

**OHIO HEALTH CARE ASSOCIATION
HOME CARE AND HOSPICE COMMITTEE**

**September 21, 2021, 1:00 p.m.
Conference Call**

MINUTES

Vice Chair Gen Stelzer opened up the call welcoming the attendees to the meeting. She indicated that the anti-trust and confidentiality policies were located in the online folder supplied to the group, as well as the minutes to the previous meeting. Attendees are recorded in a chart at the end of this document.

Erin Begin, Director of Home Care and Hospice, then introduced the next topic on the agenda, CMS Vaccine Mandates. President Biden recently announced the intention for CMS the require vaccination of all healthcare staff paid under Medicare and Medicaid, including Home Health and Hospice. It is very unlikely that private pay private home care would be included, but still unknown whether home care aging waiver services would also be included. There is also a separate requirement forthcoming from OSHA for employers of 100 or more to have all vaccinated or submit to weekly testing. Without a final rule from Medicare, it is unclear what the penalties for noncompliance may be, the timing windows, and many other aspects. Additionally, States like Ohio are challenging the employer based mandates. Ms. Begin asked committee members to give their reactions on whether they support the mandate. David Walsh, Chair, stated that they continue to provide education to staff and are holding off on developing stipulations for medical and religious exemptions pending CMS guidance. They are seeing facility partners beginning to require hospice staff vaccination for entry. Laura Barbetta, Staywell Home Health, state that they are educating during all clinical meetings and checking in with all staff. They have seen some staff now getting vaccinated. They are focusing on full transparency and not speaking in absolutes. Catie Bryan from BellaCare Hospice states they are receiving extreme pushback and some staff intending on leaving the profession if they are required to become vaccinated. Gina Covelli from Cypress Hospice stated that they are looking for clear definitions from CMS on religious exemptions, and they are concerned that bigger issues for management will result if not structured properly. Pete Van Runkle, OHCA, added that CMS is also struggling with religious exemptions and are likely going to require some form of verification.

Ms. Stelzer then moved to the review of clinical and regulatory topics. Ms Begin discussed the recent OSHA clarifications provided to OHCA on questions previously asked by Home Care and Hospice Committee members. Ms Begin also stated that NAHC is holding a free webinar this week on OSHA as it relates to Home Health and Hospice as well. First, OSHA clarified that administrative nurses who occasionally goes into the clients home, such as an RN Case manager, does not make that whole office subject to the OSHA ETS, stating "An Administrative

office setting is not covered by the standard but the job performed by the RN who goes into the home is covered by the standard". They also clarified that an agency provider located in a medical office building that only performs administrative functions is also exempt from the OSHA ETS.

Ms Begin moved to the recent CDC recommendations for Booster shots and subsequent FDA approval for those older than 65. She also mentioned that home health and hospice are able to deliver vaccinations and CMS has recently increased vaccination reimbursement for at home administration. She also stated that local area agencies on aging are scheduling homebound clients for vaccination. Gina Covelli added that the county boards of health are also taking calls from homebound patients for initial and follow up vaccinations.

Ms Begin then discussed COVID-19 test reporting, stating that agencies who use the rapid tests, Abbott Binax Now, are required to do aggregate reporting through ODH and report any positives to their local health department per infectious disease guidelines. Catie Bryan asked if there would be more Abbott BiNax Now Cards coming, as the ones they received are now expired. Ms Begin responded that OHCA has requested for inpatient hospice facilities. Jeff Mazer added that the Abbott BiNax now and Quidel Quick View card expiration dates have been extended by about 6 months and that he would supply that information and lot numbers for OHCA to share with committee members. He also stated that the recent announcement by President Biden to allow retail tests for Abbott to be available at cost has placed an extreme amount of pressure on Abbott's production availability and were unable to fulfill orders at this point. He confirmed that both Quidel and BD Veritor point of care test machines and supplies were available for purchase, with BD manufacturing a portable unit suitable for home health. There are also additional rapid antigen tests available, which he would also provide information on.

