HCAW January 2021 Board Meeting Agenda

Our Vision: We are inspired to position homecare services as a leader in healthcare in Washington State.

Our Mission: To promote the long-term growth and sustainability of in-home services in Washington State. HCAW provides leadership for consumers by unifying in-home services providers through public outreach, education, legislative advocacy and supporting practice standards.

Date: 01/21/21		**Time:** 10:00 a.m.-11:00 a.m.	**Location:** GoTo Meeting	
TIME	**TOPIC**	**DISCUSSION**	**PLAN OF ACTION**	**RESPONSIBLE**
10:00 a.m.	Call to Order	Welcome/Updates • Approval of December 2020 Minutes	Approval	Rachel/All
10:05 a.m.	Legislative Updates	• Public Policy Report • Clinical Director Report	Review Review	Leslie Donna
10:35 a.m.	Financial Report	• December Financials	Review	Amber
10:45 a.m.	Education Platform and Website Review	• Proposal Review	Discussion/Vote	Donna/Britni/All
10:50 a.m.	Committees	• Committee Structure and Chair Responsibility	Discussion	Britni/All
11:00 a.m.	Adjournment	• Review of key deliverables/action items/decisions		Rachel

Board Meeting Teleconference Minutes
Thursday December 17th, 2020
10:00 am-11:00 am

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ATTENDANCE

Board: Rachel Manchester, President;;Gretchen Anderson, President-Elect, Amber Hahn-Keenan, Secretary/Treasurer, Directors Shelly Davidson, Sheena Paylor, Lexi Phul, Geoff Meinken Alisa Van Sickle; Brent Korte, Ex-Officio
Staff: Leslie Emerick, Public Policy Director; Donna Goodwin, Clinical Director; Britni Lundin Executive Director
Not in Attendance: Marilou Church, Past President, Tammi Reeser, & Melinda Moore,

CALL TO ORDER

Meeting called to order at 10:02 am
Motion to approve November minutes, seconded and passed.

I. PUBLIC POLICY REPORT

Leslie reported, notes in the Board packet

I. Clinical Director Report

Donna Reported, notes in the Board Packet

I. FINANCIAL REVIEW

Financial Report:

- Dues invoicing is set to occur within the next week. New processes in place to ensure invoicing and payment takes place in a timely manner.
- Operating line item will remove will have gain/loss and interest and dividends moved
- Management expense is mainly from Catch Point.
- Website discussion to come
- Signers are being moved over (Columbia Bank has moved and Baird is in process)
- Deferred dues process being refined for reporting

Website:

- Website redesign contract discussed. Concerns over losing an automated system for invoicing, however dues invoicing through Wild Apricot has not been effective. It is agreed upon that a website redesign is needed to make the website more clean and accessible for members. Britni to look into cost to redesign the current website in addition to getting a contract proposal for new website with individual member log in. Conversation tabled until next meeting.

Committee Reports:

- Committee Chairs will be required to report out at each Board meeting regarding their Committee. Britni to develop a reporting system and share with Committee members.

January 10, 2020

HCAW January 2021 Public Policy Report

Prepared by Leslie Emerick, Public Policy Director

WASHINGTON STATE

Closed legislative session puts TVW at the forefront

Legislative Overview

The 2021 Washington state "virtual" legislative session officially begins on January 11, 2021. Olympia's Capitol Campus has been closed to the public since April 2020 due to the COVID-19 pandemic and will remain largely dormant during this legislative session to protect legislators, staff, and the public from spreading the virus. Some militia groups have stated plans to enter and occupy the state Legislative Building during session, claiming that keeping the Capitol closed to the public is unconstitutional, COVID-19 or not. Many groups have now reconsidered since the chaos at our nation's capital in Washington DC this past week. They did manage to storm the gates to the Governor's Mansion last week and the Governor has called in the National Guard for the first week of session so we will be watching how this all plays out in WA State and DC. Makes me glad that I am working from home this year!

Much of the typical legislative and lobbying activity will move online largely through Zoom calls being broadcast on TVW. Democratic leaders in each chamber have stated a handful of major priorities, including COVID-19 response, economic recovery, passing a two-year balanced budget, racial equity, and climate change. House members in the Democratic caucus have been asked to limit themselves to seven bills or fewer this session. And chairs of committees have been asked to limit public hearings and how many bills they let through. Leadership has told members they expect at least a 25-30% reduction in the volume of bills that can be processed.

This year, members of the public can testify by video or written testimony from wherever they are. Links to instructions will be available online. Written testimony can be submitted through a new portal online and will be part of the "official bill file" and accessible to committee members and others. There's general agreement that offering remote testimony will benefit the average constituent. In the past, most people have had to make long trips to Olympia to see their legislator or testify before a committee to find the bill they care about was dropped from an agenda or a legislator had a scheduling conflict come up. I think the most positive thing about it will be a significant increase in opportunities for remote public testimony, but it may make it more difficult for lobbyists to be heard with so many more people testifying.

