HCAW December 2020 Board Meeting Agenda

Our Vision: We are inspired to position homecare services as a leader in healthcare in Washington State.

Our Mission: To promote the long-term growth and sustainability of in-home services in Washington State. HCAW provides leadership for consumers by unifying in-home services providers through public outreach, education, legislative advocacy and supporting practice standards.

Date: 12/17/20		**Time:** 10:00 a.m.-11:00 a.m.	**Location:** GoTo Meeting	
TIME	**TOPIC**	**DISCUSSION**	**PLAN OF ACTION**	**RESPONSIBLE**
10:00 a.m.	Call to Order	Welcome/Updates • Approval of November 2020 Minutes	Approval	Rachel/All
10:05 a.m.	Legislative Updates	• Public Policy Report • Clinical Director Report	Review Review	Leslie Donna
10:35 a.m.	Financial Report	• November Financials	Review	Amber
10:45 a.m.	Website	• Proposal Review • Committee Designation	Discussion/Vote	Britni/All
11:00 a.m.	Adjournment	• Review of key deliverables/action items/decisions		Rachel

Board Meeting Teleconference Minutes
Wednesday November 18, 2020
12:00-2:00 PM

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ATTENDANCE

Board: Rachel Manchester, President; Marilou Church, Past President;Gretchen Anderson, President-Elect, Amber Hahn-Keenan, Secretary/Treasurer, Directors Shelly Davidson, Melinda Moore, Sheena Paylor, John Singletary, Geoff Meinken Alisa Van Sickle; Brent Korte, Ex-Officio
Staff: Leslie Emerick, Public Policy Director; Donna Goodwin, Clinical Director; Britni Lundin Executive Director
Not in Attendance:

CALL TO ORDER

Meeting called to order at 12:03pm
Motion to approve October minutes, seconded and passed.

I. PUBLIC POLICY REPORT

Leslie reported, notes in the Board packet

Board vote requested to determine whether to officially request rulemaking at DOH to permanently being able to do nurse supervisory visits via telehealth as well as accept telehealth for MD face to face requirement. This would require a rule change in WAC at DOH.

Motion made to initiate rule making, seconded and passed unanimously.

I. FINANCIAL REVIEW

Financial Report:

- Budget may have been prematurely approved. The management fee was not correct. It was listed as $68,000, in reality the fee for the year will be $72,100. In addition, Donna's contract and cost had not been discussed and approved. The budget will need to be flexible this year as we will be cutting unnecessary spending and changing programs. Britni to send out budget with line item descriptions/changes to the Board for approval.
- In viewing the balance sheet, HCAW is currently in a sustainable place financially, however, membership dues revenue will impact net revenue greatly this year as will programming offered in 2021.
- The 990 has not yet been filed, however Leah filed an extension. Britni in communication regarding timeline for completion.
- A new payment system has been set up through Wepay to receive payments. Dues invoicing will be done through this system and Quickbooks to ensure that payments are made accurately and on time.

Policies and Procedures updates:

- Policies and Procedures document and Bylaws do not currently reflect the Ex Officio role
- **Motion made to include ExOfficio role in both the Bylaws and Policies and Procedures documents and to include a required report out by ExOfficio for Board meetings either verbally or in written format, seconded and passed unanimously.**
- Policies and Procedures currently reflects that the Executive Director be a signer on the bank account. It was recommended that this be changed to state that a designated person from the management firm be a signer.
- **Motion made to modify the Policies and Procedures to remove Executive Director as a signer and replace with verbiage "designated management firm representative." Motion seconded and passed unanimously.**
- **Motion made to change Policies and Procedures to reflect that signers on all HCAW financial accounts should be President, Treasurer and designated management firm representative, seconded and passed unanimously.**
- Discussion surrounding management payment processes was discussed. This will be discussed further by the President, Treasurer and Executive Director and put out to the Board for a vote.

Bank Signers:

- **Motion made to remove Marilou Church and Christine Opiela from all financial accounts as signers and add Lianna Collinge, Rachel Manchester and Amber Hahn-Keenan on all financial accounts, seconded and passed unanimously.**

Liability Insurance:

- The request is out to bid. Britni to keep the Board updated on options and pricing for approval.

Donna's Contract:

- The Board discussed contract content. Britni to discuss with Donna in greater detail. The Board would like to include items within the contract regarding communication with members (using an online form). Possibly conducting quarterly webinars that are timely and relevant. Including a report for Board meetings. Increase discussion tracking with membership. Creating a monthly report to share with membership. The Board has paused on approving this contract as is at this time and feels the need to reach out to membership to determine what they need from Donna in her role. Britni to connect with Donna regarding a survey.

Double Tree Contract:

- Discussed that current contract may not cover Force Majeure, and it was recommended that the Board not rely on that for reduced contract cost. Britni to reach out to the Double Tree and start conversation regarding postponing contract to 2022.

Website:

- Website cost and redesign was discussed as the current site has high cost without significant benefit. Britni to get a proposal out to the Board.

Membership:

- Members will be invoiced in mid-December. Due process is being developed. Britni to look into prospective members list update including those that have been members previously.

Meeting Schedule:

- Britni to send out a Doodle poll to schedule monthly Board meetings for one hour.

III. PUBLIC POLICY DIRECTOR AGREEMENT 2020-

Leslie agreed to continue her contract without a pay increase, and no reduction in pay. Leslie's agreement is for 2-year term. Up for approval again in 2022. Leslie did receive an increase in 2019. **Melinda motioned to approve the Public Policy Director agreement for 2020-2022 without a fee increase, Tammy 2nd, board unanimously accepted.**

Communication in the beginning of November to notify membership of the new management.

Telehealth supervisory role request by Maxim –
PAC checks written and sent out. Leslie happy todo the reporting.

IV. CLOSED SESSION

It was moved and seconded to approve CPMS' reduced fee proposal. Motion carried.

