

HOSPITAL TO HOME HEALTH ALLIANCE VENTURA COUNTY
CRITERIA FOR MEMBERS IN GOOD STANDING

Criteria for being a member in good standing are based on the Alliance charter mission and vision statements.

Mission Statement:

The mission of the Ventura County Coordinated Care Alliance is to improve the quality of health and life for Ventura County residents by transforming care across the continuum through a comprehensive community effort. Working together in a cohesive manner, with partners, patients and families, our community will improve care coordination by improving quality, lowering cost, and enhancing the patient experience. Therefore, patients will remain in the optimum care setting that supports their independence and dignity.

Vision Statement:

The vision of the Alliance is to develop and implement a shared model of care to provide the safest and highest quality healthcare for community members.

CRITERIA:

1. Agency membership cap at 10 home health agencies (HHA) with representation by clinicians and/or management.
 - a. Attendance at all quarterly meetings
 - b. Active participation in one work group (Liaison or Data collection/cause for readmission, or other)
 - i. Miss only two non-consecutive work group meetings in one year period (January 1 to December 31)
 - ii. Work group secretaries will submit attendance logs within five days of the completed meeting to the Criteria in Good Standing work group and the secretary for the Criteria in Good Standing committee will maintain the records for all groups.
 - iii. HHAs will have primary and secondary representatives as regular attendees at meetings in order to maintain continuity of understanding about the Alliance purpose, history, processes and plans
 - iv. Committees will rotate chair and secretary on annual basis
 1. If chair must miss a meeting, the secretary will fill Chair role and regular work group member will take notes
 2. If secretary must miss a meeting, a regular work group member will take notes.
 3. Absence of member of work group must be filled by agency
 - v. All committee meetings are open to the Alliance membership, but notification of attending would be helpful in planning for space, time, printing, etc.
 - vi. Notes from committees should be sent out to all members
2. Certifications and accreditation:
 - a. Must have Medicare certification (must meet all conditions of CMS participation)
 - b. Have accreditation from one or more Medicare recognized organizations (i.e. CHAP, Joint Commission, etc.)

- i. New members must have upon acceptance into Alliance and will submit proof of accreditation
 - ii. Agencies that have been part of the process since inception of the HHAVC are allowed to maintain good standing regardless of accreditation status.
3. Star rating based on quarterly state averages from Home Health Compare:
 - a. Quality of patient care minimum 4 star rating (with idea that Alliance members give superior care)
 - b. Patient satisfaction minimum 3 star rating
 - c. Star rating will be reviewed in January and July when they are updated by CMS with letters going out to agencies not meeting criteria as stated in a) and b).
4. Readmission to hospital goal of average 10.5 % or less as demonstrated by:
 - a. Decrease in annual hospital readmission rates by 2 %
 - i. Each agency to meet 2% criteria by decreasing readmissions quarterly by 0.5 %.
 - b. These goals are specific to local hospitals and HHAs in the Alliance only
 - c. Any agency not meeting decrease of 0.5% on quarterly basis will review their process(es) for preventing readmissions and will develop and submit an action plan to the Criteria in Good Standing Committee
 - d. Each HHA to report quarterly on their readmission rate based on the Formstack tool and assistance from hospitals.
5. Liaisons:
 - a. Must be clinicians licensed as LVN, RN or PT
 - i. Liaisons to be trained in protocol per Alliance standards
 - ii. Will follow hospital credentialing process for registering to be at the hospital and to sign-in at the hospital (Vendormate)
 - iii. Questionable practices should be referred to the Criteria in Good Standing committee
 - b. To visit hospitals and Skilled Nursing Facility (SNF) patients prior to discharge (Monday through Friday before 5 PM)
 - c. Backup plan: Non licensed liaisons may be utilized for no longer than two weeks in emergency situations of illness or unexpected vacancies.
 - i. This is to be communicated to Criteria in Good Standing committee.
 - ii. Committee will notify hospital partners by roster email/phone in order to communicate liaison status/change to hospital staff
6. Acceptance of patient referrals:
 - a. Hospitals to review their data and report to Criteria In Good Standing Committee quarterly in January, April, July, and October
 - b. Response time not to exceed one hour
 - c. HHAs will annually submit a list of insurances they are contracted with to hospitals and the Criteria in Good Standing committee secretary
 - d. All HHAs will accept patients with the following coverages:
 - i. Medicare
 - ii. Medicare Advantage
 - iii. MediCal or Gold Coast
 - iv. Commercial

- v. Subsidized or pro bono care
 - e. Accept 80 percent of all patients referred, including MediCal, Gold Coast, insurance, subsidized, or pro bono cases
 - i. Track and share self-reported referral and denial trends from the Alliance hospitals with reasons for the denials. Reasons for denials should be specific and fall into one of these categories:
 - 1. Cost of care
 - 2. Outstanding financial issues
 - 3. Unable to meet patient needs which includes staffing
 - 4. Uncompensated behavioral health
 - f. Agency must accept patients that require all types of care
7. SOC/admits within 24 hours of hospital discharge
 - a. A minimum of 75 % of patients will have a SOC within 24 hours of hospital discharge
 - b. This will be monitored via the Formstack tool.
 - c. HHAs will explain extenuating circumstances on online tracking database under the drop down list and under comments for exceptional circumstances
8. Agency care and discharge: **THIS SECTION HAS CHANGES TO CLARIFY WHAT IS MEANT – PLEASE SEE PREVIOUS VERSION AS NEEDED**
 - a. **Hospitals and SNF requirements for Liaison pre-discharge visits:**
 - i. **Hospitals -**
 - 1. **Orders need to be communicated prior to the day of discharge before 5 PM Monday through Friday**
 - 2. **Hospital CMs will communicate to HHAs if patient is to be discharged next day before 10 AM**
 - ii. Alliance SNFs –SNFs to inform 72 hour prior to discharge with liaison to visit 24 hour prior to discharge from SNF
 - b. **Home Health Agencies**
 - i. Appropriate care at appropriate time (will develop measurement at later date, but should include increased visits by MSW overall and per patient)
 - ii. Give warm handover, may include, but not limited to:
 - 1. Ensuring coordination of patient appointment with PCP is within 7 days of hospital discharge with extenuating circumstances documented on online tracking database under comments section
 - 2. Giving resource information and encouraging utilization of care coordination
 - 3. Connecting patient and /or caregiver to care coordination / resource contacts in presence of patient and/or caregiver to ensure follow through
9. Timely completion of data grid with comments due 5th of month (ex: September data should be completed November 5).
 - a. 100% complete data collection with no blanks
 - b. Reasons for a “no” answer completed in comment section
 - c. Agency will meet with Criteria Committee if data is deficient two times in year (Jan – Dec) in order to develop a plan to correct the deficiency

REVIEW THIS CRITERIA ON A QUARTERLY BASIS OR IF CHANGE IN PUBLIC DATA

The intent of the criteria listed is to ensure each agency, as a part of the Alliance gives care that stands out in benefiting patients. Criteria not being met by a home health agency will be reviewed and addressed by the Criteria in Good Standing committee with the individual home health in order to develop a plan of improvement.

9/20/18 THelton
7/10/18 THelton
11/16/17 THelton
10/12/17 THelton
8/16/17 MPastrano and THelton
6/19/17 MPastrano and Thelton
4/28/17 sent out to combined Alliance of SNFs and HHs
2/7/17 updated Criteria per Membership Committee
1/10/17 Suggestions based on consensus of HHAs
1/6/17 Thelton