HCAW Board Packet

September 16, 2021

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HCAW September 2021 Board Meeting Agenda

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

Date: 09/16/21		**Time:** 10:00 a.m.-11:00 a.m.	**Location:** GoTo Meeting	
TIME	**TOPIC**	**DISCUSSION**	**ACTION PLAN**	**RESPONSIBLE**
10:00 a.m.	Call to Order	Welcome/Updates • Consent Agenda: August 2021 Minutes	Acceptance	Brent/All
10:05 a.m.	Financial Reports	• July/August Financials: Update and Acceptance	Acceptance	Brent
10:10 a.m.	Certificate of Need	• Vote on Marc Berg's Research Proposal	Discussion/Vote	Leslie/All
10:25 a.m.	Legislative Updates	• Public Policy Report • Clinical Director Report	Review and Questions	Leslie/Donna/All
10:35 a.m.	Discussion items	• Membership Outreach Assignments o List and template in board packet • Sepsis Tool Update	Review/Questions/Vote	Carissa/Donna/All
10:45 a.m.	DEI	• Committee Makeup and Goals Update		Zaneta
10:50 a.m.	Committee Engagement Opportunities	• Membership • Annual Meeting / Education • Public Policy • DEI+B	Discussion/Assignment	Brent/Carissa/All
10:57 a.m.	Action Items	Review of key deliverables/action items/decisions		Brent
11:00 a.m.	Adjourn	*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.*		

Board Meeting Teleconference Minutes
Thursday August 19, 2021

10:00 am-11:00 am

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

ATTENDANCE

Board: Officers: Rachel Manchester, President; Brent Korte, President-Elect/Treasurer; **Directors:** Gina Anderson, Imee Nebres, Jason Darling, Lisa Shaw, Deb Strom, Kelly Pajinag Amber Hahn-Keenan, Shelly McDiarmid (Non-Voting)

Staff: Leslie Emerick, Public Policy Director; Donna Goodwin, Clinical Director; Carissa Linnane Executive Director.

Not in Attendance: Directors: Geoff Meinken and Melinda Moore

CALL TO ORDER

Meeting **called to order** at 10:03 am
Consent Agenda: July Minutes **accepted** as provided.

General Announcements:

- Please continue to look for individuals withing your company who can serve on our DEI Committee.

PUBLIC POLICY REPORT

- **Complete report in board packet.**
- **Key Topics:**
  - Update related to State Law Enforcement and Wellness Checks.
  - COVID-19 Updates: The DOH has developed the COVID-19 Cases, Deaths and Hospitalizations in Persons Who Are Not Fully Vaccinated report. This is a great resource that is updates weekly.
  - Mandatory Vaccination: We met with the governor's office last week. Thank you to everyone who could attend the emergency board meeting to prepare for this call. Many of the questions we asked were included in the FAQ released by the DOH. Leslie E. will send the questions we submitted to the Governor's office. The FAQs were also shared with our membership. Please review this document and send us any clarifying questions so we can submit them to be considered in a version 2 of the FAQ's.
  - We have some agency rulemaking coming up on in-home services and Certificate of need.

- Free PPE is available for you – details in public policy report. We have also shared this information with our membership.

CLINICAL DIRECTOR REPORT

- **Full report in the Board packet**
- **Key Topics:**
  - Update provided on the CMS Proposed Rule for Medicare Certified Agencies.
  - HB 1218 – We are actively participating in a Stakeholder Workgroup is more focused on residential care.
  - We are continuing to monitor progress Choose Home Bill.
  - RCTC Membership Outreach Update: a comparison of our current membership list and the DOH licensed provider list indicates there is a lot of opportunity to bring in new members. We have a lot of work to do heading into our 2022 renewal period.
    - Brent K. asked what the response has been so far to our outreach? Per Donna G. the responses are a little mixed. Some prefer other platforms like Relias and HealthStream and others have not attempted to utilize this member benefit yet.
    - The Board is in favor for setting up a plan to regularly check-in with members and promote RCTCLearn.net.
  - Discussion followed around ideas on membership outreach and recruitment. Rachel M. asked that we add this topic to our September meeting agenda.

