HOMECARE & HOSPICE
National Association for Home Care & Hospice

Below is a summary of the relevant information that impacts home health and hospice providers related to the COVID-19 pandemic. The information is a compilation of information from various sources, including the federal government, NAHC, home care consultants, and stakeholders. Some information has not changed since the beginning of the COVID-10 outbreak. Other related information is more fluid and will change as more cases of COVID 19 are identified. This document will be updated as needed.

Patients

Separate yourself from other people and animals in your home.

Avoid close contact with others -- 6 feet or greater

Wear a facemask if possible, patients may have to use tissues or other barriers to cover their mouth and nose with supply shortages.

Cough into a tissue and dispose immediately in lined trash can

Clean your hands with soap and water for 20 seconds often and after using the restroom

Avoid sharing personal household items for example plates, cups, silverware. Consider plastic utensils and paper plates

Clean all "high-touch" surfaces everyday, e.g. countertops, doorknobs, etc. See recommended disinfectants for COVID-19
https://www.nahc.org/wp-content/uploads/2020/03/CBC-COVID19-Fighting-Products.pdf

Patient Guide for COVID-19 (docx)
Caregiver Guide for COVID-19 (docx)
Guide for Cleaning and Disinfecting COVID-19 (docx)

Home Health and Hospice Staff

Agency staff caring for suspected or confirmed COVID-19 patients must adhere to standard and transmission precautions.

- Respirator N95 or higher
- Gowns
- Gloves
- Eye protection

The CDC issued interim guidance to permit the use of face masks in areas where N95 respirators are unobtainable.

N95 respirators are to be used routinely when available, and *must* be used when aerosol-generating procedures are performed. If there is a shortage, face masks can be worn for respiratory protection.

Shortages of PPE is a problem in all healthcare sectors. Preserving the PPE supply that you have now is key. Eye protection (which is required when a face mask or respirator is used) can be re-used when it is not touched during use, carefully removed, and cleaned and disinfected after use, and *properly* stored.

The re-use of face masks is also being discussed by the CDC. If permitted, for intermittent home care this would have to be carefully implemented and avoided if at all possible. The outer surface of the face mask (or any PPE for that matter) is considered contaminated and interim storage in between home visits could present unique challenges. For private duty care, the extended use of face masks could be easier to implement. The CDC is going to be releasing information "soon" on the extended use of PPE, selected use of PPE, and the reuse of PPE because of the shortages that you have been experiencing. In the meantime, you can submit a request to your health department to access supplies from the national stockpile, as PPE is starting to be released.

CDC is not recommending patients wear masks during shortages. Patients with symptoms of respiratory infection should be instructed to use tissues or other barriers to cover their mouth and nose.

Hand hygiene needs to be performed before and after removing PPE. For hand hygiene supplies, the FDA is now permitting pharmacies to compound alcohol-based hand sanitizer and that's another option for you to access this supply.

The treatment of COVID-19 patients in the home might include collection of specimens for testing, observation and assessment, and providing more advanced interventions such as intravenous therapy. The degree that home health and hospice agencies will be involved in caring for COVID-19 confirmed patients is unclear but agencies should be prepared.

Preserving the PPE supply that you have now is key.

- Ensure staff is using PPE appropriately.
- Use out dated equipment for training

- Know what you have in stock and what your usage is.
- Do not discard expired equipment

The treatment of COVID-19 patients in the home might include collection of specimens for testing, observation and assessment, and more advanced interventions, such as, intravenous therapy. The degree that home health agencies and hospices will be involved in caring directly for COVID-19 confirmed patients is unclear but agencies should be prepared.

https://www.nahc.org/wp-content/uploads/2020/03/COVID-19-Guidance-Document.pdf
https://www.nahc.org/wp-content/uploads/2020/03/Coronavirus-Checklist-3-16-20-guidance-1.pdf

Frequently Asked Question related to Medicaid and CHIP
https://www.cms.gov/newsroom/press-releases/cms-publishes-first-set-covid-19-frequently-asked-questions-faqs-state-medicaid-and-childrens-health

Regulatory and Operations

Waivers

CMS issued 1135 blanket waivers for the entire nation retroactively effective back to March 1, 2020 for those providers impacted by the COVID-19 outbreak. There are no blanket waivers specific to hospice at this time.

The blanket waivers specific to home health include the following:

- Provides relief to Home Health Agencies on the timeframes related to OASIS Transmission.
- Allows Medicare Administrative Contractors to extend the auto-cancellation date of Requests for Anticipated Payment (RAPs) during emergencies.

There are several other waivers related to provider enrollment requirements that impact all providers including home health and hospices agencies. They are:

- Waive the following screening requirements
  - Application Fee – 42 C.F.R 424.514
  - Criminal background checks associated with FCBC -42 C.F.R 424.518
  - Site visits – 42 C.F.R 424.517
- Postpone all revalidation actions
- Allow licensed providers to render services outside of their state of enrollment
- Expedite any pending or new applications from providers

The CMS Regional Offices will review other provider-specific requests as the need arises.

https://www.cms.gov/files/document/covid19-emergency-declaration-health-care-providers-fact-sheet.pdf

Telehealth

Recent legislation provides for waivers on the originating site and geographic area restrictions. CMS will permit practitioners to use an interactive audio and video telecommunications system that permits real-time communication between the physician's site and the patient at home. These changes mean that physicians and practitioners (physicians, nurse practitioners, physician assistants, nurse midwives, certified nurse anesthetists, clinical psychologists, clinical social workers, registered dietitians, and nutrition professionals) may use telehealth in the home using face time in place of face to face visits, including the F2F encounter for home health certification. NAHC is currently awaiting confirmation from CMS on the use of telehealth for F2F visits for hospice recertification.

In addition the Office of Civil Rights issued a notice of enforcement discretion that will permit telehealth technologies such as, Skype, Face Time with a smartphone, and Zoom. Without the waiver providers would be violation of HIPAA rules if these technologies were used. These technologies do not meet HIPAA security standards and were not developed for the purpose of delivering telehealth services. Therefore, it is acceptable at this time for both home health and

hospice providers to communicate with patients using telehealth. However, it is not clear if CMS will consider these visits covered/paid.

https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet

https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html

https://edit.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf

Survey and Certification

CMs issued a COVID-19 guidance document for home health and hospice providers:
https://www.cms.gov/files/document/qso-20-18-hha.pdf
https://www.cms.gov/files/document/qso-20-16-hospice.pdf

Sources

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Center for Disease Control and Prevention, COVID -19 resources

Office of Civil Rights, Heath Insurance Portability and Accountability Act

Center for Medicare & Medicaid Services, Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

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