COVID-19 Information

Tracking PPE Distribution Dashboard: https://coronavirus.wa.gov/what-you-need-know/personal-protective-equipment/tracking-ppe-distribution

"King County to open mass coronavirus vaccination sites: this Seattle Times' article might interest you, too. You can read the full article here: https://www.seattletimes.com/seattle-news/health/king-county-to-open-mass-covid-19-vaccination-sites/?utm_source=email&utm_medium=email&utm_campaign=article_inset_1.1

Vaccine Coordination Meetings: Donna and I attended two meetings this week for distribution of the COVID-19 Vaccine. DOH Vaccine Partners and a meeting with DOH and King County Public Health to discuss the vaccine roll out for home health, home care and hospice agencies. They referred to the link below for www.findyourphasewa.com as being in the soft roll out stage to be fully up and running by January 18th, 2021. Some health care facilities have been able to access locations where vaccines are being provided, but it is not uniform around the state yet. They hope to have at least 2 vaccine providers available in areas all over the state for 1A participants. The roll out has been pretty bumpy due to the limited amount of vaccine available in the state and funding to provide the services. There will be another meeting with King County and DOH next Monday to try and expand access.

We also received the following message from Kristin Peterson, DOH Assistant Secretary Health Systems Quality Assurance Division, that is very helpful in identifying how to access vaccines for staff and phase 1 a recipients especially for smaller independent facilities that are not associated with major hospital systems. For information on who is eligible for the vaccine in Phase 1A: https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/VaccineAllocationPhase1A.pdf. As far as how to get access to the vaccine, DOH is piloting a system for Phase 1A individuals that does the following:

1) Assesses eligibility confirmation - and provides confirmation that can be used at a vaccine administration site in lieu of an official letter (note: providers are likely to ask for ID and/or badge)
2) Identifies where they can go to get vaccinated

To access the system, individuals who believe they are eligible for Phase 1A should visit this site: findyourphasewa.com. If they are confirmed a confirmation page will have a link to a website that includes a list of providers that are vaccinating people outside their system/facility with contact information to schedule an appointment. And if you or your colleagues have any feedback on the system, please share it at WAPhaseFinder@gmail.com.

Inslee announces statewide COVID-19 exposure notification tool: DOH, announced the launch of WA Notify, a simple, anonymous exposure notification tool to help stop the spread of COVID.

By adding WA Notify to their smartphones, Washington residents will be alerted if they spent time near another WA Notify user who later tests positive for COVID-19.

Inslee announces "Healthy Washington–Roadmap to Recovery": Gov. Jay Inslee announced "Healthy Washington—Roadmap to Recovery," a COVID-19 phased recovery plan. Beginning on January 11, 2021, the state will follow a regional recovery approach with every region beginning in Phase 1.

"Stay Safe–Stay Healthy": On December 30, Governor Inslee announced a one-week extension of the "Stay Safe–Stay Healthy" proclamation, along with the statewide restrictions imposed, including the visitor restrictions in long-term care. The extension of the statewide restrictions will now expire on January 11, 2021. No changes were made in the proclamation aside from the expiration date. This extension effects all long-term care settings and providers. Please see previously issued letters regarding proclamation 25 for more details. Learn More

Department of Health (DOH)

Department of Health Vaccine Updates:
https://www.doh.wa.gov/Emergencies/COVID19/Vaccine, Find COVID-19 vaccine information for health care providers.

DOH Rules Update: PAs ordering Home Health Services Expedited Rule Making CR-105: WAC 246-335-510 Definitions. In-Home Services, Home Health. DOH is proposing a permanent rule amendment to WAC 246-335-510(3), adding physician assistants to the list of practitioners authorized to order home health services and to sign plans of care, consistent with federal changes due to the coronavirus disease (COVID-19) pandemic filed as WSR# 20-23-089 - Filing date/time 11/17/20202:23 PM. This rulemaking is still in process, and the emergency rules are still in place allowing for PAs to order home health during the pandemic.

Telemedicine Supervisory Visits for Home Health & Hospice: HCAW has submitted a rulemaking request to DOH to allow for telemedicine supervisory visits for home health and hospice. Here is the rational for the rulemaking:

Telemedicine has kept consumers and providers safe while allowing patients to continue their care plan with their home health and hospice providers during the COVID-19 pandemic, but its benefits extend far beyond the current outbreak. According to this Federal Trade Commission letter, "When used properly, telemedicine has considerable promise as a mechanism to broaden access, lower costs, and improve health care quality."

On July 6, 2020, Colorado passed SB 212 to require homecare regulations to be updated to permanently allow supervisory visits to be conducted via telemedicine after the state authorized them through temporary waivers at the start of the public health emergency.

Consistent with the federal patients over paperwork initiative, telemedicine supervisory visits allow hospice and home health nurse supervisors to dedicate more time performing clinical care by

focusing on admitting new patients as they transition from institutional level care to a home and community based setting. Telemedicine supervisory visits are efficient, effective, and reduce unnecessary exposure.

On April 30, 2020, the Washington Department of Health waived hospice and home health agency onsite supervisory visits for the COVID-19 pandemic. Since this time, providers have performed supervisory visits via telemedicine to help protect our patients, families, and caregivers.

DOH and the Nursing Commission recently issued an Advisory Opinion on the Telehealth Delivery of Nursing Care Services which provided a comprehensive review of applicable state laws and regulations regarding nurses providing telehealth services and concluded that nurses must follow the same standard of care in telehealth care as in face-to-face care.

