Below are LeadingAge and VNAA/ElevatingHOME's requests for hospice relief related to COVID-19. LeadingAge and VNAA/ElevatingHome have also coordinated with other national hospice stakeholder groups on coordinated asks for the Congress and CMS related to COVID-19 and the need for flexibility.

Regulatory

Blanket 1135 Waivers

418.54: Condition of Participation: Initial Assessment and Comprehensive Assessment

- 418.54(a): time flexibility
- 418.54(b): time flexibility
- 418.54(e): flexibility in updating comprehensive assessment based on ability to evaluate the patient

418.64: Core services requirement

- Guidance that acceptable standards of practice include the phone/telehealth
- Allow contracting for all positions as needed

418.76: Hospice Aide and Homemaker

- Supervision visits by phone
- Considerations around the competency exam

418.78: Volunteers

- Waiver for 5% requirement
- Allow phone calls to count for volunteer visits as possible

Guidance

What telephone/telehealth use is currently permissible

- Social work visits can be coded on the claim; we need guidance on other types of visits and if they can be done via telephone (i.e. aide super
- Alternatively, could issue plan of care guidance that certain types of visits are not essential during the crisis

For MACs, UPICs, RACs, SMERCS, MIC

- Similar to survey activity, pause audit activity for the duration of the crisis. Utilization review nurses may end up being needed as frontline staff. Non-clinical staff will have duties supporting their agencies through the crisis.

Claims processing

- Extend the notice of election and notice of termination/revocation timeframe

Legislative

Funding

1) The costs of decreased admissions, paying out additional leave, losing staff and being able to care for a full load of patients, paying for extra PPE, and other unforeseen costs are going to cause budget shortfalls for hospice providers. Future stimulus packages should include money to pay for current increased costs that programs are spending on patient and staff safety and to mitigate losses so that these essential agencies can continue to operate into the future. One short term option is to lift the 2% sequester but we believe that the shortfall will exceed 2%.

PPE and Hand Sanitizer

1) Any distribution of stores of PPE and hand sanitizer either from the Emergency Stockpile or from future distributions need to include hospice agencies amongst the priority groups.

Face to Face Recertification

1) Allowing the face to face via telehealth, including the telephone per the CONNECT Act on a permanent basis or at least for the duration of the emergency
2) Allow physician assistants to perform the face-to-face recertification

Telehealth

1) Amend the current telehealth waiver to make sure that hospice and home health agencies have the flexibility to provide telehealth/telephone services and that telephones (non-smartphones) are included forms of technology.

Levels of Care

1) Waive the 5-day respite rate limit for duration of crisis in case patient can't be safely discharged home
2) Modify continuous home care rate to allow for intensive care of patients, COVID-19 or other, who should not be transferred to an inpatient unit or hospital for safety reasons.
3) Allow GIP to be provided even if the patient does not meet the normal criteria for "care cannot be provided elsewhere."

Payment for utilization of hospice staff and resources to deal with the crisis outside the hospice benefit

1) Hospice providers should be offered a separate payment (FFS codes or a bundle) for the duration of the crisis for the use of their social workers, grief counselors, and chaplains in supporting communities through isolation and post-traumatic stress disorder.
2) Hospice and palliative care providers should be included as eligible providers in any program to serve COVID-19 infected individuals either at home or in alternative care settings (temporary hospitals, nursing homes, etc.) given that they are able to perform the required services of said program.
3) Inpatient hospice units should be able to be utilized as alternative care settings/step down units for patients with COVID-19 or recovery for other conditions where there is decreased hospital capacity and should be paid accordingly inclusive of the need to increase PPE purchases.
4) Remove any barriers to hospices collecting, transporting, testing, billing for, and reporting the outcome of a COVID-19 test in order to assist with this process.