Board Elections

Bylaws – *notable sections*

ARTICLE VII OFFICERS - 4

The Secretary/Treasurer shall be elected by the Board from the members of the Board at the first duly-called meeting of the Board

ARTICLE VIII - 2

The Board of Directors shall consist of the President, President-Elect, Secretary/Treasurer, Immediate Past President and seven to ten (7-10) Director selected to two-year staggered terms. The Board, as far as possible, shall be composed in such a manner that it shall have proportionate representation of geographic and major provider types. No more than 1 (one) member from each distinct provider number shall serve on the board. No more than 2 (two) members from corporate entities that share multiple provider numbers shall be on the board at the same time.

- 6

Each Director shall serve a two (2) year term. No Director may serve more than two (2) consecutive terms. However, if deemed by the Board of Directors to be in the best interest of the organization, a Director or Officer may be asked to continue on the Board beyond the two-term limit.

ARTICLE XI ELECTIONS – 1

Elections for Board and Nominating Committee positions shall be held by mail or electronic ballot. The Nominating Committee shall announce its slate at least fifteen (15) days prior to the mailing of the ballot. Additional names may be placed on the ballot by petition of at least five (5) members eligible to vote in the ballot category. If an uncontested slate is announced to the members and there are no subsequent candidates put forth, the slate will be considered approved and no ballot mailed.

Term Limits

Position	Term	Maximum Terms
President	1 Year	2
President Elect	1 Year	2
Secretary/Treasure	1 Year	2
Past President	1 Year	1
Director	2 Years	2

Board Members Transitioning Off

- Kyle Long
- Nate Smith

Board Nominees

- Sheena Paylor, LHC Group (see enclosed application)
- John Singletary, PeaceHealth (application pending)

Slate of Nominees

Officers

- President: Rachel Manchester, Providence St. Joseph
- President-Elect: Gretchen Anderson, Sunshine HH
- Secretary/Treasurer: Amber Hahn-Keenan, Memorial Home Care Services
- Immediate Past President: Marilou Church, Kaiser Permanente

Directors

- Melinda Moore, Wesley
- John Singletary, PeaceHealth SW
- Sheena Paylor, LHC Group
- *TBD*

Ex-Officio

- Brent Korte, Evergreen Health

Coronavirus Update

Preparing Your Agency For What May Lie Ahead

Words like "pandemic" can strike
fear among communities. You have no doubt heard this word over the course of the last week regarding the coronavirus, also termed COVID-19.

A pandemic is defined as an epidemic that has spread over several countries of continents usually affecting a large number of people.

You will likely hear more about the coronavirus in the days ahead. Take steps to avail yourself and your agency of accurate information from reliable sources as to the status of number of people affected in the United States. Links to the CDC and WA State DOH are listed at the end of this article.

There are ways you can protect yourself at work and at home - and help prevent the spread of the virus in your area. The Home Care Association of Washington is providing you this update only to help you prepare your agency in the (hopefully) unlikely event we experience further outbreaks in Washington State.

The coronavirus is spread from person-to-person through droplets suspended in the air, very similar to how influenza or the common cold spreads. It is also possible for an individual to become infected by touching a surface or object that has the virus and then touching one's mouth, nose or eyes. During this time, agencies should review their **infection prevention and control** policies and procedures for droplet precautions among patients and staff. The CDC is currently recommending Standard, Contact, and Airborne Precautions, including the use of eye protection when providing care for patients with confirmed or suspected COVID-19.

Currently, the CDC believes that the incubation period of this coronavirus can range from 2-14 days. Commonly reported symptoms include fever, cough, and shortness of breath. Seniors and individuals with preexisting medical conditions such as diabetes are at a heightened risk of developing severe complications. The average mortality rate is currently believed to be 2.3% but rises to 8% for patients between the ages of 70 and 79 years. In contrast, the mortality rate for the common flu is 0.1 – 0.2%.

The CDC does not currently recommend that the general public use face masks. Instead, they recommend following **everyday preventive actions**, such as washing your hands, using alcohol-based hand sanitizers, covering your cough, and staying home when you are sick. In addition, agencies should educate patients, families and employees on signs and symptoms of respiratory illness..

Due to decreases in exports from select countries, including China, India, and Taiwan, and increases in demand, manufacturers of select types of personal protective equipment (PPE) are reporting an increase in volume of orders and challenges meeting order demands. You can learn more about the CDC's strategies for optimizing the supply of PPE **here**. If agencies are experiencing challenges in meeting their PPE requests, please contact your local and state health departments. Please keep the association office aware of PPE supply shortages.

Ways To Protect Yourself & Your Patients

- Practice good respiratory hygiene / cough-sneeze etiquette.
- Advise all staff to wear their PPE diligently when appropriate.
- When it is appropriate, use social distancing from anyone displaying symptoms.
- Wash or sanitize your hands after every interaction with a patient.
- Provide additional training of staff on Standard Precautions and recognition of symptoms.
- Encourage all staff to stay home if they display symptoms of the flu, cold or other respiratory illness.
- Post visual alerts that remind everyone to wash their hands and cover their coughs.
- Assess status of your agency's preparedness (obtain adequate supplies such as sanitizers, masks, gloves, cleaning products, etc.)
- Practice good hand washing hygiene.
- Prepare for schools or businesses to close. If schools close, how will this affect your ability to provide home visits? Do your staff have a backup plan?
- If you are sick, call the physician, clinic or hospital before you visit them. Do not go to a clinic or hospital with symptoms without calling first - they will instruct you on the proper procedures.
- Provide patient teaching materials as appropriate and coach staff on answering questions from patients on how to protect themselves.
- Consider appointing someone in your agency to monitor the CDC website and WA State DOH website on a daily basis and communicate updates accordingly.

Information changes daily so be sure to check reliable sources for updated information

https://www.cdc.gov/coronavirus/2019-ncov/index.html

https://www.doh.wa.gov/Emergencies/Coronavirus

Home Care Association of Washington | 2311 N 45th St, #337, Seattle, WA 98103

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HCAW Bill Status Report

High Priority Bills

Bill #	Abbrev. Title	Short Description	Status	Sponsor	Position
2SHB 1422 (SSB 5338)	Vulnerable adults	Concerning the protection of vulnerable adults.		Valdez	Support
ESHB 1608 (SB 5542)	Patient care health entities	Protecting patient care.	S Passed 3rd	Macri	Concerns
2SHB 1645 (4SSB 5533)	Parental improvement	Certifying parental improvement.	S Rules 2	Ortiz-Self	Neutral
ESHB 2036	Health system transparency	Concerning health system transparency.	S Ways & Means	Macri	Neutral
HB 2305	Vulnerable adults/firearms	Concerning firearms laws concerning persons subject to vulnerable adult protection orders.	S Rules 2	Doglio	Neutral
SHB 2325 (ESSB 6168)	Operating budget, supplement	Making 2019-2021 fiscal biennium supplemental operating appropriations.	H Rules R	Ormsby	Neutral
SHB 2326	End-of-life care policies	Reporting end-of-life care policies.	S Rules 2	Macri	Neutral
HB 2380 (SB 6249)	Home care agencies	Changing the home care agency vendor rate and repealing electronic timekeeping.	S Rules 2	Tharinger	Support
SHB 2426 (SSB 6274)	Psychiatric patient safety	Protecting patient safety in psychiatric hospitals and other health care facilities.	S Rules 2	Cody	Neutral
ESSB 5385	Telemedicine reimbursement	Concerning telemedicine payment parity. (REVISED FOR ENGROSSED: Reimbursing for telemedicine services at the same rate as in person.)	H Rules R	Becker	Support
2SSB 5601 (HB 1562)	Health care benefit manage.	Concerning health care benefit management.	H Rules R	Rolfes	Support
ESSB 6168 (SHB 2325)	Operating budget, supplement	Making 2019-2021 fiscal biennium supplemental operating appropriations.	S Conf appt	Rolfes	Neutral
E2SSB 6205 (2SHB 2681)	Long-term care workers	Preventing harassment, abuse, and discrimination experienced by long-term care workers.	H 2nd Reading	Cleveland	Neutral
2SSB 6275 (HB 2597)	Postacute care	Increasing patient access rights to timely and appropriate postacute care.	H Rules R	Cleveland	Support
SB 6359 (SHB 2621)	Home health shortage areas	Creating regulation exemptions for rural health clinics providing services in a designated home health shortage area.	H 2nd Reading	Short	Support
ESSB 6404 (HB 2568)	Health plans/prior auth.	Adopting prior authorization and appropriate use criteria in patient care.	H Rules R	Frockt	Support
ESSB 6492	B&O tax/workforce education	Addressing workforce education investment funding through business and occupation tax reform.	C 2 L 20	Pedersen	Concerns

