



Missouri Alliance for HOME CARE

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Please find information related to the following:

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- Comprehensive Operational Protocols Guide – A Must Read for Anyone in Homecare
- CMS Revises the Advanced and Accelerated Payment Program
- CMS Announces Independent Commission to Address Safety and Quality in Nursing Homes
- Interim Guidance for Basic and Advanced Life Support in Adults, Children, and Neonates with Suspected or Confirmed COVID-19
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National Study Shows Home Health Care in a Fragile State

A national survey of home health agencies (HHA) indicate the COVID-19 pandemic has severely disrupted the care delivery system, bringing significant financial pressures throughout the country. The impact is due to pandemic-triggered changes affecting services to the usual 3.5 million Medicare beneficiaries who receive care in the home as well as the new patient population of COVID-19 patients.

Nationwide, 41.5 percent of HHAs report serving actively infected COVID-19 patients. In the “hot spot” of New York/New Jersey, 85.71 percent of HHAs report serving such patients.

- 85 percent of respondent’s report revenue reductions with a median reduction between 15 and 20 percent.
 - 31.7 percent report revenue reductions in excess of 20 percent
 - 53 percent report revenue reductions in excess of 15 percent
 - “hot spots” such as New York and New Jersey report even higher reductions, with the NY/NJ region indicating 67.9 percent with greater than 15 percent revenue reduction and 46.3 percent reporting greater than 20 percent revenue reduction
- Revenue reductions are primarily related to two factors: decreases in new patient admissions and patient refusal to accept all physician-ordered care to avoid virus transmission risks.
 - 79 percent report decreases in admissions with 56 percent indicating reductions greater than 15 percent and 37.3 percent reporting reductions in excess of 20 percent
 - “hot spot” locations report much higher losses of new patients with 92.8 percent of HHAs in NY/NJ reporting decreases and 75 percent indicating a decrease of 15 percent or greater and 57.1 percent indicating a decrease of greater than 20 percent

- Nine percent of HHAs report patients' refusals of care
- Refusals of all physician-ordered care have triggered payment reductions through the Low Utilization Payment Adjustment ("LUPA"). LUPA rates reduce average reimbursement by approximately 75 percent or \$1500 over a 30-day period.
 - 52 percent of HHAs with below national average LUPAs in March 2019 report at least a tripling of LUPAs in March 2020
 - 67 percent of all HHAs report at least a doubling of LUPAs
- The revenue and care demand reductions have cost HHA employee's jobs.
 - 54 percent of HHAs report reductions in clinical staff
 - 8 percent report reductions in administrative staff
- Respondents indicate that the top three concerns about their future are:
 - Significantly reduced revenues
 - Patient safety with inadequate supply of Personal Protective Equipment (PPE)
 - The inability to fully utilize telehealth services as an adjunct to in-person care that is reimbursed by Medicare

Overall, the survey strongly suggests that home health agencies need financial supports and Medicare policy relief in order to continue to serve COVID-19 infected patients, as well as the other 3.5 million Medicare beneficiaries who utilize cost effective, high quality care at home each year.

Comprehensive Operational Protocols Guide – A Must Read for Anyone in Homecare

The National Association for Home Care & Hospice (NAHC) and the Private Duty Home Care Association (PDHCA) are pleased to be contributing members to the creation of the [Recommended Operational Protocols Guide](#) and thank Littler and the other contributing members for their unwavering dedication to the home care community and the delivery of quality, home-based care and services to all Americans who need them.

The Recommended Operational Protocols Guide will continue to function as a "living document" meant to offer recommendations for providers to respond to COVID in a responsible way that protects the patients/clients they serve as well as those direct care workers out on the front lines risking their own safety and that of their families, to provide essential services and care for some of the most vulnerable.

As new information about this novel disease is obtained through research and experiential learning, updates will be made to the document and widely shared to ensure recommended operational protocols are up to date.

The Protocols cover topics including, but not limited to:

- Management action steps;
- Communication to clients and patients;
- Client screening;
- Patient/Client training

- Direct care worker training
- Personal Protective Equipment
- Response to suspected Covid-19 in patient home;
- How to cope with emotional reactions to stress situations, such as a pandemic;
- and much, much more.

Each agency must make a decision about its best practices based on the information available to it and the circumstances it faces in its area. There is no obligation or expectation that any one agency will follow all of these [Recommended Operational Protocols](#).

