



Department  
of Health

# LHCSA Statistical Report Workgroup

November 10, 2017

Margaret O. Willard, Deputy Director  
Division of Home and Community Based Services

November 10, 2017

2

**Recap of Workgroup  
previous meetings**



## The LHCSA Statistical Report Workgroup

- Meetings were held on May 1, June 7 and July 10
- Approximately 35 people were in attendance representing DOH staff, Home Care Providers, and Provider Associations
- The goals of the workgroup are:
  - Increase the compliance rates for the LHCSA Statistical Report
  - Capture data relevant to service delivery
  - Ensure quality data is collected in a timely manner
  - Ensure terminology in the report is used universally across the industry
  - Streamline data reporting



## The LHCSA Statistical Report Workgroup

### Workgroup Input on Compliance

- Workgroup identified the need to:
  - Focus on enforcement of non-compliant LHCSAs
  - Identify non operational LHCSAs – compliance may be higher than it appears
  - Publish the names of LHCSAs that failed to submit on the DOH website



November 10, 2017

Division of Home and Community Based Services

5

## The LHCSA Statistical Report Workgroup

### Workgroup Input on Licensure

- Initial recommendations:
  - Limit the number of counties approved on the initial application. Allow expansion of service areas once a compliance history has been established
  - Create a License Renewal process where LHCSAs would need to reapply periodically
  - Require a recertification or attestation of operation as part of the LHCSA Statistical Report for all LHCSAs



November 10, 2017

Division of Home and Community Based Services

6

## The LHCSA Statistical Report Workgroup

### Workgroup Input on the Survey

- Additional areas of potential improvement to the survey forms identified:
  - Divide the report into multiple reports (i.e. one for Patient Information, one for Cost Information)
  - Require Cost Report data to be completed only by those entities not required to complete the Medicaid Cost Report for Personal Care Providers
  - Provide annual training on completion of the survey forms



## The LHCSA Statistical Report Workgroup

- Additional workgroup recommendations included:
  - Divide the report into multiple, shorter, focused reports
  - Collapse age groups
  - Consolidate the report for agencies with multiple licenses
  - Provide sufficient lead time to accommodate software changes for data collection purposes
- The workgroup was asked to send additional suggestions in writing to DOH



## The LHCSA Statistical Report Workgroup Recommendations

- Recommendations from the following groups were received:
  - HCA
  - HCP
  - Leading Age
  - 1199 SEIU
  - OPCHSM Aging and Long Term Care Team



## The LHCSA Statistical Report Workgroup Recommendations (continued)

- General recommendations included in written responses:
  - Provide clear instructions
  - Improve technology for reporting such as Excel Spreadsheets or CSV files
  - Separate certain components for ease of information gathering
  - Ensure uniform terminology with consistent/same meaning
  - Adopt a version of the Minimum Data Set for the Direct Care Workforce for State evaluation purposes



## The LHCSA Statistical Report Workgroup Recommendations (continued)

- A number of the written recommendations received from the stakeholders fell into three categories:
  - Streamlining Forms
  - Clarifying Terms and Definitions
  - Add/Delete questions
- Streamlining recommendations include:
  - Develop forms that can be prefilled with the information from the previous year
  - Consolidate the Length of Stay categories on LSR2 – Patient Form
  - Use the information provided on the PCA Cost Report, when available
  - Combine LSR3 and LSR4 - Direct and Contract Revenue forms



## The LHCSA Statistical Report Workgroup Recommendations (continued)

- Recommendations for Clarifying Definitions and Terms include:
  - Distinguish between contracted on LSR3 – Contract Revenue Form and subcontracted on LSR8 – Contract Form
  - Capture services calculated by hours and/or by visits on LSR3 – Contract Revenue Form and LSR4 – Direct Revenue Form
  - Define Wages and Base Wages
  - Define Full Time and Part Time
  - Identify diagnosis codes that should be used on LSR7 – Services by County Form



## The LHCSA Statistical Report Workgroup Recommendations (continued)

- Recommendations to add specific questions include the addition of:
  - Hospice and Adult Care Facilities provider types to the referrals and discharges categories on LSR2 – Patient Form
  - Various questions for LHCSAs that operate PCA/HHA training programs
  - Various questions for LHCSA Fiscal Intermediaries that “employ” Consumer Directed Personal Care Aides
    - The LHCSA Fiscal Intermediary issues a W2
  - Information sorted by zip code rather than County



## The LHCSA Statistical Report Workgroup

### Recommendations (continued)

- Recommendations to add specific questions regarding the Minimum Data Set for the Direct Care Work Force include the addition of:
  - Questions to LSR2 – Patient Form on:
    - Patient payment type
    - Waitlists
    - Frequency an agency is unable to admit a patient
    - The number of cases without full staff
    - Number of cases that require certain ranges of hours per week