Medium Priority Bills

Bill #	Abbrev. Title	Short Description	Status	Sponsor	Position
2SHB 1651 (SB 5843)	Dev. disability serv. rights	Concerning the rights of clients of the developmental disabilities administration of the department of social and health services.	S 2nd RdConsCal	Kilduff	Neutral
SHB 2378 (SB 6240)	Physician assistants	Concerning physician assistants.	S Passed 3rd	Riccelli	Neutral
SHB 2419	Death with dignity barriers	Studying barriers to the use of the Washington death with dignity act.	S 2nd Reading	Rude	Neutral
2SHB 2457	Health care cost board	Establishing the health care cost transparency board.	S Rules 2	Cody	Neutral
ESHB 2642	Sub. use disorder coverage	Removing health coverage barriers to accessing substance use disorder treatment services.	S Rules 2	Davis	Neutral
HB 2677 (SB 6395)	Health insurance information	Sharing health insurance information to improve the coordination of benefits between health insurers and the health care authority.	S Passed 3rd	Chopp	Neutral
ESHB 2786	Opioid response council	Establishing the opioid epidemic response advisory council.	S Rules 2	Robinson	Neutral
2SSB 5236	Apprenticeships	Encouraging apprenticeships.	H Rules R	Keiser	Neutral
SSB 6061	Telemedicine training	Requiring training standards in providing telemedicine services.	S Pres Signed	Becker	Neutral
SSB 6086 (SHB 2335)	Opioid use/medications	Increasing access to medications for opioid use disorder.	H Rules R	Hasegawa	Neutral
E2SSB 6087	Insulin cost-sharing	Imposing cost-sharing requirements for coverage of insulin products.	H Rules R	Keiser	Neutral
SSB 6088	Rx drug affordability board	Establishing a prescription drug affordability board.	H Rules R	Keiser	Neutral
SSB 6267 (HB 2423)	Long-term services trust	Modifying the long-term services and supports trust program by clarifying the ability for individuals with existing long-term care insurance to opt-out of the premium assessment and making technical corrections.	H Passed 3rd	Takko	Neutral

Low Priority Bills

Bill #	Abbrev. Title	Short Description	Status	Sponsor	Position
ESSB 6097	Health carrier surplus level	Requiring the insurance commissioner to review a health carrier's surplus levels as part of its rate filing review process.	H Rules R	Rolfes	Neutral
ESSB 6287	Guardianships, etc.	Concerning guardianships and conservatorships.	H Rules R	Pedersen	Neutral
SSB 6358 (HB 2598)	Sub. Providers medicaid	Requiring medicaid managed care organizations to provide reimbursement of health care services provided by substitute providers.	H Rules R	Randall	Neutral
ESJR 8212	Investment of LTC funds	Proposing an amendment to the Constitution concerning the investment of funds to provide	H Rules R	Braun	Neutral

		for family and medical leave insurance and long-term care services and supports.			

HCAW March 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: 03/06/20 | **Time:** 8:00 – 10:00a.m. | **Location:** https://global.gotomeeting.com/join/587551645 (872) 240-3212 / 587-551-645

TIME	TOPIC	DISCUSSION	PLAN OF ACTION	RESPONSIBLE
8:00 a.m.	Call to Order	Welcome/Updates		Marilou
8:10 a.m.	Board Nominations	Slate of Nominees • Process Review • Candidate Review	Approval	Christine/All
8:35 a.m.	COVID-19	Association Response • Communications • Providing Resources • Potential Free Webinar PDGM Summit & Annual Conference	Discussion Approval	All Christine/All
9:05 a.m.	OASIS-E	OASIS-E Workshop & Exam • Dates: Dec. 2-3 (workshop) and 4 (exam) • Vendor: OASIS Answers • Location: Sunshine HH	Approval	Gretchen/Rachel/All
9:15 a.m.	Medicaid HH Reimbursement Rate Increase	Current Status Next Steps • Cohesive messaging • Create strategic plan for next steps • Create special task force for support	Review Discussion/Approval	All All
10:00 a.m.	Adjournment	Review of key deliverables/action items/decisions		Christine
	Next Meeting	TBD – week of March 30th		

Commented [CO1]: LMK if you want me to make a comment about how the board makes decisions for the betterment of the community and takes direction from the owners of the association (members)

I think this is a good time in the agenda to mention it as it applies to the event changes and board noms.

Commented [CO2]: We need to announce the slate 3 weeks before our business meeting at the conference (April 1). This is where the membership will vote in person.

NOTES:
1. If we do not hold an in-person conference this year, we have more time. We will call a meeting of the membership to do a standalone vote.
2. I reached out to Kyle if he was able to ID a new director and I'll keep you posted
3. Have not been able to connect with Kit from Multicare yet

Commented [CO3]: Brent is not able to join us tomorrow, but recommended:

Home Care COVID 19 planning. Specifically what we are doing to address staffing. Need to follow guidelines and not overreact. Staff should not be furloughed unless they have been exposed and have demonstrated symptoms.

Commented [CO4]: This would be with the presenter Pat Justice is trying to connect with. No new news yet.

Commented [CO5]: Based on calls today with NAHC and HelmsBriscoe, we need to make final decisions tomorrow on:
1. Whether or not to livestream the PDGM sumit
2. Whether or not to change the annual conference to virtual
3. What to do with the hotel contract based on the above choices

Things to consider:
1. Annual Awards Celebration (stand-alone event?)
2. Voting on bylaws and board slate will have to be scheduled as a separate meeting if we don't have the conference in person.
3. What to do about vendor income (i.e. exhibitors)

Commented [CO6]: Linda is kind of holding these dates but needs to know by Monday. I think this is an easy discussion and shouldn't take too much time.

Commented [CO7]: I talked to Leslie yesterday and she's going to:
- Update everyone on current status
- What are plans are for social work and telehealth
- Talk about the meeting with HCA to discuss covering social work under behavior health and telehealth coverage.

Commented [CO8]: We were going to do this in-person at the conference, but may change.

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HCAW board meeting
3/6/20
8:00 am

Donna, Alisa, Kyle, Tammi, Gretchen, Melinda, Marilou, Rachel, Leslie, Geoff, Amber

Need more representation in the middle of the state

Need one more board member
Christine to reach out to susan hull @ multicare and other members in the state

Approve both of them

Motion to approve both candidates

Striking amendment on setup budget
Good news; senate budget has Medicaid hh increase we want but still have conference cmte to work out the differences between the two

Went into history of bill – so many people trying to get their rates increased and us trying to get 100% match wasn't probably politically sensible at the time

Talking to reps – have to be incremental and spread out over 4 yr budget cycle
She went back and looked at OR, ID, and CA – OR methodology got us w/in $10 of Medicare rate
Remainder of this year and next two years of biennium

Took it back to legislators and they said it was more feasible and we got what we wanted in Senate
Difference – senate includes after the initial $ we'd get for next session, to ramp up 75% with most recently submitted cost reports
Senate version sets it up for 1/3, 1/3, 1/3 over next 3 years (this is the ramp up we want – will get us probably w/in $10 of Medicare rate) – this is always based on your cost report – as the costs go up, so will our rate
House isn't going to ramp up (going to get 1st 1/3 then come back to advocate for more)
HH report to legislature came out – funding for social worker

OR cost reports are different than ours b/c of hospitals in WA cost reports, etc.

Next year: social work and telehealth

Thinks in meantime can get access to social work or some kind of methodology so HH agencies can access social workers earlier

Have call with donna, leslie, me, and gail as more info

Have reimbursement for telehealth in rurals – might be able to adjust the rules around the telehealth visit to make it more expansive to cover costs ie telephone between skilled nursing visits (more like a consult). Do we have flexibility to put in rules we get reimbursement for telehealth visits between skilled

nursing visits – trying to work in their current system to get more $ and flexibility – probably make a decision this fall about next year for social work and telehealth but do HW in the meantime to see what we can do in the meantime with them

---
COVID-19 response

Is there a gap or a hole we need to fill
Education to our patients?

Suggested table-top exercise Barb shared for agencies

Don't want to overwhelm people but HCAW should provide some kind of guidance
Checklist, or table-top, or something we can provide to help people
Want to be sensitive to non-NAHC members w/o using everyone else's
Rachel – survey info

Move to livestream PDGM summit.
Alisa –

No live – few select
Marilou

End meeting

Board Meeting Minutes
Friday, March 6, 2020
Teleconference
8:00 – 10:00AM

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ATTENDANCE

Board: Marilou Church, President; Rachel Manchester, President-Elect, Amber Hahn-Keenan, Secretary/Treasurer; Directors Gretchen Anderson, Kyle Long, Geoff Meinken, Melinda Moore, Tammi Reeser, Alisa Van Sickle
Staff: Leslie Emerick, Public Policy Director; Donna Goodwin, Clinical Director; Christine Opiela, Executive Director
Not in Attendance: Director Nate Smith; Brent Korte, Ex-Officio

CALL TO ORDER

Rachel welcomed everyone and called the meeting to order at 8:03AM.

I. BOARD NOMINATIONS

The HCAW Board nominations traditionally take place at the annual spring conference. Due to the state of COVID-19, there is a chance the in-person event will need to move to a virtual platform. Elections can be held electronically if in-person voting is not available. There are three open director positions and the board reviewed two nominees: John Singletary, PeaceHealth SW and Sheena Paylor, LHC Group. Another nominee will be selected for board approval electronically.

It was moved and seconded to add John Singletary and Sheena Paylor to the 2020 Board Slate of Nominees.

II. COVID-19

Association Response:
COVID-19 has affected the in-home services community and agencies are struggling to keep up with rapidly changing information while keeping everyone safe. HCAW will continue to support members by sharing free webinars, resources they can modify for their agency, and advocate on their behalf. Agencies are overloaded so it is important to not overwhelm them.