Please note this document may evolve as new developments inform our understanding of this novel disease, governmental and non-governmental agencies provide additional guidance and information how it spreads and the best ways to combat it. Please pay attention to the version date in the footer and independently review the source guidance.

These protocols are not a substitute for experienced legal counsel. For use in practice, it is highly recommended that experienced counsel assist with development of protocols for your agency pursuant to the circumstances of each specific employer and factual situation.

CMS Revises the Advanced and Accelerated Payment Program

The Centers for Medicare & Medicaid Services (CMS) has [announced](#) that it is reevaluating the amounts that will be paid under its Accelerated Payment Program and suspending its Advance Payment Program to Part B suppliers effective immediately.

An accelerated/advance payment is intended to provide necessary funds when there is a disruption in claims submission and/or claims processing. CMS has the authority to provide accelerated or advance payments during the period of a public health emergency (PHE) to any Medicare provider/supplier who submits a request to the appropriate Medicare Administrative Contractor (MAC) and meets the required qualifications.

CMS implemented the Advanced and Accelerated Payment (AAP) Program early in COVID 19 pandemic in order to provide providers and suppliers with the resources needed to respond COVID-19 pandemic. However, through the Provider Relief Fund included in the ***Coronavirus Aid, Relief, and Economic Security*** (CARES) ***Act***, funding will be available to hospitals and other healthcare providers on the front lines of the coronavirus response.

Since expanding the AAP programs on March 28, 2020, CMS approved over 21,000 applications totaling \$59.6 billion in payments to Part A providers. For Part B suppliers, CMS approved almost 24,000 applications advancing \$40.4 billion in payments.

Through Provider Relief Fund, \$175 billion has recently been appropriated for health care provider relief payments. Therefore, CMS will be reevaluating the amounts that will be paid under its Accelerated Payment Program and suspending its Advance Payment Program to Part B suppliers effective immediately. CMS will not be accepting any new applications for the Advanced Program, and CMS will be reevaluating all pending and new applications for Accelerated Payments.

CMS Announces Independent Commission to Address Safety and Quality in Nursing Homes

CMS announced a new independent Commission that will conduct a comprehensive assessment of the nursing home response to the COVID-19 pandemic. The Commission will help inform efforts to safeguard the health and quality of life of vulnerable Americans as CMS continues to battle COVID-19 as well as prepare for future threats to resident safety and public health. This unprecedented effort builds on the agency's [five-part plan](#) unveiled last April to ensure safety and quality in America's nursing homes, as well as recent CMS efforts to combat the spread of COVID-19 within these facilities.

[Press Release](#)

[Fact Sheet](#)

Interim Guidance for Basic and Advanced Life Support in Adults, Children, and Neonates with Suspected or Confirmed COVID-19

The American Heart Association has released Interim Guidance for Basic and Advanced Life Support in Adults, Children, and Neonates With Suspected or Confirmed COVID-19: From the Emergency Cardiovascular Care Committee and Get With the Guidelines®-Resuscitation Adult and Pediatric Task Forces of the American Heart Association in Collaboration with the American Academy of Pediatrics, American Association for Respiratory Care, American College of Emergency Physicians, The Society of Critical Care Anesthesiologists, and American Society of Anesthesiologists: Supporting Organizations: American Association of Critical Care Nurses and National EMS Physicians.

[Click here](#) to download the guidance.

CDC Updates Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19

On April 30, the CDC revised its criteria for healthcare workers to return to work.

Summary of updates:

- Changed the name of the 'non-test-based strategy' to the 'symptom-based strategy' for those with symptoms and the 'time-based strategy' for those without symptoms and updated these to extend the duration of exclusion from work to at least 10 days since symptoms first appeared. This update was made based on evidence suggesting a longer duration of cultural viral shedding and will be revised as additional evidence becomes available.
- Based on this extension of the symptom-based and time-based strategies, language about the test-based strategy being preferred was removed.

[Click here](#) to see the updated CDC criteria.

CDC Revises Criteria for Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings

On April 30, the CDC revised its criteria related to when transmission-based isolation precautions can be discontinued.

Summary of changes:

- Changed the name of the 'non-test-based strategy' to the 'symptom-based strategy' for those with symptoms and the 'time-based strategy' for those without symptoms and updated these to extend the duration of Transmission-Based Precautions to at least 10 days since symptoms first appeared. This update was made based on evidence suggesting a longer duration of viral shedding and will be revised as additional evidence becomes available. This time period will capture a greater proportion of contagious patients; however, it will not capture everyone.
- Added criteria for discontinuing Transmission-Based Precautions for patients who have laboratory-confirmed COVID-19 but have not had any symptoms of COVID-19.

