OHIO COUNCIL
FOR HOME CARE & HOSPICE

March 16, 2020

Governor Mike DeWine, Lt. Governor Jon Husted
77 S. High St.
Columbus, OH 43215

Dear Governor DeWine and Lt. Governor Husted:

I'm writing on behalf of our 600 home care and hospice providers to request additional assistance to help manage the COVID-19 response in Ohio. These health care at home agencies are on the front lines fighting this pandemic and are at a critical place. The COVID-19 pandemic is stressing home care and hospice agencies to a breaking point.

Unfortunately, without additional resources to support health care at home agencies with Personal Protective Equipment (PPE) needs, additional flexibility to manage agency workforce and plans of care, and having additional reimbursement flexibility, we are afraid the Medicaid home care program will begin to collapse. If this were to happen the state could potentially see tens of thousands of vulnerable Ohioans being discharged from home care and would be forced to go to the hospital.

Personal Protective Equipment (PPE)

Patients and providers alike are taking extra precaution to prevent the spread of COVID-19 through home care visits. These precautions require more use of PPE than normal due to the unique nature of this threat. Health care at home providers are using latex gloves as usual, but now they are also using N-95 masks and face shields, as well as providing patients with surgical masks to reduce any risk of exposure. Agencies are also taking the extra precaution of using cleaning supplies in the home. Not only are they limiting what they bring into the home, they are ensuring the surfaces that come into contact and with their equipment do not transfer COVID-19 to and from patients and providers.

While we've been advising our members to conserve PPE to the greatest extent possible per the state's recommendations, patients and providers are both at risk if the extra precaution outlined above isn't utilized. Neither patients and families nor providers and agencies feel confident that the spread of COVID-19 can be prevented without this approach. Simply put, our agencies cannot assist the state with reducing or eliminating COVID-19 exposure and transmission while at the same time conserve PPE—both are NOT possible.

As such, we're asking the state to prioritize resources for the purchase and/or acquisition of PPE for in-home health care providers. Agencies need masks (N-95 for providers if possible, but

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if not then surgical mask will do, and for patients surgical masks are fine), face shields, gloves and cleaning supplies (such as hand sanitizer, hand soap, and surface wipes).

Workforce

Home care and hospice agencies are doing their parts by limiting exposure to COVD-19 by (1) using enhance PPE aforementioned, (2) limiting what equipment is being brought into the home, (3) educating patients about how to prevent the spread of COVID-19, and (4) better coordinate care.

However, the state's strategy to limit community transmission and manage hospital resources has put a particular strain on our agencies. While people are being discharged from facilities to home and are quarantining in the home, the need for our services has increased. At the same time the state's necessary decision to close schools, as well as increased exposure concerns, have put a strain on our agency's workforces. So while the need for our services has increased, our ability to provide these services has decreased.

To address this situation we're asking for temporary flexibility with some Medicaid regulations, which would be aimed at allowing our agencies to improve their utilization management. Our agencies need the ability to better manage their workforce, which is possible with more flexibility in managing their caseloads.

If we're given additional flexibility to manage our caseloads, then we can keep people out of the hospitals. If we can't get the flexibility to manage this demand, programs will necessarily discharge patients and they WILL go to the hospital. As such, we're asking for the following:

1. We request the flexibility to limit the number of people coming into their home by limiting and/or eliminating all non-essential visits, while also continuing to provide care.
    a. To do this we need flexibility in OAC Sec. 5160-12-01 to do the following:
        i. Allow Supervisory Visits conducted via phone instead of in-person as is required in rule
        ii. Allow RN Assessments to also be conducted by phone instead of in-person as is required by rule
        iii. Allow agencies with the capability to perform visits via telemedicine for anything that is NOT "hands on"

2. To better assist with utilization management, we're requesting flexibility in OAC 5160-12 and OAC 5160-46 (and any other rule that might apply) to alter the plans of care to limit and/or eliminate all non-essential visits temporally until this crisis passes.

