

IRRC

From: Diane DeMarra [DDEMARRA@haponline.org]
Sent: Friday, October 07, 2005 2:22 PM
To: IRRC
Subject: HAP's Comments on Preadmission Requirements

2005 OCT -7 PM 2:39



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Mr. McGinley:

Please see the attached comments on the proposed rulemaking regarding the preadmission requirements and civil rights compliance for nursing facilities. While we understand we are submitting these comments beyond the established comment period deadline, we are hopeful you will take our comments into consideration. If you have any questions related to our comments, please contact Melissa Dehoff, director, health care continuum finance policy, at (717) 561-5318, or via email at mdehoff@haponline.org.

Thank you.

Diane DeMarra, Secretary
Integrated Delivery Systems
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THE HOSPITAL & HEALTHSYSTEM ASSOCIATION OF PENNSYLVANIA

October 7, 2005

John R. McGinley
Chairman
Independent Regulatory Review Commission
333 Market Street, 14th Floor
Harrisburg, PA 17101

Dear Mr. McGinley:

The Hospital & Healthsystem Association of Pennsylvania (HAP), on behalf of its members, which include more than 225 acute and specialty hospitals and health systems, of which nearly half offer nursing facility services, appreciates the opportunity to comment on the proposed rulemaking regarding preadmission requirements and civil rights compliance for nursing facilities. While HAP supports the underlying intent of this proposed rulemaking to ensure individuals receive the best care in the most appropriate location by being assessed prior to admission, we have significant concerns with the rule as proposed. Our concerns focus on the qualifications of the assessors and the timeliness of the assessments.

Qualifications of Assessors: The proposed rulemaking indicates the assessors would be comprised of individuals from local area agencies on aging (AAA). What are the qualifications of these individuals? Will they have the necessary training, education, and clinical knowledge to make an accurate assessment of need for skilled care?

Recommendation: Both the ability of AAAs to absorb this extra responsibility as well as the adequacy of the training and education of their staff to conduct accurate assessments should be evaluated prior to implementation. HAP feels the assessors assigned to this significant task should have the education, clinical background and training to complete an appropriate assessment of skilled needs. To ensure assessments are completed accurately and in the best interest of the patients, HAP feels these individuals should be nurses or individuals who have some form of medical training.

Timeliness of Assessments: In addition, HAP has concerns that the assessments may not be completed on a timely basis, delaying discharge and increasing costs for insurers, Medicare, and Medicaid. For example, the proposed rulemaking indicates assessors have a timeframe of three days to assess individuals that are in a hospital. The three-day timeframe adds additional days, which could lead to unnecessary costs to the hospitals as they wait for the results of the assessment. According to members of HAP's Council for Long-Term Care, there currently exists great variability in the timeliness of assessments for home and community based services based on region, and some regions are reporting waits of more than a month for completion of these assessments. If AAAs are unable to handle their current caseload, how will they efficiently and effectively absorb this added

responsibility? Pennsylvania hospitals already experience significant challenges in finding timely and appropriate placements for patients ready for discharge. Delays in proper placement of patients ready for discharge can lead to other problems, such as emergency department diversion, because other beds are not available. This proposed rulemaking creates yet another obstacle, and could create barriers for patients needing access to hospital care because beds are not available.

Recommendation: Completion of the assessment should not be a prerequisite for admission to a nursing facility.

Medicaid Conversion Requirements: HAP questions the requirement of assessments being conducted on nursing facility applicants who “expect” to use Medicaid as a payment source within 12 months of admission. Not only is this requirement administratively burdensome for nursing facilities, but also inappropriate. The requirement should be restricted to those individuals who are Medicaid applicants and not extended to those that are “likely” to convert to Medicaid.

Recommendation: The requirement should be restricted to those individuals who are Medicaid applicants and not extended to those that are “likely” to convert to Medicaid.

Civil Rights Data Collection: While HAP understands the need to ensure discrimination is not occurring within the continuum of care in which patients are being cared for, we have significant concern with the impact this administrative task will have on already overburdened nursing facility staff. This requirement is burdensome and would take staff away from their primary role, which is that of patient care. Nursing facilities are continually being forced to comply with additional data collection requirements with no additional reimbursement. In the end, it is patient care that is ultimately negatively impacted by unfunded mandates. Additionally, the Department of Public Welfare has not provided any validation of a problem that necessitates the need for these additional collection requirements.

Recommendation: The requirement should be eliminated due to the additional and unfunded administrative burden, particularly in the absence of validation justification.

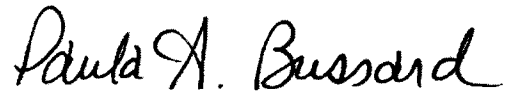
Hospitals and hospital-based nursing facilities experience many challenges in delivering the high quality of care the citizens of Pennsylvania deserve and have come to expect. We all have an obligation to ensure that new regulations provide benefits to patients and do not merely add additional costs and administrative burden. We do not believe this proposed rulemaking meets that test.

HAP is committed to ensuring access to quality care—the right care, in the right place, delivered by the right people. We are not convinced that these regulations would contribute to that goal.

Mr. John McGinley
October 7, 2005
Page 3

We appreciate the opportunity to provide our comments. Questions on these comments may be directed to Melissa Dehoff, HAP's director, health care continuum finance policy, at mdehoff@haponline.org, or (717) 561-5318.

Sincerely,

A handwritten signature in black ink that reads "Paula A. Bussard". The signature is written in a cursive, flowing style.

PAULA A. BUSSARD
Senior Vice President
Policy & Regulatory Services

PAB/dd