

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



NHPCO COVID-19 Update – 04/24/20

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

President Trump Signs COVID-19 Related Bill

Today, President Trump signed a \$484 billion coronavirus aid package. The bill largely funds existing programs created in the CARES Act. The legislation provides \$321 billion for the Paycheck Protection Program, the small business loan program that ran out of money last week. Also included is a \$75 billion fund for health care providers and \$25 billion to ramp up coronavirus testing. It is unclear if the Department of Health and Human Services (HHS) will use part of the \$75 billion appropriation in the “Public Health and Social Services Emergency Fund” included in the legislation to add further support for hospice and palliative care programs. NHPCO will be tracking this funding very closely for providers. This legislation is the fourth coronavirus relief bill in less than two months, which combined total more than \$2.7 trillion in federal funds to combat the disease. The Senate previously passed the legislation on April 21, 2020 and the House passed the legislation last night. Congress is expected to begin work on a fifth coronavirus related bill in the coming weeks.

CARES Telehealth (FCC) Fund and Hospice Providers

The CARES Act provided the Federal Communications Commission (FCC) with \$200 million in new funding to help the commission with telehealth. According to the legislation, the program was designed to, “support efforts of health care providers to address coronavirus by providing telecommunications services, information services, and devices necessary to enable the provision of telehealth services during an emergency period.” [FAQs](#) and [guidance](#) released by the FCC about the program included the list of providers that were eligible. Hospice was **NOT** listed among the eligible provider types. However, organizations that are affiliated with the following entities may be eligible and should consult independent legal counsel, the following entities include: (1) post-secondary educational institutions offering health care instruction, teaching hospitals, and medical schools; (2) community health centers or health centers providing health care to migrants; (3) local health departments or agencies; (4) community mental health centers; (5) not-for-profit hospitals; (6) rural health clinics; (7) skilled nursing facilities; or (8) consortia of health care providers.

CMS Issues New Nursing Home Guidance Including FAQs

NHPCO was notified late today that CMS has now published the latest nursing home guidance ([QSO-20-28-NH](#)), which includes FAQs for nursing home providers. For easy review, two of the frequently asked questions that pertain to hospice are copied in their entirety below.

Q: The CMS memorandum (QSO-20-14-NH (Revised)) states that visitation should be allowed in “certain compassionate care situations, such as an end-of-life situation.” What is an example of a “compassionate care situation”?

A: The memorandum intends to provide general guidance on how to limit visitation as much as possible, while also acknowledging that there are times when visits should be allowed. We encourage frequent communication among patients, residents, families, facilities, and other health care providers when appropriate (e.g., hospice providers), so they can work together to identify when a visit for compassionate care is needed, and can be safely conducted. One example of such a situation is one in which a resident is receiving hospice care and their health status is sharply declining, or when a resident is not enrolled in hospice, but their health status has sharply declined. In these circumstances, it is necessary to ensure precautions are taken to conduct visits as safely as possible, including following practices for hand hygiene and use of PPE.

Again, CMS understands the potential for strain and anxiety upon patients, residents, and families, introduced by restricting visitation. However, we believe that temporary restrictions, however uncomfortable, are vital to safeguard the health and wellbeing of these vulnerable Americans. Unless it is absolutely necessary to go into a nursing home, people should not. Furthermore, individuals with symptoms of a respiratory infection (fever, cough, shortness of breath, or sore throat) should not be permitted to enter the facility at any time (even in end-of-life situations). **In these situations, we urge nursing homes to offer telephonic or digital means of communications.**

Q: What type of health care workers are allowed to enter a nursing home?

A: The CMS memorandum (QSO-20-14-NH (Revised)) states that health care workers who do not work in a nursing home, such as **hospice workers**, surveyors, Emergency Medical Services (EMS) personnel, or dialysis technicians, should be permitted to come into the facility as long as they meet the CDC guidelines for health care workers. Facilities should screen health care workers based on this CDC guidance with exceptions made for urgent entry to deliver emergency care (e.g., EMS) so they can attend to the emergency without delay. We note that the memorandum does not (and cannot) describe every type of service, person, or scenario that may exist in facilities. There are likely other types of health care workers that can be permitted to enter the facility (e.g., lab technicians, radiology technicians, home health nurses, etc.). However, CMS cannot and should not dictate every situation in which a provider could enter a nursing home, because, again, such decisions should be made by nursing homes in consultation with patients, residents, family members, and the other health care provider.

Provider Updates

Don't Miss Monday's Webinar on Effective Virtual Visits

It's not too later to register for complimentary webinar, [COVID-19 Discussion on Effective Virtual Visits](#), that NHPCO is offering in collaboration with the National Coalition for Hospice and Palliative Care. The webinar includes an interdisciplinary panel that will share their experience and discipline-specific considerations. The webinar is Monday, April 27, 4:00 p.m. – 5:30 p.m. ET. A link to the recorded program will be available on

04/28/20. CE/CMEs are available for the live program. Registrants can submit questions for the panel to address as part of the registration process.

Resources

New COVID-19 Resource for Telehealth RN Case Manager and Triage Visits!

[Download the COVID-19 Resource for Telehealth.](#) Thanks to the Sutter Health AIM program for sharing scripting for RN telehealth visits. Also included is an audit form quality assurance of the telehealth visits. Providers may want to review this resource before Monday's webinar.

Article of Interest in *The New York Times*

- ["Do You Want to Die in an I.C.U.? Pandemic Makes Question All Too Real,"](#) 04/24/20 featuring NHPCO's Edo Banach...*and his mother.*

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