



HCA Survey on Industry Needs, Challenges (September 2020)

Please complete a survey for each agency type you operate: CHHA, LHCSA, Hospice and/or MLTC. (For example, if you operate both a CHHA and a LHCSA, please complete two surveys.)

All responses are anonymous and will remain confidential. Responses will only be reported in the aggregate. Please complete the survey by October 6, 2020.

Note: Most questions require an answer. For any questions that do not apply, please select N/A or not applicable.

For questions, contact Roger Noyes at rnoyes@hcanys.org or (518) 275-6961.

* 1. Organizational Information

Organization Name

Address

Name of Respondent

* 2. What is your organization type?

Please check only one and submit a separate survey for each agency type you operate.

- CHHA MLTC/PACE
 LHCSA LTHHCP
 Hospice

* 3. What is your organization's ownership type?

- Voluntary/Non-Profit
 Proprietary
 Public

* 4. Does your organization serve areas within NYC, Long Island, and/or Westchester County?

- Yes
- No

* 5. Does your organization serve areas outside of NYC, Long Island, and/or Westchester County?

- Yes
- No

* 6. For each item below, please rate the extent of your organization's top needs or concerns now and as you foresee them for the next six months.

	Negligible Need/Concern	Somewhat of a Need/Concern	Significant Need/Concern	Major & High- Priority Need/Concern	N/A
Workforce loss/recovery of staff capacity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Need for additional staff.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training of agency staff in new skills, procedures or strategies adapting to the COVID era.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
An online option for initial aide training.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PPE for safety/security of patients and staff.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial losses from COVID-19.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rates/premiums inadequate relative to cost, affecting projected future sustainability.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anticipated fiscal impact of 2020-21 state budget/MRT cuts on your organization and/or your MLTC or provider partners.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preservation of regulatory flexibility granted in COVID-era.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anticipated program impact of 2020-21 state budget/MRT reforms on your organization and/or your MLTC or provider partners.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Negligible Need/Concern	Somewhat of a Need/Concern	Significant Need/Concern	Major & High- Priority Need/Concern	N/A
Decrease in ability to accept patients/referrals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COVID testing requirements for staff entering Adult Care/Assisted Living/SNF.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Compliance concerns due to COVID-era disruption.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unauthorized sectors crossing into article 36/40 domain, or sectors taking advantage of new telehealth or other COVID-era flexibility to enter article 36/40 domain.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problems with hospital engagement of your services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problems with physician engagement of your services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developing data to validate or market your services and value to partners.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other needs or challenges (please specify)

Programs and Services

* 7. How does your census as of September 1, 2020 compare to your census at the start of NY's public health emergency declaration (on March 7, 2020)?

- | | |
|---|---|
| <input type="radio"/> Increased by >21% | <input type="radio"/> Decreased by 5% |
| <input type="radio"/> Increased by 20% | <input type="radio"/> Decreased by 10% |
| <input type="radio"/> Increased by 10% | <input type="radio"/> Decreased by 20% |
| <input type="radio"/> Increased by 5% | <input type="radio"/> Decreased by >21% |
| <input type="radio"/> Remained the same | <input type="radio"/> N/A |

* 8. Has your census or enrollment trend returned to/exceeded pre-March levels, or does it remain below pre-March levels?

- No, it is substantially below pre-March levels.
- No, it is somewhat below pre-March levels.
- Yes, it has returned to our pre-March levels.
- Yes, it is somewhat above pre-March levels.
- Yes, it is substantially above pre-March levels.

* 9. Are you experiencing an upward trend in referrals given the gradual resumption of services or due to changes in discharge, referrals and/or patient/family preferences?

- Yes
- No
- N/A

* 10. Please indicate all sources from which you've experienced an increase in referrals. **Select all that apply.**

- | | |
|--|--|
| <input type="checkbox"/> Hospitals | <input type="checkbox"/> Area Agency on Aging (AAAs) |
| <input type="checkbox"/> Nursing Homes | <input type="checkbox"/> MLTC/Medicaid Managed Care |
| <input type="checkbox"/> Inpatient Rehab Facilities | <input type="checkbox"/> CCRCs |
| <input type="checkbox"/> Outpatient Rehab Facilities | <input type="checkbox"/> Hospices |
| <input type="checkbox"/> Physician Offices | <input type="checkbox"/> Family or self-referral |
| <input type="checkbox"/> Assisted Living Facilities | <input type="checkbox"/> None of the above |

* 11. Has your agency been forced to delay or deny accepting any new referrals since March 7, 2020?

- Yes
- No
- N/A

* 12. If you've had to deny or delay new cases, what are the major reasons why?

Please select all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Reduced workforce/worker availability. | <input type="checkbox"/> Aide/professional staff refuse to provide services at home. |
| <input type="checkbox"/> Many new referrals require higher level of care that may be more suitable for other settings. | <input type="checkbox"/> Inability to accept new live-in cases. |
| <input type="checkbox"/> Higher need for HHAs over PCAs. | <input type="checkbox"/> Lack of or inability to access PPE. |
| <input type="checkbox"/> Because aides prefer cases with longer hours (i.e., they don't want to go from one case to another), shorter-care cases are harder to cover. | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Other (please specify) | |

* 13. Did your agency have an operational telehealth program prior to March 7, 2020 (i.e., telemedicine, store and forward, and/or remote patient monitoring)?

- Yes
 No
 N/A

* 14. Does your agency currently have an operational telehealth program (i.e., telemedicine, store and forward, and/or remote patient monitoring)?

- Yes
 No
 N/A

* 15. If your agency does NOT have a telehealth program, why not?

