



April 16, 2020

Megan Baldwin  
Assistant Deputy Secretary for Health and Human Services  
Executive Chamber  
The Capitol, Room 236  
Albany, New York 12224

**RE: Lack of PPE for Home Care Services**

Dear Ms. Baldwin:

Thank you for meeting with us last week to discuss our ongoing concern about the lack of personal protective equipment (PPE) for home care workers facing COVID-19 exposure in New York State. In our collective effort to combat COVID-19, the lack of PPE for home care workers threatens to leave our most vulnerable population facing serious health threats from exposure to infection, unmet needs or both. In addition, lack of PPE deters home care workers from safely serving patients, at a time when the need for home care is rising, and existing staffing shortages are exacerbated by COVID infections within the home care workforce and in workers' families. We understand the difficult choices you all have had to make in rationing limited PPE available for front-line health care workers. As this pandemic develops, and hospitals and nursing homes increasingly discharge patients to home care, the State's priorities will necessarily shift.

We welcome your invitation to work with the State to immediately address this situation by engaging in constructive solutions to this looming crisis in care. Our initial thoughts include:

- **PPE Distribution.** We understand that available PPE supplies are limited and difficult choices must be made by both the New York State (NYS) and New York City (NYC) Offices of Emergency Management (OEM), which we understand have a leading role in collecting and distributing requests for PPE. Some suggested action to help ensure crucial home care services are prioritized include:
  - **NYC Priority.** The City should include home care workers as priority staff for distribution of PPE. We are aware that the City has recently agreed to begin to take steps to make some PPE available to home care workers and has asked the industry's assistance in establishing pick-up points for PPE in each borough. However, both the parameters being placed on use and the limitations in supply NYC is offering make this a positive but small step that is not a solution. State officials should confirm however that this NYC rollout of PPE will be done expeditiously.
  - **Other Counties.** The State should ensure that other counties are making available PPE to home care workers and that they have sufficient supplies to do so.
- **Prioritization Protocol.** Given PPE and looming staffing shortages in home care, State, City and county officials should ensure appropriate distribution of PPE for home care workers and develop a protocol for prioritized allocation. PPE should be distributed to home care providers based on their assessment of caseload needs, in light of the numbers of:
  - patients who are COVID positive or suspected of having COVID;

- those who are DOH “priority level one” rostered patients;
- those who require services likely to involve close, prolonged physical or face-to-face contact, including but not limited to care involving complex wounds and wound vac, catheters, venous line, intravenous and injection procedures, ostomy, enteral feedings, incontinence, integumentary assessment particularly bed/chair/wheelchair bound individuals, respiratory treatments and care including suctioning, ventilator and tracheostomy, contact with bodily fluids, and related intimate or invasive procedures.

In addition, the numbers of workers who serve these patients and the workers’ health status should be considered. A higher priority should be assigned to workers with medical conditions that make them more vulnerable to COVID infection. We are happy to work with officials in developing such a protocol.

- **Where Insufficient PPE or Staffing Exists.** Where there are enrollees with home care needs but insufficient PPE to safely provide care or a lack of home care staff to fill hours previously authorized, the State should issue guidance with the following flexibility and instructions:
  - **Seek Alternate Care Providers.** First, plans and home care agencies should work with the patient to seek alternative sources of home care providers to meet the POC, including other home care agencies, community support services, family members, and informal caregivers such as neighbors or others.
  - **Request Voluntary POC Change.** Second, where alternate care providers are not available, plans and home care providers should work with the patient to develop a voluntary change to the POC to reflect fewer or no services when it is reasonably safe to do so under the circumstances.
  - **Where No Voluntary POC Change is Possible.** Finally, if no voluntary change in the POC can be reasonably expected in the timeframe needed, plans and home care agencies should be given flexibility to modify the POC and reduce services when unavoidable due to COVID conditions, as long as the patient and caregivers are consulted about the change in services. “Aid continuing” requirements must be adjusted in the context of lack of necessary resources to provide the requested services. Plans and providers should be given immunity from liability for acting reasonably and in good faith under the circumstances.

We would appreciate a meeting with the appropriate intra DOH teams, including both Office of Health Insurance Programs (OHIP) and Office of Primary Care and Health Systems Management (OPCHSM), to discuss fleshing out the details on the above suggested regulatory relief.

Thank you for your consideration of these concerns. You can contact Kathy Preston or Troy Oechsner, who can coordinate our work together. We look forward to ongoing active engagement with DOH and other state and local officials to promptly address the looming problems posed by the lack of PPE for home care workers.

Sincerely,

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PHP / MLTC Coalitions

Katy Preston  
Health Plan Association

Al Cardillo  
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Karen Lipson  
Leading Age

cc: Sally Dreslin  
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