

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



NHPCO COVID-19 Update – 06/12/20

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

“Choose to be optimistic, it feels better.” – Dalai Lama

NOTE: A reminder that NHPCO’s COVID-19 Update will move to a Monday, Wednesday, Friday distribution moving forward – should there be helpful news and links to share on those days. Of course, if urgent news breaks, NHPCO will issue an Update as needed to assist the provider community.

Policy Update

CMS COVID-19 FAQs for Non-Long Term Care Facilities and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IIDs)

On June 11, CMS posted a [new FAQ document](#) with significant content for hospice providers. All questions have also been added to the NHPCO COVID-19 FAQs for reference. Revised or additional guidance (in red) includes:

22. Question: How should hospice programs monitor or restrict health care staff or hospice volunteers?

New content: Hospices making decisions about return to work for their healthcare professionals with confirmed COVID-19, or who have suspected COVID-19 (e.g., developed symptoms of a respiratory infection such as cough, sore throat, shortness of breath, or fever but did not get tested for COVID-19) should be made according to the CDC guidelines available at <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html>.

Strategies for optimizing PPE upon return to work for hospice health care personnel (HCPs) who had confirmed or suspected COVID-19 can be located on the CDC website at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>.

23. Question: When is it safe to discontinue Transmission-based Precautions for inpatient hospice patients with COVID-19 or in-home isolation for in home hospice patients with COVID-19?

Answer – additional content: The decision to discontinue Transmission-Based Precautions for inpatient hospice patients with COVID-19 should be made in accordance with the CDC guidelines available at <https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html>.

24. Question: What Personal Protective Equipment (PPE) should hospice staff routinely use when visiting the home of a patient with suspected or confirmed COVID-19 exposure?

Answer - additional content: Hospices experiencing a shortage of PPE should engage their local and state health and emergency management departments for assistance. To identify local health departments supporting preparedness and response activities, visit the National Association for County and City Health Officials Directory of Local Health Departments at <https://www.naccho.org/membership/lhd-directory>.

25. Question: Can an assisted living facility/independent living facility restrict hospice staff from caring for a hospice patient in their facility during this COVID-19 PHE?

Answer: Hospices serve an important role in providing essential healthcare services in a variety of community-based settings, including assisted and independent living facilities, and should be granted access as long as their staff meet the CDC guidelines for healthcare workers. If hospice staff are appropriately wearing PPE, and do not meet criteria for restricted access based on CDC guidance, they should be allowed to enter and provide services to the patient, see <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>.

Additionally, hospice personnel should participate with any screening activity that the facility requires. If access is restricted, hospices should communicate with the facility administration, including the State or local health department when indicated, on the nature of the restriction and timing for gaining access to hospice patients. Communication should also occur with the hospice patient's family or representative. This communication is essential for maintaining surveillance and preventing the spread of infection while also ensuring access of patients to essential services.

New content: *If after reasonable attempts have been made and documented in the patient's record and the hospice continues to be unable to access the patient in-person, the hospice would have to discharge the patient as "outside of the hospice's service area" (Medicare Benefit Policy Manual, chapter 9, 20.2.3): <https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/bp102c09.pdf> Additionally, a hospice must forward to the patient's attending physician a copy of the hospice discharge summary and patient's clinical record if requested.*

CMS encourages hospice providers to collaborate/coordinate with nursing facilities, as well as independent and assisted living facilities, and to document the circumstances in which a provider is unable to provide services in various facility settings. CMS also recognizes that in some cases, providers may have to discharge patients due to access and/or other issues during this public health emergency.

NHPCO Updates NHPCO COVID-19 FAQs

With the addition of CMS guidance issued on June 11, NHPCO has updated the FAQs with the latest answers to questions from CMS (NHPCO FAQs Grid V 2.2. June 12, 2020). NHPCO members should log into the NHPCO website and access the [Member-Only COVID-19 Resource](#) page and download the COVID-19 FAQs Grid.

Trump Administration Encourages Reopening of Health Care Facilities

On June 9, under the direction of President Trump, CMS released a [guide](#) for patients and beneficiaries as they consider their in-person care options. During the height of the pandemic, many health care systems and patients postponed non-emergency, in-person care in order to keep patients and providers safe and to ensure capacity to care for COVID-19 patients. As states and regions across the United States see a decline in cases of COVID-19, CMS is providing these recommendations to ensure that non-emergency health care resumes safely and that patients are receiving needed in-person treatment that may have been postponed due to the public health emergency.

For More Information:

- [CMS Recommendations: Re-opening Facilities to Provide Non-emergent Non-COVID-19 Health Care \(PDF\)](#)
- Patient guide in [English \(PDF\)](#) and [Spanish \(PDF\)](#)

Nursing Home Residents’ Right to Retain Federal Economic Incentive Payments

On June 11, CMS issued a [press release](#) regarding allegations that some nursing homes are seizing residents economic impact payments (or “Stimulus Checks”) authorized under the CARES Act. This practice is prohibited, and nursing homes that seize these payments from residents could be subject to federal enforcement actions, including potential termination from participation in the Medicare and Medicaid programs. CMS goes on to say that “we believe it is important for residents and families to know their rights, and for nursing homes to understand the liability associated with this practice.”

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