HOME CARE AND HOSPICE

EMERGENCY PREPAREDNESS & RESPONSE

Nurses
Incident Command System

Primer on Home Care & Hospice Emergency Preparedness In New York State

Drills & Exercises
Situational Awareness
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Overview of Home Care and Hospice in New York State

New York State has the most comprehensive and diverse home and community based care system in the nation.

The scope of home care is broad. It encompasses a wide array of both health and supportive services delivered at home by home care agencies and programs, as well as hospices. Home care agency clients cross the spectrum of care—from seniors who need assistance with activities of daily living to remain in their homes; to new mothers, discharged quickly following childbirth with a few postpartum nursing visits for mom and newborn; to postsurgical patients needing assistance with wound care; to the chronically-ill who are maintained with skilled supervision, support services, home modification and equipment. Hospice specializes in the care of extremely needy patients and families (children, adults, elderly) with palliative/end-of-life care needs.

Home care agencies and programs provide post-acute, rehabilitative, supportive and complex long term care for medically needy elderly, adults and children. Home care agencies are sponsored or operated by free-standing entities (e.g., private agencies or voluntary agencies like Visiting Nurses), hospitals and nursing homes. Home care providers are state and federally certified or state licensed. New York's agencies cover the entire state and serve several hundred thousand cases annually.

Hospice providers provide comprehensive end of life care to patients and their families. Hospices also provide professional services to chronically ill and seriously ill individuals through their palliative care programs. Hospice is provided wherever the patient is living including the home, group homes, assisted living facilities, nursing homes, hospice residences and hospitals.

Home care agency services include **professional services** (including care management, nursing, physical therapy, occupational therapy, speech pathology, medical social work, audiology, respiratory therapy, nutritional counseling and other), **aide care** (including home health aide, personal care aide, housekeeper), **telehealth services**, and **other support services** (including home adaptations, home delivered meals, social day care).

Hospice services include professional services including nursing, physician, medical social work, spiritual care, nutritional counseling, bereavement and other counseling, medications, medical supplies and equipment, volunteers, and hospice aides/homemakers. Professional services can also include all levels of therapy. Hospice is the professional care manager across all levels of care that the patient requires.

Generally, for home care, post-acute, skilled services are covered by Medicare and by commercial insurance; chronic or extended care and services are covered by Medicaid; and private paying individuals may pay for either or both. Hospice is covered by Medicare, Medicaid and private insurance.

Home care providers include all levels and types of agencies and programs, including:

- Certified home health agencies (CHHAs)
- Licensed home care services agencies (LHCSAs)
- Long Term Home Health Care Programs (LTHHCPs)
- Managed long term care (MLTC) plans
- Hospice
- Home and community based waiver programs
- Consumer Directed Personal Assistance Programs

New York's home care system also includes an array of special needs programs, agencies and services, such as for medically fragile children, persons with traumatic brain injury, persons with AIDS/HIV, persons with intellectual or physical disabilities, and other.

New York State Department of Health Regulations on Home Care and Hospice Emergency Preparedness

Emergency Preparedness Plans

New York State Department of Health regulations require home care agencies and hospices to develop and maintain emergency plans.

The regulations specifically require home care and hospice agencies governing authority to "ensure the development of a written emergency plan which is current and includes procedures to be followed to assure health care needs of patients continue to be met in emergencies which interfere with delivery of services and orientation of all employees to their responsibilities in carrying out such a plan."

In addition, home care agency emergency response requirements are further specified in a May 10, 2005 "Dear Administrator Letter" (DAL), succeeded by December 1, 2016 DAL DHCBS 16-11.

The DAL specifies that the following critical elements must be included in the provider's emergency preparedness plan:

- Identification of a 24/7 emergency contact telephone number and e-mail address of the emergency contact person and alternate which must also be indicated on the Communications Directory of the Health Commerce System (HCS);
- A call down list of agency staff and a procedure which addresses how the information will be kept current;
- A contact list of community partners, including the local health department, local emergency management, emergency medical services and law enforcement and a policy that addresses how this information will be kept current. The HCS Communications Directory is a source for most of this information;
- Collaboration with the local emergency manager, local health department and other community partners in planning efforts, including a clear understanding of the agency's role and responsibilities in the county's comprehensive emergency management plan.
- Policies that require the provider to maintain a current HCS account with a designated HCS coordinator(s) responsible for securing staff, HCS accounts and completing and maintaining current roles based on contact information in the Communications Directory;
- A current patient roster that is capable of facilitating rapid identification and location of patients at risk. It should contain, at a minimum:
  - Patient name, address and telephone number;
  - Patient classification Level (see sidebar);
  - Transportation assistance level;
  - Identification of patients dependent on electricity to sustain life;
  - Emergency contact telephone numbers of family/caregivers;
  - Other specific information that may be critical to first responders
- Procedures to respond to requests for information by community partners in an emergency.
- Policies addressing the annual review and update of the emergency plan and the orientation of staff to the plan.
- Participation in agency specific or community-wide disaster drills and exercises.
- A procedure staff should employ when a patient refuses to evacuate in an ordered evacuation.
- An emergency communications procedure if the telephone/computer network becomes disabled.