[Click here](#) to see the revised CDC criteria.

Changes to HCBS Update Meetings

Missouri Medicaid Audit and Compliance is taking preventive measures and cancelling all Provider Update Meetings scheduled for June 2-4, 2020.

To allow for social distancing, MMAC is researching alternative delivery formats for the Provider Update Meetings scheduled for October. They will announce any changes well in advance of those meetings.

For more information regarding HCBS Update Meetings:

<https://mmac.mo.gov/providers/hcbs-provider-certification-training/annual-provider-update-meeting>

HCBS Provider Contact Information Memo

A memorandum has been issued regarding HCBS Provider Contact Information. Please refer INFO-05-20-01 at the following link <https://health.mo.gov/seniors/hcbs/infomemos.php>

Any questions regarding this memorandum should be directed to Long Term Services and Supports via email at LTSS@health.mo.gov or by phone 573/526-8557.

MO HealthNet Clarifies Private Duty Nursing Waiver

The following further clarifies the flexibility of family members and legal guardians providing private duty nursing (PDN) services published in the [MO HealthNet Private Duty Nursing Services Bulletin Volume 42, No. 32 dated March 17, 2020](#).

- A MO HealthNet Division enrolled PDN agency may be reimbursed for PDN services rendered by a legal guardian or family member. A family member is defined as a parent; sibling; child by blood, adoption, or marriage; spouse; grandparent or grandchild. The PDN caregiver who delivers the direct care must have a valid RN or LPN license in the State of Missouri and be employed by the MO HealthNet Division enrolled PDN provider.
- PDN services provided by a family member or legal guardian for a single participant or multiple participants with the same residence may not exceed 12 hours per day up to a maximum of 40 hours per week. A family member or legal guardian shall not be compensated for more than 40 hours of service in a seven-day period. For a family member or legal guardian, 40 hours is the total amount allowed regardless of the number of children who receive services.

COVID-19 Cyber Threat Resources

Cyber-criminals may take advantage of the current COVID-19 global pandemic for their own financial gain or other malicious motives. However, resources are available to raise awareness of COVID-19 related cyber threats and help organizations detect, prevent, respond, and recover from these threats. Below are resources that may be of interest to the healthcare community.

[Cyber Attack Quick Response Checklist](#): Following the WannaCry ransomware attack in 2017, the HHS Office for Civil Rights (OCR) developed a checklist and corresponding [Infographic](#) that identifies the steps for a HIPAA covered entity or business associate to take in response to a cyber-related security incident. With the increase in COVID-19 related malicious activity, HIPAA covered entities and business associates are encouraged to review this checklist and infographic for steps to take in the event it encounters a cyber-related security incident.

[COVID-19 Email Phishing Against U.S. Healthcare Providers](#): The FBI issued a notice regarding email phishing attempts targeting healthcare providers. These phishing attempts leverage COVID-19 related subject lines and content in an attempt to distribute malicious attachments. The notice includes information on how to identify specific phishing attacks and recommends actions to take when such attacks are encountered.

[Online Extortion Scams Increasing During The Covid-19 Crisis](#): The Internet Crime Complaint Center (IC3) released an advisory regarding an increase in reports of online extortion scams. This advisory includes information on how to recognize online extortion scams and steps to take protect oneself from these scams.

[Selecting and Safely Using Collaboration Services for Telework](#): Due to the COVID-19 global pandemic, many people are working from home using various video conferencing and online collaboration tools. The National Security Agency (NSA) published a notice that includes criteria to consider when selecting an online collaboration tool as well as information on how to use online collaboration tools securely.

[COVID-19 VTC Exploitation](#): The increased use of video conferencing and online collaboration tools has led to an increase in malicious activity seeking to exploit the unsecure use of these tools. The HHS Health Sector Cybersecurity Coordination Center (HC3) released a white paper outlining ways these tools could be exploited and recommendations to mitigate these issues.

[COVID-19 Cyber Threats](#): The HC3 also produced a brief on COVID-19 related cyber threats. This brief includes details on the increase in COVID-19 related malicious activity as well as information on how COVID-19 themed phishing attacks and websites are used as lures to trick users into downloading malicious software or directing users to malicious websites.

OCR's Cyber Security Guidance Material may be found here: <https://www.hhs.gov/hipaa/for-professionals/security/guidance/cybersecurity/index.html>.