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Mark Kissinger
Special Advisor to the Commissioner
New York State Department of Health
Corning Tower
Empire State Plaza
Albany, New York 12210

Dear Mark:

Given the current public health crisis related to COVID-19 and the State's response under the leadership of Governor Cuomo, HCP thanks you for your attention and responsiveness to our communications during this challenging and trying time.

As you know, the home care industry is more important than ever to ensure fragile New Yorkers can continue to receive care in the safety of their own homes. It is increasingly apparent that home care provides critically necessary and lifesaving services by ensuring safe and healthy social isolation and/or self-quarantine. The home care industry is a key component of the health care continuum at this moment in history. The industry keeps those receiving our care in their homes, limiting possible exposure to COVID-19, and keeping them out of the State's severely and increasingly overburdened hospitals as the incidence and prevalence of the COVID-crisis continues unabated.

Part of the solution for the COVID crisis, the home care industry must be recognized and treated as an essential partner.

As a leading association representing home care providers, we urge Governor Cuomo and the Department of Health (DOH) to take the following immediate actions to preserve our vital home care infrastructure during this time of public health crisis.

Financial Concerns

- Immediately delay rate cuts expected to be implemented for Managed Long Term Care Plans (MLTCs) in April 1 rates. Rate cuts to health plans mean rate cuts for our home care providers and fiscal intermediaries. New York's home care industry is in need of not only continued, but increased funding at this time in order to make it possible for New Yorkers to continue to receive care at home.
- During this time of extraordinary circumstances and public health crisis, DOH should also restrict MLTCs from implementing provider cuts in order to preserve home care providers' ability to provide critical health care services.

- Even more critically, the home care industry is in need of immediate access to emergency funding. Our members, many of whom are already experiencing workforce shortages, are expecting to experience significant financial strain during the next weeks and months. Home care providers will be in need of immediate access to emergency funding in order to allow their operations and infrastructure to remain strong, nimble, and able to ensure necessary services are provided to individuals in their homes during this time of crisis. With a goal of ensuring hospital capacity is reserved and available for the most critical of cases, ensuring a strong home care workforce is intact is paramount to the health and wellbeing of New Yorkers.

As the COVID crisis evolves there will likely be needs beyond the current financial capacity of many home care providers. The new mandatory paid sick leave proposal, along with the current family medical leave act, and anticipated overtime during this crisis it will be necessary for providers to pay, however, many providers do not currently have access to the resources necessary to cover all of these requirements, necessitating an infusion of emergency funding to support these efforts. Future solutions like tax-breaks, future rate adjustments or access to reimbursement will come too late.

Additionally, we have had inquiries as to whether it is allowable for providers to bill and be reimbursed the full cost of overtime for patients where it is requested that only one aide provide care due to patient or family concerns with being exposed to COVID.

Additional Guidance and Regulatory Flexibility Necessary

Childcare

In light of the recent announcement of statewide school closings, our home care aides and staff need priority access to childcare, the same as other essential health care workers. An acute example of this is demonstrated by the scenario whereby, after the announcement of New York City schools closing, providers experienced an extreme influx of calls from aides calling out of work due to child care needs.

Personal Protective Equipment

Likewise, our industry needs ready access to personal protective equipment (PPE) including masks, gloves, aprons, hand sanitizer and cleaning products. Providers have not been able to procure PPE through regular market channels. In many cases, local offices of emergency management have been slow to respond, or worse have told providers that PPE is only for first responders. As you know, access to PPE is important to make sure those at home can stay at home and have appropriate protection.

Telehealth Considerations

Moreover, in appropriate cases, allowing licensed home care agencies the ability to use and be reimbursed for telehealth visits to monitor and service appropriate patients to ensure their health and safety, while cutting down on possible exposure would make the best use of limited resources at this time.

Some examples of this would be any RN visits for new case admissions or aide supervision and UAS Assessments—initial and reassessments. HCP strongly supports the UAS being suspended for six months or at the very least, being done remotely rather than face to face.

Periodic face to face nursing visits typically provided every 2-3 months should also be allowed to take place virtually.

It goes without saying that if home care agencies are permitted to using telehealth to replace face to face activities, clear billing instructions, coding and guidance must be provided to agencies and payors to avoid delays and denials in reimbursement.

Training Requirements

Another recommendation we urge DOH to consider is waiving in-service training requirements for the time being or extending the period of time in which they can be met.

To address the ongoing work force issues and more readily facilitate training and onboarding of new aides, PCA training should be able to be provided online or using some remote option. Doing so will help avoid depletion of the home care staffing pool based on regular turnover outside of COVID issues. Likewise, for the duration of the COVID crisis, we urge a relaxation of regulatory requirements for face-to-face supervision requirements.

COVID Screening and Exposure Considerations

As it pertains to staff screening for COVID, if home care staff is found to be exhibiting symptoms and the symptoms are similar to COVID, but the individual tests negative for COVID, we urge DOH to issue guidance as to how staff can be cleared to return to work. Many home care aides do not have ready access to a primary care physician to get a doctor's note clearing them for work.

Due to fear of COVID exposure, some aides are very reluctant to go to occupational health clinics to get PPD tests administered and subsequently read. HCP urges consideration of relaxing PPD requirements in the near term and under the appropriate circumstances.

With respect to staff health screenings, providers are developing mechanisms to screen all staff prior to their daily shift per the recently issued DOH guidance: "Accordingly, agencies should ensure they have a policy in place to speak with staff prior to their daily patient visits to screen them for symptoms or contacts that might have put them at risk."

Providers are reading the guidance literally and are proceeding in a manner that would have them contact all staff before every shift. Would it suffice to educate staff to self-screen for respiratory symptoms and fever?

Many licensed agencies have hundreds of staff members and the ability to communicate electronically. We urge DOH to allow communication, via text or electronic survey to satisfy the requirement to "speak" prior to patient visits rather than to be done verbally.

We urge DOH to suspend the in-service training and health assessment requirements until after this crisis period ends. Providers are struggling with some of these requirements. At this time, it seems foolish to prohibit otherwise healthy people from essential work due to health assessment or in-service training lapses.

Travel Restrictions, Road Closures, Fuel Limitations

As travel restrictions, road closures, the prospect of mass transit shut-downs and potential for fuel supplies being limited, HCP urges DOH to ensure that the home care workforce is recognized as essential staff that would be exempt from such restrictions. Moreover, some protocol for local official awareness of the exemption of such restrictions is necessary.

Conclusion

In closing and to restate, the home care industry is more important than ever to ensure fragile New Yorkers can continue to receive care in the safety of their own homes. It is increasingly apparent that home care provides critically necessary and lifesaving services by ensuring safe and healthy social isolation and/or self-quarantine. The home care industry is a key component of the health care continuum at this moment in history. The industry keeps those receiving our care in their homes, limiting possible exposure to COVID-19, and keeping them out of the State's severely and increasingly overburdened hospitals as the incidence and prevalence of the COVID crisis continues unabated.

We look forward to our continued collaboration as the COVID crisis continues to unfold.



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cc:

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Kate Butler Azzopardi
Michael Ogborne