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The faculty and planners for today’s webinar have no relevant financial relationships with commercial interests to disclose.
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NHPCO Executive Dialogue: COVID-19 Pandemic
COVID-19 Pandemic

• New territory for all providers.

• Even the best provider emergency preparedness plans did not account for the issues arising related to the COVID-19 pandemic.

• Priority – prevent/control transmission of the virus to maintain safety for patients, their families, and healthcare staff.
COVID-19 Current Outlook

States Reporting Cases of COVID-19 to CDC*

Reported Cases
(last updated March 23, 2020)
- None
- 6 to 50
- 51 to 100
- 101 to 500
- 501 to 1000
- 1001 to 5000
- 5001 or more

Total cases 44,183
COVID-19 Testing Issues

• Test availability is challenged
  • Lack of widespread testing for COVID-19 in the United States

• The federal government is developing more testing through public-private partnerships which will increase the number of available tests.

• When more tests kits become available, the demand for testing will also increase.

• More testing will likely increase the number of cases.
It is Time to Be a Partner in Your Community

- Emergency events level the playing field.
- Everyone is affected in a pandemic situation.
- We must deal with the reality we have each day and work with what we have.
- Collaborate and share resources if possible, with other providers.
- Emergency events are a team sport.
- It is a time to share best practices with others to improve response and outcomes.
COVID-19 Infection Guidance

• Follow the Centers for Disease Control and Prevention (CDC).

• Be plugged into your local health departments.
  • Monitor information consistently from these entities to be aware of infection surge areas
  • Many local health departments may be posting daily updates
  • State & Territorial Health Department Websites
    • https://www.cdc.gov/publichealthgateway/healthdirectories/healthdepartments.html
A state Emergency Management Agency (EMA) is the connection to the federal emergency management entities.

- U.S Department of Health and Human Services
- FEMA

Make sure they know who you are, who your patients are, and the extent of your needs.

- List of Emergency Management Agencies
- FEMA Regional Contacts

You do not want to be exchanging business cards during a disaster.
Patients & Families
Protecting Patients and Families from COVID-19

• Screen patients and families.
• Include COVID-19 education information to all patients and their families.
  • Provide education about infection control and prevention and ensure understanding.
• Discuss goals for care for the patient during this crises.
• Ensure that your patient/family continue to feel supported.
  • Some patient/families may have increased fear and anxiety related to virus in tandem with their fear and anxiety related to death of the patient.
  • Utilize all members of the IDT to meet patient/family needs.
Protecting Staff Members from COVID-19

• Screen your staff.
• Review your infection control program policies and procedures.
  • Validate competency for each staff member who have contact with patients/families.
• Educate your staff about COVID-19 transmission and prevention measures.
• Consider virtual visits when appropriate related to prevention and control of the virus.
• Continuously evaluate your supply of Personal Protective Equipment (PPE).
Care Delivery Challenges during COVID-19 Pandemic

- Lack of current and specific hospice guidance from CMS
- Absence of blanket 1135 waivers for regulatory flexibilities for hospice
- Severe shortages of Personal Protective Equipment (PPE)
- Staff shortages
- Etc….

Remember – our mission and commitment has not changed to support seriously ill/terminally patients and their families
Let’s Not Forget Our Patients

• They are among the most vulnerable individuals in this crises.
• Their fear and anxiety about death & dying is now compounded by fear and anxiety related to the virus.
• Separation between the patient and their loved ones may be needed related to virus exposure or contraction.
• Reduced visitation from the hospice provider may increase fear and anxiety of the patient/family.
• Family grief issues may be increased due to events related to the COVID-19 crises in your community.
Patients Who Contract the Virus

• Isolation issues
  • Location of patient may be an access issue
  • Infection control issue if patient is the home – Keeping family safe

• Decisions about treatment
  • [COVID-19 Shared Decision-Making Tool](#) – NHPCO resource

• COVID-19 may accelerate the patient’s death
  • Symptom management issues
  • Preparing patient and family
Quality of Care

• How do we ensure quality of care for patients and families during this crises?
  • Care delivery innovation (i.e. telehealth)
  • Increase contact with patient & family to ensure they feel cared for and to determine their status and needs.
    • Volunteers may be able to make phone calls for this purpose
• Utilize all resources
  • All IDT members can/should be involved
  • Can the SW or SCC function a in a greater capacity as staffing allows
Clinical Decision Points

• Caring for a patient diagnosed with COVID-19.
• Admitting a patient diagnosed with COVID-19.
• Caring for a patient exposed to COVID-19.
• Caring for a patient with a compromised caregiver.
HQQRP Data Submission

- CMS waived the requirement to submit HQRP data for hospice providers.