Reviewed with new board members CPMS' reduced services options with varying monthly fees. These services will continue until the expected transition date of September 30, 2020.

It was moved and seconded to approve CPMS' services change to general admin for $2,500/month until September 30th. Motion carried.

The Board discussed next steps for the RFP process. HCAW will extend the RFP to Donna Goodwin and Leah Scott, CPA for individual services. The Executive Committee will oversee the process and communicate to the rest of the Board. Goal is to send RFP out by Friday, July 24th. The review and approval process will be quick, so Board members were reminded to keep an eye on communications.

SUMMARY OF ACTION ITEMS

- Christine to finalize RFP and interview questions and send to Rachel.
- Executive Committee to notify Christine of approved CPMS fees and services.
- Rachel to send RFP to recommended firms, Donna Goodwin, and Leah Scott, CPA and track responses.
- Gretchen to schedule Executive Committee call on Tuesday, July 21 at 2:30PM. Confirm Christine is available.
- Christine to send Doodle poll for August meeting.

December 3, 2020

HCAW December 2020 Public Policy Report

Prepared by Leslie Emerick, Public Policy Director

Legislative and Budget Overview

What an incredible year 2020 has been for all of us! The COVID 19 pandemic has tested our health care system in ways we never thought possible…or hoped we would never experience. I am so proud to represent health care providers who are on the front lines of fighting this pandemic by caring for vulnerable populations and trying to keep their staff safe during this crisis. Thank you all for the amazing work that you do and your endurance during this very difficult time…. you rock!

The results of the recent election are sinking in and legislators are gearing up for the 2021 legislative session which officially starts January 11th, 2021. Leadership in the Democratic House and Senate Caucus did not change much. There have been some leadership changes in the Republican Senate with Minority Leader Senator Mark Schoesler stepping out of his leadership role. The caucus elected Sen. John Braun, R-Centralia, as its new leader and Sen. Ann Rivers, R-La Center, as the new caucus chair. Sen. Shelly Short, R-Addy, was reelected as Republican floor leader and Sen. Keith Wagoner, R-Sedro-Woolley, is the new Republican whip. We have solid working relationships with all these legislators and will continue to work in a bipartisan manner next session. The committee membership is still being sorted out, but Senator Cleveland and Representative Cody will remain Chairs of the Health Care Committees.

The new state revenue forecast was released on November 18th and it continues the positive trends we saw in September…. including reserves, the next biennium's budget is now balanced! Legislators, budget writers, and the Governor's executive budget offices have committed to rejecting deep health care cuts in light of the improved forecast so its highly unlikely that we will see the draconian cuts that were being proposed over the interim. I will continue to track and respond to the Governor's budget release in mid-December, but I feel reassured that it will not include cuts to long-term care or in-home services.

This year is the 105-day long session where they develop the two-year operating budget. Just a reminder that there are three operating budgets introduced during a legislative session, the Governor's, the House and the Senate and they all have to come to a compromise by the end of the session in mid-April this year…unless they need a Special Session. With Democrats controlling the

legislature and the Governor's office they will be motivated to reach a decision by the end of session…but it is a complex budget year, so you never know. More to come!

This past week was considered the Fall Legislative Days where they held virtual meetings in all the committees. I mainly listened to the health care committees which had good updates on the pandemic efforts by state agencies and budget updates from fiscal staff. I have been meeting with legislators on the Health Care committees prior to session starting to discuss our priorities…which at this point was mainly expressing concerns about the proposed budget cuts to in-home services!

I have been participating in the Long-Term Care Coalition and they have some meetings coming up:

Dec 16 at noon: an informational session with incoming freshmen legislators to introduce the coalition, give an overview of the long-term care system, and position ourselves as resources for legislators.

Jan 4, 2-3pm: coalition legislative planning session to share information and intelligence on what is coming down the legislative pike affecting long-term care.

2021 Draft Legislative Proposals under Consideration by Stakeholders

Health Emergency Labor Standards Act: is being proposed for the 2021 legislative session by Senator Karen Keiser a D, who is Chair of Senate Labor & Commerce. She also serves on Health Care and is a former chair. The legislation and is currently being viewed by stakeholders prior to introduction. It is problematic in many respects for many employers, and in particular for health care employers. The bill will no doubt generate some significant concerns from the business community. Please keep in mind that this is a draft bill and will not be officially introduced until after the middle of January sometime. I would not be surprised if AWB and some of the bigger health care organizations get involved as well. Since it is out for stakeholder feedback, it will probably change before its introduced so this will not be the final draft.

HELSA draft_11-16-20 v2.docx

Nurse Delegation Bill: Rep Eileen Cody is proposing a bill for the 2021 legislative session to allow for more flexibility in hospitals, but it impact most nurse delegation settings. Below is the latest draft of the bill. I am working on an amendment that clarifies the distinction between home care and home health agencies. The proposed language is to be placed in Section 1 (3)(d)(iv)

(iv) Delegation of tasks in an in-home care setting may be done by a registered nurse working as an independent contractor hired by a home care agency regulated under chapter 70.127 RCW.

This issue has been a constant source of confusion for home care and home health agencies around nurse delegation over the years. Having it clearly laid out in statute would help clarify for the

agencies who use or want to use nurse delegation. I have suggested that committee staff contact John Hilger the In-Home Services Program Manager at DOH to help provide insight as to why this clarification would be helpful.

DRAFT RN Delegation 11162020.

Governor Proclamations & COVID-19 Waivers

Inslee announces statewide COVID-19 exposure notification tool: Gov. Jay Inslee, along with the DOH, announced the launch of WA Notify, a simple, anonymous exposure notification tool to help stop the spread of COVID-19. By adding WA Notify to their smartphones, Washington residents will be alerted if they spent time near another WA Notify user who later tests positive for COVID-19.