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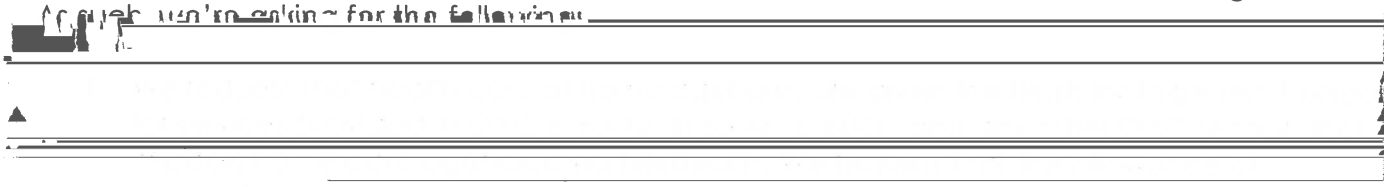
Reimbursement Flexibility

In addition to the regulatory flexibility we're requesting with managing our workforce pressures, we're also asking for additional flexibility to manage those regulatory requirements that impact reimbursement so that our agencies may have the resources they need to continue providing care during this trying time.

Home health agencies were already in a vulnerable place before the epidemic due to new state and federal mandates that have significantly reduced cash-flow, as well as Medicaid skilled home care reimbursement rates that are at 1998 levels. Most agencies will struggle to stay in operation if there is not additional flexibility to assist them with resource management.



1. We request that health care at home agencies are given the flexibility to be reimbursed for services provided in OAC 5160-12, 5160-46, 5160-31 and any other OAC section that impacts home care agencies, via telehealth. We request that the allowance of telehealth reimbursement include visits administered via video conferencing and telephone for which hands-on care is NOT needed. We would expect there to be documentation requirements to verify these visits, but having this flexibility temporarily will allow agencies to manage their workforce and case load.

2. We seek to limit the amount of equipment that providers must bring into the home. Specifically, we are concerned about signature and verification needs when using iPads and the Sandata EVV devices. Passing the devices back and forth between patient and provider, multiple times a visit, is a MAJOR risk. These devices cannot be easily or thoroughly cleaned to the extent that we can ensure they're sanitary, especially because we know COVID-19 can live on surfaces for days.
    a. To address this we're asking that OAC 5160-1-40, which is the EVV rule, be temporarily modified to allow for the use of telephony or paper back-up as the primary verification method to ensure that devices are not being passed back and forth between the provider and patient.

COVID-19 Testing In the Home

While OCHCH is requesting the above items to assist our agencies through this crisis, we also believe that home care and hospice agencies can also be part of the solution. Our agencies can support this effort by providing in-home testing of COVID-19.

The state's strategy of quarantine in place cannot work for health care at home patients if people have to leave the home to get tested. In fact, leaving the home may put them at SIGNIFICANTLY higher risk of exposure. We want and need the ability to test directly. Not only is this a smart idea, it's something that we could do very easily. We know that test kits are limited,

but based on my conversations with our federal partners, a big priority of the White House is to get more tests and thus they should be more readily available in the coming days and weeks.

1. To allow health care at home providers to administer testing, we're asking for additional funding resources to acquire and administer the tests. We could assist with this mobilization and treatment of any patients that test positive for the virus, who would become a priority status and quarantine in place with an observation and treatment or something to that affect. We know that your administration is working with the Trump Administration to get additional funding from the federal government, but resources here would be vital.

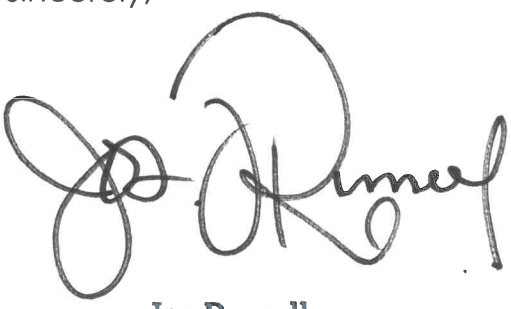
Conclusion

Based on our PPE and workforce shortages, as well as my discussions with our Board Members over the weekend, we believe that some agencies only have a couple of weeks of operating capability if there isn't additional flexibility given, and additional resources are extended. We really are at a critical place.

Most of our agencies do NOT have the cash flow to absorb the impact of this pandemic and the decisions being made by the state and federal governments. The concerns raised above are driving a sense of impending doom that things are collapsing in the community. WE ARE PLEADING FOR YOUR SUPPORT!

Thank you for efforts to address this unprecedented pandemic, and thank you for considering the above request.

Sincerely,



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