## The LHCSA Statistical Report Workgroup

### Recommendations (continued)

- Recommendations to add specific questions regarding the Minimum Data Set for the Direct Care Work Force include the addition of:
  - Questions to LSR 6 – Staff and Wages Form on:
    - Staff turnover
    - Vacant positions
    - Average hourly wage (consistent with other cost reporting)
    - Employer provided benefits
    - Workers Compensation Claims
  - A question to LSR7 – Services by County Form asking for the number of new admissions in the reporting year



## The LHCSA Statistical Report Workgroup Recommendations (continued)

- Recommendations to delete specific questions include:
  - Eliminate the question requiring the number of W2s issued
  - Remove the Wellcare Section on LSR7 – Services by County Form
  - Delete the questions for subcontractor contract dates and license numbers on LSR8 – Contract Form



## The LHCSA Statistical Report Workgroup

Changes made to the 2016 report as a result of the recommendations provided by the Workgroup:

- Form LSR1 Agency Form: added questions related to ALP and FI for identification purposes
- Form LSR 3 Contract Revenue Form and LSR 4 Direct Revenue Form: Data is requested in visits not by hours for Nursing Services.
- Form LSR 6 Staff Wages Form: Data is requested for Full time and Part time staff for twice annually, April and October rather than 4 times annually



## The LHCSA Statistical Report Workgroup

Additional changes included:

- Form LSR7 Agency Form Services by County: data for Nursing Visits is requested in visits not in hours, eliminated request for data to be broken out by County and Direct and clarified that the Wellcare section is **only** completed by local departments of health
- Form LSR 8 Contract Form: No longer requests information related to subcontracts and no longer seeks details related to start and end date of each contract.



## The LHCSA Statistical Report Workgroup

Proposed changes to be made to the 2017 report as a result of the recommendations provided by the Workgroup:

- LSR1 Agency Form, no longer asks for agency fax number
- *LSR2 Patient Form,*
  - *LOS information reduced to 3 LOS categories*
  - *Referrals and Discharges data – removed Birth Affidavits, Elementary/Prè-K, Other Institutions (kept other), added Adult Protective Services*
  - *Added Admission and Waitlist Questions (moved to LSR10-Workforce Form)*



## The LHCSA Statistical Report Workgroup

Proposed changes to be made to the 2017 report as a result of the recommendations provided by the Workgroup:

- **LSR3** – Revenue Form updates:
  - Combined LSR3 (Contract Revenue) and LSR4 (Direct Revenue) forms
  - Added Telehealth and Assistive Technology, Private Duty Nursing, IV Infusion Therapy, Aide Training Programs, Waiver Services
  - Changed Revenue to Gross Revenue
- **LSR4** – Cost Form updates:
  - Changed to include wages in the costs for providing services
  - Combined Audiology, Nutrition, and Therapies
  - Combined Homemaker and Housekeeper
  - Removed cost of Indirect Care Staff Training
  - No longer asks for Statutory and Non-Statutory Fringe benefits
  - Listed different types of Fringe Benefits and Payroll Taxes – matching the PCA Cost report



## The LHCSA Statistical Report Workgroup

(continued) Proposed changes to be made to the 2017 report

- **Form LSR5** - Staff and Wages Form
  - Changed part time to hourly
  - Combined Audiology, Nutrition, and Therapies
  - Combined Homemaker and Housekeeper
  - Added Physicians, and Case Mgrs/Care Mgrs., Private Duty Nursing, IV Infusion Therapy
- **Form LSR 6** – Services by County Form
  - Separated forms for each alphabetical groups of Counties
  - Removed Male and Female for under 21 and 21-64 age groups
  - Combined Audiology, Nutrition, and Therapies
  - Combined Homemaker and Housekeeper
  - Added Private Duty Nurse and Case Manager/Care Manager, IV Infusion Therapy
  - Designated Wellcare Section is for County Health Departments only



## The LHCSA Statistical Report Workgroup

(continued) Proposed changes to be made to the 2017 report:

- **Form LSR7 – Contract Form**
  - Expanded to 100 rows



## Advantages of Universal Data Collection System



## The LHCSA Statistical Report Workgroup

### Universal Data Collection System

- Accessed through the Healthcare Financial Data Gateway on Health Commerce System
- Users download free software for use with system
  - Uses the same software that will be used for cost reporting
  - The software can only be used on a Windows OS
- The forms look like Excel spreadsheets
- Allows users to run edits before submitting and the software will identify missing information and alert the user if the data does not meet conditions set up by DOH



## The LHCSA Statistical Report Workgroup

### Universal Data Collection System

- Will provide ease of use
  - On columns that are formatted to total – the total can be seen when numbers are entered, rather than clicking “save” to see a total number