RCW 70.127.120 requires the department to establish rules to address, among other things, supervision of services and the establishment and implementation of written personnel policies regular performance evaluations, including observation in the home. We do not believe this statute precludes a home health provider from performing supervisory visits via telemedicine. Home health providers conduct many other types of visits in the home, including: Admission, Resumption of Care, In Home Annual Observation Visits and Patient Specific orientation visits.

Therefore, we respectfully request Washington make any necessary regulatory changes to permanently authorize telemedicine supervisory visits for hospice and home health agencies, by removing the "on-site" requirements in WAC 246-335-545 and WAC 246-335-645 and clarifying that supervision may be conducted via telemedicine in accordance with applicable practice acts.

DOH Update on Telemedicine Training Completion: Beginning **January 1, 2021** and **no later than June 30, 2021**, health care professionals, who offer telemedicine services to patients must complete telemedicine training. (See deadlines for RN, LNP and ARNP telemedicine training below under the Nursing Commission.)To learn more about the different training options available and access additional resources, please visit the Washington State Telehealth Collaborative Training webpage. To participate in any of these ***free*** trainings you will need to enroll and create a Canvas account by accessing the Washington State Medical Professional Telemedicine Training.

The law refers to the definition of telemedicine as "the delivery of health care services through the use of interactive audio and video technology, permitting real-time communication between the patient at the originating site and the provider, for the purpose of diagnosis, consultation, or treatment. "Telemedicine" does not include the use of audio-only telephone, facsimile, or email."

In addition, the Washington state Department of Health State Office of Rural Health is pleased to announce a new telehealth education series made possible by a collaboration between Northwest Telehealth, the Department of Health, and the Northwest Regional Telehealth Resource Center. This ***free*** series is designed to help clinical teams and healthcare organizations work through the decisions involved in setting up a well-run telemedicine service that serves patients directly.

Please see the attached flyer for more information on the dates and topics. A registration link is included on the flyer. This is not limited to rural. Direct to patient Series Flyer final (002).pdf

- Direct to patient Series Flyer final telehealth.pdf
- 2101137telemedicinetrainingrequirementsallproviderspolicystatementfinal.pdf

AIDS Education and Training Requirements: DOH has repealed the AIDS education and training requirements for home care aides that fall under the authority of the Secretary of Health, in support of Engrossed Substitute House Bill (ESHB) 1551, chapter 76, Laws of 2020. This rules update removes the AIDS education and training requirements for health professionals obtaining initial registration, certification, or licensure. Attached is the CR-103 Final Rule-Making order filed on December 23, 2020 as WSR#21-02-002.

WSR_21-02-002.pdf

Safe medication return program: Safe medication return is a unified, statewide program that gives Washington residents free, convenient, and environmentally responsible options to dispose of unwanted medication. The program is operated by MED-Project. The Department of Health oversees the program, monitors on-going operations, manages enforcement when compliance issues arise, and evaluates the program effectiveness. There are two main ways to return your unused medication and both options are free. If you have questions, please contact us by email or phone 360-236-4698.

- **Mail in your unused medication**
  - Request a free prepaid envelope and it will be sent to you
  - Place your unused medication in the envelope
  - Mail the package as you would any other parcel
- **Take it to a drop off site**
  - Find your nearest drop off site, and deposit your medication in the kiosk.
  - You do not need to provide and ID, talk with anyone, or complete paperwork

Palliative Care Roadmap Still Available!! Pat Justis has located funds for a third printing of the PC Roadmap that are available until the end of March so please place your orders soon! It's posted on DOH Rural Health webpage, as well as the WA Rural Palliative Care Initiative portal To order: https://prtonline.myprintdesk.net/DSF/

Palliative Care-Rural Health Integration Advisory Team (PC-RHIAT): Pat Justis provided an update on the activities of the Rural Health Palliative Care initiative on January 6, 2021. For more information on their efforts go to: https://waportal.org/partners/home/washington-rural-palliative-care-initiative

Nursing Care Quality Assurance Commission **(NCQAC)**

New Advisory Opinions: The Nursing Commission may issue advisory opinions in response to questions put to it by professional health associations, nursing practitioners and consumers concerning the authority of various categories of nursing personnel to perform particular acts. The opinion is advisory and intended for guidance only. An advisory opinion is not legally binding and does not have the force and effect of a duly promulgated regulation or a declaratory ruling by the Nursing Commission. The Nursing Commission recently approved two advisory opinions:

- **Advisory Opinion:** **Death with Dignity (Aid-in-Dying): Role of the Nurse**

  Advanced registered nurse practitioners (ARNPs), registered nurses (RNs), and licensed practical nurses (LPNs) may be involved in providing nursing care, within their scope of practice, to patients who make the choice to end their life through the Washington State Death with Dignity Act (RCW 70.245). Nurses remain accountable and responsible for providing compassionate and comprehensive care to all patients, regardless of their end-of-life choices. Nurses may decline active participation in the implementation of aid-in-dying, but they remain responsible for the full scope of end-of-life care including providing information, symptom management, and other palliative or end-of-life interventions. The advisory opinion clarifies the nursing roles and responsibilities in palliative and end-of-life care.

