

COVID-19 Impact to Home Health and Hospice

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OHIO COUNCIL
FOR HOME CARE & HOSPICE

Chairman Ginter, Vice Chairman Swearingen, Ranking Member Howse, and members of the House Aging and Long Term Care Committee. My name is Joe Russell and I am Executive Director at the Ohio Council for Home Care and Hospice (OCHCH). Thank you for the opportunity to provide testimony on how COVID-19 has impacted home care and hospice providers in the State of Ohio.

The Ohio Council for Home Care and Hospice represents over 600 home care, hospice, and palliative care agencies across the State of Ohio. Our members care for a variety of individuals ranging from medically fragile children, those who wish to recover at home from elective surgeries, mental health and addiction services, older Ohioans that wish to age in place, and many more.

The Heroes

I would like to start my testimony by thanking the heroes of COVID-19—the frontline caregivers who put themselves at risk every day battling this pandemic. Frontline caregivers put their own life on the line and even put their family members at risk because it is their duty during this time of crisis. We as an association, could not be more proud of how our agencies suit up every day to ensure that the vulnerable Ohioans in their homes, are receiving the care that they need- we are very thankful for the commitment to their service.

Home Health Loss of Revenue

One of the difficulties that home health agencies have experienced during the COVID-19 pandemic is patients that temporarily hold or cancel their services because (1) they do not want individuals in their homes or (2) their family caregiver is now at home full time. Home health agencies have seen as high as a 25%-30% reduction in service utilization due to people cancelling services or family members supplementing that care.

Cash-flow for home health agencies are already low because of federal mandates and changes such as the Patient Driven Groupings Model (PDGM) and Review Choice Demonstration (RCD). Needless to say, this has pushed a lot of agencies to the breaking point. Pretty much any agency with LESS than 50% Medicare is in a world of hurt.

Medicaid skilled home health reimbursement rates are the same as they were in 1998. Some providers are administering services to medically fragile children on vents and trach's while receiving half of the cost of providing care- due to the low Medicaid rates. As we look forward to the next fiscal year and the next biennium, there are some real challenges and questions that we are hoping to address with the legislature's help. Do we continue to subsidize the operation of expensive institutional care? Or do we give more people the opportunity to stay home while simultaneously bending the Medicaid cost-curve down?

COVID-19 has put home health agencies—both skilled and non-medical service agencies—in a position to have to worry more about money than patient care. As I wrote in a letter to Governor DeWine in March at the onset of the pandemic, Medicaid home and community-based services are at the brink of collapsing. We are hopeful the General Assembly will ensure skilled and non-medical funding is a priority moving forward to ensure providers are able to continue to serve Medicaid recipients.

COVID-19 & Hospice

During the COVID-19 pandemic, there were numerous situations in which those that were terminally ill and dying were not able to receive the services that they needed by hospice providers. Also, family members and terminally ill patients were placed in extremely difficult situations, with some families not being given the opportunity to say goodbye to their loved ones due to denied access to an individual in a facility. Moving forward, we want to ensure that families have the opportunity to be with their loved ones as they pass and patients are getting the care that they deserve.

Hospice agencies continue to experience admittance of COVID-19 patients into their programs. Consequently, the individuals administering these services must be protected. We ask for the continuation of prioritization for personal protective equipment (PPE) so that our agencies can serve these vulnerable patients their end of life care.

Personal Protective Equipment (PPE)

Home care and hospice agencies are unique in that they do not serve patients in brick and mortar locations. Our agencies' frontline caregivers serve multiple people in multiple households. Personal protective equipment is crucial when taking care of medically fragile children receiving complex services and the 65+ population. Agencies are faced with spending more money at a time when revenue is down. OCHCH worked diligently to connect our agencies to FDA approved suppliers to ensure that they could adequately care for those vulnerable individuals in their homes. As Ohio is reopening and family members are returning back to work, obtaining PPE will remain very important for home care and hospice agencies.

Government Action

The Centers for Medicare & Medicare Services (CMS) took swift action at the direction of the Trump Administration and the COVID-19 Taskforce to give agencies the Medicare regulatory flexibility needed to continue to provide care during the pandemic, including injecting \$50 million into home and community-based service providers/ Medicare provider agencies.

Other actions that CMS took allowed home health services to be leveraged to fight COVID-19 including the relaxation in the homebound requirements at the federal level for Medicare patients; therefore, our agencies are now able to easily admit COVID-19 symptomatic patients and start care immediately. Moreover, home health agencies have been successful

with serving other patients with enhanced conditions that are discharged from a long term care facility or a hospital to help reduce hospital bed capacity.

Moving Forward

Moving forward, OCHCH recommends allowing home health and hospice agencies to utilize telehealth services past the COVID-19 crisis period. We believe that the “new normal” will be to continue with the social distancing guidelines and reduce in person care-when it is clinically appropriate. Our agencies are able to continue care for vulnerable patients and COVID-19 patients without putting themselves or the patients at risk while conserving PPE.

Additionally, we continue to advocate for more testing. Home health and hospice agencies have the ability to do in home testing for COVID-19 patients. We believe that increased testing will allow agencies to better manage risk of exposure and conserve PPE. This proposal would also benefit patients and could be a catalyst to allow people to safely get back to their normal life.

However, similar to any other business that has experienced the effects of COVID-19, the home care and hospice industries will see increased closures. These agencies are already low revenue because of the innate payment models and their regulatory burdens with Medicaid managed care and/or federal mandates.

Medicare rates are, and will continue to be stable, but we continue to advocate for improvements in state Medicaid policies. What will happen to the children and families that rely on skilled Medicaid home health services? What will happen to the older adults that wish to age in place and receive PASSPORT services? I hope that these questions can eventually see positive resolutions.

Thank you for the opportunity to testify on behalf of our home care and hospice members. I look forward to answering any questions that you may have.