Missouri Alliance for HOME CARE

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Please find information related to the following:

- **Columbia Daily Tribune Article – *Missouri Hospice Nurses Still Lack Access to Some Patients as Pandemic Continues*** (MAHC & MAHC member quoted)
- **NAHC Conveys Hospice Concerns to National Nursing Home Commission – MO Agencies Information Pivotal in Development of Comments**
- **Hospice Care in Nursing Facilities During the COVID-19 Public Health Emergency** *(NAHC Report)*
- **HHS Extended Provider Relief Fund Application Deadline for Medicaid and CHIP** *(NAHC Report)*
- HHS Releases Provider Relief Fund Reporting Details *(NAHC Report)*
- CMS Updates Process for Home Infusion Therapy Supplier Enrollment *(NAHC Report)*
- **FDA Adds Drug to Compounding Lists; Recalls Hand Sanitizers with Wood Alcohol**
- **Update from the Bureau with Important Survey Information**
- **State PPE Resources**
- **Recent HCBS Memos**
- **PPP Loans Have Helped Save More Than 160K US Home-Based Care Jobs –** (MAHC Quoted)

Columbia Daily Tribune Article – *Missouri Hospice Nurses Still Lack Access to Some Patients as Pandemic Continues*

The Missouri Alliance for Home Care (MAHC) continues to advocate for hospice staff to enter long-term care facilities to provide care to their patients. MAHC Executive Director, Carol Hudspeth, and MAHC member, Serese Weihardt of Hometown Home Care in Fayette contributed to the story. Serese gives a great account from a provider's view and experiences.

Click here to access the article.

NAHC Conveys Hospice Concerns to National Nursing Home Commission

PLEASE NOTE: The Missouri Alliance for Home Care in collaboration with the Missouri Hospice and Palliative Care Association was instrumental in providing data from Missouri hospice members related to the ongoing issues our Hospice providers continue to face with denied entries into long-term care facilities. A big THANK YOU to those providers that responded to our requests and reached out to our respective associations with information. NAHC used our Missouri examples as the basis for their comments to the Commission. Click here for a copy of NAHC's submitted comments.

The National Association for Home Care & Hospice (NAHC) is urging the independent National Commission on Safety and Quality in Nursing Homes (the Commission) to ensure that residents of nursing homes have access to hospice care, whether in the form of safe, in-person visits or by telehealth communication.

In response to the ongoing and widespread impact of the COVID-19 public health emergency (PHE) on nursing home residents throughout the country, the Centers for Medicare & Medicaid Services (CMS) authorized creation of an independent Commission that began its work in June. The Commission has been meeting regularly over the last several weeks and is expected to conclude work by September 1 on the following tasks:

- Identify best practices for facilities to enable rapid and effective identification and mitigation of transmission of COVID-19 and other infectious diseases in nursing homes.
- Recommend best practices as exemplars of rigorous infection control practices and facility resiliency that can serve as a framework for enhanced oversight and quality monitoring activities.
- Endeavor to identify best practices for improved care delivery and responsiveness to the needs of all nursing home residents in preparation for, during, and following an emergency.
- Leverage new sources of data to improve existing infection control policies and enable coordination across federal surveyors, contractors, and state and local entities to mitigate coronavirus infection and future emergencies.

"NAHC is deeply sensitive to the challenges that have been faced by nursing facilities and other congregate living sites as they work to stem the spread of COVID-19 among what is a very vulnerable population," says NAHC President William A. Dombi. "At the same time, it is incumbent upon all of us to ensure that patients' care preferences are honored, and that all of their care needs are met. This is particularly important for individuals who are approaching the end of life, and their loved ones. We bring these issues to the Commission in hopes that the deliberative process will result in development of best practices that support collaborative efforts by nursing facilities and hospice agencies to ensure patient-centered care going forward."