  Read More+

- **Advisory Opinion:** **Infusion Therapy Management**

  The Nursing Care Quality Assurance Commission (NCQAC) concludes that it is within the scope of practice for the appropriately prepared and competent registered nurse (RN) and licensed practical nurse (LPN) to provide and manage infusion therapy under the direction of authorized health care practitioner. The commission recommends the RN or LPN use the Interactive Scope of Practice Decision Tree to determine if an activity is within their legal and individual scope of practice.

  Read More+

Nursing Care Quality Assurance Commission Telemedicine Training Update: The NCQAC finally released their guidance for the telemedicine training impacting nurses licensed under the commission. The final date is later than the "Secretary" Professions that are not under a board or commission. The Nursing Care Quality Assurance Commission (NCQAC) recommends telemedicine training be completed as soon as possible as a demonstration of competency. The licensed nurse (RN, LPN, or ARNP) providing telemedicine clinical services licensed prior to January 1, 2021 will need to complete telemedicine training by December 31, 2021.

New Frequently Asked Questions for Registered Nurses, Licensed Practical Nurses, Advanced Registered Nurse Practitioners

- **Is a registered nurse (RN), licensed practical nurse (LPN), or Advanced Registered Nurse Practitioner (ARNP) required to take telemedicine training?** Yes, licensed nurses (RN, LPN, or ARNP) in Washington State are required to take telemedicine training if the nurse provides telemedicine services. RCW 43.70.495 requires the nurse who provides clinical services through telemedicine independently or under the direction of an authorized health care practitioner to complete telemedicine training. "Telemedicine" as defined in RCW 70.41.020(13) means, "the delivery of health care services through the use of interactive audio and video technology, permitting real-time communication between the patient at the originating site and the provider, for the purpose of diagnosis, consultation, or treatment [but] does not include the use of audio-only telephone, facsimile, or email."

  The Washington State Telehealth Collaborative uses the following slightly different Medicaid definition of telemedicine in the training:

  > "Telemedicine is when a health care practitioner uses HIPAA-compliant, interactive, real-time audio and video telecommunications (including web-based applications) or store and forward technology to deliver covered services that are within his or her scope of practice to a client at a site other than the site where the provider is located." WAC 182-531-1730(1). It does NOT include "the use of audio-only telephone, facsimile, or email."

- **Does the training requirement apply to a nurse who provides telephone triage?** No, the telemedicine training requirement does not apply to audio-only telephone (telephone triage), facsimile, or email. However, the Nursing Care Quality Assurance Commission (NCQAC) recommends licensed nurses complete the telemedicine training if they provide services such as; telephone triage, remote patient monitoring ("RPM", which enables recording and monitoring health data remotely), asynchronous telehealth (such as Store and Forward technology that allows patient data to be collected, stored, and later retrieved by another professional), Mobile Health ("mHealth," using smart devices such as smartphones and smart wearables that allow continuous data collection about a person's behavior or condition) or other types of telehealth. The telemedicine training provides a valuable overview of the roles, responsibilities, liability, and legal requirements when providing telehealth services.

- **Does the nurse need to send in the certification to the Nursing Care Quality Assurance Commission (NCQAC)?** The law, RCW 43.70.495, requires the nurse to sign and retain an attestation of completion. The nurse does not need to send the attestation or documentation to the NCQAC unless requested.

- **When is completion of telemedicine training required?** NCQAC recommends telemedicine training be completed as soon as possible as a demonstration of competency. The licensed nurse (RN, LPN, or ARNP) providing telemedicine clinical services licensed prior to January 1, 2021 will need to complete telemedicine training by December 31, 2021.

The newly licensed RN, LPN, or ARNP or the RN, LPN, or ARNP licensed through the endorsement process who provides clinical services will need to meet the requirement one year after the initial license is issued. The Nursing Care Quality Assurance Commission (NCQAC) recommends all Washington nurses complete the telemedicine training as a demonstration of competence as soon as practical to provide an overview of the roles, responsibilities, liability, and legal requirements for providing telehealth services.

- **Does telemedicine training taken prior to January 1, 2021 meet the telemedicine training requirement?** Telemedicine training taken prior to January 1, 2021 meets the requirement if it includes the content defined in RCW 43.70.495(2). The RN must be appropriately trained and competent to provide nursing telehealth services. To learn more about the different training options available and access additional resources, please visit the Washington State Telehealth Collaborative Training page. To complete the free and publicly available telemedicine training, please go to this website: Washington State Medical Professional Telemedicine Training.
- **What are the options to meet telemedicine training requirements?** To learn more about the different training options available and access additional resources, please visit the Washington State Telehealth Collaborative Training page. To complete the free and publicly available telemedicine training, go to the Washington State Medical Professional Telemedicine Training page.

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Office of the Insurance Commissioner (OIC)

Insurance Commissioner Mike Kreidler extended his emergency order: directing all state-regulated health insurers to make additional coverage changes to aid consumers during the coronavirus pandemic. His order is in effect until Feb. 7 and requires health insurers to:

Continue coverage for providing telehealth via methods including telephone and video chat tools such as Facetime, Facebook Messenger video chat, Google Hangout video, Skype and Go-to-Meeting. Cover all medically necessary diagnostic testing for flu and certain other viral respiratory illnesses billed during a provider visit for COVID-19 with no copay, coinsurance or deductible.