DISCUSSION ITEMS

- **Sepsis Evaluation Tool:** Carissa L. reviewed the benefits of utilizing the Sepsis Tool from an organizational standpoint. Before deciding to utilize this tool, the Board needs to learn more about how this tool works in the clinical setting. Donna G. will setup educational meetings with Al Cardillo to examine these questions so we can make a final decision on whether to use this tool and promote it to our members.

CERTIFICATE OF NEED

- **Certificate of Need:** discussion followed around whether to fund Marc Berg's research proposal. We are not able to hold a vote currently. The vote regarding Marc's proposal has been tabled for our September Meeting.

FINANCE REPORTS

- **Financials Reports**: Carissa L. will research the request to remove bad debt from 2021 member dues from our financial reporting. Brent K. asked that we send an A/R summary to the board following this meeting. Discussion followed around how to handle dues non-payment. Further discussion is warranted on this topic.
- **Motion to delay the approval of the July Financials until our September Board Meeting approved.**

COMMITTEE ENGAGEMENT OPPORTINITIES

- **Committee Engagement Opportunities:** we would like to invite each of our Board members to join an HCAW Committee. We have agreed to be a working Board and we can use all the help we can get to continue to advance our Mission.

ACTION ITEMS

- **All:** Consider joining an HCAW Committee, the following committees could use the support: Membership, Annual Meeting / Education, DEI+B, and the Public Policy Committee
- **Carissa:**
    - Send an A/R Summary Report to the Board following this meeting.
    - Add Membership outreach and Committee Engagement to our September Meeting agenda.
    - Add the CON final discussion and vote to our September Meeting agenda.
- **Donna:** Setup educational meetings with HCA NY on the Sepsis Evaluation Tool.
- **Leslie:** Share the initial questions that we compiled to ask the Governor's Office before the DOH FAQs were released with the Board.

Home Care Association of Washington
Balance Sheet Prev Year Comparison
As of August 31, 2021

	Aug 31, 21	Aug 31, 20	$ Change	% Change
ASSETS				
Current Assets				
Checking/Savings				
Baird Cash and Equivalents	36,162.76	33,843.20	2,319.56	6.85%
Bairds Investment Assets	122,053.70	94,861.93	27,191.77	28.67%
Columbia Checking 0944	95,556.53	81,589.22	13,967.31	17.12%
Columbia Money Mkt #0936	65,692.76	65,680.96	11.80	0.02%
PAC - Columbia #0951	1,079.81	0.00	1,079.81	100.0%
Paypal	0.00	525.00	-525.00	-100.0%
Total Checking/Savings	320,545.56	276,500.31	44,045.25	15.93%
Accounts Receivable				
Accounts Receivable	15,789.90	13,375.00	2,414.90	18.06%
Total Accounts Receivable	15,789.90	13,375.00	2,414.90	18.06%
Other Current Assets				
Prepaid Annual Meeting Expenses	750.00	750.00	0.00	0.0%
Prepaid Expenses	6,087.50	4,200.00	1,887.50	44.94%
Prepaid Insurance	2,459.64	222.08	2,237.56	1,007.55%
Prepaid Workshop Expenses	13,240.00	6,440.00	6,800.00	105.59%
Total Other Current Assets	22,537.14	11,612.08	10,925.06	94.08%
Total Current Assets	358,872.60	301,487.39	57,385.21	19.03%
TOTAL ASSETS	358,872.60	301,487.39	57,385.21	19.03%
LIABILITIES & EQUITY				
Liabilities				
Current Liabilities				
Accounts Payable				
Accounts Payable	93.10	45,470.43	-45,377.33	-99.8%
Total Accounts Payable	93.10	45,470.43	-45,377.33	-99.8%
Other Current Liabilities				
Deferred Dues				
Affiliate Dues	1,183.21	303.36	879.85	290.04%
Provider Dues	56,701.09	50,895.91	5,805.18	11.41%
Total Deferred Dues	57,884.30	51,199.27	6,685.03	13.06%
Deferred Workshop Income	0.00	1,425.00	-1,425.00	-100.0%
Total Other Current Liabilities	57,884.30	52,624.27	5,260.03	10.0%
Total Current Liabilities	57,977.40	98,094.70	-40,117.30	-40.9%
Total Liabilities	57,977.40	98,094.70	-40,117.30	-40.9%
Equity				
Retained Earnings	59,762.07	-51,012.49	110,774.56	217.15%
Unrestricted Net Assets	237,544.50	237,544.50	0.00	0.0%
Net Income	3,588.63	16,860.68	-13,272.05	-78.72%
Total Equity	300,895.20	203,392.69	97,502.51	47.94%
TOTAL LIABILITIES & EQUITY	358,872.60	301,487.39	57,385.21	19.03%