Ms Begin then moved to the Hospice Access to facilities. OHCA has received numerous complaints of SNFs and ALs limiting access to the facility for hospice agencies. OHCA responded by discussing on the AL and SNF member call, as well as the OHCA board meeting. Additionally, we released an article in our SNF newsletter addressing the requirement for the SNFs to allow hospice core services in the building. Ms Begin asked if agency providers were still experiencing issues accessing staff. David Walsh shared that it has slightly improved, and they have been sharing and handing out the newsletter information and redirecting to OHCA's website for additional information. Catie Bryan stated that nursing facilities are limiting access to only nursing. They keep a spreadsheet of facilities that are not allowing hospice agency staff in the building. Pete Van Runkle requested that she share the list of facilities for anonymous follow up.

Ms Begin then discussed the Hospice Survey and Regulatory Enforcement Action published in the recent Home Health rule. Several provisions take effect October 1, and OHCA is following up with ODH to see if these changes will become effective. Impacted items include reporting of 2567 on CMS websites, training surveyors on the plan of care, using a multi-interdisciplinary team for hospice surveys, and creating a special focus program for poor performing hospice

agencies and imposing enforcement remedies for noncompliant hospice programs. Civil Money Penalties will come at a later date. Other hospice rule changes take effect October 1, 2021. This includes clarification on the documentation requirements for the hospice benefit election statement addendum for delivery timeframes, addition of the "date furnished" field on the form, and reasons for non-signature. It also includes a change to the CoPs for the pseudo patient and simulation allowance created during the public health emergency waivers. The changes to the Hospice QRP include the removal of 7 HIS based measures and replacement with the HCI measure. Reports on these new quality measures were delivered to CASPER report folders last week. Ms Begin asked committee members to share whether their measures that are impacted by visits on the claim were impacted negatively by telehealth. Ms Begin also reminded members that the QRP market basket reduction has increased to 4% from 2% for submissions during calendar year 2022, effective in 2024.

Next, Ms. Begin discussed the CMS testing requirements for hospice staff in nursing facilities. Per the CMS guidance, hospice staff are included under the definition of staff for testing requirements. There were changes in the CMS guidance to outbreak testing frequency, however ODH/ODA still requires outbreak testing for the entire unit instead of a localized area (as indicated by CMS). While ODH surveys to CMS guidelines, nursing facilities tend to follow the more stringent orders. Since every county is currently red, there is no difference in the ODH order and the CMS guidelines. However, once county designations change, there will also be differences on routine testing. Pete also shared that ODH strengthened the connection between Assisted Living and CDC guidelines which may cause ALs to looking for greater requirements from vendors for testing from both home health and hospice.

Ms. Begin then discussed the updated CDC mask guidance requiring both unvaccinated and vaccinated persons to wear masks in public, which doesn't impact health care which has always required masks while caring for a client. She advised to check local ordinances as well, and reminded that we cannot require a client to wear a mask in their home unless the home is considered to be a congregate care facility.

Ms Begin then invited Kim Tilley to discuss an issue regarding Performant RAC Audits. She stated that Performant was denying visits for non-documentation and no response letter was sent following the reconsideration. The Recoupment letter was delivered to eServices. This setting under the Administrative tab can be changed to notify of communications via email. Additionally, the takeback was for the entire episode even though only a few visits were denied. The citations also do not match the Chapter 7 manual. Three other agencies have reportedly also experienced this issue. Ms Begin stated she would follow up with NAHC and requested that she send an example for additional follow up.

Ms Begin asked again if there was any other business. Hearing none, the meeting was adjourned.

First Name	Last Name	Company/Facility	9/21/21
Erin	Begin	OHCA Staff	X
Amy	Allen	Continuum Hospice	X
Laura	Barbetta	Staywell Home Health	X
Kelly	Bobeczko	HW&Co	X
Catie	Bryan	BellaCare Hospice	X
Gina	Covelli	Cypress Hospice	X
Jeff	Mazer	McKesson	X
Lori	Revis	Hospice of Southwest Ohio	X
Kim	Tilley	Staywell Home Health	X
Pete	VanRunkle	OHCA Staff	X
David	Walsh	Hospice of Southwest Ohio	X

Next Meeting: October 26, 2021 at 1:00 p.m. Financial Focus