Treat drive-up testing sites for COVID-19 as provider visit with no copay, coinsurance or deductible. To help free up hospital beds, Kreidler is directing health insurers to waive or expedite prior authorization requirements for home healthcare or long-term care facility services to speed up discharging patients who are ready to leave.

Department of Social and Health Services (DSHS)

COVID-19 Information | DSHS (wa.gov)

DOH and L & I will be providing two webinars about Respiratory Protection Plans and N95 fit testing for long-term care providers in WA State. These webinars will take place on January 13th and 20th at 11am. The first hour covers development of a respiratory protection plan and regulations related to use of N95 respirators. For those facilities who have a qualitative fit testing kit, the second hour will be a follow-along demonstration of qualitative fit testing procedures. These webinars are optional, and no educational credits will be provided. To register for webinars, please click below. **Please note that the content is the same for both dates, and you only need to register for ONE webinar.**

Wednesday 1/13 11am - 1pm

https://register.gotowebinar.com/register/7365595820838193935

Wednesday 1/20 11am - 1pm

https://register.gotowebinar.com/register/8730101845536222479

Learn More

Residential Care Services: A letter regarding from the following topic is now available online: Reminder to Allow Health Care Provider Visits

Health Care Authority (HCA)

HCA has been working on the rules that allow ARNPs and PAs to order home health. This would make the emergency rules permanent. We requested an amendment that includes PAs in the definitions. I think this WAC Crosswalk is helpful in explaining what they are working on:

WAC Crosswalk Form.docx

Public Policy

WA State Telemedicine Collaborative: The last was on January 5, 2021. Rep Riccelli is sponsoring new legislation to allow for audio only telemedicine visits to be reimbursed at parity with other types of in person interactions. At this point the draft bill is mainly focused on behavioral health, but he is thinking about expanding it. The bill will be introduced soon!

Dementia Action Coalition (DAC) Care Transitions Workgroup: Meeting on January 5, 2021 I am a member of this readmission workgroup charged with identifying strategies to minimize unnecessary care transitions with a focus on ER visits, hospitalizations and readmissions. I contacted the WSHA and they are interested in working with the group on readmissions.

Home Care Association of Washington

Clinical Director Report

December, 2020

COVID News:

Vaccine availability - NAHC: Prioritize Home Care and Hospice Workers for COVID-19 Vaccine – NAHC Report

Telehealth & COVID - Telehealth has been part of the tools employed by for Home Health Agencies for two decades.

In the recent CARES Act, Congress instructed CMS to encourage HHAs to utilize telehealth services.

Telehealth has been a demonstrated strength in the era of the COVID-19 pandemic and this valuable tool should be covered and reimbursed as part of the Medicare Home Health benefit. Details can be located in the HEAT Act. Support the HEAT Act - S. 4854/ H.R 8677

https://www.govtrack.us/congress/bills/116/hr8677/text

This was introduced in October and NAHC sent out legislative alerts to ask members to write in supports of this proposed legislation. Likely not much attention will be paid (for now) given current climate in DC. Stay tuned.

Legislative/Regulatory/Policy:

DSHS/ALTSA emergency rule making was issued 12-03-2020 (CR 103E) to clarify how to interpret LTC worker qualifications and requirements in statute and rule that specify time periods for compliance when rules were suspended due to the PHE. Currently more than 25,000 long-term care workers have been unable to meet one or more of their requirements and when the Governor's proclamations and their extensions expire, without emergency WACs in place to allow providers adequate time for training, testing and fingerprinting, LTC workers who haven't met their requirements will have to be immediately dismissed leaving some of the state's most vulnerable citizens without access to critical long-term care services. The amended section is as follows:

AMENDATORY SECTION (Amending WSR 13-02-023, filed 12/20/12, effective 1/20/13) WAC 388-71-0975 Who is required to obtain certification as a home care aide, and by when? In order to be authorized to provide department paid in-home services, all long-term care workers ~~((, who do not fall within the exemptions under the department of health WAC 246-980-070,))~~ must obtain home care aide certification ~~((within one hundred and fifty days of hire or begin date of the authorization to provide department paid in-home services effective January 7, 2012))~~ as provided in chapter 246-980 WAC.

Chapter 246-980 WAC:

https://apps.leg.wa.gov/wac/default.aspx?cite=246-980

Outpatient Prospective Payment System and Ambulatory Surgical Center final rule empowers beneficiary choices and unleashes competition to lower costs and improve innovation

On December 2, CMS finalized policy changes that will give Medicare patients and their doctors greater choices to get care at a lower cost in an outpatient setting. The Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center (ASC) final rules will increase value for Medicare beneficiaries and reflect the agency's efforts to transform the health care delivery system through competition and innovation. These changes implement the Trump Administration's Executive Order on Protecting and Improving Medicare for Our Nation's Seniors, and will take effect on January 1, 2021. This change will gradually move 1700 procedures off the in-patient only list and place them on the OPPS list. Three hundred (mostly musculoskeletal procedures) will be transferred in January 2021. All procedures on the list will be phased in by 2024. This could impact referrals to Medicare Certified Home Health agencies and may be a place to focus outreach efforts.

