



Missouri Alliance for HOME CARE

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April 27, 2020

Please find information related to the following:

- Battelle Critical Care Decontamination System for N95 Respirator Mask
- Instructions for PPE Marketplace
- Adult Day Care - UPDATED COVID-19 Emergency Guidance Released for HCBS Providers
- Free COVID-19 Caregiver Assessment APP
- DHSS Issues Hospital Discharge Memo
- HHS Announces Additional Allocations of CARES Act Provider Relief Fund
- CMS Revises Memo on Infection Control and Prevention of COVID-19
- CMS Waives New Tests for Home Health & Hospice
- New Criteria to Guide Evaluation and Laboratory Testing for COVID-19 at the Missouri State Public Health Laboratory
- Waiver of Dementia-Specific Training Requirement to Provide Care
- Paycheck Protection Program – Round II

Battelle Critical Care Decontamination System for N95 Respirator Mask

Expanding PPE reserves is one of the four essential pillars of the state's "Show Me Strong Recovery" plan. To support this effort, MO DHSS is working with the MO National Guard and Battelle to implement in the state of MO a process to decontaminant N95 mask.

The Battelle system is a self-contained, mobile decontamination system that utilizes vapor phase hydrogen peroxide to decontaminate N95 filtering face piece respirators. This process has been determined to be effective (FDA) against both bacterial and viral agents meeting decontamination standards. The service extends the life of N95 mask allowing mask to be utilized up to 20 times. **The Battelle CCDS is 100 percent federally funded through the Federal Emergency Management Agency and the U. S. Department of Health and Human Services, allowing the mask decontamination to be provided at no cost to health care providers.** 13 national guard sites across the state will be set up as drop off/pick up sites where the masks will be transported for processing and returned for pick (average 24-72 hour turn-around time) (keep your mask as they are coded). Any healthcare provider interested in enrolling may do so.

The first step is to enroll with Battelle. Each healthcare and first responder provider must do so through this website - https://www.battelle.org/inb/battelle-ccds-for-covid19-satellite-locations?utm_source=email&utm_medium=respoder&utm_campaign=fy20-covid&utm_content=v1

Following that enrollment process, packaging your contaminated masks as per Battelle's instructions and transporting those N95s to the drop-off/pick-up sites is the next step. We received an inquiry to clarify whether there were restrictions related to individual providers transporting their own masks to

the drop-off/pick-up sites. Healthcare providers and first responders are allowed to transport their own N95s to the collection points without a special license or contractor. [Click here](#) for a map of the established drop-off/pick-up sites which includes a POC telephone number for providers who may wish/need. These sites will be staffed seven days per week from 7:00 a.m.-7:00 p.m. daily beginning Sunday, April 26 at 7:00 a.m.

Please note, the Jefferson City Armory is not able to receive N95s, that entire operation is devoted to the decontamination equipment and staff. We do realize that is a bit of an inconvenience for Jefferson City-based providers, our apologies.

Battelle anticipates beginning to process masks by Tuesday, April 28.

Information about the Battelle CCDS system and process is located at <https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/professionals.php>.

Instructions for PPE Marketplace

As the Missouri PPE Marketplace, sponsored by the Department of Economic Development has gone live, providers have helped identify challenges. [Click here](#) to get access to the PPE Marketplace.

[Click here](#) to download instructions for registering and using Google Marketplace—including screen shots! Also, please remember the following:

- They system does not work well (or at all) on Internet Explorer. You will need to use Chrome, Edge, Firefox, etc.
 - If your default internet browser is Explorer, you will not be able to click on the links in the emails provided for registration completion. You will have to copy they hyperlink to the address bar in one of the other browsers or change your default browser.
- They system does have some kinks they are working on addressing. We have identified one of those kinks. When completing your registration, if you select “other” as your business type, the system is not loading correctly—it doesn’t bring up the screen/feature that allows folks to enter their inventory on hand. As stated, they are working to fix this.
 - I only have two options to fix this right now:
 - Set up another registration under a different name/email if you can and do not select “other” for business type.
 - Wait until they fix the issue; we don’t have a timeframe yet.
- If you don’t immediately (within a few minutes) receive the email to complete your registration, check your spam or junk email folder.

Adult Day Care - UPDATED COVID-19 Emergency Guidance Released for HCBS Providers

The COVID-19 Emergency Guidance has been updated again. Providers should review all sections identified as new or updated for the latest guidelines.