Home Care Association of Washington
Profit & Loss Budget vs. Actual
July through August 2021

	Jul - Aug 21	Budget	% of Budget
Ordinary Income/Expense			
Income			
PAC Contributions	500.00	0.00	N/A
MEMBERSHIP			
Affiliate Dues	854.10	3,200.00	26.69%
Provider Dues	33,640.55	180,000.00	18.69%
Total MEMBERSHIP	34,494.65	183,200.00	18.83%
OPERATING			
Job Target/Career Board	0.00	1,300.00	0.0%
Total OPERATING	0.00	1,300.00	0.0%
PROGRAMMING			
Annual Meeting/Conv - Spring			
Sponsorships/Endorsements/Rebat	0.00	3,000.00	0.0%
Annual Meeting/Conv - Spring - Other	0.00	41,000.00	0.0%
Total Annual Meeting/Conv - Spring	0.00	44,000.00	0.0%
Conf Trade Show Booth	0.00	3,000.00	0.0%
OCS OASIS Partnership	0.00	1,500.00	0.0%
Workshops/Seminars	274.90	21,250.00	1.29%
Total PROGRAMMING	274.90	69,750.00	0.39%
Total Income	35,269.55	254,250.00	13.87%
Gross Profit	35,269.55	254,250.00	13.87%
Expense			
ADMINISTRATIVE			
Bank / Merchant Fees	17.60	2,900.00	0.61%
Business License	0.00	10.00	0.0%
Insurance	391.26	2,300.00	17.01%
Management	13,800.00	82,800.00	16.67%
Office Supplies	7.10	300.00	2.37%
Postage	2.10	350.00	0.6%
Printing/Copies	57.60	400.00	14.4%
Publications/Subscriptions	0.00	1,500.00	0.0%
Telephone	51.94	500.00	10.39%
Total ADMINISTRATIVE	14,327.60	91,060.00	15.73%
ADVOCACY			
Lobbyist Expenses	0.00	1,750.00	0.0%
Lobbyist/Legislative Consultant	7,700.00	44,400.00	17.34%
Policy & Advocacy	375.00	1,500.00	25.0%
Total ADVOCACY	8,075.00	47,650.00	16.95%
COMMUNICATIONS			
Website- Reg & Maint	3,130.00	2,400.00	130.42%
Total COMMUNICATIONS	3,130.00	2,400.00	130.42%
LEADERSHIP			
Board Meetings	0.00	1,750.00	0.0%
Strategic Planning	0.00	1,500.00	0.0%

Home Care Association of Washington
Profit & Loss Budget vs. Actual
July through August 2021