Additional DAL's include DAL DHCBS 15-06 and DHCBS 16-02 (see page 3 "TALs").

Federal Emergency Preparedness Regulations (see page 3)

Patient Priority Levels in Emergency Response

The May 2005 and December 2016 DALs require that home care and hospice agencies adopt the following priority levels for patients in emergency response.

LEVEL 1 - High Priority
Patients in this priority level need uninterrupted services. The patient must have care. In case of a disaster or emergency, every possible effort must be made to see this patient. The patient's condition is highly unstable and deterioration or inpatient admission is highly probable if the patient is not seen. Examples include patients requiring life sustaining equipment or medication, those needing highly skilled wound care, and unstable patients with no caregiver or informal support to provide care.

LEVEL 2 - Moderate Priority
Services for patients at this priority level may be postponed with telephone contact. A caregiver can provide basic care until the emergency situation improves. The patient's condition is somewhat unstable and requires care that should be provided that day but could be postponed without harm to the patient.

LEVEL 3 - Low Priority
The patient may be stable and has access to informal resources for assistance. The patient can safely miss a scheduled visit with basic care provided safely by family or other informal support or by the patient personally.

Transportation Assistance Levels (TALs)

DHCBS 16-02 addresses the requirement that home care agencies and hospices adopt and use DOH standard categories for "Transportation Assistance Levels" (TALs), for planned patient evacuations in emergencies. TALs are used by facilities as well as home care and hospice to categorize and align patient evacuation transport and assistance needs to patient functional needs and conditions.

These needs and conditions were further refined from DHCBS 16-02 by a DOH TALs informational notification (Sept 1, 2017) to specifically include the categorizations of:

- Non-ambulatory patients (further categorized by stretcher, vent, or bariatric);
- Wheelchair need; or
- Ambulatory.

Patient TALs categories are required to be indicated on agency patient rosters.

New Federal Emergency Preparedness Regulations

Since November 2017, all Medicare and Medicaid participating providers have been required to meet new emergency preparedness rules promulgated by the U.S. Centers for Medicare and Medicaid Services (CMS).

These new rules add to the current state regulations. Much time and attention continue to be devoted by NYS DOH, our associations and agencies across the state to analyzing, educating, training and implementing these new rules.

The new rules focus on four core elements of emergency preparedness for providers:

- **Risk Assessment and Planning:** Providers are required to conduct a comprehensive risk assessment utilizing an "all hazards" approach. Providers are also required to develop an emergency preparedness plan that addresses the emergency events identified in the risk assessment, to be reviewed and updated annually.

- **Policies and Procedures:** Providers are required to implement policies and procedures based on the emergency plan and risk assessment, to be reviewed and updated annually.

- **Communication Plan:** Providers are required to develop and maintain an emergency communication plan (reviewed and updated annually) to ensure coordination of patient care within and across health care providers, health departments, and emergency management agencies; and establish HIPAA-compliant methods of sharing patient information and keeping medical records readily available during an emergency.

- **Training and Testing:** Providers are required to develop and maintain an emergency preparedness training and testing program that includes initial training on all emergency preparedness policies and procedures developed as a result of this rule. Providers are required to conduct drills and exercises to test emergency plans annually.

Home Care and Hospice Challenges in Emergency Preparedness

Home care and hospice agencies and patients face particular and unique challenges in emergency preparedness and response. Some key challenges are outlined below.

The home care setting itself – The home care setting itself provides for unique and especially challenging aspects of emergency response, particularly when compared to facility-based care.

Home care and hospice providers are handling large numbers of extremely medically needy and vulnerable individuals at home and in the community; many individuals reside in remote rural or difficult to access settings (like high rise buildings).

Instead of a facility-based venue where patients and staff are consolidated into a single, congregate setting, home care and hospice patients are nearly always in their own individual homes or apartments, and are spread throughout their communities. Agency personnel must therefore "bring the care to the patient," traversing to-and-from each patient's home and neighborhood.

Home care personnel must also manage, direct and administer services across a geographic expanse that can be impacted in many varied ways during an emergency.

In home care, every patient, home, neighborhood and community is a potential, distinct emergency in itself to be navigated and managed.

Home care and hospice providers assist across settings during emergencies – In addition to conducting emergency response for patients in their homes, home care and hospice also reach beyond to assist other settings and the community at large. Agencies conduct or assist with patient evacuation, provision of care in shelters, hospital transfers, and many other system supports.

Navigation across affected community areas – Providers must martial resources, services and patient management needs across broken communications, severed service networks, extreme environmental dangers and an entire community in simultaneous need to reach, provide and manage care for patients.