PDGM Summit & Annual Conference Update

DRAFT

There is a chance the Annual Conference and PDGM Summit may be cancelled, postponed, or moved virtually due to the pandemic. Several companies have begun enforcing travel restrictions and organizations are reducing in-person events. The hotel contract includes a force majeure clause but it does not cover communicable diseases. Christine has been working with HelmsBriscoe on options if the conference has to change and reviewed with the Board. While the hotel has been generous in the past, there is a chance HCAW will have to pay cancellation fees and there is no guarantee their schedules can accommodate rescheduling. NAHC supports HCAW and will provide their meeting virtually if necessary. Christine has spoken to all other speakers and identified what presentations can transfer to the virtual platform. If the conference is moved virtually, only 4-5 stand-alone sessions will be offered each day including keynotes.

Christine reviewed available options:

- Do not cancel the hotel contract and instead reschedule to spring 2021 and offer to host the 2022 conference at the same hotel. Both the conference and PDGM Summit will be virtual.
- Do not cancel the contract and instead reschedule for fall 2020. There is no guarantee the hotel will have availability in the fall.
- Cancel the contract with the understanding HCAW we will most likely have to pay $31,110 in damages to the hotel as per the contract.
- Move forward with both the PDGM Summit and Annual Conference as in-person events.

Christine and HelmsBriscoe both recommend Option #1 as it is the most attractive to the hotel and allows for both events to take place virtually. The board requested reducing the 2022 contract dates to a 2-day schedule.

It was moved and seconded to livestream the NAHC PDGM Summit in lieu of an in-person event. Motion carried.

It was moved and seconded that the 2020 Annual Conference will be held virtually with fewer sessions offered each day. Motion carried.

III. OASIS-E

OASIS-E is scheduled to come into effect in January 2021. The Annual Meeting/Education Committee is recommending HCAW host a Blueprint for OASIS workshop and exam December 2-4, 2020. Gretchen has offered her facility in Spokane Valley, WA allowing opportunities for agencies in Eastern Washington and Idaho to attend in person. Estimated costs are $14-16,000. HCAW has elite status with OASIS Answers and receives $100 for each person registered for the exam. This workshop is very popular with members and has consistently earns a net income.

It was moved and seconded to host a Blueprint for OASIS workshop and exam with OASIS Answers on December 2-4, 2020 at Sunshine Home Health. Motion carried.

IV. MEDICAID HOME HEALTH REIMBURSEMENT

Leslie reported:

DRAFT

- When speaking with legislators, it was made clear the reimbursement has to be incremental and spread out over the budget cycle for support.
- Using OR methodology brings WA agencies within $10 of the Medicare rate after the incremental increase. It is important to note OR and WA cost reports do not include the same data due to different relationships with hospitals. As these are based on cost reports, as agency costs go up so will their rates.
- Leslie worked with HCAW and partners, and the Senate version showed an increase to 75% over the next three years. The House approved only the first-year increase (1/3) and HCAW will need to revisit each year for additional funding.
- Next year, HCAW will advocate for social work and telehealth. Leslie is working on how to get social work covered sooner under methodology, etc.
- It was requested to work on expanding the rules around telehealth to cover costs for telephone calls between skilled nursing visits. This will ease the burden on rural agencies.

V. OTHER BUSINESS

There being no other business, the meeting adjourned at 11:53pm.

SUMMARY OF ACTION ITEMS

- Christine to follow up with Susan Hull, MultiCare about running for the board.
- Board members were asked to share COVID-19 resources with members.
- Christine and HelmsBriscoe will work with the hotel to reschedule the 2020 meeting to 2021 and offer a 2-day schedule in 2022 at the same venue.
- Christine to liaise with NAHC on offering the PDGM Summit virtually.
- Christine to connect with OASIS Answers and sign a contract for the December 2020 event.
- Leslie to work with HCAW and industry partners on finding coverage for social work and expanding telehealth to cover telephone calls.

DRAFT

home care
association of washington
REPRESENTING HOME HEALTH, HOSPICE, & HOME CARE AGENCIES

HCAW
BOARD PACKET

March 6, 2020

https://global.gotomeeting.com/join/587551645
Phone: (872) 240-3212
Access Code: 587-551-645

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	2019-2020	2020-2021	2021-2022	2022-2023
OFFICERS				
President	*2nd 1yr Term*	*1st 1yr Term*		
	Marilou Church	Rachel Manchester		
President-Elect	*1yr Term*	*1yr Term*		
	Rachel Manchester	Gretchen Anderson		
Secretary/Treasurer	*1yr Term*	*1yr Term*		
	Amber Hahn-Keenan	Amber Hahn-Keenan		
Immediate Past President	*1yr Term*	*1yr Term*		
	n/a	Marilou Church		
DIRECTORS				
Director 1	*2nd 2yr Term*	*1st 2yr Term*		
	Gretchen Anderson	John Singletary *(TBD)*	John Singletary *(TBD)*	
Director 2	*2nd 2yr Term*	*1st 2yr Term*		
	Kyle Long			
Director 3	*1st 2yr Term*			
	Geoff Meinken	Geoff Meinken		
Director 4	*1st 2yr Term*	*2nd 2yr Term*		
	Melinda Moore	Melinda Moore	Melinda Moore	
Director 5	*1st 2yr Term*			
	Tammi Reeser	Tammi Resser		
Director 6	*1st 2yr Term*			
	Alisa Van Sickle	Alisa Van Sickle		
Director 7	*1st 2yr Term*	*1st 2yr Term*		
	Nate Smith	Sheena Paylor *(TBD)*	Sheena Paylor *(TBD)*	
Ex-Officio Director	Brent Korte	Brent Korte		

HCAW Board Member Application

Thank you for your interest in serving on the HCAW Board of Directors and furthering our mission. Please fill out the following application form and send to the HCAW Office via email (info@hcaw.org) or fax (206-693-4367). HCAW's Nominations Committee will review all received applications before presenting a slate of nominees for consideration by our members.

The deadline to submit your application is **Wednesday, March 4, 2020.**

Name: Sheena Paylor		
Title: Area Vice President of Sales		
Agency: LHC Group/ Assured Home Health		
Phone: 360.259.5052	Email: sheena.paylor@lhcgroup.com	
Mailing Address: 5927 Athens Beach Rd. NW		
City: Olympia	State: WA	Zip: 98502

Why are you interested in joining the Home Care Association of Washington? What makes our mission meaningful to you?

I have been working in home health in WA State for over 13 years now and have participated several times in the HCAW In-Home Services Day which has opened my eyes to the importance of the Association. What I appreciate most about the HCAW is the amount of advocacy the Association provides to those working in a challenging industry that cares for so many vulnerable seniors and children.

What about the Association do you consider to be its strengths? Weaknesses?

Strengths: The volume of additional education the Association provides to in-home providers' along with the talented individuals that help provide resources and advocacy on behalf of its members.

Weaknesses: I think the Association could improve on expanding its footprint with many in home providers that are not currently members as well as increasing engagement from those that are already members.

What personal skill or strength of yours do you think would benefit the Association?

Because I have been in the industry for quite some time and have worked in over 15 counties during that time I have a lot of valuable relationships that could help with increased member participation and statewide knowledge of home health industry.

Do you have a committee you'd like to serve on or a particular area of interest?

Either the ACH Committee or the Membership Committee

What other volunteer commitments do you currently have?
Alzheimer Association

Have you served on other nonprofit organization or association boards? If so, please list them and include any offices you held.
No.

What skills, connections, resources, and expertise do you have to offer and are willing to use on behalf of HCAW?
I oversee 15 Counties in WA for LHC Group/Assured Home Health and know someone from each home health agency in those locations. Many locations are rural and would benefit from the advocacy that the Association provides. I participate in several industry networking events throughout the state and would be able to identify not only potential Home Health agencies but also Hospice and Home Care.

The HCAW Board currently meets once a month every third Friday for approximately 3 hours. These meetings are held virtually but there are times when we meet in person. Do you foresee any scheduling conflicts that may affect your attendance?
No.

The estimated time commitment for Board members is approximately 5-10 hours a month including the 3-hour board meeting, but may change depending on committee involvements, etc. How much time a month can you commit to meetings and serving HCAW's mission?
5-10 hours.

Coronavirus Update

Preparing Your Agency For What May Lie Ahead

Words like "pandemic" can strike
fear among communities. You have no doubt heard this word over the course of the last week regarding the coronavirus, also termed COVID-19.

A pandemic is defined as an epidemic that has spread over several countries of continents usually affecting a large number of people.

You will likely hear more about the coronavirus in the days ahead. Take steps to avail yourself and your agency of accurate information from reliable sources as to the status of number of people affected in the United States. Links to the CDC and WA State DOH are listed at the end of this article.

There are ways you can protect yourself at work and at home - and help prevent the spread of the virus in your area. The Home Care Association of Washington is providing you this update only to help you prepare your agency in the (hopefully) unlikely event we experience further outbreaks in Washington State.

The coronavirus is spread from person-to-person through droplets suspended in the air, very similar to how influenza or the common cold spreads. It is also possible for an individual to become infected by touching a surface or object that has the virus and then touching one's mouth, nose or eyes. During this time, agencies should review their **infection prevention and control** policies and procedures for droplet precautions among patients and staff. The CDC is currently recommending Standard, Contact, and Airborne Precautions, including the use of eye protection when providing care for patients with confirmed or suspected COVID-19.

Currently, the CDC believes that the incubation period of this coronavirus can range from 2-14 days. Commonly reported symptoms include fever, cough, and shortness of breath. Seniors and individuals with preexisting medical conditions such as diabetes are at a heightened risk of developing severe complications. The average mortality rate is currently believed to be 2.3% but rises to 8% for patients between the ages of 70 and 79 years. In contrast, the mortality rate for the common flu is 0.1 – 0.2%.