Throughout the PHE hospice organizations have continued to experience significant challenges accessing patients who are residents of nursing facilities and other congregate living sites. Recently the Commission solicited public comment, and the National Association for Home Care & Hospice (NAHC) took advantage of that opportunity to submit a statement summarizing the difficulties hospices have faced and urging the Commission to address these concerns as part of its work. The concerns expressed fall into six areas:

Access to Hospice Services: Hospices have experienced severe limitations in accessing patients, which in turn have limited patients' access to care. Following are some of the nursing home practices that NAHC's statement highlighted:

- Imposition of no in-person hospice visits rule
- Refusal to admit hospice staff, even for death visit
- Refused hospice medical director/hospice physician access
- No in-person hospice visits unless the resident is actively dying
- Restriction of hospice visits to RN only or RN and Aide only

- Restriction of hospice visits to RN only and only once every 14 days
- Access granted to certain hospice disciplines only if these individuals are assigned exclusively to the facility and do not serve patient in other facilities
- Hospice staff not permitted to connect with patient, only permitted to speak to the facility nurse
- Chaplain/Social Work visits prohibited even when patient/family requests
- No visits; drop supplies outside facility
- Requiring that patients who test positive for COVID-19 be discharged from hospice in order to elevate the facility services to the nursing home skilled level of care

Technology-based Visits: The comments identified challenges that include nursing facilities' refusal to help facilitate the use of telecommunications technology for the provision of hospice, citing insufficient resources or time to support such visits. Findings from NAHC's hospice COVID survey also underscore that despite situations where they are able to use technologies to provide visits, only 4% of hospices have been able to supply all needed visits in facilities using telecommunications technology. It must be concluded that many hospice patients in facilities are not receiving the full hospice benefit due to limitations on access to patients.

Coordination of Care: NAHC's statement conveyed reports from hospice providers of widespread inability to secure information about patient status, the inability to contact the facility's liaison to the hospice, and failure of the liaison to return calls regarding patient status. Facilities have also reduced access to a single hospice (despite having contracts with multiple hospices and patients on service with them), which impacts the continuity of care for existing patients.

Reduced Referrals/Discouraged Hospice Elections: Also included in the statement were concerns expressed by hospice providers over reduced referrals by nursing facilities and reports of facilities discouraging election of hospice care.

"Skilling" Patients/Forced Discharge from Hospice: The submission also included concerns around widespread shifting of patients who test positive for COVID-19 to the Medicare skilled nursing benefit, and forcing discharge from hospice care.

Testing: Despite clarification from CMS that testing of hospice staff that enter facilities is the responsibility of the nursing facility, it is frequently the case that facilities will not supply testing and/or indicate that it is the hospice agency's responsibility to secure testing.

Hospice Care in Nursing Facilities During the COVID-19 Public Health Emergency

In the Nursing Home Reopening Recommendations guidance from the Quality, Safety, & Oversight (QSO) division of the Centers for Medicare & Medicaid Services (CMS), it is expected that hospice staff be included in the Long Term Care (LTC) COVID testing program. NAHC has heard from many hospices regarding questions, issues, and barriers to testing and barriers to accessing hospice patients residing in facilities.

NAHC reached out directly to CMS on these issues and received confirmation that it is the nursing home's responsibility to ensure that all staff and vendors be tested according to the facility's testing plan. With the shortage of available tests in some areas, facilities do not have enough tests to be able to

test hospice personnel and hospices in some areas do not have access to tests so some residents of facilities that have elected hospice care still are not able to receive in person visits from hospice staff.

For those hospices that are able to have staff assigned to nursing homes tested, there remain questions and issues with the testing procedure and protocol. For instance, hospice staff must wait in long lines for testing preventing them from seeing patients and increasing hospice costs and test results are not always available timely. These and other issues are still resulting in hospices patients residing in some nursing homes still not receiving in person visits from their hospice team.