WA adopting CDC's new quarantine guidelines: DOH is adopting the new Centers for Disease Control and Prevention (CDC) guidelines to reduce quarantine for people who have been exposed to COVID-19. Although both the DOH and CDC currently recommend a quarantine period of 14 days, there are circumstances that allow for a shortened quarantine. These include:

- If a person who is in quarantine has no symptoms, quarantine can end after Day 10.
- If a person who is in quarantine receives a negative COVID-19 test and has no symptoms, quarantine can end after Day 7. Get tested within 48 hours before ending quarantine.

There is a small chance that people who choose to shorten their quarantine period may transmit the infection to others post-quarantine. Therefore, it is critical that the person who has been in quarantine continues to monitor their symptoms and wear a mask through Day 14. If they develop symptoms, they should isolate themselves to avoid infecting others and get tested. Both Washington state officials and the CDC recognize that a 14-day quarantine can impose personal burdens that may affect physical and mental health as well as cause economic hardship. This change in guidelines is meant to help reduce that burden, while continuing to keep our community safe.

Department of Social and Health Services (DSHS)

Safe Start for LTC Facilities: https://www.dshs.wa.gov/sites/default/files/ALTSA/covid-19/LTC_Phases.pdf

Residential Care Services: A letter regarding from the following topic is now available online: Reminder to Allow Health Care Provider Visits

Aging and LTC Support Rulemaking: WAC 388-71-0975 **EMERGENCY ADOPTION**

WSR 21-01-018, Effective Date: December 3, 2020

The department is amending WAC 388-71-0975, Who is required to obtain certification as a home care aide, and when, to clarify how to interpret the long term care worker qualifications and requirements in statute and rule that have specific time periods for compliance when there has been a period of time in which the underlying requirements were suspended and waived in whole or part by emergency proclamation by the Governor. Angel Sulivan (360) 725-2495

Department of Health (DOH)

Letter to DOH requesting COVID 19 Vaccines for Frontline In-Home Services workers: Our agencies have been committed to serving COVID-positive and presumptive positive patients during this pandemic. Our ability to continue do so assures that hospital beds are used for those patients who need them most. Because of the crucial role that home health, home care and hospice agencies have in the healthcare delivery system, we would respectfully ask their frontline health care workers be considered part of Phase 1 or the "Jumpstart phase" as categorized by the National Academy of Medicine Framework for Equitable Allocation of COVID-19 Vaccine.

DOH Message to In-Home Care Agencies: The DOH Healthcare-Associated Infections Section would like to share some important information and resources with you about preventing the spread of COVID-19 between staff and clients/patients. Below you will find resources on Personal Protective Equipment, N95 Respirators and Screening of Staff. We are also working on updating our guidance documents to reflect current evidence and guidance from the CDC. We will share those links with you as soon as they become available. Please email us questions at HAI-COVID@doh.wa.gov.

Personal Protective Equipment: When community transmission is moderate or high (as it is throughout Washington state currently), healthcare providers should wear a surgical face mask and eye protection for ALL patient care encounters, regardless of patient/client COVID-19 status**.** Clients should wear a cloth face covering or facemask during care, if possible. Screen clients for symptoms and exposure upon entry to the home. Healthcare providers, including caregivers, should wear a disposable surgical face mask, and remove it after each patient visit or if become soiled.

N95 Respirators

- N95 Respirators (or facemask if N95 is not available) should be worn by staff when they are caring for a patient or client with known or suspected COVID-19. A "fit test" is a procedure that tests the seal between the respirator's facepiece and your face. It is done by someone who is trained in fit testing and takes a minimum of 15 to 20 minutes. (Source: OSHA). It is the responsibility of agencies to make significant efforts to provide fit-tested N95 respirators to their staff who are caring for known or suspected COVID-19 patients/clients. If N95 respirators are not available, a surgical face mask with a face shield may be worn and provides acceptable protection. We understand that sourcing N95 respirators and fit testing for staff can be difficult. Here are some resources to assist you:

- ***The Department of Health has funds to provide some limited fit testing to in-home care agency staff,*** and can also provide qualitative fit testing kits and training so agencies can fit test staff. If you are interested in accessing this resource, please fill out this survey as soon as possible: https://www.surveymonkey.com/r/NQLNXYH This funding ends December 31st, so please respond promptly if you are interested.
- To obtain N95 respirators, you should attempt to order through your normal PPE suppliers. If you are having difficulty obtaining them contact your local Emergency Management Agency. Your local agency's contact information can be found here: https://www.dshs.wa.gov/altsa/residential-care-services/ppe-facilities
- For information in setting up a Respiratory Protection Program, visit this site to get information from LNI. https://lni.wa.gov/safety-health/preventing-injuries-illnesses/create-a-safety-program/sample-safety-programs-plans You can also feel free to contact our Occupational Health Nurse, Mikkie Nakamura, who can assist you with questions about Respiratory Protection Programs. Mikkie.Nakamura@doh.wa.gov
- N95s are not designed to be reused, however when supplies are low they can be. Please visit this website for information from the CDC on respirator reuse https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/decontamination-reuse-respirators.html

Screening of Staff and Exclusion from Work

- Screen staff for symptoms or exposures to COVID-19 daily before beginning work. Staff who have been exposed to someone with COVID-19 should be excluded from work for 14 days after their last exposure. Staff who are symptomatic should be encouraged to seek COVID-19 testing promptly. They should also be excluded from work until they meet the Return to Work Criteria https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html
- Make and share policies for flexible medical leave with staff and instruct them on how and who to tell if they believe they are sick with COVID-19. Sick staff should stay home.
- If multiple staff are excluded from work due to exposure, refer to the CDC Guidance on Strategies to Mitigate Healthcare Personnel Staffing Shortages https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html
- Information for staff on unemployment compensation related to exclusion from work: https://esd.wa.gov/newsroom/covid-19-worker-information

COVID-19 vaccine distribution plan UPDATE: DOH) continues to make progress with our COVID-19 vaccine distribution planning efforts.

