



COVID-19 Update from the CT Association for Healthcare at Home

June 26, 2020

During these busy and uncertain COVID times, I thought it would be helpful to offer you an update regarding Home Health and Hospice services in Connecticut. As many of you know, the home health and hospice providers are the skilled, DPH-licensed health care workers providing medical services in the homes of thousands of CT residents. These services are all provided under physician/APRN/PA orders with proper supervision and oversight by DPH.

It goes without saying that COVID has challenged all healthcare providers, and the news is capturing many of the struggles especially within the hospitals and the nursing homes. However, the lack of attention and coverage of home health and hospice providers is alarming and could be erroneously interpreted to imply that our industry is operating business as usual.

What the news doesn't capture is that we go into people's homes not knowing whether the patient/client and/or their family have been exposed. Many of our patients cannot get out of their homes to be tested so we must assume having symptoms equals COVID. The need for PPE in these cases is significant and underestimated by the public, DPH and the Governor's office. **To date, our licensed home health and hospice agencies have cared for well over 3000 COVID positive or assumed positive patients in the community setting.** This does not include the additional cases serviced by our non-medical, private duty Homemaker-Companion agencies or the state's self-directed care cases.

Below, I have listed several areas of concerns impacting our providers:

- **PPE**
 - Agencies have been on their own for obtaining PPE since the beginning of the pandemic—after much begging, DPH finally included our providers in the statewide distribution. It took 2 ½ months to set up the distribution process.
 - Pricing for PPE has more than tripled since COVID started due to demand
 - Agencies can't get gowns and Tyvek suits aren't appropriate for home care
 - Some are using cloth gowns and laundering them for reuse—DPH has guided agencies to remove from them patients' homes in cloth laundry bags, launder at home with their regular staff laundry and put out in the sun—very inappropriate and inefficient recommendations.
 - Others are using disposable rain ponchos as that's all they can get



- **Medicaid Rates**

- The Association submitted a letter on April 9, 2020 to DSS Commissioner Gifford requesting a rate increase for home health providers—**NO RESPONSE TO DATE.**
- Recent Medicaid provider relief funding (RF) options are restrictive
 - HHS funding only for Medicaid providers who did not receive and accept any Medicare RF
 - Hurts providers who have very small volume Medicare (qualified for \$3-\$6K) yet large Medicaid (would qualify for tens of thousands of dollars and greater)
 - DSS CRF grant only for those that did not receive PPP funding yet COVID costs go well beyond payroll and staffing

- **Requested DPH State Regulatory Waivers April 3, 2020—NO RESPONSE TO DATE** despite multiple, regular inquiries for status updates.

- **Testing**

- More patients are leaving hospitals and nursing homes to come home so referrals to home health care have increased tremendously; however, very few, if any, referred patients are being tested if they are going home. This requires agencies to use full PPE for 14 days on each of those patients.
- Need process for Homebound patients to get tested
- In addition, the Governor's mandate to test all LTC facility staff weekly impacts both our hospice and home health staff as they see patients in these settings (Nursing Homes, Assisted Living and Residential Care Homes)
 - Home Health and Hospice must be included in the DPH processes being set up for testing as well as the reimbursement of the tests.

- **APRN/PAs to sign and certify Home Health orders and eligibility**

- CMS has approved APRNs/PAs retroactive to 3/1/2020 through CARES Act and has now made the regulation permanent
- Unfortunately, DPH has only approved APRN/PA effective 4/27/2020 through end of public health emergency (PHE)—**this needs to mirror CMS back to 3/1 and be made permanent.**

- **Immunity from civil liability**

- Governor's executive order 7U extending legal immunity to our hospitals, clinics, nursing homes, field hospitals and temporary recovery centers, as well as individual health care professionals—**DOES NOT INCLUDE HOME HEALTH AND HOSPICE.** We urge the state to amend this order to include Home Health and Hospice



- **Lack of access to Hospice Care in Congregate settings**
 - Terminally ill patients have been denied adequate hospice care due to restricted visitation
- **Telehealth**
 - Medicaid has expanded telehealth for home health and hospice through PHE—please make permanent and require commercial insurance to also cover
 - Telehealth has proven very beneficial both in remote assessment opportunities as well as in keeping patients' exposure risk at a minimum.

The Association and its members have been actively pleading with both DPH and DSS on all issues outlined above since March. Unfortunately, so many of the critical DPH issues for home health and hospice have fallen on deaf ears especially early on. Yet, we continue to forge ahead to have our voices heard, and we are asking for your immediate help in ensuring that these issues are satisfactorily addressed.

Home Health and Hospice Services have long been the solution to keeping people in their preferred home setting out of the higher cost institutional settings like hospitals and nursing homes. We are the answer but need to be recognized as such.

Thank you for your consideration to our issues. I'm happy to clarify any questions or offer examples.

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