Read more here:

CY 2021 Medicare Hospital Outpatient Prospective Payment System and Ambulatory Surgical Center Payment System Final Rule (CMS-1736-FC) | CMS

Nursing Care Quality Assurance Commission – Special meeting –

On December 10, 2020 I attended a special meeting of the NCQAC to discuss emergency rules around speeding up licensing of nurses from other states. An excerpt from the minutes reads as follows:

3:05 PM Chair Report – Jeannie Eylar – DISCUSSION/ACTION A. Licensing Sub-Committee recommendations during COVID 19 pandemic Ms. Meyer gave the update on options available for licensing: • It was approved to hire 15 non-permanent staff through the end of June 2021. • Dr. Weisman and Ms. Meyer reviewed the Department of Health dashboard that shows where Washington is at for COVID cases and staffing: currently, WA State are at 72 – 82% capacity for most counties. • The NCQAC produced a one-page document showing progress of issuing temporary practice permits, endorsement process, full licensure and emergency permits. Ms. Strader updated on staff shortages on facilities in Washington State. Ms. Meyer brought the recommendation from the licensing sub-committee to the NCQAC to pursue a Governor's waiver of licensing requirements in Washington State with the requirement for nurses coming to WA State to complete application and fingerprint process within 30 days. ACTION: Ms. Poole moved with a second from Dr. Soine to pursue a governor's waiver for licensure requirements and require all nurses who come to state of Washington complete licensure application and fingerprints as possible within 30 days of hire. Motion carried.

I have not heard nor seen any updates on this as to if the Governor is granting this waiver. I have an email in to the Commission. Stay tuned.

Read full board packet here:

January 2021 Nursing Commission Regular Meeting Agenda and Packet (wa.gov)

Member benefit – Education Platforms:

Based on request from the Rachel and Britni, I began the review process for a possible replacement for RCTCLearn (https://www.rctclearn.net/)

Criteria used during review:

- Platform has application to home health, home care and hospice.
- Affordable pricing
- Paraprofessional offerings are DSHS approved
- Ease of use
- Ability for members to assign standard content as well as individual access to specific courses.
- Content is current and there is a process to keep content up dated
- Content presenters are credentialed and credible.
- Reporting options to track mandatory training

Platforms reviewed:

- MedBridge
- Home Care Institute
- RELIAS
- Iowa Health Care Association
- Elsevier
- myCNAJobs.com

Notable Findings:

MedBridge:

Enterprise | MedBridge (medbridgeeducation.com)

Kelly.colman@medbridgeed.com

- Two demos of their platform conducted
- Based in Seattle
- All productions are done in-house
- Video based content
- Content presenters include but not limited to Kraft and Kornetti; Kim Corral; others
- Thousands of courses applicable to home health aides, nursing, rehab staff, social work etc.
- Ability to track/run reports to confirm training completion
- Specific content reviewed: OASIS D 1 (K&K) and Dementia module (Teepa Snow) – I'll give them both an A+.

- Paraprofessional courses are NOT DSHS approved but from the demos they would meet DSHS criteria (learning objectives, method to evaluate learning, platform that requires each page to be reviewed. They are looking into this on their end.
- In addition to training modules they offer a home exercise program module and a patient education module. All priced separately.
- Pricing – generally by user but they are considering a package that would be specific for the Association.
- Expecting proposal on 01-11-2021

Home Care Institute:

www.homecarepulse.com

lindaleekley@homecarepulse.com

- Granted demo account. Need to schedule official demo
- Paraprofessional courses are DSHS approved. Includes 75 hrs and orientation and safety required for home care aides.
- Merged Home Care Institute and In The Know to become Home Care Pulse
- Previewed a PDGM course and a Fire Safety course. Neither offered video content. Would be useful for initial orientation but very basic.
- Verified during phone meeting that they do not provide video content as some areas of the county have poor internet access.
- In the Know (ITK) caregiver training looks good. HCI courses look fine not has comprehensive as MedBridge.
- All courses are written by a nurse.
- Can access courses via an app, PC, tablet etc
- Will send proposal including pricing by close of business on 01-11-2021.

RELIAS:

Healthcare Training and Performance Solutions | Relias

- I have requested a demo and discussion three times without a response
- I am very familiar with the product.

Iowa Health Care Association:

Iowa Health Care Association | Association for Nursing Homes, Home Care and Assisted Living

- The Iowa Health Care Association is similar to the Washington Health Care Association (WHCA) and their focus in SNF and ALFs. This site did have a link to "home care" but I don't find what they are offering to be suitable for HCAW members. They do show NAHC as a "partner" but the only link to any training is the PDGM training series sponsored by NAHC. The link to this course did not work without being a member of IHCA.
- I ruled this one out as it didn't meet the review criteria.