The CDC does not currently recommend that the general public use face masks. Instead, they recommend following **everyday preventive actions**, such as washing your hands, using alcohol-based hand sanitizers, covering your cough, and staying home when you are sick. In addition, agencies should educate patients, families and employees on signs and symptoms of respiratory illness..

Due to decreases in exports from select countries, including China, India, and Taiwan, and increases in demand, manufacturers of select types of personal protective equipment (PPE) are reporting an increase in volume of orders and challenges meeting order demands. You can learn more about the CDC's strategies for optimizing the supply of PPE **here**. If agencies are experiencing challenges in meeting their PPE requests, please contact your local and state health departments. Please keep the association office aware of PPE supply shortages.

Ways To Protect Yourself & Your Patients

- Practice good respiratory hygiene / cough-sneeze etiquette.
- Advise all staff to wear their PPE diligently when appropriate.
- When it is appropriate, use social distancing from anyone displaying symptoms.
- Wash or sanitize your hands after every interaction with a patient.
- Provide additional training of staff on Standard Precautions and recognition of symptoms.
- Encourage all staff to stay home if they display symptoms of the flu, cold or other respiratory illness.
- Post visual alerts that remind everyone to wash their hands and cover their coughs.
- Assess status of your agency's preparedness (obtain adequate supplies such as sanitizers, masks, gloves, cleaning products, etc.)
- Practice good hand washing hygiene.
- Prepare for schools or businesses to close. If schools close, how will this affect your ability to provide home visits? Do your staff have a backup plan?
- If you are sick, call the physician, clinic or hospital before you visit them. Do not go to a clinic or hospital with symptoms without calling first - they will instruct you on the proper procedures.
- Provide patient teaching materials as appropriate and coach staff on answering questions from patients on how to protect themselves.
- Consider appointing someone in your agency to monitor the CDC website and WA State DOH website on a daily basis and communicate updates accordingly.

Information changes daily so be sure to check reliable sources for updated information

https://www.cdc.gov/coronavirus/2019-ncov/index.html

https://www.doh.wa.gov/Emergencies/Coronavirus

Home Care Association of Washington | 2311 N 45th St, #337, Seattle, WA 98103

NAHC PDGM Summit & HCAW Annual Conference

I've been meeting with NAHC and the other participating state associations this week to discuss an action plan if the summit cannot be held in person. I have also been working with the Annual Meeting/Education Committee as more news comes out related to coronavirus.

On Friday, the Board will need to discuss and vote on what will happen to both meetings and what HCAW should do about our contract with the hotel. There is a lot of information below because a lot has happened in the past week. I've highlighted some of the more important details, but please take time to read this in full and come prepared to ask questions.

As you read this, please keep in mind we have two events we need to consider: the NAHC PDGM Summit and the HCAW Annual Conference.

Background

Initially our annual conference was scheduled for April 21-23, 2020 and I signed our hotel contract September 2019. NAHC announced near the end of 2019 they were running a series of national PDGM summits from March 30-April 10, 2020. HCAW was selected as a host state and the Board approved moving forward. We selected March 30 for the summit and, due to the proximity of our conference dates, voted to move our conference dates up so they could run in tandem. We negotiated with the hotel and they were able to accommodate our request.

Wednesday morning, I spoke with Angelo Spinola's coordinator as he is our flying in from GA to be our opening keynote at the conference. She mentioned Littler had plans to implement travel restrictions with Seattle and San Francisco at the top of their list. She was adamant they don't want to put us in a difficult position and were willing to live stream. I spoke with her today and she said this morning the travel restrictions to Washington (and Seattle) have been lifted. She did mention this could change again depending on what happens over the next few days.

Hotel

Julie and I talked to Nicole, our HelmsBriscoe rep. HelmsBriscoe is a free service HCAW uses when negotiating contracts with hotels. For instance, Nicole recently negotiated with the hotel when we needed to reschedule our dates. As you can imagine, Nicole has been very busy these past few days cancelling events so already has a wealth of experience.

Our contract includes a standard force majeure clause:

FORCE MAJEURE:
Neither party shall be liable for failure to perform or delay in performing any obligation under this Agreement, including the obligation to make payments when due, if such failure or delay is due to an act of God, war, embargo, riot, insurrection, sabotage or other civil unrest; fire, explosion, flood or other natural disaster; strike or other labor disturbances; government; restraints; or any other cause beyond the control of the affected party; provided, however, that the party so failing to perform shall (a) as soon as possible, inform the other party of the occurrence of the circumstances preventing or delaying the performance of its obligation; and (b) exert its best efforts to eliminate, cure or overcome any such causes and to resume performance of its covenants with all possible speed.

Please note, the above does not include communicable diseases. The coronavirus will not be considered an act of God, embargo, or civil unrest. While some companies are restricting or banning travel, it is not

a government enforced policy. In the upcoming days or weeks there may be a government issued policy or restrictions that may work in our favor, but as of today there are none.

Washington, like a few states, has issued a state of emergency. However, I haven't seen anything related to canceling meetings, etc. and it seems more like a way to quickly pivot if there is a need for emergency funding, etc.

Financial Impact

We are within 30 days of the event(s) and as per our contract are liable for 100% of estimated revenue if we cancel our contract: $31,110

Notification of Cancellation Prior to Arrival	**% of Estimated Revenue**
Upon signing of contract to 90 Days prior to arrival	20% = $6,222.00
89 Days to 60 days prior to arrival	35% = $10,888.50
59 Days to 30 days prior to arrival	80% = $28,088.00
29 Days or less prior to arrival	100% = $31,110.00

Registration for both the conference and summit are low, and we do not have many people reserving rooms in our block. We expect it is because of the coronavirus – no one wants to travel and be in large groups in Seattle. Plus, many agencies are experiencing staffing issues and their top priority right now is keeping their community safe.

Depending on what the Board approves, we may need to consider a more lenient cancellation policy as there are real safety concerns.

Moving the summit and/or annual conference online may affect registration prices. My recommendation is to lower them (<$50). While attendees will not have to pay travel expenses (mileage, hotel) and can participate from their home/office, you do lose out on talking to peers and speakers face-to-face.

NAHC mentioned on a call earlier this week that they see us all as partners and are willing to share any losses. Please note, they will not split our total costs 50/50 as our contract is for both the summit and our conference. I also don't know how much they would share, but I don't expect it to have a large enough impact on the total cost of cancelling the contract.

Meeting Recommendations – ***approval needed***

The Annual Meeting/Education Committee met Wednesday to discuss our options. Before the Littler travel restrictions were lifted, the AME Committee explored live streaming only Angelo's keynote and breakout. As there are still a lot of concerns about the coronavirus spreading, their recommendation is to not hold any in-person events.

The Committee discussed changing to a completely virtual conference using GoToMeetings. This would allow attendees to learn from the comfort of their own home/office, speakers don't have to worry about travel, and attendees will save money on travel. It does, however, introduce a unique problem: whether or not attendees will want to sit at a computer for 3 full day events (summit & conference).

Instead, the Committee recommends selecting 4-5 conference sessions and offering them as stand-alone webinars during the same date range. For instance, Angelo's keynote presentation would be a

1.5hr live webinar on March 31, the day he's currently scheduled. The Committee will explore offering one registration per person or one per connection – with the latter, you could have multiple staff in one room and watch the same presentation.

The AME Committee, like all committees, takes direction from the Board and will meet to establish refund policies, logistics, registration rates, vendors etc. based on your final decisions. The Committee will work within the same budget when considering any registration rate changes. While this will be handled at the committee level, please do not hesitate to voice your concerns, ideas, recommendations, etc. You are also more than welcome to volunteer on the Committee as they work on these events.

Hotel Recommendations – ***approval needed***

The DoubleTree has been very accommodating and easy to work with. They are adamant they'll do their best to be partners but please keep in mind hotels are a for-profit business and are already losing a lot of money.

Below are options for the Board to consider. The contract covers all three days – the summit and our conference. If we opt to livestream the summit but keep the conference in-person, we are still responsible for the space and dates we contracted for.

Option A: Do not cancel the contract and instead reschedule to spring 2021 and offer to host our 2022 conference at the same hotel.

- This is dependent on the hotel, but they will favor a rescheduled event over a cancelled one.
- Nicole believes the hotel will be most open to hosting our 2021 and 2022 conferences. She recommends this as the Board's best option.
- This is my recommendation if the Board votes to livestream the PDGM summit and modify the conference to be virtual.

Option B: Do not cancel the contract and instead reschedule it for fall 2020.

- If chosen, the Board will also need to decide on Friday what dates to reschedule to. Nicole uses this in her negotiations and we need to make sure the hotel has availability.
- We will not be able to reschedule to three separate one-day events as the contract is for three consecutive days.
- Fall is one of the most popular seasons for hotels. There is no guarantee the hotel has availability, especially as there are multiple groups trying to reschedule right now.
- We will be subject to any rate changes as their pricing changes throughout the year. For instance, if the room rate in the fall is higher than our current $179/night price we will have to accept it.

Option C: Cancel the contract knowing we will most likely have to pay the full $31,110 to the hotel.

- NAHC mentioned they see us all as a team and are willing to share some of the financial losses. However, they would only be responsible for their event and I'm not sure how much they would be willing to cover. I do not believe it would be enough to make a noticeable difference in the $31,100 total.
- I do not recommend this option unless it is an absolute last resort.