Timeline: Vaccine Authorizations and Approvals: Vaccine safety is of the utmost importance to our communities in Washington. The FDA's Vaccines and Related Biological Products Advisory Committee will meet December 10th to review the Emergency Use Authorization (EUA) application submitted by Pfizer on November 20th. An EUA allows the FDA to make a product

available during a declared state of emergency before it has a full license. If the EUA is approved, the vaccine will then be vetted by the Scientific Safety Review Workgroup, as part of the Western States Pact.

The review by this workgroup will provide another layer of scrutiny and expert review to this process and should take about 1 to 2 days. This will be done while the vaccine is still being processed and shipped, so it should not cause any delay in making vaccine available to people in Washington.

First Vaccine Arrival: We are hopeful we will have a vaccine to begin administering by mid-December. The federal government has given us an estimate of 62,400 doses of the Pfizer vaccine for our initial allocation. They have also told us we should receive an estimated total of around 200,000 doses of the Pfizer vaccine by the end of December. Regular weekly shipments should begin in January.

Allocation and Prioritization: We are working on finalizing our guidance around initial vaccine allocation and prioritization framework. This framework includes feedback from the communities, partners, sectors, and industries that are heavily impacted by COVID-19, and by the National Academies of Medicine's Framework for Equitable Allocation of Vaccine for the Novel Coronavirus. We are also using guidance from the Advisory Committee on Immunization Practices (ACIP).

What we know for sure right now is that the first phase of vaccination, called 1a, will focus on workers in healthcare settings serving patients who either have confirmed or suspected COVID-19, along with staff and residents of long-term care facilities. We'll know more about who will be vaccinated in later phases based on input from our community engagement and decisions made by ACIP. Getting vaccine to the people of Washington is a large, coordinated effort and the timeline for when all eligible people can receive the vaccine is still a work in progress.

Provider Enrollment: Providers who have fully enrolled in the COVID-19 Vaccine Program by December 6 will be eligible to receive part of the first shipment. As of December 1, we had 116 providers fully enrolled, with many more applications partially completed or pending approval. Clinics, pharmacies, and hospitals are encouraged to enroll right away. Enroll at www.COVIDVaccineWA.org.

We will coordinate with CDC to ship vaccine directly to enrolled providers once vaccine is available. Providers will then be responsible for storing and administering the vaccine. We are meeting with enrolled and interested providers regularly to provide updates and technical assistance.

New COVID-19 Infusion Treatment: HCAW was contacted by Kathy Lofy, MD, State Health Officer to discuss the possibility of home health agencies administering a new COVID-19 infusion treatment that may soon get approval from the FDA. It appears that they will start with hospitals first, but this still may be coming to home health agencies in the near future!

Two companies (Eli Lilly and Regeneron) have submitted emergency use authorization (EUA) applications to the FDA for their monoclonal antibody COVID-19 treatments. Our federal partners informed us that the FDA may be issuing an EUA for one or both monoclonal antibody treatments within the next week or two. Both of these therapeutic products will need to be administered via a one-hour infusion early in the course of infection. I am writing to inform you of these potentially new COVID-19 treatments and explore your willingness to administer this medication to COVID-19 patients. While the clinical criteria for use of these medications are currently unknown, they will likely be indicated for patients with mild or moderate laboratory-confirmed COVID-19 (i.e., outpatients) who are at high risk for severe COVID-19.

Nurse Supervisory Visits Rulemaking Request: HCAW officially requested rulemaking at DOH through a petition to permanently being able to do nurse supervisory visits via telehealth as well as accept telehealth for MD face to face requirement. Here are the documents we submitted:

HCAW Rulemaking Petition PDF.pdf


Telehealth Nurse Supervisory Visits Rule

Hospice Certificate of Need Program: October 30, 2020: The Certificate of Need Program has posted the updated 2020-2021 hospice need forecasting method (methodology).

The hospice association has contacted Kristin Peterson, Assistant Secretary at DOH and other issue related department staff to meet and discuss concerns with the methodology. That meeting was November 12th and there was a discussion about how DOH is counting the Average Daily Census.

Safe Medication Return Program: Washington's Safe Medication Return Program, a pioneering effort aimed at reducing medication misuse, abuse, and poisonings had gone live on the website.

This program creates a unified, statewide, medication return program that will give Washington residents free, convenient, and environmentally responsible options for disposing of unwanted medication. Physical drop boxes are available. People may also request free mail-back envelopes so they don't need to leave their homes to participate.

People may return most medications. That includes over-the-counter and prescription medications, controlled substance medication, and even household pet medications. Unused and unneeded medications in a household pose a potential risk for poisoning and overdose deaths. Improperly discarded medication also presents an environmental hazard. Flushing medicine down the toilet or throwing it in the trash pollutes water and soil.

Washington is the first state to implement such a program as a result of state law. Funded by drug manufacturers at no cost to taxpayers, the program encourages people to return unwanted and expired medications. MED-Project is the approved program operator, under DOH's oversight.

PAs ordering Home Health Services Expedited Rule Making CR-105: WAC 246-335-510 Definitions. In-Home Services, Home Health. The Department of Health (department) is proposing a permanent rule amendment to WAC 246-335-510(3), adding physician assistants to the list of practitioners authorized to order home health services and to sign plans of care, consistent with federal changes due to the coronavirus disease (COVID-19) pandemic filed as WSR# 20-23-089 - Filing date/time 11/17/20202:23 PM

Palliative Care Roadmap Completed and Available!! I have some good news, Pat Justis has located funds for a third printing of the PC Roadmap! It's posted on DOH Rural Health webpage, as well as the WA Rural Palliative Care Initiative portal To order: https://prtonline.myprintdesk.net/DSF/

Nursing Care Quality Assurance Commission **(NCQAC)**

NCQAC draft Advisory Opinion for Telehealth Nursing Services: This may be of importance due to the amount of telemedicine that home health and hospice agencies have been providing, especially during the pandemic. NCQAC concludes that the appropriately prepared and competent advanced registered nurse practitioner (ARNP), registered nurse (RN), licensed practical nurse (LPN), nursing technician (NT), and nursing assistant (NA), may perform telehealth delivery of nursing care services in settings appropriate for telehealth care within their legal and individual scope of practice.

