

Access to Home Health & Hospice Patients in Facilities during Coronavirus Emergency

HHAU continues to receive multiple calls about restricted access to seeing patients in skilled nursing facilities, group homes and assisted living facilities among the COVID-19 concerns. The federal government does not have jurisdiction over ALFs or group homes, but last week CMS issued specific guidance to nursing homes, and to home health and hospice providers related to interactions with other practitioners.

Nursing home guidance: <https://www.cms.gov/files/document/3-13-2020-nursing-home-guidance-covid-19.pdf>

Despite the pretty clear direction that exceptions should be made for access, specifically to end-of-life hospice personnel who are, “following the appropriate CDC guidelines for transmission-based precautions, and using PPE properly,” a representative from the Utah Department of Health wrote the following to HHAU in response to our expressed concerns about denied access:

“As you know, we are in an unprecedented pandemic situation with coronavirus; both the US President and the Utah Governor have declared a State of Emergency. This allows bypass of CMS regulations for visitors and allows facilities to make their own decisions to ensure the safety of their patients and residents.”

A memo from the National Association of Homecare & Hospice sent late Friday night (03/13/2020) confirmed that they have also been told that the CMS guidance, “does not supersede any state guidance that is more restrictive.”

HHAU will continue our near-daily communications with UDOH to re-establish appropriate and careful access when it is not currently being granted, and expect that further clarification from the national level, or local compromise, will occur before the end of the week of 03/15/2020. Unfortunately, this situation is not unique just to Utah, and both the NAHC and NHPCO CEO’s are keenly aware of our situation and advocating for our industry and the patients we serve with leaders at the national level.

In the meantime, service providers should: 1) Review patients’ plans of care and consider making any updates that may be necessary to account for patient access issues related to COVID-19; 2) Communicate with patients and their families to let them know of the situation and help assure them that you are doing all that you can to resume services; and 3) Ensure that all IDT members are documenting in the medical record their efforts to adhere to the patient’s plan of care, including all refused attempts to see patient’s in-person and all alternative methods used to perform patient visits (e.g. phone calls and video telehealth).

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