Option D: Move forward with both the PDGM summit and annual conference as in-person events.

- There are no government restrictions on travel or meetings, that we could use in our favor.

- We will work with the hotel to increase cleanings, hand sanitizer stations, etc. and confirm they have a plan in place in case someone gets sick.
- I do not recommend this option. Even if the spread of coronavirus stops or recedes, we still have an obligation to keep our attendees and the hotel staff safe. This is even more important when you consider our audience is on the front line every day.

Notes

HCAF forwarded the below message they received from Marriott Corporate. We shared this with Nicole today and she was very surprised to hear this. She thinks this may be a local policy but is double-checking. Based on her experience with these larger chains, they are not as customer-focused as this message appears – especially as they stand to lose millions. The Double-Tree is a Hilton property, but if this is a national message we can expect to hear something similar from Hilton.

> *When we inquired about our options for cancelling or postponing the Orlando April 7th PDGM Summit, the venue originally said they were waiting for guidance from Corporate Marriott. Today, they provided this updated guidance:*
>
> *We are closely monitoring the coronavirus situation. We are handling each group on a month to month basis. For the month of March we are allowing cancellations without any penalties, for future months at this time we are upholding the standard contract cancellation policy until further notice.*

OASIS E Workshop & Exam

While CMS won't make an official announcement until this fall, many groups are expecting OASIS-E to be implemented in 2021. HCAW partners with OASIS Answers each year to offer the Blueprint for OASIS Workshop and we receive a lot of popular feedback from attendees.

The Annual Meeting/Education Committee is recommending HCAW offer a second OASIS Answers workshop this winter to address OASIS-E. Please review the below information as we will be voting on this at the board meeting.

Dates
Workshop: December 2-3, 2020
Exam: December 4, 2020

OASIS Answers is not able to officially hold any dates for us without a contract. They have offered to "steer" other groups away from the above dates until after the HCAW Board meets.

Alternate dates: December 7-8 (workshop) and 9 (exam)

Location
Sunshine Home Health, Spokane Valley

Capacity: 40-50 attendees

Vendor
OASIS Answers

Est. Cost
OASIS Answers: $10,000 + travel expenses
Printing Costs: $2,000
Food & Drinks: $2,000 (includes breakfast, boxed lunches, snacks, and drinks for 2 days)
Total Estimate: $14-16,000

I expect there to be a 50% deposit required from OASIS Answers in the next few months. As this event is happening in the next fiscal year, we can include these costs in the 2020-21 budget. We use accrual accounting which means the money will physically be removed from our checking account in June/July but will show as deferred on financial reports until realized in December 2020.

Notes
- Hosting the event on the eastside opens up opportunities to offer education to Idaho agencies
- OASIS Answers does not allow live streaming, recordings, or teleconferencing for this event
- HCAW always makes a profit from the Blueprint for OASIS Workshop. We expect this December event to be just as successful.
- We may have an opportunity to sell the extra workbooks to cover costs
- HCAW has achieved Elite Sponsor status with OASIS Answers. Because of this, we receive a revenue share of $100 for each person registered for the exam.
- I have attached the contract for the June workshop for reference.

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OASISanswers

PO Box 2768
Redmond, WA 98073
425.868.2304 (phone)
425.868.5484 (fax)
www.oasisanswers.com

AGREEMENT BETWEEN OASIS Answers, Inc. (OAI)
AND Home Care Association of Washington (HCAW)

For the purpose of providing a 2-day educational workshop on OASIS data collection (and COS-C exam preparation): the "***Blueprint for OASIS Accuracy***" workshop, scheduled for June 3-4, 2020, 8:00am-4:00pm each day, Tukwila, WA;

Providence Home Services - 2811 S 102nd St Suite 220 - Tukwila, WA 98168

Workshop Site:

Christine Opiela ~ christine@hcaw.org ~ 425-775-8120 (wk)

Program Contact information: (for handouts, travel emergencies, etc, please include e-mail and cell#)

OAI and HCAW agree to the following:

It is understood and agreed that the relationship of OAI to HCAW is that of contractor, and inasmuch, withholding taxes, social security, etc., will not be deducted from any payments to OAI; and OAI will not be entitled to any benefits due HCAW employees.

OAI will:

1. develop and produce a course description, course agenda and speaker biographical summaries
2. develop, produce, and present up to 6.5 contact hours each day of programming
3. develop and produce all necessary audio-visual presentation materials
4. provide an electronic file of the handout materials and printing instructions to sponsor 3 weeks prior to the scheduled workshop date
5. secure speaker housing and transportation to and from workshop site and submit itemized reimbursement request to sponsor within 30 days following program date

HCAW will:

1. secure and assume expense for an appropriate meeting site (classroom set–up) and all necessary audio-visual equipment (screen, LCD projector, head table, podium with fixed or lavaliere microphone)
2. suggest housing options for speaker travel and provide information to OAI regarding negotiated room rates, if applicable
3. assume responsibility and expense for obtaining CEU approval, if desired by sponsor (optional)
4. assume responsibility and expenses for duplicating and distributing handout materials to attendees
5. guarantee workshop dates and agreement through submission of signed contract

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6. provide remittance of 50% workshop deposit ($10,000 total workshop fee = $5000 deposit) to OAI to secure date
7. reimburse OAI for travel expenses and for the remaining $5000 workshop fee, payable within 30 days after the workshop date.

Cancellation/Substitution Agreement:
The workshop format and content is designed and expected to be presented by two qualified presenters. OAI will specify the presenters' names for marketing and promotional purposes. OAI reserves the right to substitute workshop faculty when necessary. All workshop presenters will use presentation materials prepared and approved by OAI, and will be qualified experts in the content material.

If the program needs to be canceled due to unforeseen and unavoidable circumstances resulting from illness, weather, or travel interruptions preventing the arrival of the presenter(s), the canceling party will make immediate notification, and a mutually agreeable alternative date scheduled.

If cancellation for the above reason(s) is initiated by OAI without successful rescheduling, OAI liability will be limited to a refund of any deposit/funds paid to OAI from HCAW.

If the cancellation for the above reason(s) is initiated by HCAW without successful rescheduling, HCAW liability to OAI will be limited to loss of the program deposit and any losses for incurred travel expenses, or travel change fees, which HCAW agrees to pay within 30 days after receiving detailed expense invoice. If a new mutually-agreeable program date (and city, if applicable) is rescheduled within 7 days of cancellation by HCAW, the deposit (minus $1000 per day) and any available travel credits will be applied by OAI toward the new program and travel reservations for the new date.

Certificate for OASIS Specialist – Exam (COS-C)
Please check one:
☑ We are interested in hosting an administration of the COS-C Exam at 9:00am-11:30 am on the morning directly following the two-day Blueprint workshop and will arrange for testing space at HCAW expense (classroom set up, with empty seat/space between candidates, quiet room free from distractions).
☑ We understand we have achieved OAI's Elite Sponsor status. We agree to participate in exam proctoring, per OAI's proctoring protocol and will receive from OAI $100 commission per paid testing candidate.
☐ N/A

DocuSigned by:
Linda Krulish
DC00DD6D6A4B4EA...
8/18/2019

Linda Krulish, President - OASIS Answers, Inc. **Date**

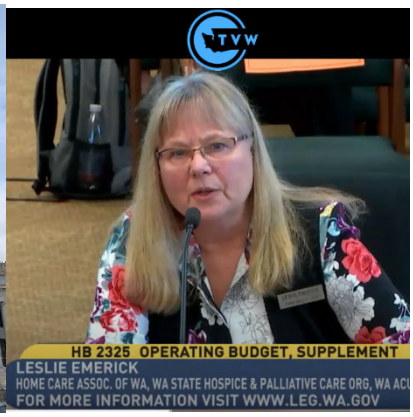
DocuSigned by:
Christine Opiela
BE34AC5798DE4EB...
8/15/2019

Christine Opiela, Executive Director **Date**
Home Care Association of Washington
christine@hcaw.org

March 4, 2020

HCAW March 2020 Public Policy Report

Prepared by Leslie Emerick, Public Policy Director



Leslie Emerick, HCAW Public Policy Director, testifying in Senate Ways and Means and House Appropriations on 2/24/2020 on HCAW preferred budget provisos regarding Mediciad Home Health and Palliatiave Care Insurer Workgroup!

Legislative Overview

March 12th is the last day of the 60-day "short-session of the 2020 WA State Legislative Session! Legislators are busy finalizing the "supplemental budget" to fix problems with the 2019 state operating budget or address emergencies. The fiscal committee cut-off for bills to be heard was on March 2 and the last day for bills to be heard from the opposite house is on March 6th. From there on out it's a race to the finish for the final supplemental budget. Budget negotiators are working behind the scenes to merge the House and Senate budget bills. I am not sure at this time which bill will be the final "vehicle" moving forward. I will be including an updated bill report with this report as well! This session 2,259 bills were introduced. HCAW was tracking around 100 bills total this session. Now we are down to 35 bills still moving after the last bill cut-off.

And speaking of emergencies…. on March 2nd I attended the Senate Ways & Means committee hearing with Secretary of Health John Wiesman requesting $100,000 million in additional funding to address the coronavirus outbreak in Washington state. With cases climbing by the day, we could be in for a severe outbreak that will impact home health, home care and hospice providers throughout the state. Many of our home health agencies are already on the front lines of the potential worldwide pandemic in the Seattle area…I suppose the good news is that the legislature is still in session and able to address the public health crisis while they are still in Olympia. I would not be surprised if they tapped the "rainy day" fund to address the issue.

