Home Health Agency Designation Rules July 1, 2007 to Present

The Regulations for the Designation and Operation of Home Health Agencies became effective July 1, 2007. These rules are currently being revised to:

1. avoid unnecessary duplication of the Federal CMS rules for Home Health Agencies.
2. Define which services fall under state rules and which services fall under federal rules.
3. Clarify admission, discharge and decrease in service rules and appeal rights.
4. Enhance readability and format in a more user friendly manner.

NO. 57. AN ACT RELATING TO HOME HEALTH AGENCIES.

(S.174)

It is hereby enacted by the General Assembly of the State of Vermont:

Sec. 1. SHORT TITLE

This act may be cited as the "Home Health Services Act of 2005."

Sec. 2. FINDINGS

The general assembly makes the following findings:

(1) Delivery of health and supportive services to patients in their homes is generally much less costly than providing for their care in an institutional health care setting, such as a nursing home or hospital. It also is the preferred course of treatment by many patients and their families in local communities throughout the state, which should be encouraged and promoted in the public interest.

(2) The existing home health system has been highly successful at providing:

(A) universal access to medically necessary home health services regardless of ability to pay or

location of one's residence; (B) high levels of access to home health services by Medicare-eligible beneficiaries; and (C) high levels of supportive services under Vermont's home- and community-based waiver program, while maintaining one of the lowest average costs per visit of any state in the nation.

(3) The general assembly recognizes that the substantial achievements of Vermont's existing network of community-based home health agencies have been made possible under the direction, approval, and encouragement of state and local government, consistent over many decades, and that these efforts have supported a collaborative, noncompetitive relationship among the agencies.

(4) It is in the public interest to maintain and strengthen Vermont's home health system under the active supervision and oversight of the commissioner of aging and independent living and within the broader framework of state health planning and resource allocation in order to ensure that all Vermonters have access to a comprehensive set of high-quality home health services at a reasonable cost.

(5) The clearly articulated policy and regulatory program of active supervision codified by this act is intended to have the effect of granting state action immunity for actions that might otherwise be considered to be in violation of state or federal antitrust laws, including actions previously taken in furtherance of the state policy and program confirmed herein.

Subchapter 1A. General Provisions

§ 6301. POLICY

It is the policy of the state of Vermont to ensure that all residents in every town within the state have access to comprehensive, medically necessary home health services without regard to their ability to pay for those services and to ensure that such services are delivered in an efficient

and cost-effective manner, under a regulatory framework designed to control costs and ensure access to high quality home health services based on a model that promotes cooperation and nonduplication of services, rather than unregulated competition.

Required in the Designation rules:

1. The DAIL Commissioner will adopt minimum program standards for the purpose of providing quality oversight of the home health agencies to include:
    - Performance standards
    - Quality indicators
    - Grievance and complaint procedures
    - Patient safety standards
    - Consumer input mechanisms
    - Accessibility standards
    - Medical necessity standards
    - Practices to ensure confidentiality of patient records.
    - Minimum program standards to ensure home health agencies do not discriminate in the provision of services based on income, funding source, geographic status, or severity of health needs and to ensure the attainment of continuance of universal access to medically necessary home health services.
2. Definition of geographic boundaries of each designated agency.
3. Definition of the board or advisory board required by designated agencies.
4. Rules for designation, re-designation, and designation revocation.

- The local community services plan defines the services required and to be offered to the designated area

5. Data submitted to Survey and Certification for analysis. Data includes:
    - complaint information
    - wait lists
    - number of individuals ineligible for services
    - numbers of individuals eligible for but not provided services
    - numbers of patients served under and over age 65
    - total numbers of visits and hours provided to patients by each of the agencies
    - results of patient surveys
    - data pertaining to federal and state surveys
    - scoring by any national accrediting organizations
    - charitable and subsidized programs and services for uninsured or low income persons
    - copies of audited financial statements and annual cost reports
    - any other data deemed relevant by the commissioner to monitor and evaluate access to and the cost and quality of home health services
6. Mechanisms to collaborate and share services between designated agencies
7. The allowance for the Commissioner to enter agreements with home health agencies or with any public or private agency for the purpose of establishing specialized home health services needed but not available from the designated agencies.
8. The requirement to establish rules for a complaint process.