

HOME HEALTH CARE

Senator Kirsten Gillibrand Pushes for Increased PPE, Telehealth Payment for In-Home Care Providers

By Joyce Famakinwa | August 24, 2020

U.S. Senator Kirsten Gillibrand (D-NY) is asking the Department of Health and Human Services (HHS) and the Centers for Medicare and Medicaid Services (CMS) to ensure that in-home care providers have access to essential resources amid the coronavirus.

Throughout the public health emergency, home health and home care providers have been vocal about the challenges they've faced acquiring personal protective equipment (PPE), as well as the need for federal payment barriers to be lifted.

Gillibrand — alongside Senators Bob Casey (D.Pa), Tina Smith (D.Mn), Elizabeth Warren (D.Ma), and Richard Blumenthal (D.Ct) — penned a letter to HHS and CMS asking them to address those ongoing concerns and others.

Overall, the letter has drawn support from the industry, with Visiting Nurse Service of New York (VNSNY), American Network of Community Options and Resources (ANCOR) and Home Care Association of New York State (HCA-NYS) giving the authors praise.

"To keep our frontline staff safe and our homebound patients healthy, we must have appropriate policies and financial support," VNSNY President and CEO Marki Flannery said in a statement. "That means reimbursing home health providers for vital services delivered through telehealth, sufficient Medicare and Medicaid funding for care in the home, and priority access to personal protective equipment."

In the letter, Gillibrand details the struggles that providers continue to face when it comes to securing and maintaining adequate supplies of PPE. She urges HHS and CMS to grant in-home care providers priority access to PPE.

"In some jurisdictions, home care and hospice were not even recognized by emergency management and public health authorities as essential care settings where PPE was vital for care access, health safety and protection," Gillibrand wrote in the letter. "HHS and CMS must establish home care and hospice essential personnel status for PPE and other prioritization in emergency response, and direct state and local public health jurisdictions to follow."

The letter also addresses the need for additional flexibilities in telehealth waivers for Medicare home health providers, namely ones that allow home health providers to be paid for providing virtual visits. While CMS has been active when it comes to granting telehealth payment waivers to many Medicare providers, home health has been left out.

"Efforts have fallen short in regards to home health," Gillibrand wrote. "Under current law, CMS allows [home health agencies] to provide telehealth to those under their care, but they will not reimburse HHAs for those services as 'virtual visits.'"

Reimbursement for telehealth would allow home health providers to increase telehealth services while lowering the risk of spreading of COVID-19. An increased use of telehealth services would also help them preserve PPE.

Gillibrand acknowledged that the current payment model for home health may complicate telehealth reimbursement and that some services, such as wound or catheter care, should always be provided in person. Still, she argued it's "imperative" for CMS and HHS to come up with some sort of payment solution to help home health agencies get home health reimbursement.

Additionally, the letter calls for support of Medicaid long-term care providers delivering services in home and community settings, which have become crucial when it comes to reducing the spread of infection and caring for vulnerable populations, according to Gillibrand.

"Some states have asked for and received waivers that enable states to stabilize [home- and community- based services (HCBS)] providers," She wrote. "However, state Medicaid budgets are stretched thin, and the waivers only allow retainer payments to [home health agencies]/HCBS providers and employees for thirty days. The federal government must provide adequate resources for these service providers and the workers they employ."