Structural Obstacles – Home care and hospice providers are also challenged with major structural obstacles in the response system, including:

1. Necessity for access to patients in restricted zones
2. Need for priority access to fuel
3. Need for regulatory flexibility for care and management in emergency conditions
4. Need for supportive financing for preparedness and response
5. Dearth of education/comprehension of home care and hospice
6. Wider dependency on communications and utilities
7. Transportation for home health personnel and patients
8. Coordination with managed care plans
9. Need for transport or evacuation of patients requiring power for treatments such as oxygen concentrators, ventilators or pain pumps

State Home Care and Hospice Associations' Roles in Emergency Preparedness & Response

The Home Care Association of New York State (HCA), the New York State Association of Health Care Providers (HCP) and the Hospice and Palliative Care Association of NYS (HPCANYS) are statewide associations representing the home and community-based services sector of the health care continuum in New York State.

HCA, HCP and HPCANYS members reflect the array of provider and program types described in the *"Overview"* section of this document.

HCA, HCP and HPCANYS are all headquartered in Albany and have providers and organizational members statewide. The associations have administrative, education, policy and communications staff which collaborate on daily functions – including program/policy development, technical assistance to providers, engagement with state and federal agencies on home care and hospice-related issues, education, advocacy and more.

HCA, HCP and HPCANYS are deeply engaged in activities related to strengthening home care and hospice emergency preparedness and response, and better integrating home care and hospice into related State and local efforts. The associations are collaborative partners to the State Department of Health's Office of Health Emergency Preparedness (OHEP) in the implementation of broad based and priority initiatives aimed at developing and supporting home care and hospice emergency preparedness and response.

The following is a summary of our associations' organizational roles in emergency preparedness and response.

We serve as:

- Principal sources of information, education, training and technical assistance for home and community based providers for emergency preparedness and response (and all other program areas).
- Principal communication points for home care and hospice in emergency conditions, circulating and exchanging essential information, guidance and updates pertaining to any and all facets of the emergency in question.
- Communication point to and from state and local agencies, organizations, and incident command in advance of, during and following emergency situations.
- Collaborating partners with the State Department of Health's Office of Health Emergency Preparedness under a statewide initiative, which includes multi-tiered planning and structural improvement for emergency response in health care, including planning and response interface with Regional Health Emergency Preparedness Coalitions and Regional Training Centers.
- Collaborating partners with the Health Department's Office of Primary Care and Health Systems Management (OPCHSM), and Office of Health Insurance Programs in their regulatory roles for providers and health plans, as well as in their jurisdictional roles in declared emergencies.
- Collaborating partners with health associations and organizations representing other sectors (hospitals, nursing homes, clinics, etc.) in the continuum of care.
- Interface with federal agencies on emergency response policy.
- Advocates for policy development and/or revision to ensure the most effective emergency management system.

Collaborative Initiatives of Home Care and Hospice & New York State Department of Health Office of Health Emergency Preparedness

Planning and Initiative Areas of HCA, HCP, HPCANYS and DOH-OHEP include:

Work with Coalitions/Regional Integration and Collaboration – Participate with regional Health Emergency Preparedness Coalitions and coalition partners – including other provider sectors, local health departments, emergency managers, regional training centers, and other – in planning, education/training, coordinating and integrating emergency preparedness efforts. Enhance maturation of emergency preparedness and capabilities integration of homebased care into regional emergency preparedness and response.

Provider - Local Emergency Manager Engagement – Promote and facilitate local engagement and relationship development between individual home care/hospice providers and local emergency managers for emergency preparedness and response.

Regulatory Flexibility Needs - Addressing regulatory barriers; collaborating on the development and circulation of a provider guide for regulatory relief during emergencies.

Incident Command - Promoting Incident Command System awareness, education, and use.

Transportation Assistance Levels - Facilitating education and implementation of Transportation Assistance Levels in home care - assist with education, webinars, technical assistance; work with local response partners and Office of Emergency Management for transportation allocation in an emergency.

Exercises and Drills – Participate in OHEP, regional HEPC and Regional Training Center exercise tabletops and workgroups, and provide input for exercise design and objectives and provide agencies with information on upcoming exercises and drills.

Promote Situational Awareness – Collaborate with OHEP, OPCHSM, HEPCs and health sector partners on development of Situational Awareness processes, roles and activities.

Survey and Reporting - Collaborate to assist with home care provider follow-up to ensure completion of relevant Health Commerce System (HCS) HERDS surveys conducted during emergencies, including redistribution of NYSDOH messages and notifications as requested/required.

Toolkit to Assist with Home Care Patient/Family Preparedness – Develop and promote availability and use of a home care provider toolkit to be used to assist home care and hospice patients and families with overall emergency preparedness, including transport for relocation in emergencies.

Coastal Storm/Flood Zone Planning – Assist providers with identification and use of coastal storm/flood zone planning and evacuation resources.

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