Office of the Insurance Commissioner (OIC)

Palliative Care Insurance Workgroup: It is my understanding that legislators still plan to have a public hearing on the issue in the Aging and Long-Term Care Committee with palliative care stakeholders and the insurers. We also received the results of the survey done by the Association of WA Healthcare Plans on how they implement and reimburse for palliative care in their plans.

Public Policy

WA State Telemedicine Collaborative: The last was on November 17th. Possible new legislation to keep some of the lifted restrictions permanently such as being able to bill for audio only telemedicine visits! Telemedicine Trainings will begin December 7th with the Collaboration to meet the January 1, 2021 deadline for all health care providers using and billing for telemedicine!

Home Care Association of New York and New York Hospital Association Collaboration: HCAW has been in contact with the WA State Hospital Association to begin discussions about a potential collaborative in Washington state. I recently listened to the latest Webinar discussions between Mount Sinai, South Nassau Home Care Pre-Acute, Post-Acute Collaborative and will post a link to the recording when its ready. During this webinar, you'll learn how the home care and hospital system are working together to target individuals diagnosed or frequently readmitted to the hospital for the following conditions: end-stage chronic obstructive pulmonary disorder; diabetes;

pre-and post-operative care in orthopedics (e.g., hip and knee replacements) or open heart surgeries, with a focus on patient and family teaching, short stay or same-day transition back home, and recovery or rehab care at home.
are also anticipating additional models that we'll be posting, even if not live-recorded.

One, coming in January, is a Complex Care Patient program that is a 6-county wide collaborative of a hospital system, home care, and the largest ACO in update NYS. A fabulous program that integrates home care RN, MSW, PT directly into the hospital DCP process, enabling much sicker and more complex cases to be discharged home, and with post-discharge collaborative care planning and management between the collaborating partner physicians, home care and hospital system. Effectively becomes a post-acute and pre-acute model. Will look forward to sharing that with you when it's delivered.

Dementia Action Coalition (DAC) Care Transitions Workgroup: Meeting on December 3:
I am a member of this new DAC Workgroup charged with identifying strategies, practices and/or programs that would help to minimize unnecessary care transitions with a focus on emergency room visits, hospitalizations and readmissions. Increasing awareness among primary care clinicians and care partners of **potentially avoidable** causes for ED visits, hospital admissions, and readmissions for people with cognitive impairment and dementia. I am sending them information on the NY Home Health and Hospital Collaborative as well!!

Home Care Association of Washington

Clinical Director Report

November, 2020

COVID 19

At the request of the Washington State Department of Health, Leslie and I met with DOH representatives regarding potential COVID outbreaks in home health and home care.

Carolyn Ham is the DOH Strategic Partners Program Supervisor
Healthcare-Associated Infections and Antimicrobial Resistance Section
Office of Communicable Disease Epidemiology
Disease Control and Health Statistics Division

Ham was joined by Sara Podczervinsik (sara.podczervinski@doh.wa.gov; Sabine Meuse (sabine.meuse@doh.wa.gov) and Larissa Lewis (larrissa.lewis@doh.wa.gov all from Ham's department. Ham is a PTA by training and has worked in home health care.

Ham stated that she learned of possible outbreaks in home health/home care through conversations with the King County Health District. We were not able to establish if actual outbreaks actually occurred.

I reached out to Board Members to get a better idea of individual agency experience to share with the DOH group. Seven members responded with substantial detail and strikingly similar responses. A summary follows:

Q: What are agencies' main concerns about COVID-19 transmission between staff and clients?

A: Having enough PPE; access to patients in LTC; not knowing if clients are PUI or COVID+; must rely on screening questions prior to visits; no documented occurrences of staff exposing patients so far; staff are screened and adhere to full PPE for all visits; we have quarantined a total of 6 staff who were exposed during home visits and test negative; added aerosolized procedure question to screening questions; in congregate care ask about status of room makes if any; community transmission of asymptomatic positive cases both from staff and clients; hoping everyone tells the truth; main concern is that staff contract the virus and unknowingly pass it on to patients.

Q: If a home health or home care agency has cases among staff or clients, where are agencies reporting these cases?

A: Lab/MD offices are reporting; one employee tested positive and that result reported by the agency to the health district; whomever is obtaining test results, reports; local health

jurisdiction; exposures are reported to leadership; infection preventionist team and DOH; employee health and DOH;
Q: Are there issues accessing PPE?

A: Our health district is now strongly encouraging staff to wear N95s and goggles which are uncomfortable for staff and in limited supply; if staff are wearing surgical masks and patient ends up COVID positive then have to quarantine; PPE is better now; use burn rate calculator to monitor inventory levels; no issues with PPE; PPE is expensive but we can get it; going through gloves like crazy; able to get PPE needed; yes, need more of everything especially N95s.

Q: Do agencies have a process for fit testing for N95? What are the barriers to accessing fit testing or accessing N95s?

A: Yes, have process but it took months to get testing supplies; hard to keep specific N95s in stock; have not implemented as not needed at this time; have fit tested all staff; if can't fit test check out CARP/PAPR mask when working with COVID + patients; barriers – extra burn rate for N95s; ability to get staff onsite to test; manufacture specific fit testing

Q: What guidance are agencies using re: use of PPE when client does not have COVID (CDC, LHJ, DOH)?

