



# HPCAI Update

*Bi-weekly News for Hospice Professionals in Iowa*

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February 20, 2009

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### **New HPCAI Web Site Unveiled**

The Hospice and Palliative Care Association of Iowa has a brand new Web site to go with their new name! The Web site is a wonderful resource for events, news, advocacy updates, membership information and more! Visit the Web site at [www.iowahospice.org](http://www.iowahospice.org).

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### **HPCAI Legislative Day Scheduled**

The 2009 HPCAI Legislative Day will be held on Tuesday, March 3. The day will begin at 11:00 am at the HPCAI offices at 100 E. Grand Avenue. Attendees will learn more about the legislative process; get an update on legislative activities impacting hospice and palliative care in Iowa and hear from a legislator. Following a complimentary lunch, participants will head to the Capitol to visit with their own legislators.

For more information regarding HPCAI Legislative Day, please contact Shannon Strickler or Becky Anthony at 515.243.1046. Go to [www.iowahospice.org](http://www.iowahospice.org) for more information and to register to attend Legislative Day.

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### **Special Topics Conference Scheduled for May 5**

Mark your calendars now to attend the HPCAI Special Topics Conference to be held in Des Moines on Tuesday, May 5.

Mary Michal, a national authority on hospice, palliative and end of life care, will be the speaker for the day. She will be covering topics including contracting, board governance, ADRs and appeals and medical directors. There also will be an opportunity for attendees to submit questions prior to the

conference and Mary will be prepared to answer those and any that may come up onsite. Highmark Medicare Services, the new MAC for Iowa, also will be invited to come and speak. Detailed information will be sent in March.

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## 2009 QAPI Compliance Program Introductory Seminar

Hospice and Palliative Care Association of Iowa is sponsoring a free Web seminar on Tuesday, March 10, 2009 at 10:00 a.m. that will help your agency understand the requirements of the QAPI Conditions of Participation (CoPs), what is expected of your agency and how the QAPI Snapshot™ can help your agency be compliant.

QAPI Snapshot is a statewide quality assurance, data collection, reporting and analysis program available exclusively to HPCAI members. For more than three years, QAPI Snapshot has been the only comprehensive quality reporting and QAPI compliance program in the nation. Having partnered with OCS, Inc., HPCAI is now able to bring this ground-breaking program to members at a reduced price and with state specific quality measures.

Program presenters are Roger Herr, PT, MPA, COS-C, Hospice Product Manager OCS, has more than 20 years in home health and hospice, as a provider, manager, special program developer, site visitor, and consultant. Roger has worked with freestanding, hospital based and corporate organizations across the country. In addition to his work at OCS representing hospice benchmarking reports, Roger is active in several National Quality Forum and Centers for Medicaid and Medicare (CMS) technical expert panels. Joyce Brekke, Regional Director OCS, has been a member of the OCS, Inc. team for four years. In her current role as Regional Director, Joyce works closely with providers and OCS partners to maximize the use of outcomes data in pursuit of clinical and financial success.

For more information and to register online for this program, [click here](#).

If you have any questions or would like additional information, please contact Becky Anthony at [anthonyb@ihaonline.org](mailto:anthonyb@ihaonline.org).

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## DIA Responds to Questions Raised at HPCAI Board Meeting

DIA representatives participated in the HPCAI Board Meeting held December 3, 2008. During that conversation, two questions were raised to which the Board asked DIA to provide detailed responses. Those questions and the DIA responses are below.

**Social Workers: How do the new regs intersect with Iowa law on social work licensure? More specifically, because BSW licensure is optional in Iowa, may a hospice legally hire a person with a degree in sociology, psychology, etc. with health care experience (as described in the COPs) to fulfill that role in the state of Iowa? The preamble for the COPs states that their intent for 418.116 and 418.114 is that “if a state licenses a particular healthcare discipline than any individual working within than discipline in the hospice environment must obtain and maintain that state license. If no state license exists for a particular discipline, and if that individual meets all other personnel and training requirements as required by this rule and any other applicable Federal, state, or local laws . . . then it is acceptable for that individual to furnish services to hospice patients absent a state license.” With this language and the optional**

**licensure for a BSW, my interpretation is that an Iowa hospice could hire someone with a degree in sociology with 1 year of experience in health care to fulfill that position so long as they are supervised by a MSW.**

Since the Bachelor's of Social Work (BSW) licensure is optional in Iowa, and therefore less stringent than the Federal requirements, a hospice may employ a person with a baccalaureate degree in psychology, sociology, or other field related to social work and one year of experience in a healthcare setting to act as a hospice social worker. Currently, a hospice social worker without a baccalaureate in social work cannot be licensed as a BSW in Iowa; see Iowa Code sections 154C.2 and 154C.3.

