

March 16, 2020

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

Dear Governor DeWine and Lt. Governor Husted:

We would like to reiterate our appreciation for your leadership during this difficult time in history.

This letter summarizes what Ohio's home health and hospice agencies are currently experiencing as a result of the COVID-19 pandemic, and areas where we believe the Administration may be of assistance.

First, the pandemic has created opposite effects in different parts of Ohio's home- and community-based services sector. Hospices statewide are being denied access to nursing facilities and residential care facilities (assisted living), and home health agencies are denied access to residential care facilities with facility staff citing the new visitation requirements implemented by both the Joint Directors' Order and the Centers for Medicare & Medicaid Services. Meanwhile, home health agencies have seen a drastic escalation in referrals, as hospitals work to discharge patients rapidly in order to free up space for the anticipated demand. For home health agencies offering personal care services, some families have needed increased support while others have begun to decline visits, citing concerns about infection control. Furthermore, in some situations, family caregivers may become increasingly available, relieving demand for some personal care services.

This dynamic creates both opportunities and challenges, as some portions of the home- and community-based workforce being "freed up" to be redeployed, whereas other areas are experiencing unprecedented demand. It also creates great uncertainty. In light of this, we offer the following recommendations:

Pay for authorized services

- Many of Ohio's home health agencies operate on thin margins, and the uncertainty posed by the pandemic leaves them uncertain as to how to plan for operations. We must ensure that they can continue to retain staff, as this is an essential pool of health workers to draw from as the COVID-19 pandemic worsens.

In order to stabilize their businesses, increase flexibility to enable them to focus on the important work at hand, we encourage the Department of Medicaid to order payment for all authorized services, that is, all services ordered by a physician, rather than for services rendered. This would provide predictability in cash-flow, and providers could then have the discretion to provide those authorized visits in person or remotely, and not have to worry about billing requirements or a claw-back of payments from managed care plans. The stability would come at no additional cost, since these are services that would have been presumably delivered anyway.

Telehealth

- We encourage the Department of Medicaid to adopt emergency rules similar to those adopted by the Ohio Department of Behavioral Health, which would waive the first-visit requirement for telehealth services, and also allow telephones to be a mode by which telehealth can be delivered in Ohio.
- We encourage the Administration to advocate for regulatory relief on the federal level, particularly related to:
 - Allowing hospices to offer remote supervision of home health aides; the federal regulation requires supervision occur in-person every 14 days.
 - Volunteer visitation requirements; hospices are required to maintain a level of volunteer services that is not possible in light of COVID-19. Volunteers should be permitted to conduct telephonic visits, to reduce social isolation.

Childcare recommendations

- We believe that childcare solutions for health care workers should be provider-driven. By allowing healthcare providers to create their own childcare solutions, we not only leverage their knowledge of local communities and partnerships, but we also reduce the possible transmission of the virus to a single provider community. For example, a provider may choose to hire a teacher to provide childcare to children of their workers only, to be held at a neighboring church. This assures the provider that, in an event of an outbreak/quarantine, they are able to also contain the virus by also quarantining the children, childcare provider and site.

Community-driven childcare solutions for healthcare workers pose the risk that active infection at one provider site may be transmitted to another provider before it can be contained.

Some providers are setting up childcare networks with college students home from classes. Other continuum-based organizations are using activities directors, hospice social workers and bereavement staff to serve as childcare providers for their healthcare workers. This is an effective redeployment of resources, but is only possible with the childcare waivers granted by the Governor.

Redeployment of professional staff

- Right now, we are seeing hospice nurse and aide visits to facility residents decreasing; similarly, hospice nurses and aides are limiting visits to community-residing individuals as well to slow the possibility of transmission. In the near future, as more cases of COVID-19 are detected in communities and staff are quarantined, nursing homes and assisted living will need to rely on these staff to fill in vacancies.

We are also already seeing an increase in disorientation and confusion with facility residents, as their customary family visitation and dining schedules have been disrupted. As behavioral challenges increase, hospice social workers and chaplains can be an asset to nursing facilities. We recommend that the Department of Health continue to clarify that community health providers should be allowed access to nursing homes and assisted living, and should be considered partners in meeting the challenges ahead.

- Many assisted living providers rely on family or privately paid caregivers for feeding services. The visitation prohibitions in combination with the ban on congregate dining have greatly increased this need. Requirements around feeding assistants should be waived to allow organizations to rely on registered dietitians, activities professionals, and



other helping professionals to meet this need. Additionally, family caregivers who regularly provide hands-on care should be allowed to continue to do so, provided they are screened according to the same protocol used to screen staff and follow similar infection control protocols.

Continuity for Adult Day

- Ohio's adult day centers are working to prepare their clients for imminent closure, to further protect Ohio's most vulnerable citizens. The Administration should prioritize the service plan changes and care coordination for these individuals, to ensure they are able to access the PASSPORT personal care services and have the supports they need during closure.

PPE Needs

- The need for personal protective equipment becomes more desperate every day. Often, smaller organizations like Ohio's network of aging services providers are at a disadvantage to local hospitals, which have greater stores of PPE. We encourage the Administration to aggressively reclaim and distribute PPE, to the best of its ability.
- Providers need further guidance on conserving PPE, as well as strategies for what to do when PPE is exhausted.

Oversight

- LeadingAge Ohio encourages the Ohio Department of Health to reach out to the Centers for Medicare & Medicaid Services, urging them to immediately suspect non-essential audit activities, including pre-claim reviews for home health. This is an absolutely unnecessary distraction in a time when all of our attention and resources should be directed towards COVID-19.
- Waive license certification renewal requirements for nurses, STNAs, physical therapy and occupational therapy, social workers and other licensed professionals who are unable to access continuing education at the moment. CE renewal requirements are a non-essential distraction from their work.

We appreciate the opportunity to share our recommendations on how to best equip Ohio's home- and community-based providers to meet the great challenges that lie before us. As ever, please know that Ohio's aging services providers are alongside you in the urgent work to flatten the curve, and save the lives of those we care for.

Respectfully,

A handwritten signature in black ink that reads "Kathryn L. Brod".

Kathryn L. Brod
President/CEO, LeadingAge Ohio

A handwritten signature in black ink that reads "Pete Van Runkle".

Pete Van Runkle
President/CEO, Ohio Health Care Association