A: All the above guidance is reviewed; utilize most restrictive guidance

Q: What guidance are agencies using re: use of PPE when client is COVID+ or PUI? (CDC, DOH, LHJ)

A: All the above are used; many clinicians don't want to ask patients to wear masks during visits and many won't wear them so clinicians wear most protective level; protocols are in place for PPE use, staff education, etc.; developed algorithm to assess risk of exposure and protective actions screen all referrals for risk of exposure; patient specific protocols in care plan; coordinate care across care settings; new concern family member with aerosolized procedure (CPAP/BIPAP) and not knowing COVID status; also includes humidified high flow oxygen, trach care, suctioning nebulizer use.

Q: What obstacles do agencies face in getting clients and families to wear masks during home visits?

A: Very few at this point; we provide masks if necessary; clinicians don't like asking patients/families to wear masks; we do have patients/families wear masks during visits; when possible we move visit to either outdoors or a safer spot; some refuse to comply; some have inability to wear masks; political sentiment against masking; some patients don't believe the disease is real; some can't afford masks.

Q: How do agencies screen staff before starting work each day?

A: Self screen; honor system; input status into system; field staff must call in to report, if no report by 9:30 a.m. they are taken off schedule until they report; we have a staffing plan to respond to absences due to quarantine or illness; patients are screen prior to visit; staff attest in writing re: symptoms; no real obstacles to screening; remind staff continuously to be self-aware, monitor symptoms and ensure they avoid getting community exposure.

The Advisory Committee on Immunization Practices' Ethical Principles for Allocating Initial Supplies of COVID-19 Vaccine — United States, 2020

During the period when the U.S. supply of COVID-19 vaccines is limited, the Advisory Committee on Immunization Practices (ACIP) will make vaccine allocation recommendations.in addition to scientific data and implementation feasibility, four ethical principles will assist ACIP in formulating recommendations for the initial allocation of COVID-19 vaccine: 1) maximizing benefits and minimizing harms; 2) promoting justice; 3) mitigating health inequities; and 4) promoting transparency.

Read it here:

The Advisory Committee on Immunization Practices' Ethical Principles for Allocating Initial Supplies of COVID-19 Vaccine — United States, 2020 | MMWR (cdc.gov)

Meeting with WA State Health Officer:

Meeting conducted with State Health Officer, Kathy Lofy on 11-02-2020 with Leslie and Donna in attendance. The purpose of the call was to explore the possibilities of home health agencies ability to administer mono-clonal antibodies to patients with mild to moderate COVID and who do not require hospitalization. If agencies currently provide infusions of drugs not related to COVID, they likely would be able to administer mono-clonal antibodies as well. Unknowns are how the medication would be paid for and how agencies would obtain the medication.

Legislative/Regulatory/Policy:

This article informs you of updates of several facets related to payments made under the 2021 Home Health (HH) Prospective Payment System (PPS). Please make sure your billing staffs are aware of these updates.

https://www.cms.gov/files/document/mm12017.pdf

Bree Value Based Care Summit – Attended this Bree Summit with presenters including Dr. Donald Berwick, Sue Birch from HCA and other representatives from WA State. Discussion centered on HCA's vision for the future of health care. Foundational principles include smarter spending; better outcomes; better customer service; accountability for meeting shared goals; person-centered care; whole person care; health equity; leveraging purchasing power; align approaches across payers; data driven policy making; improving sustainability of state health centers of excellence. Read more:

The Bree Collaborative

https://www.hca.wa.gov/about-hca/healthier-washington/paying-value

Washington State Tax Structure Work Group – Attended this session to monitor if any new tax could possibly affect in-home services. One proposal is that "services" might have an additional tax depending on how that is defined. Final report is due December 31, 2020 so stay tuned. Note web site:

Tax Structure Work Group | Washington Department of Revenue

Health Emergency Labor Standards Act (HELSA – Kaiser). Creates a new set of rules that affect "businesses" in WA state relative to management of COVID 19 and worker protections. Nearly all of what is mentioned in this draft is already in place for health care settings including In Home Services. It will be one to watch next session. Stay tuned.

QAPI

CMS retires the website formerly known as Home Health Compare. Instead they offer up an improved site that allows you to select from several provider types including home health.

CMS Care Compare Empowers Patients when Making Important Health Care Decisions | CMS

Find Healthcare Providers: Compare Care Near You | Medicare

Home Care Association of Washington
Profit & Loss Budget vs. Actual
July through November 2020