Click on the following link to access the HCBS Provider Information Page that includes all of the UPDATED Emergency Guidance: <https://health.mo.gov/seniors/hcbs/covid-19-provider-info.php> or [click here](#) for a PDF version.

April 20

Updated Sections:

- Adult Day Care: Respite

April 24

Updated Sections:

- Adult Day Care

Any questions regarding the guidance or memorandums should be directed to Long Term Services and Supports via email at LTSS@health.mo.gov

Free COVID-19 Caregiver Assessment APP

During this pandemic period, CareConnect is offering their services free to home care providers.

Daily Caregiver Self-Assessments – Immediately implement Caregiver assessments based on CMS guidelines.

- Engage Caregivers daily with SMS text message and in-app push notifications
- Receive real-time alerts as your Caregivers report potential exposure
- Run report to see who has completed the assessment, who is at risk, and who is OK
- Securely chat with your Caregivers for more exposure details
- Use data collected to report to local authorities to stop spreading Coronavirus

eLearning – Immediately provide your caregivers with useful information to keep them safe and prevent the spread of infection

- Train on Understanding COVID-19
- Train on Infection Control

[Click here](#) for more information and to sign up for the **free** tool.

DHSS Issues Hospital Discharge Memo

The Missouri Department of Health and Senior Services recently issued an [informational memo](#) for Missouri hospitals related to discharge planning. The department has become aware of concerns regarding COVID patients being discharged home, primarily who have home- and community-based

caregivers, where outside caregivers do not have personal protective equipment to provide ongoing care for the patient.

Hospital discharge planners are being asked to inquire about the presence of a home caregiver who also may see other patients and to contact those providers to ensure they are capable of providing care once the patient is discharged home. If the provider is unable to meet the patient's needs, hospitals are told to reach out to the appropriate state contact for help in securing a provider who can meet the patient's needs.

HHS Announces Additional Allocations of CARES Act Provider Relief Fund

The **CARES Act** legislation provides relief to American families, workers, and the healthcare providers on the frontline of the COVID-19 outbreak. \$100 billion is being distributed by the Administration to healthcare providers, including hospitals battling this disease.

The allocation of funds is intended to address both the economic harm across the entire healthcare system due to the stoppage of elective procedures, and addressing the economic impact on providers incurring additional expenses caring for COVID-19 patients, and to do so as quickly and transparently as possible.

GENERAL ALLOCATION

- \$50 billion of the Provider Relief Fund is allocated for general distribution to Medicare facilities and providers impacted by COVID-19, based on eligible providers' 2018 net patient revenue.
 - To expedite providers getting money as quickly as possible, \$30 billion was distributed immediately, proportionate to providers' share of Medicare fee-for-service reimbursements in 2019. On Friday, April 10, \$26 billion was delivered to bank accounts. The remaining \$4 billion of the expedited \$30 billion distribution was sent on April 17.
 - This simple formula, working with the data we had, was used to get the money out the door as quickly as possible. We were very clear that additional funds would be going out quickly to help providers with a relatively small share of their revenue coming from Medicare fee-for-service, such as children's hospitals.
 - Those funds are beginning to be delivered this week. HHS will begin distribution of the remaining \$20 billion of the general distribution to these providers to augment their allocation so that the whole \$50 billion general distribution is allocated proportional to providers' share of 2018 net patient revenue.
 - On April 24, a portion of providers will automatically be sent an advance payment based off the revenue data they submit in CMS cost reports. Providers without adequate cost report data on file will need to submit their revenue information to a portal opening this week at <https://www.hhs.gov/providerrelief> for additional general distribution funds.
 - Providers who receive their money automatically will still need to submit their revenue information so that it can be verified.
 - Payments will go out weekly, on a rolling basis, as information is validated, with the first wave being delivered at the end of this week (April 24, 2020).
- Providers who receive funds from the general distribution have to [sign an attestation](#) confirming receipt of funds and agree to the terms and conditions of payment and confirm the CMS cost report.
- The terms and conditions also include other measures to help prevent fraud and misuse of the funds. All recipients will be required to submit documents sufficient to ensure that these funds were

used for healthcare-related expenses or lost revenue attributable to coronavirus. There will be significant anti-fraud and auditing work done by HHS, including the work of the Office of the Inspector General.