NAHC continues to advocate for these hospice patients and hospice staff. We also encourage hospice providers to reach out directly to CMS regarding situations where there may be concerns or other inconsistencies impacting hospice care during the COVID-19 Public Health Emergency (PHE).

Additionally, we encourage you to share inquiries with the LTC team and during the CMS "office hours" for both Hospice and LTC. CMS encourages the same and has provided the guidance document related to testing (refer specifically to page #2) and links to the Hospice resource mailbox; LTC resource mailbox as well as the dates/times of the office hours for your convenience.

- LTC guidance document related to testing
- Link to the LTC resource mailbox
- Link to the Hospice resource mailbox
- HHS/Hospice and LTC call information in addition to other general office hour calls

Please continue to share your stories with us by sending them to Katie@nahc.org or TMF@nahc.org. We are in touch with CMS representatives and will continue conversations with them on issues impacting hospice care in nursing facilities.

HHS Extended Provider Relief Fund Application Deadline for Medicaid and CHIP

The Department of Health & Human Services (HHS) announced that the deadline to submit an application for the Medicaid and CHIP Distribution of the Provider Relief Fund (PRF) program is **August 3, 2020.** The deadline was July 20 but HHS extended to August 3.

HHS also recently announced that there will be a webcast on the application process on Monday, **July 27, 2020** at 3:00 PM ET. Registration for the webcast is required.

The United States Congress appropriated funding to reimburse eligible health care providers for health care related expenses or lost revenues attributable to coronavirus through the *Coronavirus Aid, Relief, and Economic Security (CARES) Act* (P.L. 116-136) and the *Paycheck Protection Program and Health Care Enhancement Act* (P.L. 116-139) . These appropriations fund the Provider Relief Fund (PRF).

The full list of Medicaid and CHIP distribution FAQs can be found here. The full list of Provider Relief Fund FAQs can be found here.

HHS Releases Provider Relief Fund Reporting Details

The Department of Health & Human Services (HHS) recently released important information for providers regarding reporting requirements related to Provider Relief Fund (PRF) distributions. In the **notice**, HHS informs PRF recipients that received one or more payments exceeding $10,000 in the aggregate from the PRF of the timing of future reporting requirements.

Each recipient of a payment from the PRF that used any part of that payment agreed to a set of Terms and Conditions (T&Cs) which, among other obligations, require each recipient to submit reports to HHS. The reports shall be in such form, with such content, as specified by the Secretary of HHS in future program instructions directed to all recipients.

HHS will be releasing detailed reporting instructions by **August 17, 2020.** These reporting instructions will provide directions on reporting obligations applicable to any provider that received a payment from the following CARES Act/PRF distributions:

General Distributions:

- Initial Medicare Distribution
- Additional Medicare Distribution
- Medicaid, Dental & CHIP Distribution

Targeted Distributions:

- High Impact Area Distribution
- Rural Distribution
- Skilled Nursing Facilities Distribution
- Indian Health Service Distribution
- Safety Net Hospital Distribution

The reporting system will become available to recipients for reporting on October 1, 2020.

- All recipients must report within 45 days of the end of calendar year 2020 on their expenditures through the period ending December 31, 2020.
- Recipients who have expended funds in full prior to December 31, 2020 may submit a single final report at any time during the window that begins October 1, 2020, but no later than February 15, 2021.
- Recipients with funds unexpended after December 31, 2020, must submit a second and final report no later than July 31, 2021.
- Detailed PRF reporting instructions and a data collection template with the necessary data elements will be available through the HRSA website by August 17, 2020

The Health Resources and Services Administration (HRSA) is administering the distribution of payments under the PRF program, funded through appropriations in the Coronavirus Aid, Relief, and Economic Security (CARES) Act (P.L. 116-136) and the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139). HRSA plans to provide recipients with Question and Answer (Q&A) Sessions via Webinar in advance of the submission deadline. Additional details will follow regarding the Q&A Sessions.

