

Hospice and Palliative Care Resources for the Coronavirus Disease (COVID-19)



NHPCO COVID-19 Update – 04/03/20

NHPCO has created this update for hospice and palliative care providers to share recent news and helpful links.

“You are there for your community. NHPCO is there for you.”

Policy Updates

National Hospice Stakeholder Groups Submit Request for Funding

NHPCO and other national stakeholder groups submitted a [letter to congressional leadership](#) requesting support in the next COVID-19 legislative package. It calls for:

- Hospice providers need inclusion in priority FEMA PPE distribution and testing.
- Funding support: 1% increase in per diem rate through duration of national emergency; create a \$3 billion grant funding program; support for health provider loan program.
- Enhanced access and support for advance care planning.
- Legislation to support hospice and palliative care workforce (PCHETA and Rural Access to Hospice Act).

CMS Issues New Guidance for Nursing Homes During COVID-19

Last night, CMS issued new [guidance for nursing homes](#), in order to prevent further spread of COVID-19. CMS and CDC are now recommending the following immediate actions to keep patients and residents safe:

1. Nursing Homes should immediately ensure that they are complying with all CMS and CDC guidance related to infection control.
2. CMS urges State and local leaders to consider the needs of long-term care facilities with respect to supplies of PPE and COVID-19 tests.
3. Long-term care facilities should immediately implement symptom screening for all.
4. Long-term care facilities should ensure all staff are using appropriate PPE when they are interacting with patients and residents, to the extent PPE is available and per CDC guidance on conservation of PPE.

NHPCO Discusses Hospice Care in the Nursing Home

Today, Edo Banach and Judi Lund Person met with the CEO and Chief Medical Officer of the American Health Care Association (AHCA) to discuss hospice care in nursing homes in the time of the COVID-19 pandemic, asking what we can do together to provide care to nursing home residents and their families.

- **Updates to the plan of care:** AHCA reported that for their members, the lion's share of requests for hospice workers to enter their facilities comes with the 14-day requirement to update the plan of care.

NHPCO Response: The hospice plan of care is reviewed and updated with every IDT/IDG meeting. That is also when each discipline is updating its care plans. The hospice should use its best judgment on a case-by-case basis in collaborating with the facility in how this is accomplished, via in person visits or virtual visits. Hospices should document supporting how the hospice managed this patient's plan of care to meet their individual needs and assured that the goals of care were met in a safe and appropriate manner.

- **Virtual visits:** AHCA reported that members are supportive of hospice services but are asking the question "how can we do this differently?"

NHPCO Response: Based upon recent guidance from CMS, the hospice COPs don't specify how or how often direct clinical visits are made. According to CMS, the requirement for hospice providers is for their services to meet the needs of the patient based upon the individualized plan of care, addressing issues on a case by case basis. This would apply to both home and facility patients. We recognize that providers must use their best judgment to ensure continuity and quality care for their patients and families. Hospices should document how the goals of care are met in a safe and appropriate manner.

- **Entry into facilities:** AHCA called our attention to one sentence in the CMS-issued guidance – "Patients and residents who enter facilities should be screened for COVID-19 through testing, if available." They expect that many facilities will begin implementing testing before entry, including hospice staff.
- **Need for grief counseling and support for staff and families:** AHCA reported that there will be even more need for hospice in the future, but especially now, grief counseling for nursing facility staff and for families is acutely needed.

NHPCO Response: Counseling could be done by social workers, bereavement counselors or chaplains from the hospice. An in-person entry is not required for that, as counseling and support can be provided by phone or with an audio/visual connection. Nursing homes would welcome that offer of help from hospice providers.

CCFRA Flow Chart

A helpful tool outlines the [benefits available under the Families First Coronavirus Relief Act](#) (FFCRA) to the extent a provider chooses not to exempt its employees. This flowchart does a great job breaking down the complexities of the new law so providers can both understand and operationalize them.

Clarification on PAs in Hospice

NHPCO reached out to CMS to clarify statements made on the CMS Stakeholder call for Home Health Providers on March 31, which erroneously stated that physician assistants could do face-to-face and could certify and recertify.

CMS Answer: Only NPs and Physicians can do the required face-to-face encounter for hospice. That is statutory and required for eligibility and payment, so CMS would not really be able to waive that requirement or change it.

Provider Updates

COVID-19 Ethics Toolkit Available Now

NHPCO has developed a [COVID-19 Ethics Toolkit](#). The kit includes an ethical framework written by Carla Cheatham; information from a booklet on ethical considerations during a pandemic; our Shared Decision-Making tool; and discussion, symptom management, and comfort care tools from Dr. Mimi Pattison at CHI Franciscan. This toolkit can help you anticipate difficult decisions, provide information and support to seriously ill individuals and their families, and connect seriously ill individuals to resources aligned with their goals of care. NHPCO believes community-based services are a critical partner in responding to the COVID-19 pandemic. Special thanks to our Ethics Advisory Council members for sharing their expertise.

ICD-10 COVID-19 Code

As of April 1, a specific ICD-10 code has been established for patients with COVID-19: U07.1 – This is to be used as the primary when the patient is known positive. The hospice should list additional effects of infection, such as pneumonia after U07.1, such as “other viral pneumonia- J12.89.” The U07.1 code is not to be used if COVID-19 is only suspected.

Resources

COVID Tracking Website

The Institute for Health Metrics and Evaluation (IHME) has developed a [comprehensive data website on COVID-19](#), with state level tracking and surge estimates.

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