



SA Hospice and Home Health Agency WebEx call 04/16/2020

- 1.) 1135 waiver remains an important issue for our agencies
 - A. It is a blanket waiver, meaning “it’s already covered” – CMS has already temporarily waived the requirement” Agencies do not need to do anything differently unless wanting to include something not already included. Please send it directly to us or send them to the email below.
 - B. CMS notification is needed for requests to waive regulatory requirements beyond the blanket waiver and should be mailed to: RODALDSC@cms.hhs.gov
 - C. The waivers end when the emergency ends. This is set by federal government.
 - D. Through Executive Orders, OSDH has ensured they have temporarily suspended licensure requirements that were inconsistent with the Emergency waiver. The Executive Order will end at some point once the pandemic is over.

- 2.) PPE remains an issue/concern for all provider types
 - A. Complaints continue (as indicated by an increase in complaints involving lack of PPE for staff, shortages of PPE or only certain staff members receiving PPE such as nurses and not HHAs) Email sitrm@health.ok.gov or call your representative on Regional PPE map.
 - B. Shortages and fears of shortages are being reported on a regular basis.
 - C. New CDC guidelines for all to wear a mask when outside
 - D. Use of homemade masks are encouraged (mandated by some localities).
Guidelines for use of homemade mask in the healthcare setting is contradictory with most experts advising against it and others advising to do so if there are no other alternative. If there is nothing else available use the masks available.

- 3.) Emergency Plan. Please remember your emergency plan is not set in stone and should be evolving to fit new situations and new guidelines. What you’ve put in place a year ago is not what you should be using today. This needs to be updated regularly and needs to fit what is currently going on with your population.

- 4.) Latest CDC Guidelines related to: Please refer to information you’ve already been sent.
 - A. cloth face masks coverings and
 - B. return to work for workers who may have been exposed to a person suspected or confirmed with COVID-19



- 5.) NHPCO provided an update on 4/14/20 on the Cares Act Funding and distribution of payments to Hospices as an HHS (Public Health and Social Services Emergency Fund)(Relief Fund). Providers may follow up with HHS to check status of payment or go the HHS Provider Relief page or call the CARES Provider Relief line at 866-569-3522. Payment is a grant, not a loan, for hospices to use for qualified expenses and losses. Terms and conditions apply with the possibility of later audit of how funds were spent. Ensure accurate and supportable documentation.
- 6.) CDC – New Training for Healthcare Professionals Page – Current training is Infection Control. Link to be sent with Provider/Supplier information today. Training is currently on infection control.
- 7.) Question and Answer
- Q) Can we add addendum to the EOP to reflect this emergency time instead of rewriting entire thing?
- A) You may edit your EOP any way you choose. It should be a fluid document.
- Q) Waiver- allowing NP and PA to write orders, what is it exactly?
- A) The waiver is federal, the state has fallen in line with federal regulations to support patients over paper. If the federal government is allowing it, so is the state. Just remember, as soon as it's over and the EO is over the waiver is too.
- Q) Nurses asking for hazard pay:
- A) The Gov. is looking at addressing this. There is no answer at this point, it will come by EO or if the agency chooses to participate, but there is no current requirement.
- Q) Multiple branches trying to reduce non-field employees, is OSDH allowing branches to work out of parent location?
- A) The EO recommended working remotely. If you would please put a note on the door letting clients know for the time you are working out of parent location.
- Q) Relief Act-Only for Hospice? Will that come for HC as well?
- A) According to Annette Mays this applies to all agencies not just hospice.