CMS Updates Process for Home Infusion Therapy Supplier Enrollment

The Medicare provider enrollment process for providers and suppliers interested in becoming a Home Infusion Therapy (HIT) Supplier will treat all applicants as new entrants to the program and require them to comply with all Medicare provider enrollment regulations, according to the 2021 home health prospective payment rate update proposed **rule.**

The *21st Century Cures Act* (Act) included a provision that called for the development of new home infusion therapy benefit under Medicare Part B. The benefit would provide professional services for beneficiaries receiving home infusion therapy through a pump that is an item of Durable Medical equipment (DME). Medicare covers certain infusion drugs under Part B when the drug requires infusion by a pump. These drugs include chemotherapy, inotropic medications, certain pain medications, immunoglobulin therapy, and anti-fungal medications.

A qualified home infusion therapy supplier is defined as a pharmacy, physician, or other provider licensed by the state where services are provided. Home health care and hospice providers are eligible to be accredited as home infusion therapy suppliers.

The new benefit includes the professional service, such as nursing services, under a physician established plan of care that is periodically reviewed; training and education on infusion therapy, medications, disease management, and care of vascular access sites; remote monitoring; and 24/7 availability by the supplier. The Centers for Medicare & Medicaid Services (CMS) would permit remote monitoring to be follow-up telephone calls or on-site visits.

Before a provider /supplier can enroll as HIT supplier they must be accredited by a Medicare approved accrediting organization. Once accredited the provider/supplier must complete a Form CMS-855B. application. HIT suppliers are subject to the Medicare enrollment fee, which for calendar year 2020 is $595.00. HIT suppliers are in the limited risk category for enrollment screening. Therefore, there is no site visit or criminal background check required to enroll as a HIT supplier.

After receiving a provider's or supplier's initial enrollment application, reviewing and confirming the information, and determining whether the provider or supplier meets all applicable Medicare requirements, CMS or the MAC will either:

1. Approve the application and grant billing privileges to the provider or supplier (or, depending upon the provider or supplier type involved, simply recommend approval of the application and refer it to the state agency or to the CMS regional office, as applicable); or
2. deny enrollment

HIT suppliers will have the same appeal rights for enrollment denials and revocations as other Medicare providers and suppliers.

Durable medical equipment suppliers with pharmacies have been permitted to provide services under the new HIT supplier benefit during the transition period which includes CY 2019 and 2020. Beginning in 2021 the benefit becomes permanent and beneficiaries will no longer be permitted to receive the professional service associated with in Part B infusions under the home health benefit.

The National Association for Home Care & Hospice has been working with the National Home Infusion Association to address concern with the design of the HIT supplier benefit that have been raised by both home infusion therapy companies and home health agencies.

FDA Adds Drug To Compounding Lists; Recalls Hand Sanitizers With Wood Alcohol

The Food and Drug Administration recently added dexamethasone sodium phosphate to its lists for temporary compounding by outsourcing facilities and pharmacy compounders during the COVID-19 emergency. Drugs on these lists are intended to address shortages and increase access in the treatment of COVID-19 patients.

The FDA also announced voluntary recalls of two hand sanitizers due to the potential presence of methanol, also known as wood alcohol. Both AAA Cosmética, S.A. de C.V. and 4e Brands North America said they have not received complaints about the products.

Update from the Bureau with Important Survey Information

On Monday, July 20th Bureau for Home Care and Rehab Standards surveyors began going onsite to complete complaint investigations that have accumulated since March. They will also be starting revisits from condition level deficiencies cited prior to the public health emergency. See the CMS guidance in QSO 20-31-ALL dated June 1, 2020, on the third page under "Expanded Survey Activities'.

The Bureau will not be doing any licensure or state work while on site, as all of those surveys have been waived until December 30th when the state of emergency is set to expire.

The survey process will look different as they are also adjusting to life with COVID. In addition, the bureau has hired 7 new surveyors in the last year, all who continue to be in the orientation process.