- Data from January 1, 2020 through June 30, 2020 (Q1-Q2) does not need to be submitted to CMS for purposes of complying with quality reporting program requirements.

- Many providers are opting to continue submission of CAHPS data to their vendor for performance assessment and improvement purposes.
Emergency Management
Don’t Forget to Work Your Plan

• This is an emergency event, so don’t forget about your plan.
  • Communicate with staff, patient/family, healthcare partners, community partners, etc…
  • Revise/develop policies and procedures along the way.
  • Train staff and evaluate competency
    • Initially and ongoing as necessary
  • Evaluate your response and revise your plan along the way
Don’t Forget to Plan for What Is To Come

- Tornadoes
- Hurricanes
- Floods
- Earthquakes
- Fire
- Heat events
- Chemical spills
- Etc…
This is a marathon, not a sprint...
Providers should prepare for the long game.

We are all in the same boat, so we must row together...
Resources

- The Centers for Disease Control and Prevention
  - Coronavirus (COVID-19)
- FEMA
  - Coronavirus (COVID-19) Response
- U.S. Department of Health and Human Services
  - HHS Coronavirus Disease 2019 (COVID-19) Updates
COVID-19

Coordinated Legislative and Regulatory Response to the Coronavirus Pandemic by the Hospice Community
NHPCO’s COVID-19 Response

- Dedicated web page - https://www.nhpco.org/coronavirus
- Daily Updates
- Tools and resources for providers
  - COVID-19 Shared Decision-Making Tool – NHPCO resource (03/18/20)
  - Guidance for Infection Control and Prevention in Nursing Homes and Hospice (REVISED) – NHPCO Fact Sheet (3/14/20)

To receive NHPCO’s COVID-19 Updates by email: please complete this form.

COVID-19 Updates Archive – PDFs by date.

Take Action: Visit the Legislative Action Center to ask Congress to support hospices during the COVID-19 pandemic.

NHPCO COVID-19 Executive Dialogue – Free Webinar
Wednesday, March 25 | 2:00 PM – 4:00 PM (ET)
NHPCO COVID-19 Advocacy Strategy

- **Meeting with Vice President Pence and White House COVID-19 Task Force**: Vice President Pence, CMS Administrator Seema Verma, and Dr. Birx
- **Letter to President Trump and Vice President Pence** requesting emergency declaration and 1135 waiver authority to include hospice
- **Letters to CMS Administrator Seema Verma** requesting additional flexibility for hospice and regular communication
- **Meeting with Office of Assistant Secretary of Preparedness and Response (ASPR)** to discuss PPE availability and distribution to hospice providers
- **Ongoing Meetings with CMS** to request and clarify additional flexibilities
Meetings with **Senate Finance** and **House Ways & Means Committees** regarding coronavirus stimulus bills and needed flexibilities for hospice

"Asks"

- Face-to-face recertification allowed through telehealth
- Hospice virtual visits
- Other hospice related telehealth provisions
- Suspension of Medicare sequestration cuts to apply to hospice
- Increased flexibility with levels of care

• **Face-to-face hospice telehealth provision.** The legislation allows face-to-face encounters for recertification for hospice care to be completed using telehealth during the emergency period.

• **Proposal to suspend sequestration cuts.** Includes the temporary suspension of the 2 percent sequestration cut to hospice, beginning on May 1, 2020 and ending on December 31, 2020.

• **Reimbursement to healthcare providers:** $100 billion was appropriated for a Public Health and Social Services Emergency Fund.

• **Child care assistance to health sector employees:** $3.5 billion to continue to pay childcare providers.
Strategic Coordination with National Hospice Stakeholders

• Collaboration with NAHC, NPHI and Leading Age

• Letter to Congress (March 17, 2020)
  • Suspend 2% sequestration cut
  • Expanded use of telehealth under the hospice benefit, including both face-to-face for recertification and allowance for virtual visits
  • Notice of Election (NOE)/Notice of Termination or Revocation Modification
  • Flexibility with levels of care, including allowing more flexibility for continuous home care, allowing in-home respite care
• **Request for PPE:** Request FEMA grant priority status to the community-based home care, hospice, palliative care, and disability service providers in accessing PPE for the delivery of healthcare services and long-term services and supports during the COVID-19 public health emergency.