For more information from the state DOH go to: https://www.doh.wa.gov/Emergencies/Coronavirus

March 4, 2020

2020 HCAW Legislative Agenda

Home Health Rates Budget Proviso: Good news! Medicaid Home Health Rate Increase is in both the House and the Senate budgets! The problem is we do not support the House version as it is incomplete. The Senate proviso is the one that we need to move forward to the final budget and we have sent out legislative alerts to our membership to support the Senate version of the budget.

Senate Version

PSSB 6168 (Pages 170-171) Section 211. (68) $770,000 of the general fund—state appropriation for fiscal year 2021 and $800,000 of the general fund—federal appropriation are provided solely to increase home health rates in three annual, equal increments beginning January 1, 2021, to ramp up to seventy-five percent of medicare costs consistent with the audited, most recently accepted or submitted medicare cost reports. The authority shall request medicare cost reports from home health agencies with a due date sufficient to calculate the rates for a January 1, 2021, implementation date.

House Version

PSHB 2325 (page 174) Section 211. (81) $770,000 of the general fund—state appropriation for fiscal year 2021 and $800,000 of the general fund—federal appropriation are provided solely to increase home health rates beginning January 1, 2021.

HCAW Calculation Using 2018 Medicare Cost Reports (percent of cost methodology)

Service	Current Units/Visit	Approx # of Visits	Current Rate/Visit	2018 Cost per Visit	New Rate/Visit at % Below	Difference	Total Impact
					75.0%		
Physical Therapy	3.26	16,220	$ 73.76	$ 223.78	167.84	$ 94.07	$ 1,525,817
Occupational Therapy	3.35	7,159	$ 75.80	$ 192.76	144.57	$ 68.77	$ 492,328
Speech Therapy	1	2,212	$ 97.19	$ 237.30	177.98	$ 80.79	$ 178,696
Skilled Nursing	1	102,471	$ 97.43	$ 223.78	167.84	$ 70.41	$ 7,214,471
Home Health Aide	1	1,164	$ 55.32	$ 86.08	64.56	$ 9.24	$ 10,755
Brief Skilled Nursing	1	56	$ 29.58	$ 29.58	29.58	$ -	$ -
Social Work	N/A	-	N/A	N/A			$ -
Telemedicine	N/A	-	N/A	N/A		$ 11.00	$ -
						TOTAL	$ 9,422,068

	1/3	2/3	100%		
	SFY2021 - Jan start	**SFY2022**	**SFY2023**	**SFY2024**	**SFY2025**
General Fund - State	$769,971	$2,309,914	$4,619,828	$4,619,828	$4,619,828
General Fund - Federal	$800,373	$2,401,120	$4,802,239	$4,802,239	$4,802,239
Total Cost	$1,570,345	$4,711,034	$9,422,068	$9,422,068	$9,422,068

Palliative Care Insurance Workgroup: More good news! This proviso is included in the Senate budget as well!! The WA State Bree Collaborative Palliative Care Workgroup has included a recommendation to increase the availability of palliative care through revision of benefit structure such as a per member per month (PMPM) benefit. The report will also recommend to *"Convene a workgroup to determine next steps for insurance coverage of specialty palliative care as defined in this report."*

For the Office of the Insurance Commissioner: Palliative Care Work Group
By: Rep. Tharinger
(x) (a)The joint legislative executive committee on aging and disability issues shall convene an advisory work group to review the Bree collaborative's 2019 palliative care report and make recommendations on how to improve the coverage of palliative care in the health insurance market and review payment methodologies and reimbursement rates for palliative care through the health care authority.
(b) The office of the insurance commissioner and the health care authority shall co-chair the work group. The work group shall consist of the executive director of the Bree collaborative; commercial health insurance companies regulated by the office of the insurance commissioner; managed care organizations; the Washington state hospital association; an organization representing palliative care providers; an organization representing home health agencies; an organization representing hospice services; and a pediatric palliative care provider.
(c) The work group shall report its recommendations to the full joint legislative executive committee on aging and disability issues by November 1, 2020.

Health Care Authority

The Home Health Report to the Legislature was finally released. This was the report that we worked on over the interim with the Health Care Authority from a proviso in last year's budget bill. Sadly the two bills that we initiated from the report, bills HB 2451 and SB 5828 regarding matching Medicare and Medicaid rates for home health and did not get a public hearing in the fiscal committees and the board decided to move in a new direction to try and get a rate increase into the state operating budget based on the Oregon Home Health Rates Methodology. We removed the social worker and telehealth visit to reduce the fiscal note further for the budget proviso. But we are not done with the social worker issue by any means!

HCAW has contacted the Health Care Authority about Home Health agencies accessing a social worker through behavioral health services. On page 8 of the report under the Role of Home Health Services it states:

"Although behavioral health is not a component of the home health benefit, individuals can currently receive outpatient behavioral health services through the Apple Health mental health benefit, with no limitations in place for outpatient mental health services. Clients can receive home health and behavioral health services concurrently which could be coordinated by a social worker."

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HCAW Bill Status Report

High Priority Bills

Bill #	Abbrev. Title	Short Description	Status	Sponsor	Position
2SHB 1422 (SSB 5338)	Vulnerable adults	Concerning the protection of vulnerable adults.		Valdez	Support
ESHB 1608 (SB 5542)	Patient care health entities	Protecting patient care.	S Passed 3rd	Macri	Concerns
2SHB 1645 (4SSB 5533)	Parental improvement	Certifying parental improvement.	S Rules 2	Ortiz-Self	Neutral
ESHB 2036	Health system transparency	Concerning health system transparency.	S Ways & Means	Macri	Neutral
HB 2305	Vulnerable adults/firearms	Concerning firearms laws concerning persons subject to vulnerable adult protection orders.	S Rules 2	Doglio	Neutral
SHB 2325 (ESSB 6168)	Operating budget, supplement	Making 2019-2021 fiscal biennium supplemental operating appropriations.	H Rules R	Ormsby	Neutral
SHB 2326	End-of-life care policies	Reporting end-of-life care policies.	S Rules 2	Macri	Neutral
HB 2380 (SB 6249)	Home care agencies	Changing the home care agency vendor rate and repealing electronic timekeeping.	S Rules 2	Tharinger	Support
SHB 2426 (SSB 6274)	Psychiatric patient safety	Protecting patient safety in psychiatric hospitals and other health care facilities.	S Rules 2	Cody	Neutral
ESSB 5385	Telemedicine reimbursement	Concerning telemedicine payment parity. (REVISED FOR ENGROSSED: Reimbursing for telemedicine services at the same rate as in person.)	H Rules R	Becker	Support
2SSB 5601 (HB 1562)	Health care benefit manage.	Concerning health care benefit management.	H Rules R	Rolfes	Support
ESSB 6168 (SHB 2325)	Operating budget, supplement	Making 2019-2021 fiscal biennium supplemental operating appropriations.	S Conf appt	Rolfes	Neutral
E2SSB 6205 (2SHB 2681)	Long-term care workers	Preventing harassment, abuse, and discrimination experienced by long-term care workers.	H 2nd Reading	Cleveland	Neutral
2SSB 6275 (HB 2597)	Postacute care	Increasing patient access rights to timely and appropriate postacute care.	H Rules R	Cleveland	Support
SB 6359 (SHB 2621)	Home health shortage areas	Creating regulation exemptions for rural health clinics providing services in a designated home health shortage area.	H 2nd Reading	Short	Support
ESSB 6404 (HB 2568)	Health plans/prior auth.	Adopting prior authorization and appropriate use criteria in patient care.	H Rules R	Frockt	Support
ESSB 6492	B&O tax/workforce education	Addressing workforce education investment funding through business and occupation tax reform.	C 2 L 20	Pedersen	Concerns

Medium Priority Bills

Bill #	Abbrev. Title	Short Description	Status	Sponsor	Position
2SHB 1651 (SB 5843)	Dev. disability serv. rights	Concerning the rights of clients of the developmental disabilities administration of the department of social and health services.	S 2nd RdConsCal	Kilduff	Neutral
SHB 2378 (SB 6240)	Physician assistants	Concerning physician assistants.	S Passed 3rd	Riccelli	Neutral
SHB 2419	Death with dignity barriers	Studying barriers to the use of the Washington death with dignity act.	S 2nd Reading	Rude	Neutral
2SHB 2457	Health care cost board	Establishing the health care cost transparency board.	S Rules 2	Cody	Neutral
ESHB 2642	Sub. use disorder coverage	Removing health coverage barriers to accessing substance use disorder treatment services.	S Rules 2	Davis	Neutral
HB 2677 (SB 6395)	Health insurance information	Sharing health insurance information to improve the coordination of benefits between health insurers and the health care authority.	S Passed 3rd	Chopp	Neutral
ESHB 2786	Opioid response council	Establishing the opioid epidemic response advisory council.	S Rules 2	Robinson	Neutral
2SSB 5236	Apprenticeships	Encouraging apprenticeships.	H Rules R	Keiser	Neutral
SSB 6061	Telemedicine training	Requiring training standards in providing telemedicine services.	S Pres Signed	Becker	Neutral
SSB 6086 (SHB 2335)	Opioid use/medications	Increasing access to medications for opioid use disorder.	H Rules R	Hasegawa	Neutral
E2SSB 6087	Insulin cost-sharing	Imposing cost-sharing requirements for coverage of insulin products.	H Rules R	Keiser	Neutral
SSB 6088	Rx drug affordability board	Establishing a prescription drug affordability board.	H Rules R	Keiser	Neutral
SSB 6267 (HB 2423)	Long-term services trust	Modifying the long-term services and supports trust program by clarifying the ability for individuals with existing long-term care insurance to opt-out of the premium assessment and making technical corrections.	H Passed 3rd	Takko	Neutral