All surveyors have had training regarding the federal regulations that have been waived and will not be looking at any state regulations.

Surveyors will:

- Wear face mask at all times when at the agency
- Request to be placed in a room that allows social distancing
- Ask that you limit employees coming in and out of the conference room
- Request agency staff document on home visit consent forms the verbal approval when telephoning patient
- Be equipped with department issued PPE
- Abide by your agency protocol for proper PPE when making home visits
- Accommodate agency request if needing to wear agency PPE instead of DHSS PPE

State PPE Resources

MAHC continues to receive a daily list of what is available within the state's PPE reserves warehouse. We have been informed that they now have a large shipment of disposable gowns that will be added to the online request form next week. Alcohol pads will also be added to the form and infrared thermometers are coming soon. As of today, they still have ample quantities of small & medium sized gloves, procedure masks, face shield and goggles.

Click here to access the PPE Request form.

Recent HCBS Memos

The following are recently released HCBS memos:

Adverse Action Policy & Appeals and Hearing Policy Updates

The Home and Community Based Services (HCBS) Manual has been revised to reflect updates to the Adverse Action Policies & Appeals and Hearing Policies.

Click here to access the Memorandum.

Click here to access the Policy Manual.

Any questions should be directed to the Bureau of Long Term Services and Supports at LTSS@health.mo.gov.

Policy 3.00 Appendix 1 Service Units and Rate – CORRECTION MEMO

This memorandum is to advise Home and Community Based Services (HCBS) staff and stakeholders of a revision to Policy 3.00 Appendix 1. The appendix has been corrected to reflect the change in the Personal Care Assistance – Consumer Directed Model unit maximum to 521, effective July 1, 2020.

Click here to access the Memorandum.

This revised policy has been posted in the HCBS Policy Manual located on the DHSS Internet at the following link: http://health.mo.gov/seniors/hcbs/hcbsmanual/index.php.

Questions should be directed to the Bureau of Long Term Services and Supports (BLTSS) via email at LTSS@health.mo.gov or by telephone at 573/526-8557.

Division of Senior and Disability Services Waiver Communication

This memorandum is to advise Home and Community Based Services (HCBS) staff and stakeholders the Division of Senior and Disability Services (DSDS), Bureau of Long-Term Services and Supports (BLTSS) has established a designated waiver email account.

Any communication with DSDS regarding waiver requests or questions shall be submitted to Waivers.LTSS@health.mo.gov. This includes Independent Living Waiver (ILW), Aged and Disabled Waiver (ADW), Adult Day Care Waiver (ADCW), and Structured Family Caregiving Waiver (SFCW).

Click here to access the Memorandum.

Questions regarding this memorandum should be directed to the Bureau of Long Term Services and Supports (BLTSS) via e-mail at LTSS@health.mo.gov.

In-Home Services Worksheet

A correction was made to the formulas used to calculate cost. The revised policies have been posted in the HCBS Policy Manual located on the DHSS Internet at the following link: http://health.mo.gov/seniors/hcbs/hcbsmanual/index.php.

Click here to access the Memorandum.

Questions should be directed to the Bureau of Long Term Services and Supports (BLTSS) via email at LTSS@health.mo.gov.

PPP Loans Have Helped Save More Than 160K US Home-Based Care Jobs – (MAHC Quoted in Article)

The Paycheck Protection Program (PPP) has helped home-based care providers who received less than $150,000 in loans save more than 160,000 jobs nationwide, according to data from the Small Business Administration (SBA).

Home Health Care News recently ran an article related to the Paycheck Protection Program (PPP). Missouri agency recipients saved an average of 17 jobs each. The only state whose home-based care PPP recipients had a higher number of average jobs retained was Idaho with 20. MAHC Executive Director, Carol Hudspeth was quoted regarding Missouri home care agencies.

Click here to see the full article.