Elsevier

Elsevier | An Information Analytics Business | Empowering Knowledge

- This is not a learning management system so I did not request a demo.
- While there are some great courses, etc it is not focused on our industry.
- Great place to find articles but comes with a fee.

myCNAJobs.com:

Careers | myCNAjobs.com

- Is not a learning management system but instead a recruiting platform for NACs.
- They do offer caregiver training and the only way I could access that to preview as to apply for a CNA job.
- I don't need a CNA job.
- I now receive at least one recruitment email a day and around three calls a week. ☺

Home Care Association of Washington
Actual vs Budget Performance-2021
For the Year to Date Ended December 31, 2020

	Jul - Dec 20	Budget	$ Over Budget	% of Budget
Ordinary Income/Expense				
Income				
MEMBERSHIP				
Affiliate Dues	227.49	0.00	227.49	100.0%
Provider Dues	37,461.34	0.00	37,461.34	100.0%
MEMBERSHIP - Other	605.00			
Total MEMBERSHIP	38,293.83	0.00	38,293.83	100.0%
OPERATING				
Job Target/Career Board	118.16	250.00	-131.84	47.26%
Miscellaneous Income	0.00	100.00	-100.00	0.0%
Newsletter Ads/Subscriptions	0.00	100.00	-100.00	0.0%
Website Advertising	0.00	200.00	-200.00	0.0%
Total OPERATING	118.16	650.00	-531.84	18.18%
Gain/Loss on Investments	7,102.71	0.00	7,102.71	100.0%
Interest & Dividends	564.10	750.00	-185.90	75.21%
PROGRAMMING				
Annual Meeting/Conv - Spring				
Sponsorships/Endorsements/Rebat	0.00	5,000.00	-5,000.00	0.0%
Annual Meeting/Conv - Spring - Other	2,608.33	10,000.00	-7,391.67	26.08%
Total Annual Meeting/Conv - Spring	2,608.33	15,000.00	-12,391.67	17.39%
OCS OASIS Partnership	0.00	1,500.00	-1,500.00	0.0%
Workshops/Seminars	0.00	20,000.00	-20,000.00	0.0%
Total PROGRAMMING	2,608.33	36,500.00	-33,891.67	7.15%
Total Income	48,687.13	37,900.00	10,787.13	128.46%
Expense				
ADMINISTRATIVE				
Bank / Merchant Fees	17.85	250.04	-232.19	7.14%
Business License	0.00	10.00	-10.00	0.0%
Contingency	0.00	500.00	-500.00	0.0%
Insurance	1,814.58	3,500.00	-1,685.42	51.85%
Management	14,400.00	30,700.00	-16,300.00	46.91%
Miscellaneous	71.30	100.00	-28.70	71.3%
Office Supplies	5.76	300.00	-294.24	1.92%
Postage	11.00	300.00	-289.00	3.67%

See Accountant's Compilation Report

Home Care Association of Washington
Actual vs Budget Performance-2021
For the Year to Date Ended December 31, 2020

	Jul - Dec 20	Budget	$ Over Budget	% of Budget
Printing/Copies	20.18	400.00	-379.82	5.05%
Publications/Subscriptions	1,500.00			
Telephone	0.00	500.00	-500.00	0.0%
Total ADMINISTRATIVE	17,840.67	36,560.04	-18,719.37	48.8%
ADVOCACY				
Lobbyist Expenses	479.50	1,750.00	-1,270.50	27.4%
Lobbyist/Legislative Consultant	22,200.00	22,200.00	0.00	100.0%
Policy & Advocacy	375.00	1,500.00	-1,125.00	25.0%
Total ADVOCACY	23,054.50	25,450.00	-2,395.50	90.59%
COMMUNICATIONS				
Website- Reg & Maint	139.24	0.00	139.24	100.0%
Total COMMUNICATIONS	139.24	0.00	139.24	100.0%
LEADERSHIP				
Board Meetings	0.00	750.00	-750.00	0.0%
Strategic Planning	0.00	300.00	-300.00	0.0%
Total LEADERSHIP	0.00	1,050.00	-1,050.00	0.0%
MEMBERSHIP SERVICE/RETENTION				
Clinical Director	8,178.75	15,000.00	-6,821.25	54.53%
Clinical Director Expenses	0.00	500.00	-500.00	0.0%
NAHC Dues/Other Memberships	0.00	1,500.00	-1,500.00	0.0%
Public Relations/ Awards	0.00	250.00	-250.00	0.0%
Total MEMBERSHIP SERVICE/RETENTION	8,178.75	17,250.00	-9,071.25	47.41%
PROGRAMS				
Annual Mtg/Convention Spring				
A/V - Technology	0.00	4,000.00	-4,000.00	0.0%
Food and Beverage	0.00	15,000.00	-15,000.00	0.0%
Speaker	0.00	4,000.00	-4,000.00	0.0%
Syllabus	0.00	500.00	-500.00	0.0%
Total Annual Mtg/Convention Spring	0.00	23,500.00	-23,500.00	0.0%
Workshops/Seminar Expense				
A/V-Technology	1,080.00	250.00	830.00	432.0%
Food and Beverage	0.00	2,000.00	-2,000.00	0.0%
Lodging & Transportation	0.00	1,500.00	-1,500.00	0.0%
Other Workshops/Seminar Expense	0.00	3,500.00	-3,500.00	0.0%

Home Care Association of Washington
Actual vs Budget Performance-2021
For the Year to Date Ended December 31, 2020

	Jul - Dec 20	Budget	$ Over Budget	% of Budget
Speaker	1,080.00	10,000.00	-8,920.00	10.8%
Syllabus Copies	0.00	2,500.00	-2,500.00	0.0%
Total Workshops/Seminar Expense	2,160.00	19,750.00	-17,590.00	10.94%
Total PROGRAMS	2,160.00	43,250.00	-41,090.00	4.99%
Total Expense	51,373.16	123,560.04	-72,186.88	41.58%
Net Ordinary Income	-2,686.03	-85,660.04	82,974.01	3.14%
Net Income	-2,686.03	-85,660.04	82,974.01	3.14%

