've been up to in this space since September.

Emergency Management Forums

HCP partnered with the Home Care Association of New York State Education and Research (HCA) team to present two virtual Emergency Management Forums specifically for the home care sector. Both forums included the associations' summary of current emergency management topics and an open discussion period to address provider questions and concerns.

Forum 1 was held in January 2024 and focused on the home care ***Comprehensive Emergency Management Plan (CEMP)*** developed by HCP and HCA with the support of the NYS Department of Health. It was presented by Carole Deyoe, HCP's Senior Associate of Public Policy, and Arianna Stone, HCA Director of Research and Development. In addition to the CEMP overview, attendees

were given instructions regarding the associated training that is available online free of charge. The [recording is available](#) so you can still benefit from this valuable two-hour session.

Forum 2 was also held virtually for two hours and was presented in April. The topic of this session was **Energy Dependence**, and the main speaker was Barbara B. Citarella, a national subject matter expert in emergency management who serves as the president of RBC Limited Healthcare & Management Consultants. We were also joined by Tamer Hadi, Assistant Commissioner, DOHMH Bureau of Healthcare and Community Readiness (BHCR) who explained how the emPOWER tool is used in NYC. The [recording is posted](#) for public viewing.

Emergency Management Webinars

Under the NYC EM grant, HCP independently presented two one-hour webinars for the home care industry. Both were moderated by Carole Deyoe from HCP, and their success was due to the robust participation of several trusted HCP provider members. We owe them a world of thanks!

The sessions were recorded and are available publicly on [HCP's YouTube](#) channel.

Held in December 2023, **Mass Notification Applications** covered the benefits of quick communication channels before, during, and after an incident. Attendees learned about key features of these apps and heard from three HCP members who described their experiences using various platforms.

The second webinar was presented in April 2024 and focused on the human aspects and mental health perspectives that are often overlooked in emergency planning. **Supporting Your Staff** detailed an innovative support program for home care workers that was implemented during the COVID-19 crisis. We also heard from a life coach who described how to help home care teams find clarity and compassion in the face of a crisis.

Project: Emergency Transportation in the Home Care Sector Part 2

Building on our project from the previous budget period, HCP created a template for a Memorandum of Understanding for use as an optional tool for home care providers to partner with transportation providers for emergency evacuations.

HCP gathered subject matter experts from both industries to review and enhance the template, which remains in a draft form. We hope to finalize it in the upcoming budget period by bringing in even more partners who can help with its distribution. Stay tuned!

Design a Deliverable: Video Series

The NYC EM grant provided HCP the opportunity to create our own project to help the home care sector with readiness and response. We chose a project that would benefit caregivers and patients more directly than many of our other educational products.

For this deliverable, HCP designed and produced three short emergency preparedness videos tailored for home care recipients. **Be Aware and Prepare**, **Staying Safe**, and **Getting Back to Normal** cover the three main phases of emergency management: preparedness, response, and recovery.

HCP staff completed the project from development and delivery to technology and posting. Resources from FEMA, AARP, and ready.gov were used in the preparation of the materials.

The content is presented in easy-to-understand language, with graphics to support understanding. The videos are publicly posted on the [HCP YouTube channel](#).

We'll continue promoting distribution of this valuable series indefinitely and hope you will spread the word!

The series was very well received by the grantors. In its production, HCP realized how much important information is available on these topics. In light of the uniqueness of our industry and the patients we serve, we are considering expanding or adding to this series if the opportunity exists.

Annual Conference

The end of the grant's budget period culminated in the NYC Health Care Coalition Annual Conference. In this day-long virtual event, we heard from many different sectors who presented projects and successes from their year of emergency management activities.

HCP presented a short overview covering the rationale and goals behind the video series detailed above. Our hope is that emergency management personnel from other sectors will distribute the materials and keep the home care sector top of mind in their planning activities in the future.

2024-25 Respiratory Vaccine Recommendations

Following their June 2024 meeting, the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP) released their recommendations for fall vaccines for adults.

COVID-19

Everyone aged 6 months and over is advised to receive an updated 2024-2025 COVID-19 vaccine when it becomes available. The newest versions of the vaccine will target recently circulating strains and are expected to perform as well as prior formulations regarding reducing severe disease and death from COVID-19. The recommendation applies to everyone, regardless of their COVID-19 vaccination or infection history.

Updated COVID-19 vaccines will be available from Moderna, Novavax, and Pfizer this fall, in line with influenza vaccine availability. The vaccines can be given at the same visit.

Those wishing to receive a booster of a current COVID-19 vaccine are urged to do so as soon as possible, to allow several months to pass before receiving the new formulation in the fall.

Influenza

The 2024-25 influenza vaccine formulations have been determined. All available vaccines will be trivalent, meaning they cover three different flu strains.

Product will be available in time for the generally recommended flu vaccination months of September and October. Only a few subsets of the population are advised to get vaccinated earlier

against the flu; this includes pregnant women in their third trimester and children who need two doses given four weeks apart.

RSV- Adults

The recommendations for RSV adult vaccines have been updated. The RSV vaccine remains a single dose immunization; no repeat dosing is required.

ACIP recommends all adults 75 years of age and older receive a single dose of RSV vaccine.

Adults 60–74 years of age and older who are at increased risk of severe RSV disease are advised to receive a single dose of RSV. The CDC will soon publish guidelines outlining who is at high risk.

Note that the previous recommendation was for shared clinical decision making for adults aged 60-74. This has changed, and those in this age group who are NOT at increased risk of severe RSV disease are NOT recommended to receive an RSV vaccine.

DOH Lunch and Learn: Survey Deficiencies

The Department of Health (DOH/the Department) has announced the scheduling of the second “Lunch and Learn” educational session.

Part 2 of the *Survey Process and Understanding Compliance Training Series* is entitled **Frequently Cited Deficiencies**. It will be presented virtually on July 31, 2024, from 1:00 pm to 2:00 pm.

According to DOH, Part 2 will focus on commonly cited deficiencies and review NYS standards for each of the cited deficiencies.

[Register in advance today!](#)

Presenters from DOH will be Millie Ferriter and Lori Novak, DOH Center for Home and Community-Based Services.

HCP IS NOW ACCEPTING BOARD NOMINATIONS!

Several seats on the HCP Board of Directors is open.

Leadership is critical to the success of any organization!

VOTE

Nomination forms must be submitted by July 31.

Click here for more information!



CHECK EXCLUSIONS FOR FEDERAL AND STATE PROGRAMS

The Federal Office of the Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) is a complete database file containing all exclusions currently in effect.

List of Excluded Individuals and Entities (LEIE)

https://www.oig.hhs.gov/exclusions/exclusions_list.asp

The NYS Office of the Medicaid Inspector General (OMIG) offers several options for checking state exclusions including a complete, formatted list; an exportable file; and a short list covering the last 30 days only.

State Exclusions

<https://omig.ny.gov/medicaid-fraud/medicaid-exclusions>

SAGAMORE GOLF

OUTING/SCRAMBLE

SUNDAY, OCTOBER 27

Sagamore Golf Club
Check-in: 10:30 am
Starts 11:00am

SAGAMORE GOLF CLUB
46 FRANK CAMERON RD,
BOLTON LANDING, NY 12814

\$150 per person
includes: green
fees/cart/box
lunch, drink ticket
and prizes.



Register now,
space is limited.