HOMECARE & HOSPICE
NATIONAL ASSOCIATION FOR HOME CARE & HOSPICE
228 Seventh Street, SE, Washington, DC 20003 • 202/547-7424 • 202/547-3540 fax

Mary Myers, MS, RN
Chairman of the Board

William A. Dombi, Esq.
President

March 10, 2020

Alex Azar
Secretary
U.S. Department of Health and Human Services
200 Independence Ave S.W.
Washington, D.C. 20201

Seema Verma
Administrator
Centers for Medicare and Medicaid Services
200 Independence Ave S.W.
Washington, D.C. 20201

Re: Novel Coronavirus (COVID-19)

Dear Secretary Azar and Administrator Verma,

The National Association for Home Care & Hospice represents the tens of thousands of home care agencies, home health agencies, and hospices that serve Medicare and Medicaid patients across the country. In these difficult times with the COVID-19 pandemic risks, all health care providers need to collaborate fully with the Centers for Medicare and Medicaid Services to ensure that care is provided to all those in need and to establish risk controls to prevent transmission of the virus to all extents possible. In that regard, it is increasingly apparent that care in the home is the most prudent approach whether for purposes of isolating potentially infected individuals, providing direct virus-related care, or addressing the risks of infection caused by avoidable exposure to other individuals. As you well know, the elderly and those with fragile health conditions are considered the highest risk members of our society.

Home care and hospice stands ready to take on the difficult responsibilities of treating infected individuals and preventing the spread of the virus. To improve our chances of success, we request early consideration of the following actions that will improve service access.

Needed Supports

1. Provide expedited access to protective gear along with financial support for the gear
2. Establish direct link to HHAs for MDs and EDs at hospitals to transition patients home
3. Expedite transitions of patients from inpatient and SNF settings to home health care through discharge planning instruction
4. Provide priority testing of suspected at home isolated patients and their caregivers

Regulatory/Statutory Considerations

HHS/CMS should institute the following policies where it is within their authority and support statutory modifications where necessary to reduce exposure risks of patients and clinicians and to increase availability of clinicians for patient care rather than paperwork.

1. Medicare home health services—Create "homebound" interpretation flexibility to consider individuals suspected of infection and those that need intermittent skilled care who are at increased risk in using outpatient services to meet the "homebound" requirement for benefit eligibility
2. Medicare face-to-face physician encounter requirements for home health and hospice—permit telephonic and telehealth-based encounters as an alternative to direct physician contact as such often necessitates the patient to leave their home and travel to the physician office
3. Permit telehealth visits to count towards Medicare home health LUPA thresholds as a means to minimize exposure risk and provide adequate reimbursement
4. Provide direct Medicare and Medicaid reimbursement for HHA based remote monitoring equivalent to physician services to reduce exposure risk
5. Allow NPs and PAs to certify Home Health and Hospice eligibility where permitted by the state
6. Interpret Medicare home health "intermittent" care rule to permit short term daily skilled care as an alternative to inpatient and SNF placement
7. Suspend expansion of the Review Choice Demonstration project to allow clinical staff to provide any expanded patient care and consider suspension of ongoing RCD activities in Illinois, Ohio, and Texas.
8. Grant hospices in the emergency and "surge" areas at least 10 days to complete the comprehensive assessment (initial assessment by RN must still be completed within 48 hours)
9. Waive the hospice "core services" requirements to allow use of contracted staff during the pandemic period
10. Permit the following under the home health and hospice Conditions of Participation::
    a. Telephonic supervision of home health aides for home health agencies and hospices to extend the availability of clinical staff
    b. In emergency circumstances and in "surge" need areas, to reduce paperwork obligations and free up clinicians for patient care:

i. An abbreviated comprehensive assessment, which includes the OASIS items, to include only items needed for care planning and payment
ii. Extend the 5 day completion requirement for the comprehensive assessment to 10 days
iii. Waive the 30 day OASIS submission requirement
iv. Permit a therapist to conduct the initial visit and comprehensive assessment when both therapy and nursing are ordered at the start of care
v. Waive the requirement an 42 CFR §484.60 (e) Written information to the patient to allow HHAs to verbally inform the patient of the required information under this standard

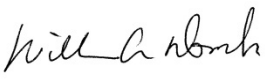
c. Waive the one service directly requirement for home health agencies to meet increased, but temporary service demandj

11. Relief from restrictions under the Clinical Laboratories Improvement Act to permit home health and hospice personnel to collect, transport, conduct, and report Ccovid-19 test results
12. Allow MA plans to incorporate all of the above

It may be useful to schedule a meeting (in-person or by way of conference call) with you and/or appropriate CMS staff to discuss these recommendations and any other steps that home care and hospice can take to assist in this time of serious and unprecedented health concerns. We are available at your convenience to do so.

Thank you for your time and consideration.

Very truly yours,



William A. Dombi