	Jul - Aug 21	Budget	% of Budget
Total LEADERSHIP	0.00	3,250.00	0.0%
MEMBERSHIP SERVICE/RETENTION			
Clinical Director	5,000.00	30,000.00	16.67%
Clinical Director Expenses	0.00	500.00	0.0%
NAHC Dues/Other Memberships	187.50	1,500.00	12.5%
Public Relations/ Awards	0.00	250.00	0.0%
Total MEMBERSHIP SERVICE/RETENTION	5,187.50	32,250.00	16.09%
PROGRAMS			
Annual Mtg/Convention Spring			
A/V - Technology	0.00	8,300.00	0.0%
Food and Beverage	0.00	18,500.00	0.0%
Speaker	0.00	9,000.00	0.0%
Syllabus	0.00	2,500.00	0.0%
Total Annual Mtg/Convention Spring	0.00	38,300.00	0.0%
Workshops/Seminar Expense			
A/V-Technology	1,080.00	3,250.00	33.23%
Food and Beverage	0.00	2,000.00	0.0%
Lodging & Transportation	0.00	1,500.00	0.0%
Other Workshops/Seminar Expense	0.00	2,000.00	0.0%
Speaker	0.00	10,000.00	0.0%
Syllabus Copies	0.00	2,500.00	0.0%
Workshops/Seminar Expense - Other	150.00	0.00	100.0%
Total Workshops/Seminar Expense	1,230.00	21,250.00	5.79%
Total PROGRAMS	1,230.00	59,550.00	2.07%
Total Expense	31,950.10	236,160.00	13.53%
Net Ordinary Income	3,319.45	18,090.00	18.35%
Other Income/Expense			
Other Income			
Interest & Dividends	442.60	750.00	59.01%
Gain/Loss on Investments	-173.42	0.00	n/a
Total Other Income	269.18	750.00	35.89%
Net Other Income	269.18	750.00	35.89%
Net Income	3,588.63	18,840.00	19.05%

Home Care Association of Washington
Profit & Loss Prev Year Comparison
July through August 2021

	Jul - Aug 21	Jul - Aug 20	$ Change	% Change
Ordinary Income/Expense				
Income				
PAC Contributions	500.00	0.00	500.00	100.0%
MEMBERSHIP				
Affiliate Dues	854.10	151.66	702.44	463.17%
Provider Dues	33,640.55	23,302.86	10,337.69	44.36%
Total MEMBERSHIP	34,494.65	23,454.52	11,040.13	47.07%
OPERATING				
Job Target/Career Board	0.00	118.16	-118.16	-100.0%
Total OPERATING	0.00	118.16	-118.16	-100.0%
PROGRAMMING				
Workshops/Seminars	274.90	0.00	274.90	100.0%
Total PROGRAMMING	274.90	0.00	274.90	100.0%
Total Income	35,269.55	23,572.68	11,696.87	49.62%
Gross Profit	35,269.55	23,572.68	11,696.87	49.62%
Expense				
ADMINISTRATIVE				
Bank / Merchant Fees	17.60	0.00	17.60	100.0%
Insurance	391.26	227.50	163.76	71.98%
Management	13,800.00	5,000.00	8,800.00	176.0%
Office Supplies	7.10	0.00	7.10	100.0%
Postage	2.10	0.00	2.10	100.0%
Printing/Copies	57.60	0.00	57.60	100.0%
Telephone	51.94	0.00	51.94	100.0%
Total ADMINISTRATIVE	14,327.60	5,227.50	9,100.10	174.08%
ADVOCACY				
Lobbyist/Legislative Consultant	7,700.00	7,400.00	300.00	4.05%
Policy & Advocacy	375.00	250.00	125.00	50.0%
Total ADVOCACY	8,075.00	7,650.00	425.00	5.56%
COMMUNICATIONS				
Website- Reg & Maint	3,130.00	0.00	3,130.00	100.0%
Total COMMUNICATIONS	3,130.00	0.00	3,130.00	100.0%
MEMBERSHIP SERVICE/RETENTION				
Clinical Director	5,000.00	3,018.75	1,981.25	65.63%
NAHC Dues/Other Memberships	187.50	0.00	187.50	100.0%
Total MEMBERSHIP SERVICE/RETENTION	5,187.50	3,018.75	2,168.75	71.84%
PROGRAMS				
Workshops/Seminar Expense				
A/V-Technology	1,080.00	720.00	360.00	50.0%
Workshops/Seminar Expense - Other	150.00	0.00	150.00	100.0%
Total Workshops/Seminar Expense	1,230.00	720.00	510.00	70.83%
Total PROGRAMS	1,230.00	720.00	510.00	70.83%
Total Expense	31,950.10	16,616.25	15,333.85	92.28%
Net Ordinary Income	3,319.45	6,956.43	-3,636.98	-52.28%