- President Trump is committed to ending surprise bills for patients. As part of this commitment, as a condition to receiving these funds, providers must agree not to seek collection of out-of-pocket payments from a presumptive or actual COVID-19 patient that are greater than what the patient would have otherwise been required to pay if the care had been provided by an in-network provider.

[Click here](#) for FAQs on the General Distribution Portal.

CMS Revises Memo on Infection Control and Prevention of COVID-19

The Quality, Safety, and Oversight Group of the Centers for Medicare & Medicaid Services (CMS) revised a [memo](#) addressing guidance for infection control and prevention concerning COVID-19 in home health agencies (HHAs) and religious nonmedical healthcare institutions (RNHIs). The memo was originally released on March 10, 2020 and was revised April 23, 2020. Even though it is titled for home health agencies and RNHIs, there is additional information about CMS waivers and regulations, CDC guidance for optimizing personal protective equipment and return to work criteria for healthcare personnel with confirmed or suspected COVID-19.

In addition to HHAs, hospices may find this memo of interest, as it includes recommendations for visitation in residential facilities not certified by Medicare (i.e. assisted living facilities and independent living facilities). It is understood more guidance is coming from CMS that is specific to hospices but that information has not yet been released.

In this revised memo, CMS also adds guidance for RNHCIs related to addressing potential and confirmed COVID cases and mitigating transmission including screening, treatment, and transfer to higher level care (when appropriate).

Regarding HHA access to residents in assisted living and independent living facilities, CMS states the following:

CMS does not regulate these facilities, as they are subject to state jurisdiction. HHAs are encouraged to coordinate with assisted living/independent living facilities to assure services related to direct clinical care can be provided in an appropriate and safe manner. HHAs serve an important role in providing essential healthcare services in a variety of community-based settings, including assisted and independent living facilities. However, if the HHA staff are appropriately wearing PPE, and do not meet criteria for restricted access, they should be allowed to enter and provide services to the patient. Visit CMS guidance at: <https://www.cms.gov/files/document/qso-20-20-allpdf.pdf-0> . HHA personnel should participate in any screening activity that the facility requires. If access is restricted, HHAs should communicate with the facility administration, including the state or local health department when indicated, on the nature of the restriction and timing for gaining access to HHA patients. This communication is essential for maintaining surveillance and preventing the spread of infection while also ensuring access of patients to essential home care services. HHAs should ensure they follow the CDC

guidelines for restricting access for health care workers found at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>, and engage in discussions with facility administration regarding adherence to CDC guidance when restrictions are imposed absent a directive from the State or Local health department that is specific for that facility.

CMS Waives New Tests for Home Health & Hospice

The Centers for Medicare & Medicaid Services (CMS) announced new Clinical Laboratory Improvement Amendments of 1988 (CLIA) waived tests in the recently released [Transmittal 10048/Change Request \(CR\) 11747](#).

Home health and hospice agencies operating under a CLIA waiver are able to perform these new waived tests. Many of the new tests are related to rapid response drug screenings.

New Criteria to Guide Evaluation and Laboratory Testing for COVID-19 at the Missouri State Public Health Laboratory

A new Health Alert from Dr. Randall Williams entitled: New Criteria to Guide Evaluation and Laboratory Testing for COVID-19 at the Missouri State Public Health Laboratory was released on April 22nd. [Click here](#) to read the Alert.

Waiver of Dementia-Specific Training Requirement to Provide Care

On March 28, DHSS issued a [waiver](#) of dementia training pertaining to Section 192.2000.7, RSMo. DHSS also issued a separate waiver on April 22 for Home Health and Hospice (even though covered under Section 192.2000.7, RSMo). [Click here](#) to access the Home Health and Hospice specific waiver.

Paycheck Protection Program – Round II

The Paycheck Protection Program resumes lending today after \$310 billion in loan authority was provided under legislation signed Friday by President Donald Trump. While the rules remain generally the same, some additional funding and guidance has been released by the SBA regarding need certifications.

Husch Blackwell Strategies (MAHC's lobby firm) issued today's "Deeper Dive" as they take a look at the Small Business Administration funding tools, the new infusion of resources into the program, and what small businesses should consider AFTER they get a PPP approved.

Read the full breakdown of the new updates and deep-dive analysis [here](#).