• Cites the U.S. Department of Homeland Security’s Cybersecurity and Infrastructure Security Agency (CISA) declaring that the delivery of healthcare services are considered essential “to help State and local officials as they work to protect their communities
  • American Network of Community Options and Resources (ANCOR)
  • Council of State Home Care & Hospice Associations Home Care Association of America (HCAOA)
  • National Association for Home Care & Hospice (NAHC)
  • National Hospice and Palliative Care Organization (NHPCO)
  • Partnership for Medicaid Home-Based Care (PMHC)
  • Partnership for Quality Home Healthcare (PQHH)
What We Know Today – March 25, 2020
PPE
The standard procedure when FEMA is the federal authority in response to a federally declared emergency is as follows:

**STEP 1**
Provider request to local/county authorities

**STEP 2**
Local/county authorities to state

**STEP 3**
State to Regional FEMA office
• Distribution shift from State Health Departments to FEMA

• Media and political discussions to shed the light

• **Regulatory:** Asking that FEMA grant priority status to the community-based home care, hospice and palliative care providers in accessing PPE for the delivery of healthcare services during the COVID-19 public health emergency.
  
  • Recent announcement from US Department of Homeland Security Cybersecurity and Infrastructure Security Agency (CISA) that delivery of healthcare services are considered essential “to help State and local officials as they work to protect their communities, while ensuring continuity of functions critical to public health and safety, as well as economic and national security”.

• **Statutory fix if necessary:** Congress may consider asking for a statutory change to make sure CRITICAL INFRASTRUCTURE WORKERS are given priority access to PPE during this and future public health crises. (Prioritization of Hospice Providers as Essential Healthcare Workforce for PPE Distribution.)
Use Guidance as Option for Securing PPE

- Department of Homeland Security Cybersecurity and Infrastructure Agency (CISA)
- Guidance issued with initial list of essential critical infrastructure workforce
- In Healthcare/Public Health:
  - Workers in other medical facilities
    - Ambulatory Health and Surgical, Blood Banks, Clinics, Community Mental Health, Comprehensive Outpatient rehabilitation, End Stage Renal Disease, Health Departments, Home Health care, Hospices, Hospitals, Long Term Care, Organ Pharmacies, Procurement Organizations, Psychiatric Residential, Rural Health Clinics and Federally Qualified Health Centers
- This guidance could be helpful in establishing hospices on the prioritization list.
- NHPCO has submitted comments to CISA on the importance of keeping all community-based healthcare workers, including hospices, high on the priority list.
- [https://www.cisa.gov/sites/default/files/publications/CISA_Guidance_on_the_Essential_Critical_Infrastructure_Workforce_508C_0.pdf](https://www.cisa.gov/sites/default/files/publications/CISA_Guidance_on_the_Essential_Critical_Infrastructure_Workforce_508C_0.pdf)
1135 Waivers
Details on Federal 1135 Waivers

• CMS did not issue a blanket waiver under 1135 for hospice
• State Departments of Health, state hospice organizations and individual providers can make a request for an 1135 waiver
• An 1135 waiver request could include additional flexibilities for Medicare COPs as well as Medicaid
• If you are considering submitting, you can find FAQs for filing an 1135 waiver request on the NHPCO COVID-19 resources page
Information from CMS
Visits and Assessments

• From CMS – Email on March 24 2020:
  • **Flexibilities are already included** in the CoPs when it comes to determining on a case-by-case basis how a visit should be made.
  • The hospice **CoPs don’t specify how or how often direct clinical visits are made**.
  • Hospice providers are required to provide services that **meet the needs of the patient based on the plan of care that is person-centered and individualized**.
  • CMS encourages hospices to **address these issues on a case by case basis** and make sure to document how the hospice is meeting the goals of care in a safe and appropriate manner.

• We [CMS] are working on issuing revised guidance, but do not have a projected release date at this time.

• I [CMS] hope this can help you reassure hospice providers that we hear their concerns and are committed to working with them to get through this public health emergency.
Visits and Assessments

• Virtual visits – all disciplines
• Make changes to plan of care to reflect virtual visit, phone calls, frequency of visits
• Documentation critically important
• Prioritize visits
Contracting for Core Services

- §418.64 Condition of Participation: Core Services
- CMS has confirmed that the following language **applies and will apply for the duration of the COVID-19 national emergency.**
  - “Circumstances under which a hospice may enter into a written arrangement for the provision of core services include: Unanticipated periods of high patient loads, staffing shortages due to illness or other short-term temporary situations that interrupt patient care; and temporary travel of a patient outside of the hospice's service area.”
Social Work Services