Low Priority Bills

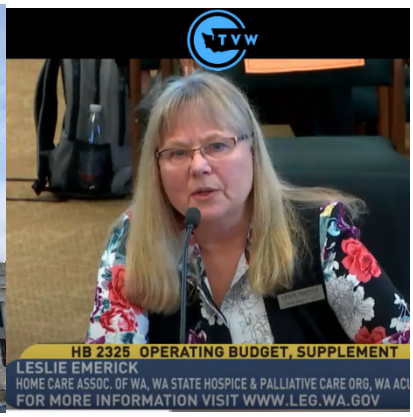
Bill #	Abbrev. Title	Short Description	Status	Sponsor	Position
ESSB 6097	Health carrier surplus level	Requiring the insurance commissioner to review a health carrier's surplus levels as part of its rate filing review process.	H Rules R	Rolfes	Neutral
ESSB 6287	Guardianships, etc.	Concerning guardianships and conservatorships.	H Rules R	Pedersen	Neutral
SSB 6358 (HB 2598)	Sub. Providers medicaid	Requiring medicaid managed care organizations to provide reimbursement of health care services provided by substitute providers.	H Rules R	Randall	Neutral
ESJR 8212	Investment of LTC funds	Proposing an amendment to the Constitution concerning the investment of funds to provide	H Rules R	Braun	Neutral

		for family and medical leave insurance and long-term care services and supports.			

March 4, 2020

HCAW March 2020 Public Policy Report

Prepared by Leslie Emerick, Public Policy Director



Leslie Emerick, HCAW Public Policy Director, testifying in Senate Ways and Means and House Appropriations on 2/24/2020 on HCAW preferred budget provisos regarding Mediciad Home Health and Palliatiave Care Insurer Workgroup!

Legislative Overview

March 12th is the last day of the 60-day "short-session of the 2020 WA State Legislative Session! Legislators are busy finalizing the "supplemental budget" to fix problems with the 2019 state operating budget or address emergencies. The fiscal committee cut-off for bills to be heard was on March 2 and the last day for bills to be heard from the opposite house is on March 6th. From there on out it's a race to the finish for the final supplemental budget. Budget negotiators are working behind the scenes to merge the House and Senate budget bills. I am not sure at this time which bill will be the final "vehicle" moving forward. I will be including an updated bill report with this report as well! This session 2,259 bills were introduced. HCAW was tracking around 100 bills total this session. Now we are down to 35 bills still moving after the last bill cut-off.

And speaking of emergencies…. on March 2nd I attended the Senate Ways & Means committee hearing with Secretary of Health John Wiesman requesting $100,000 million in additional funding to address the coronavirus outbreak in Washington state. With cases climbing by the day, we could be in for a severe outbreak that will impact home health, home care and hospice providers throughout the state. Many of our home health agencies are already on the front lines of the potential worldwide pandemic in the Seattle area…I suppose the good news is that the legislature is still in session and able to address the public health crisis while they are still in Olympia. I would not be surprised if they tapped the "rainy day" fund to address the issue.

For more information from the state DOH go to: https://www.doh.wa.gov/Emergencies/Coronavirus

March 4, 2020

2020 HCAW Legislative Agenda

Home Health Rates Budget Proviso: Good news! Medicaid Home Health Rate Increase is in both the House and the Senate budgets! The problem is we do not support the House version as it is incomplete. The Senate proviso is the one that we need to move forward to the final budget and we have sent out legislative alerts to our membership to support the Senate version of the budget.

Senate Version

PSSB 6168 (Pages 170-171) Section 211. (68) $770,000 of the general fund—state appropriation for fiscal year 2021 and $800,000 of the general fund—federal appropriation are provided solely to increase home health rates in three annual, equal increments beginning January 1, 2021, to ramp up to seventy-five percent of medicare costs consistent with the audited, most recently accepted or submitted medicare cost reports. The authority shall request medicare cost reports from home health agencies with a due date sufficient to calculate the rates for a January 1, 2021, implementation date.

House Version

PSHB 2325 (page 174) Section 211. (81) $770,000 of the general fund—state appropriation for fiscal year 2021 and $800,000 of the general fund—federal appropriation are provided solely to increase home health rates beginning January 1, 2021.

HCAW Calculation Using 2018 Medicare Cost Reports (percent of cost methodology)

Service	Current Units/Visit	Approx # of Visits	Current Rate/Visit	2018 Cost per Visit	New Rate/Visit at % Below	Difference	Total Impact
					75.0%		
Physical Therapy	3.26	16,220	$ 73.76	$ 223.78	167.84	$ 94.07	$ 1,525,817
Occupational Therapy	3.35	7,159	$ 75.80	$ 192.76	144.57	$ 68.77	$ 492,328
Speech Therapy	1	2,212	$ 97.19	$ 237.30	177.98	$ 80.79	$ 178,696
Skilled Nursing	1	102,471	$ 97.43	$ 223.78	167.84	$ 70.41	$ 7,214,471
Home Health Aide	1	1,164	$ 55.32	$ 86.08	64.56	$ 9.24	$ 10,755
Brief Skilled Nursing	1	56	$ 29.58	$ 29.58	29.58	$ -	$ -
Social Work	N/A	-	N/A	N/A			$ -
Telemedicine	N/A	-	N/A	N/A		$ 11.00	$ -
						TOTAL	$ 9,422,068

	1/3	2/3	100%		
	SFY2021 - Jan start	**SFY2022**	**SFY2023**	**SFY2024**	**SFY2025**
General Fund - State	$769,971	$2,309,914	$4,619,828	$4,619,828	$4,619,828
General Fund - Federal	$800,373	$2,401,120	$4,802,239	$4,802,239	$4,802,239
Total Cost	$1,570,345	$4,711,034	$9,422,068	$9,422,068	$9,422,068

Palliative Care Insurance Workgroup: More good news! This proviso is included in the Senate budget as well!! The WA State Bree Collaborative Palliative Care Workgroup has included a recommendation to increase the availability of palliative care through revision of benefit structure such as a per member per month (PMPM) benefit. The report will also recommend to *"Convene a workgroup to determine next steps for insurance coverage of specialty palliative care as defined in this report."*

For the Office of the Insurance Commissioner: Palliative Care Work Group
By: Rep. Tharinger
(x) (a)The joint legislative executive committee on aging and disability issues shall convene an advisory work group to review the Bree collaborative's 2019 palliative care report and make recommendations on how to improve the coverage of palliative care in the health insurance market and review payment methodologies and reimbursement rates for palliative care through the health care authority.
(b) The office of the insurance commissioner and the health care authority shall co-chair the work group. The work group shall consist of the executive director of the Bree collaborative; commercial health insurance companies regulated by the office of the insurance commissioner; managed care organizations; the Washington state hospital association; an organization representing palliative care providers; an organization representing home health agencies; an organization representing hospice services; and a pediatric palliative care provider.
(c) The work group shall report its recommendations to the full joint legislative executive committee on aging and disability issues by November 1, 2020.

Health Care Authority

The Home Health Report to the Legislature was finally released. This was the report that we worked on over the interim with the Health Care Authority from a proviso in last year's budget bill. Sadly the two bills that we initiated from the report, bills HB 2451 and SB 5828 regarding matching Medicare and Medicaid rates for home health and did not get a public hearing in the fiscal committees and the board decided to move in a new direction to try and get a rate increase into the state operating budget based on the Oregon Home Health Rates Methodology. We removed the social worker and telehealth visit to reduce the fiscal note further for the budget proviso. But we are not done with the social worker issue by any means!

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Public Policy Updates

WA State Dementia Collaborative: This is an ongoing meeting that I attend. They are creating a "First Responder Toolkit" to help reduce ER admissions and public awareness campaigns at DOH. They are also working on a legal Alzheimer package for advance directives. https://www.dshs.wa.gov/altsa/dementia-action-collaborative. If anyone wants to order some more Dementia Roadmaps for your agency, please go to: www.dshs.wa.go/altsa/dementa-action-collaborative.

OASIS E Workshop & Exam

While CMS won't make an official announcement until this fall, many groups are expecting OASIS-E to be implemented in 2021. HCAW partners with OASIS Answers each year to offer the Blueprint for OASIS Workshop and we receive a lot of popular feedback from attendees.

The Annual Meeting/Education Committee is recommending HCAW offer a second OASIS Answers workshop this winter to address OASIS-E. Please review the below information as we will be voting on this at the board meeting.

Dates
Workshop: December 2-3, 2020
Exam: December 4, 2020

OASIS Answers is not able to officially hold any dates for us without a contract. They have offered to "steer" other groups away from the above dates until after the HCAW Board meets.

