

## Coronavirus/COVID-19 Updates for Hospice and Palliative Care Providers

### **Regulatory Updates:**

On March 4<sup>th</sup>, 2020 CMS [announced](#) several healthcare provider-focused actions aimed at limiting the spread of the Novel Coronavirus 2019 (COVID-19). Critically, CMS is **suspending non-emergency inspections of healthcare facilities across the country** (see CMS memo [HERE](#)), allowing inspectors to turn their focus on the most serious health and safety threats like infectious diseases and abuse/neglect.

Effective immediately, survey activity is limited to the following (in Priority Order):

- All “immediate jeopardy” complaints (cases that represent a situation in which entity noncompliance has placed the health and safety of recipients in its care at risk for serious injury, serious harm, serious impairment or death or harm) and allegations of abuse and neglect (*HIGHEST PRIORITY*)
- Complaints alleging infection control concerns, including facilities with potential COVID-19 or other respiratory illnesses
- Statutorily required recertification surveys (Nursing Home, Home Health, Hospice, and ICF/IID facilities)
- Any re-visits necessary to resolve current enforcement actions
- Initial certifications
- Surveys of facilities/hospitals that have a history of infection control deficiencies at the immediate jeopardy level in the last three years
- Surveys of facilities/hospitals/dialysis centers that have a history of infection control deficiencies at lower levels than immediate jeopardy.

CMS also released **two additional memos** focused on infection control and prevention guidance for [nursing homes](#) and [hospitals](#).

Given the **sizeable number of SNF/ALF-residing hospice patients that NPHI members serve**, it is important to note that these facilities are being advised by CMS to institute rigorous screening procedures for all outside healthcare personnel (and other visitors) that seek to come into contact with residents, and are allowed by law to restrict a visitor’s entry to their facility if they meet certain criteria. However, the CMS memo states that *“A resident’s...current health state (e.g., end-of-life care) should be considered when restricting visitors.”* Additionally, the [CDC’s Interim Recommendations](#) state that *“Facilities can consider exceptions based on end-of-life situations or when a visitor is essential for the patient’s emotional well-being and care.”*

The CDC also has released **updated guidance for providers that deliver care in the home** ([Interim Guidance for Implementing Home Care of People Not Requiring Hospitalization](#)). This resource details the key considerations for providers that anticipate serving patients with confirmed or suspected COVID-19 in their homes. Generally, the guidance advises that these providers should contact and consult with state or local health department staff to determine whether a particular residential setting is appropriate for home care.

### **Legislative Updates:**

Also on March 4<sup>th</sup>, [Congress passed an emergency \\$8.3 billion spending bill](#) aimed at addressing the outbreak.

See the bill text [HERE](#) and a summary [HERE](#)

HHS will be responsible for directing \$6.5 billion in spending, which includes awarding \$1 billion in grants to states, cities and tribes over the next 30 days for local responses to the virus, with each state getting at least \$4 million in assistance. The agency will also have to spend a large portion of its allotment to **procure needed medical supplies to supplement the Strategic National Stockpile** and support federal and state response efforts. This action will be key, as NPHI is hearing reports that hospices are already running low on appropriate personal protective equipment (PPE) like masks and gloves.

The funding bill also includes a **provision to allow wider use of telehealth to address outbreak-related issues**. Specifically, the bill waives Medicare's geographical restrictions on telehealth during a public health emergency, enabling providers to use telehealth in urban and rural areas as well as in the patient's home - all defined within the scope of an "emergency area." It also loosens restrictions on the use of a telephone to deliver care, as long as that phone has audio-visual capabilities.

NPHI is pleased at the inclusion of this flexibility, and is actively investigating the specific implications for hospice and palliative care providers.

We will continue to monitor this fast-moving situation and update members accordingly. In the meantime, the National Association of Homecare & Hospice (NAHC) recently released the following helpful operational guidance:

- [Coronavirus COVID-19 Homecare and Hospice Checklist](#)

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