- Social work services are already allowed to be completed via phone visits or other remote options.
- See Medicare Claims Processing Manual Chapter 11 - Processing Hospice Claims
- 30.3 - Data Required on the Institutional Claim to A/B MAC (HHH)
  - Social worker phone calls made to the patient or the patient’s family should be reported using revenue code 0569, and HCPCS G-code G0155 for the length of the call, with each call being a separate line item. Only phone calls that are necessary for the palliation and management of the terminal illness and related conditions as described in the patient’s plan of care (such as counseling or speaking with a patient’s family or arranging for a placement) should be reported. Report only social worker phone calls related to providing and or coordinating care to the patient and family and documented as such in the clinical records. When recording any visit or social worker phone call time, providers should sum the time for each visit or call, rounding to the nearest 15 minute increment. Providers should not include travel time or documentation time in the time recorded for any visit or call.
Level of Activity for Volunteers

- §418.78(e) Standard: Level of Activity

- The federal hospice regulations require the use of volunteers for day-to-day administrative and/or direct patient care services in an amount that, at a minimum, equals 5 percent of the total patient care hours of all paid hospice employees and contract staff.

- Hospice volunteer availability and use is reduced related to COVID-19 surge and anticipated quarantine.

- NHPCO expects that the same flexibility for clinical services also applies to volunteers.
Additional Flexibilities
Face-to-Face Encounter

• §418.22(a)(4) Standard: Certification of terminal illness Face-to-face encounter
  
  • Included in Senate package "CARES 3.0"
  • Face-to-face hospice telehealth provision. The legislation allows face-to-face encounters for recertification for hospice care to be completed using telehealth during the emergency period.
Priorities for Surveys:

- **Complaint/facility-reported incident surveys:**
  - State survey agencies (SSAs) will conduct surveys related to complaints and facility-reported incidents (FRIs) that are triaged at the Immediate Jeopardy (IJ) level. A streamlined Infection Control review tool will also be utilized during these surveys, regardless of the Immediate Jeopardy allegation.

- **Targeted Infection Control Surveys:**
  - Federal CMS and State surveyors will conduct targeted Infection Control surveys of providers identified through collaboration with the Centers for Disease Control and Prevention (CDC) and the HHS Assistant Secretary for Preparedness and Response (ASPR). They will use a streamlined review checklist to minimize the impact on provider activities, while ensuring providers are implementing actions to protect the health and safety of individuals to respond to the COVID-19 pandemic.

- **Self-assessments:** The Infection Control checklist referenced above will also be shared with all providers and suppliers to allow for voluntary self-assessment of their Infection Control plan and protections.

Standard Surveys for Hospices

• During the prioritization period, the following surveys will not be authorized:
  • **Standard surveys** for long term care facilities (nursing homes), hospitals, home health agencies (HHAs), intermediate care facilities for individuals with intellectual disabilities (ICF/IIDs), and hospices.
  • This includes the life safety code and Emergency Preparedness elements of those standard surveys;
Limitation on Visitors: Hospice Facilities Included

- Limitations on Visitors
- To mitigate the spread of the COVID-19 virus, CMS is providing guidance to restrict visitation in health care facilities such as hospitals, critical access hospitals, psychiatric hospitals, inpatient hospice units, and intermediate care facilities for individuals with developmental disabilities.

Guidance for Home and Community-Based Providers

- In home and community-based settings, health care providers should advise patients with COVID19 of the CDC guidance to mitigate transmission of the virus.
- This includes isolating at home during illness, restricting activities except for medical care, using a separate bathroom and bedroom if possible, and prohibiting visitors who do not have an essential need to be in the home.
- The certified Medicare/Medicaid provider is expected to share this information with patients with the COVID-19 virus and his/her caregiver.

Access for Healthcare Staff

• CMS is aware that some providers (nursing homes, assisted living facilities, etc.) have significantly restricted entry for staff from other Medicare/Medicaid certified providers who are providing direct care to patients.

• In general, if the staff is appropriately wearing PPE, and do not meet criteria for restricted access, they should be allowed to enter and provide services to the patient (interdisciplinary hospice care, dialysis, organ procurement, home health, etc.).

If the State criteria are more restrictive…

- Some states have chosen to establish more restrictive criteria than described above.
- Health care providers MUST follow the more restrictive criteria when present.
Member Panel

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**NHPCO Communications on Coronavirus (COVID-19)**
- COVID-19 Shared Decision-Making Tool – NHPCO resource (03/18/20)
- Guidance for Infection Control and Prevention in Nursing Homes and Hospice (REVISED) – NHPCO Fact Sheet (3/14/20)
- National Hospice Stakeholder Groups Joint Request Letter for COVID-19
Thank you for your participation

Contact us:

• covid19@nhpco.org

• 800-646-6460