	Jul - Nov 20	Budget	$ Over Budget	% of Budget
Ordinary Income/Expense				
Income				
MEMBERSHIP				
Affiliate Dues	227.49	2,000.00	-1,772.51	11.38%
Affiliate Sponsor	0.00	5,000.00	-5,000.00	0.0%
Provider Dues	37,461.34	175,000.00	-137,538.66	21.41%
Total MEMBERSHIP	37,688.83	182,000.00	-144,311.17	20.71%
OPERATING				
Gain/Loss on Investments	7,102.71	0.00	7,102.71	100.0%
Interest & Dividends	563.93	750.00	-186.07	75.19%
Job Target/Career Board	237.41	250.00	-12.59	94.96%
Miscellaneous Income	0.00	100.00	-100.00	0.0%
Newsletter Ads/Subscriptions	0.00	100.00	-100.00	0.0%
Website Advertising	0.00	200.00	-200.00	0.0%
Total OPERATING	7,904.05	1,400.00	6,504.05	564.58%
PROGRAMMING				
Annual Meeting/Conv - Spring				
Sponsorships/Endorsements/Rebat	0.00	5,000.00	-5,000.00	0.0%
Annual Meeting/Conv - Spring - Other	3,208.33	10,000.00	-6,791.67	32.08%
Total Annual Meeting/Conv - Spring	3,208.33	15,000.00	-11,791.67	21.39%
OCS OASIS Partnership	0.00	1,500.00	-1,500.00	0.0%
Workshops/Seminars	0.00	20,000.00	-20,000.00	0.0%
Total PROGRAMMING	3,208.33	36,500.00	-33,291.67	8.79%
Total Income	48,801.21	219,900.00	-171,098.79	22.19%
Expense				
ADMINISTRATIVE				
Bank / Merchant Fees	0.00	500.00	-500.00	0.0%
Business License	0.00	10.00	-10.00	0.0%
Contingency	0.00	500.00	-500.00	0.0%
Insurance	1,814.58	3,500.00	-1,685.42	51.85%
Management	14,400.00	72,100.00	-57,700.00	19.97%
Miscellaneous	0.00	100.00	-100.00	0.0%
Office Supplies	0.00	300.00	-300.00	0.0%
Postage	0.00	300.00	-300.00	0.0%
Printing/Copies	0.00	400.00	-400.00	0.0%
Telephone	0.00	500.00	-500.00	0.0%
Total ADMINISTRATIVE	16,214.58	78,210.00	-61,995.42	20.73%
ADVOCACY				
Lobbyist Expenses	375.00	1,750.00	-1,375.00	21.43%
Lobbyist/Legislative Consultant	22,200.00	44,400.00	-22,200.00	50.0%
Policy & Advocacy	375.00	1,500.00	-1,125.00	25.0%
Total ADVOCACY	22,950.00	47,650.00	-24,700.00	48.16%
COMMUNICATIONS				
Website- Reg & Maint	0.00	2,500.00	-2,500.00	0.0%
Total COMMUNICATIONS	0.00	2,500.00	-2,500.00	0.0%

Home Care Association of Washington
Profit & Loss Budget vs. Actual
July through November 2020

	Jul - Nov 20	Budget	$ Over Budget	% of Budget
LEADERSHIP				
Board Meetings	0.00	750.00	-750.00	0.0%
Strategic Planning	0.00	300.00	-300.00	0.0%
Total LEADERSHIP	0.00	1,050.00	-1,050.00	0.0%
MEMBERSHIP SERVICE/RETENTION				
Clinical Director	3,982.50	30,000.00	-26,017.50	13.28%
Clinical Director Expenses	0.00	500.00	-500.00	0.0%
NAHC Dues/Other Memberships	0.00	1,500.00	-1,500.00	0.0%
Public Relations/ Awards	0.00	250.00	-250.00	0.0%
Total MEMBERSHIP SERVICE/RETENTION	3,982.50	32,250.00	-28,267.50	12.35%
PROGRAMS				
Annual Mtg/Convention Spring				
A/V - Technology	0.00	4,000.00	-4,000.00	0.0%
Food and Beverage	0.00	15,000.00	-15,000.00	0.0%
Speaker	0.00	4,000.00	-4,000.00	0.0%
Syllabus	0.00	500.00	-500.00	0.0%
Total Annual Mtg/Convention Spring	0.00	23,500.00	-23,500.00	0.0%
Workshops/Seminar Expense				
A/V-Technology	1,080.00	250.00	830.00	432.0%
Food and Beverage	0.00	2,000.00	-2,000.00	0.0%
Lodging & Transportation	0.00	1,500.00	-1,500.00	0.0%
Other Workshops/Seminar Expense	0.00	3,500.00	-3,500.00	0.0%
Speaker	1,080.00	10,000.00	-8,920.00	10.8%
Syllabus Copies	0.00	2,500.00	-2,500.00	0.0%
Total Workshops/Seminar Expense	2,160.00	19,750.00	-17,590.00	10.94%
Total PROGRAMS	2,160.00	43,250.00	-41,090.00	4.99%
Reconciliation Discrepancies	2,441.25	0.00	N/A	N/A
Total Expense	47,748.33	204,910.00	-157,161.67	23.3%
Net Ordinary Income	1,052.88	14,990.00	-13,937.12	7.02%
Net Income	1,052.88	14,990.00	-13,937.12	7.02%

	Nov 30, 20	Nov 30, 19
ASSETS		
Current Assets		
Checking/Savings		
Baird Cash and Equivalents	33,970.00	31,782.90
Bairds Investment Assets	92,493.21	106,640.32
Columbia Checking 0944	20,415.61	36,733.59
Columbia Money Mkt #0936	65,684.03	65,647.40
HCAW PAC	579.81	0.00
Paypal	525.00	1,726.38
Total Checking/Savings	213,667.66	242,530.59
Accounts Receivable		
Accounts Receivable	13,375.00	12,450.00
Total Accounts Receivable	13,375.00	12,450.00
Other Current Assets		
Prepaid Annual Meeting Expenses	750.00	0.00
Prepaid Expenses	0.00	3,825.00
Prepaid Insurance	0.00	1,245.83
Prepaid Workshop Expenses		
Prepaid Workshop Speaker Fee	5,000.00	0.00
Prepaid Workshop Expenses - Other	0.00	4,680.00
Total Prepaid Workshop Expenses	5,000.00	4,680.00
Total Other Current Assets	5,750.00	9,750.83
Total Current Assets	232,792.66	264,731.42
TOTAL ASSETS	**232,792.66**	**264,731.42**
LIABILITIES & EQUITY		
Liabilities		
Current Liabilities		
Accounts Payable		
Accounts Payable	500.00	1,499.40
Total Accounts Payable	500.00	1,499.40
Other Current Liabilities		
Deferred Dues		
Affiliate Dues	0.00	249.71
Provider Dues	0.00	18,006.52
Total Deferred Dues	0.00	18,256.23
Deferred Workshop Income	0.00	79.80
Payable to HCAW PAC	0.00	1,785.00
Total Other Current Liabilities	0.00	20,121.03
Total Current Liabilities	500.00	21,620.43
Total Liabilities	500.00	21,620.43
Equity		
Retained Earnings	-6,884.53	0.00
Unrestricted Net Assets	238,124.31	237,544.50
Net Income	1,052.88	5,566.49