A hospice social worker with a baccalaureate degree in psychology, sociology or other field related to social work or a hospice social worker with a baccalaureate in social work from a school of social work accredited by the Council on Social Work Education (CSWE) hired after December 2, 2008 must be supervised by a person having a Masters of Social Work from a school of social work accredited by the CSWE. The supervising MSW must be employed or contracted by the hospice. The hospice must allow time for the supervision to happen on a regular basis and provide documentation as to the nature and the scope of the supervision according the Interpretive Guidelines at §418.114(b)(3). A hospice social worker with a baccalaureate in social work from a school of social work accredited by the CSWE hired before December 2, 2008 is exempted from the MSW supervision requirement.

**Patient Rights: What will surveyors expect hospices to provide in writing to the patient regarding specific services they provide or do not provide prior to or at the time of accepting the patient and initiating care?**

A hospice is not required to list the services that it does not provide for the patient. For example, if the hospice provides inpatient care only at Hospital A, the patient should be informed verbally and in writing that the hospice only provides inpatient care at Hospital A. The hospice is not required to inform the patient that they do not provide it at Hospital B, Hospital C or Nursing Home D.

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## **Cahaba Webinars**

### **Home Health Clinicians: Avoiding the Top 9 in '09**

February 25, 12:00 – 1:30 p.m. Central Time

Registration Deadline: February 22

This Webinar will cover the 2008 top home health medical review denials, and how to avoid them in 2009. Coverage and documentation of skilled nursing, therapy, and social worker services will also be discussed.

[For more details and to register, click here.](#)

### **Hospice Clinicians: What is \$11,533,895.98?**

February 26, 2009, 12:00 – 1:30 p.m. Central Time

Registration Deadline: February 23

This Webinar will cover the 2008 top hospice medical review denials, and how to avoid them with a sound understanding of coverage, the hospice local coverage determination (LCD) and documentation.

For more details and to register, [click here](#).

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## Hospice News Network

### **IRS Study on Charitable Benefits of Nonprofits**

The IRS conducted a study on whether nonprofits provide charitable benefits to their communities. According to the study, “Nonprofit hospitals vary widely in the amount and type of charitable benefits they provide the communities they serve,” but most followed proper procedures in setting executive salaries and benefits. Senator Charles E. Grassley (R-Iowa) said he was disappointed that “the study did not provide better definitions and comparable data on the community benefits provided by for-profit hospitals.” Grassley also planned to sponsor stimulus-package amendments that would increase the scrutiny of charitable care by hospitals. (*The New York Times*, 2/13; *Modern Healthcare’s Daily Dose*, 2/12; *Modern Healthcare*, 2/9; *Pittsburgh Post-Gazette*, 2/10; *Fort Worth Star-Telegram*, 2/2)

### **More Nonprofit Organizations Look to Mergers to Help Deal With Economy**

The recent merger of Missouri’s Solace House and Kansas City Hospice & Palliative Care may be “a theme across the country,” the president of Solace House’s board said. The United Way of Greater Kansas City surveyed nonprofit organizations last December, and at least 10% were considering merging with another group. The article says, “People in the nonprofit world expect to see more mergers as nonprofits struggle to keep their doors open in a declining economy.” (*The Kansas City Star*, 2/9)

### **FDA Advisory Panel Recommends Drug Ban**

The February issue of *Pain Monitor* is online at the American Pain Foundation website, [www.painfoundation.org](http://www.painfoundation.org). Click on “Publications,” then on “Pain Monitor.” The current issue has articles on the FDA Advisory Panel recommendation to ban Darvon and Darvocet, and on the new guidelines for prescribing opioids for chronic non-cancer pain. (*American Pain Foundation Website*)

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