- Lack of financial resources.
- Not applicable to the core services we provide.
- Don't know how to implement/operate.
- Inadequate rates/reimbursement.
- We tried telehealth in the past but faced resistance from patients.
- We tried telehealth in the past but faced resistance from staff.
- We tried telehealth in the past but it was not financial feasible.
- N/A (we DO have a telehealth program).
- Other (please specify)

* 16. If your agency does have a telehealth program, have you increased the use of this program since the emergency declaration on March 7, 2020?

- Yes
- No
- We do not offer telehealth services

Workforce

* 17. If your workforce capacity has decreased between the start of the public health emergency (on March 7, 2020) and today, please indicate the % decrease according to worker type.

	Remained the same	(1-5% decrease)	(6-10% decrease)	(11-15% decrease)	(16-20% decrease)	(>21% decrease)	N/A
HHAs	<input type="radio"/>						
PCAs	<input type="radio"/>						
Licensed/Professional Staff	<input type="radio"/>						

* 18. What types of support has your agency implemented and/or would like to offer to help address workforce issues? **Please check all that apply.**

	Already Implemented	Would like to offer	Not interested in offering	N/A
Personal/Psychosocial supports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training/Skills development in the wake of COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Premium pay	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sign-on bonuses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Career-ladder training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Day care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Loan forgiveness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tuition assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Productivity bonuses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality improvement bonuses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mentorship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Expanded paid leave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Expanded ability to work remotely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

* 19. Is your agency considering expanding remote work options for your workforce in the future?

- Yes
- No
- N/A or unsure

* 20. Is your agency planning to close any physical office locations within the next year?

- Yes - at least 1 location No
- Yes - multiple locations N/A
- Yes - all locations

Finance & Operations

* 21. Are your PPE distributors able to fulfill your PPE needs?

- Yes We have been unable to set up an agreement with a consistent distributor
- No N/A
- Somewhat

* 22. Is your reimbursement rate or MLTC premium sufficient to cover your PPE needs?

- Yes
- No
- N/A

* 23. Are you stockpiling PPE for the fall?

- Yes – 30 Day Stockpile No – Distributor not able to fulfill orders
- Yes – 60 Day Stockpile No – We are not stockpiling
- Yes – 90 Day Stockpile N/A

* 24. Our agency's projected fiscal impact of COVID-19 is currently a loss of ___% agency revenue:

- No revenue loss to date (31-40%)
- (1-10%) (>40%)
- (11-20%) Our revenue has increased
- (21-30%)

Regulatory Flexibility

* 25. **Federal Regulatory Relief:** Of the following regulatory flexibilities now in place during the ongoing public health emergency, please categorize them as either a short-term or long-term need.

	Short-term Need	Long-term Need	N/A
Allowing face-to-face (F2F) encounter via telehealth.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A beneficiary may be deemed meeting the 'homebound' requirement due to confirmed or suspected COVID-19 diagnosis or susceptibility.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Extended deadline for OASIS completion and waiver of the 30-day submission requirement.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OASIS and updates can be conducted using telecommunications technology, as long as it's part of the patient's plan of care (POC) and does not substitute for in-person visits under the POC.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Waiver of required nurse on-site visit every two weeks, including evaluation of aides providing care consistent with the POC.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 26. **NY State Regulatory Relief:** Of the following regulatory flexibilities now in place during the ongoing public health emergency, please categorize them as either a short-term or long-term need.

	Short-term Need	Long-term Need	N/A
Suspension of annual health assessment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suspension of annual performance evaluations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allowing nurse supervision visits to be made as soon as practicable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allowing in-home and in-person supervision as soon as practicable after initial visit or through indirect means (i.e., telephone or video communication).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allowing providers to utilize and receive Medicaid reimbursement for telehealth, including telephonic assessment, monitoring and evaluation and management services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 27. **Hospice Regulatory Relief:** Of the following regulatory flexibilities now in place during the ongoing public health emergency, please categorize them as either a short-term or long-term need.

	Short-term Need	Long-term Need	N/A
Waiver of requirement that hospices must use volunteers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Waiver of certain requirements and time frame extension for updating the comprehensive assessment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Waiver of certain non-core hospice services (e.g., PT, OT, and SLP).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Completion of comprehensive assessments within 21 days instead of 15 days.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Waiver of requirement for onsite nursing supervisory visits every two weeks, including evaluation of aides providing care consistent with the care plan.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allowing use of telecommunications technology for certain services (i.e. routine home care).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. **Federal:** Please rank in order of importance the need for federal relief in the following areas of regulation or financing to help your organization operate and fulfill its mission in the ongoing public health emergency.



Allowing home health billing to be based on verbal orders from a physician.



Allowing telehealth to count as a visit that meets the LUPA threshold for purposes of an episodic payment under Medicare.



Allowing practitioners to conduct the F2F encounter for Medicare home health certification via audio-only technology in addition to two-way audio/visual technology and in-person visits.



Waiver of the annual in-service aide training requirements or extend the deadline for HHAs.

29. **State:** Please rank in order of importance the need for state relief in the following areas of regulation or financing to help your organization operate and fulfill its mission in the ongoing public health emergency.



Allowing Non-Physician Practitioners (NPPs) to order home health services under state regulation to conform with the federal flexibilities enacted by Congress and CMS.



Allowing existing DOH-approved aide training programs to provide online instruction for the didactic portion and in-person instruction and assessment for the supervised practical training components.



Suspending the requirement for annual immunizations and TB tests during the pandemic.



Waiving the annual in-service aide training requirements or extend the deadline for HHAs and PCAs.