Alternate dates: December 7-8 (workshop) and 9 (exam)

Location
Sunshine Home Health, Spokane Valley

Capacity: 40-50 attendees

Vendor
OASIS Answers

Est. Cost
OASIS Answers: $10,000 + travel expenses
Printing Costs: $2,000
Food & Drinks: $2,000 (includes breakfast, boxed lunches, snacks, and drinks for 2 days)
Total Estimate: $14-16,000

I expect there to be a 50% deposit required from OASIS Answers in the next few months. As this event is happening in the next fiscal year, we can include these costs in the 2020-21 budget. We use accrual accounting which means the money will physically be removed from our checking account in June/July but will show as deferred on financial reports until realized in December 2020.

Notes
- Hosting the event on the eastside opens up opportunities to offer education to Idaho agencies
- OASIS Answers does not allow live streaming, recordings, or teleconferencing for this event
- HCAW always makes a profit from the Blueprint for OASIS Workshop. We expect this December event to be just as successful.
- We may have an opportunity to sell the extra workbooks to cover costs
- HCAW has achieved Elite Sponsor status with OASIS Answers. Because of this, we receive a revenue share of $100 for each person registered for the exam.
- I have attached the contract for the June workshop for reference.

NAHC PDGM Summit & HCAW Annual Conference

I've been meeting with NAHC and the other participating state associations this week to discuss an action plan if the summit cannot be held in person. I have also been working with the Annual Meeting/Education Committee as more news comes out related to coronavirus.

On Friday, the Board will need to discuss and vote on what will happen to both meetings and what HCAW should do about our contract with the hotel. There is a lot of information below because a lot has happened in the past week. I've highlighted some of the more important details, but please take time to read this in full and come prepared to ask questions.

As you read this, please keep in mind we have two events we need to consider: the NAHC PDGM Summit and the HCAW Annual Conference.

Background

Initially our annual conference was scheduled for April 21-23, 2020 and I signed our hotel contract September 2019. NAHC announced near the end of 2019 they were running a series of national PDGM summits from March 30-April 10, 2020. HCAW was selected as a host state and the Board approved moving forward. We selected March 30 for the summit and, due to the proximity of our conference dates, voted to move our conference dates up so they could run in tandem. We negotiated with the hotel and they were able to accommodate our request.

Wednesday morning, I spoke with Angelo Spinola's coordinator as he is our flying in from GA to be our opening keynote at the conference. She mentioned Littler had plans to implement travel restrictions with Seattle and San Francisco at the top of their list. She was adamant they don't want to put us in a difficult position and were willing to live stream. I spoke with her today and she said this morning the travel restrictions to Washington (and Seattle) have been lifted. She did mention this could change again depending on what happens over the next few days.

Hotel

Julie and I talked to Nicole, our HelmsBriscoe rep. HelmsBriscoe is a free service HCAW uses when negotiating contracts with hotels. For instance, Nicole recently negotiated with the hotel when we needed to reschedule our dates. As you can imagine, Nicole has been very busy these past few days cancelling events so already has a wealth of experience.

Our hotel contract includes a standard force majeure clause:

FORCE MAJEURE:
Neither party shall be liable for failure to perform or delay in performing any obligation under this Agreement, including the obligation to make payments when due, if such failure or delay is due to an act of God, war, embargo, riot, insurrection, sabotage or other civil unrest; fire, explosion, flood or other natural disaster; strike or other labor disturbances; government; restraints; or any other cause beyond the control of the affected party; provided, however, that the party so failing to perform shall (a) as soon as possible, inform the other party of the occurrence of the circumstances preventing or delaying the performance of its obligation; and (b) exert its best efforts to eliminate, cure or overcome any such causes and to resume performance of its covenants with all possible speed.

Please note, the above does not include communicable diseases. The coronavirus will not be considered an act of God, embargo, or civil unrest. While some companies are restricting or banning travel, it is not

a government enforced policy. In the upcoming days or weeks there may be a government issued policy or restrictions that may work in our favor, but as of today there are none.

Washington, like a few states, has issued a state of emergency. However, I haven't seen anything related to canceling meetings, etc. and it seems more like a way to quickly pivot if there is a need for emergency funding, etc.

Financial Impact

We are within 30 days of the event(s) and as per our contract are liable for 100% of estimated revenue if we cancel our contract: $31,110

Notification of Cancellation Prior to Arrival	**% of Estimated Revenue**
Upon signing of contract to 90 Days prior to arrival	20% = $6,222.00
89 Days to 60 days prior to arrival	35% = $10,888.50
59 Days to 30 days prior to arrival	80% = $28,088.00
29 Days or less prior to arrival	100% = $31,110.00

Registration for both the conference and summit are low, and we do not have many people reserving rooms in our block. We expect it is because of the coronavirus – no one wants to travel and be in large groups in Seattle. Plus, many agencies are experiencing staffing issues and their top priority right now is keeping their community safe.

Depending on what the Board approves, we may need to consider a more lenient cancellation policy as there are real safety concerns.

Moving the summit and/or annual conference online may affect registration prices. My recommendation is to lower them (<$50). While attendees will not have to pay travel expenses (mileage, hotel) and can participate from their home/office, you do lose out on talking to peers and speakers face-to-face.

NAHC mentioned on a call earlier this week that they see us all as partners and are willing to share any losses. Please note, they will not split our total costs 50/50 as our contract is for both the summit and our conference. I also don't know how much they would share, but I don't expect it to have a large enough impact on the total cost of cancelling the contract.

Meeting Recommendations – ***approval needed***

The Annual Meeting/Education Committee met Wednesday to discuss our options. Before the Littler travel restrictions were lifted, the AME Committee explored live streaming only Angelo's keynote and breakout. As there are still a lot of concerns about the coronavirus spreading, their recommendation is to not hold any in-person events.

The Committee discussed changing to a completely virtual conference using GoToMeetings. This would allow attendees to learn from the comfort of their own home/office, speakers don't have to worry about travel, and attendees will save money on travel. It does, however, introduce a unique problem: whether or not attendees will want to sit at a computer for 3 full day events (summit & conference).

Instead, the Committee recommends selecting 4-5 conference sessions and offering them as stand-alone webinars during the same date range. For instance, Angelo's keynote presentation would be a

1.5hr live webinar on March 31, the day he's currently scheduled. The Committee will explore offering one registration per person or one per connection – with the latter, you could have multiple staff in one room and watch the same presentation.

The AME Committee, like all committees, takes direction from the Board and will meet to establish refund policies, logistics, registration rates, vendors etc. based on your final decisions. The Committee will work within the same budget when considering any registration rate changes. While this will be handled at the committee level, please do not hesitate to voice your concerns, ideas, recommendations, etc. You are also more than welcome to volunteer on the Committee as they work on these events.

Hotel Recommendations – ***approval needed***

The DoubleTree has been very accommodating and easy to work with. They are adamant they'll do their best as partners but please keep in mind hotels are a for-profit business, are already losing a lot of money, and have already accommodated a contract addendum when we changed dates.

Below are options for the Board to consider. The contract covers all three days – the summit and our conference. If we opt to livestream the summit but keep the conference in-person, we are still responsible for the space and dates we contracted for.

Option A: Do not cancel the contract and instead reschedule to spring 2021 and offer to host our 2022 conference at the same hotel.

- This is dependent on the hotel, but they will favor a rescheduled event over a cancelled one.
- Nicole believes the hotel will be most open to hosting our 2021 and 2022 conferences. She recommends this as the Board's best option.
- This is my recommendation if the Board votes to livestream the PDGM summit and modify the conference to be virtual.

Option B: Do not cancel the contract and instead reschedule it for fall 2020.

- If chosen, the Board will also need to decide on Friday what dates to reschedule to. Nicole uses this in her negotiations and we need to make sure the hotel has availability.
- We will not be able to reschedule to three separate one-day events as the contract is for three consecutive days.
- Fall is one of the most popular seasons for hotels. There is no guarantee the hotel has availability, especially as there are multiple groups trying to reschedule right now.
- We will be subject to any rate changes as their pricing changes throughout the year. For instance, if the room rate in the fall is higher than our current $179/night price we will have to accept it.

Option C: Cancel the contract knowing we will most likely have to pay the full $31,110 to the hotel.

- NAHC mentioned they see us all as a team and are willing to share some of the financial losses. However, they would only be responsible for their event and I'm not sure how much they would be willing to cover. I do not believe it would be enough to make a noticeable difference in the $31,100 total.
- I do not recommend this option unless it is an absolute last resort.

Option D: Move forward with both the PDGM summit and annual conference as in-person events.

- There are no government restrictions on travel or meetings, that we could use in our favor.

- We will work with the hotel to increase cleanings, hand sanitizer stations, etc. and confirm they have a plan in place in case someone gets sick.
- I do not recommend this option. Even if the spread of coronavirus stops or recedes, we still have an obligation to keep our attendees and the hotel staff safe. This is even more important when you consider our audience is on the front line every day.

Notes

HCAF forwarded the below message they received from Marriott Corporate. We shared this with Nicole today and she was very surprised to hear this. She thinks this may be a local policy but is double-checking. Based on her experience with these larger chains, they are not as customer-focused as this message appears – especially as they stand to lose millions. The Double-Tree is a Hilton property, but if this is a national message we can expect to hear something similar from Hilton.

> *When we inquired about our options for cancelling or postponing the Orlando April 7th PDGM Summit, the venue originally said they were waiting for guidance from Corporate Marriott. Today, they provided this updated guidance:*
>
> *We are closely monitoring the coronavirus situation. We are handling each group on a month to month basis. For the month of March we are allowing cancellations without any penalties, for future months at this time we are upholding the standard contract cancellation policy until further notice.*