Total Equity	232,292.66	243,110.99
TOTAL LIABILITIES & EQUITY	**232,792.66**	**264,731.42**

	Nov 20	Nov 19	Year to Date Jul - Nov 20
Ordinary Income/Expense			
Income			
MEMBERSHIP			
Affiliate Dues	0.00	249.68	227.49
Provider Dues	0.00	18,006.46	37,461.34
Total MEMBERSHIP	0.00	18,256.14	37,688.83
OPERATING			
Gain/Loss on Investments	0.00	-493.15	7,102.71
Interest & Dividends	0.76	365.59	563.93
Job Target/Career Board	0.00	0.00	237.41
Total OPERATING	0.76	-127.56	7,904.05
PROGRAMMING			
Annual Meeting/Conv - Spring	0.00	0.00	3,208.33
Workshops/Seminars	0.00	1,059.00	0.00
Total PROGRAMMING	0.00	1,059.00	3,208.33
Total Income	0.76	19,187.58	48,801.21
Expense			
ADMINISTRATIVE			
Bank / Merchant Fees	0.00	44.12	0.00
Insurance	1,473.33	113.75	1,814.58
Management	6,900.00	12,083.33	14,400.00
Total ADMINISTRATIVE	8,373.33	12,241.20	16,214.58
ADVOCACY			
Lobbyist Expenses	0.00	228.52	375.00
Lobbyist/Legislative Consultant	3,700.00	3,700.00	22,200.00
Policy & Advocacy	0.00	125.00	375.00
Total ADVOCACY	3,700.00	4,053.52	22,950.00
MEMBERSHIP SERVICE/RETENTION			
Clinical Director	0.00	750.00	3,982.50
Total MEMBERSHIP SERVICE/RETENTION	0.00	750.00	3,982.50
PROGRAMS			
Workshops/Seminar Expense			
A/V-Technology	0.00	360.00	1,080.00
Speaker	1,080.00	0.00	1,080.00
Total Workshops/Seminar Expense	1,080.00	360.00	2,160.00
Total PROGRAMS	1,080.00	360.00	2,160.00
Reconciliation Discrepancies	2,441.25	0.00	2,441.25
Total Expense	15,594.58	17,404.72	47,748.33
Net Ordinary Income	-15,593.82	1,782.86	1,052.88
Net Income	**-15,593.82**	**1,782.86**	**1,052.88**

Association Management Inc.
delivering association success since 1986

5727 Baker Way NW, Suite 200
Gig Harbor WA 98332
253.265.3042 / 253.265.3043 fax
WA Toll Free 877.460.5880

Association Special Services Contract

This contract, entered into this 24th day of November 2020, between the Home Care Association of Washington (HCAW), a Washington not-for-profit corporation, hereinafter referred to as "Client" and Association Management, Inc. a Washington Corporation, hereinafter referred to as "Firm";
WITNESSETH:

1. **Services**: The Client engages provider and provider agrees to be engaged, as an independent contractor, subject to terms and conditions hereof, to perform the following additional services to the contract with Firm:

    - **Re-design existing website on the WordPress framework**

SPECIFICALLY:
Activate a new website, migrating away from "Wild Apricot", the current host, provider, and format using existing content from the current website.

Site will consist of:

- Approximately 22 pages
- Site will be wide width, full page site.
- Header image(s)
- Clean lines, photographs and white (negative) space will be used for a modern and professional look.
- Logo colors will be used throughout.
- Site will be a responsive design; works on all device sizes and will be scalable and easy to read and easy to update.
- SEO optimized, and Google search friendly.
- Site will be searchable for the end user.
- Email addresses shall stay the same

WordPress CMS Website:

- WordPress CMS
- Hosting and setup
- Password Protected Member Directory with Images
- Added stock Images (5 Images)
- Design
- Board portal

2. **Compensation**: The Client agrees to pay, and Firm agrees to accept compensation at the flat rate of $3,130, plus expenses such as domain registration, monthly hosting, plug-in purchases, or necessary graphic purchases. PLEASE NOTE- larger project and design components added at a later date are separate from this contract. If requested, these may require an update to the current management contract that only includes basic ongoing data updates.

3. **Term**: this agreement shall continue in effect until task has been completed. Website estimated start date December 14th, 2020 with an estimated live date of January 31st. Estimated full completion date February 15th, 2020

4. **Independent Contractor Status**: Nothing in this contract shall be deemed to create an employer-employee relationship. The relationship between the parties shall be as independent contractor. Firm may, at its discretion, request specific directives for action be signed by authorized signers of the Client prior to action. Facsimile and e-mail authorization are allowed under the terms of this contract.

5. **Ownership of Documents, Domain, and Password**: If either party terminates the contract the Firm agrees to disgorge all files, passwords, and papers to the Client in the same format Firm has maintained them. Files will be kept for Client by Firm only during contract period as required by Client policy.

6. **Insurance:** Client is required to carry Liability and Directors / Officers insurance while this contract is in force, as well as maintenance of national affiliation and federal taxpayer status. Indemnification of firm for actions performed under this contract is required.

7. **Attorney's Fees & Jurisdiction:** Any legal actions shall be filed in Pierce County and the Association agrees to pay attorney's fees and additional hourly labor as required from firm for actions arising through normal activities as herein specified performed by Firm.

IN WITNESS WHEREOF, the parties hereto have caused this Contract to be executed by their authorized this 24th day of November 2020.

By: _____
Rachel Manchester
President/HCAW

By: _____
Lianna S. Collinge, CAE
President / Association Management, Inc.