See Accountant's Compilation Report

Home Care Association of Washington
Statement of Activities-2020
For the Month ended December 31, 2020 and 2019

	Dec 20	Dec 19
Ordinary Income/Expense		
Income		
MEMBERSHIP		
Affiliate Dues	0.00	249.71
Provider Dues	0.00	18,006.52
MEMBERSHIP - Other	605.00	0.00
Total MEMBERSHIP	605.00	18,256.23
Gain/Loss on Investments	0.00	1,588.28
Interest & Dividends	0.17	964.73
PROGRAMMING		
Annual Meeting/Conv - Spring	-600.00	0.00
Workshops/Seminars	0.00	79.80
Total PROGRAMMING	-600.00	79.80
Total Income	5.17	20,889.04
Expense		
ADMINISTRATIVE		
Bank / Merchant Fees	17.85	21.50
Insurance	0.00	113.75
Office Supplies	5.76	0.00
Postage	11.00	0.00
Printing/Copies	20.18	0.00
Publications/Subscriptions	1,500.00	0.00
Total ADMINISTRATIVE	1,554.79	135.25
ADVOCACY		
Lobbyist Expenses	104.50	126.44
Lobbyist/Legislative Consultant	0.00	3,700.00
Policy & Advocacy	0.00	125.00
Total ADVOCACY	104.50	3,951.44
COMMUNICATIONS		
Website- Reg & Maint	139.24	0.00
Total COMMUNICATIONS	139.24	0.00
LEADERSHIP		
Board Meetings	0.00	300.00
Total LEADERSHIP	0.00	300.00
MEMBERSHIP SERVICE/RETENTION		
Clinical Director	1,755.00	641.25
Total MEMBERSHIP SERVICE/RETENTION	1,755.00	641.25
PROGRAMS		
Workshops/Seminar Expense		
A/V-Technology	0.00	360.00
Workshops/Seminar Expense - Other	0.00	275.00
Total Workshops/Seminar Expense	0.00	635.00
Total PROGRAMS	0.00	635.00
Total Expense	3,553.53	5,662.94

Home Care Association of Washington
Statement of Activities-2020
For the Month ended December 31, 2020 and 2019

	Dec 20	Dec 19
Net Ordinary Income	-3,548.36	15,226.10
Net Income	**-3,548.36**	**15,226.10**

Home Care Association of Washington
Statement of Financial Position
As of December 31, 2020

	Dec 31, 20	Dec 31, 19
ASSETS		
Current Assets		
Checking/Savings		
Baird Cash and Equivalents	33,970.00	32,188.36
Bairds Investment Assets	92,493.21	108,782.02
Columbia Checking 0944	17,295.84	26,447.96
Columbia Money Mkt #0936	65,684.03	65,652.98
HCAW PAC	579.81	0.00
Paypal	0.00	1,726.38
Total Checking/Savings	210,022.89	234,797.70
Accounts Receivable		
Accounts Receivable	13,375.00	12,450.00
Total Accounts Receivable	13,375.00	12,450.00
Other Current Assets		
Prepaid Annual Meeting Expenses	750.00	0.00
Prepaid Expenses	0.00	3,700.00
Prepaid Insurance	0.00	1,132.08
Prepaid Workshop Expenses		
Prepaid Workshop Speaker Fee	5,000.00	5,000.00
Prepaid Workshop Expenses - Other	0.00	4,320.00
Total Prepaid Workshop Expenses	5,000.00	9,320.00
Undeposited Funds	38,574.00	0.00
Total Other Current Assets	44,324.00	14,152.08
Total Current Assets	267,721.89	261,399.78
TOTAL ASSETS	**267,721.89**	**261,399.78**
LIABILITIES & EQUITY		
Liabilities		
Current Liabilities		
Accounts Payable		
Accounts Payable	522.84	1,277.69
Total Accounts Payable	522.84	1,277.69
Other Current Liabilities		
Deferred Dues		
Provider Dues	38,574.00	0.00
Total Deferred Dues	38,574.00	0.00
Payable to HCAW PAC	0.00	1,785.00
Total Other Current Liabilities	38,574.00	1,785.00
Total Current Liabilities	39,096.84	3,062.69
Total Liabilities	39,096.84	3,062.69
Equity		
Retained Earnings	-6,884.53	0.00
Unrestricted Net Assets	238,124.31	237,544.50
Net Income	-2,614.73	20,792.59
Total Equity	228,625.05	258,337.09

Home Care Association of Washington
Statement of Financial Position
As of December 31, 2020

	Dec 31, 20	Dec 31, 19
TOTAL LIABILITIES & EQUITY	267,721.89	261,399.78

Home Care Association of Washington
A/P Aging Detail
As of December 31, 2020

	Type	Date	Num	Name	Due Date	Aging	Open Balance
Current							
Total Current							
1 - 30							
	Bill	12/16/2020		Bank of America	12/26/2020	5	22.84
Total 1 - 30							22.84
31 - 60							
Total 31 - 60							
61 - 90							
Total 61 - 90							
> 90							
	Bill	08/15/2018	scholarship	Providence St. Mary's Home Health	08/25/2018	859	500.00
Total > 90							500.00
TOTAL							522.84