Home Care Association of Washington
Profit & Loss Prev Year Comparison
July through August 2021

	Jul - Aug 21	Jul - Aug 20	$ Change	% Change
Other Income/Expense				
Other Income				
Interest & Dividends	442.60	364.87	77.73	21.3%
Gain/Loss on Investments	-173.42	9,539.38	-9,712.80	-101.82%
Total Other Income	269.18	9,904.25	-9,635.07	-97.28%
Net Other Income	269.18	9,904.25	-9,635.07	-97.28%
Net Income	3,588.63	16,860.68	-13,272.05	-78.72%

BERG DATA

Consulting, Strategic Planning, and Data Services Proposal

September 1, 2021

Background:

The Washington State Department of Health (DOH) is planning on doing rulemaking for the Home Health Certificate of Need methodology (CON), as requested by the Home Care Association of Washington (HCAW). The CON rules were delayed due to the COVID-19 pandemic and will be under consideration later this year as part of a larger overhaul of the entire CON program at DOH.

The current methodology for home health CON is quite dated (see: Certificate of Need Methodologies :: Washington State Department of Health) and was part of the 1987 State Health Plan with no update since. As it stands now, we believe it is a poor predictor of actual need for home health. The current home health CON methodology is based on the concept that financial viability is based on an arbitrary number of visits. This is not in keeping with the way Medicare-certified home health agencies are reimbursed today.

Reasoning for Data Proposal:

Home health agencies generally are reimbursed based on a blended model depending on payer source, usually including per-visit and episodic payments. For most agencies, most payments come from an episodic model like Medicare, rather than the per-visit model under the current CON methodology.

HCAW has been a long-standing supporter of retaining CON. We need to be sure that our members have data to determine if there in an unmet need in any county in the state. Metrics including referrals to home health, referred patients who were never admitted, and time from hospital discharge to an admission to home health should be considered. The home health CON methodology needs an overhaul to modernize it.

The data trends indicate there is a growing issue of access to home health care in the state. Educating HCAW members to these issues and developing strategies to bring high-quality care to more patients in Washington should be an important strategic goal for HCAW members.

Service to be provided:

Consulting

Analyze Certificate of Need methodology proposals as it relates to the Department of Health rule making process.

Analyze Medicaid reimbursement model changes.

Other data related projects as requested.

Strategic Planning

Identify access to care and quality of care issues for home health patients in Washington State.

Assist HCAW in developing recommendations to improve access to home health and the quality of care provided to Washington State residents.

Annual update by county of certificate of need metrics to establish if existing providers are meeting existing demand and achieving quality metrics.

Data

Unlimited access to the following data sources

Medicare Fee-For-Services Claims for:

- Hospitals
- Home Health Agencies
- Hospice Agencies
- Skilled Nursing Facilities

CMS Quality Data

CMS Patient Satisfaction Data

Social Security Administration Medicare Enrollment and Death Records

Medicare Cost Reports

OPTION A

This option would include all services and data listed above.

Fee: $10,000 annually

Term: Initial term 3 years. Automatic annual renewal thereafter unless cancelled by either party.

Payment Terms: negotiable (annual, monthly, quarterly, etc.)

Travel Reimbursement: As incurred for travel requested by HCAW.

OPTION B

This option would only include services and data required to support the DOH rule making. Any future analysis, data, or support of HCAW would be outside the scope of this option.

Fee: $10,000 year 1, $5,000 year 2

Term: Term 2 years. Any renewal or extension would be negotiated.

Payment Terms: negotiable (annual, monthly, quarterly, etc.)

Travel Reimbursement: As incurred for travel requested by HCAW.

Contact Information:

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August 6, 2021

HCAW August 2021 Public Policy Report

Prepared by Leslie Emerick, HCAW Public Policy Director

Policy Overview

August is typically quiet on the legislative front while people take vacations and prepare for Fall meetings and legislative days. State agencies on the other hand are very busy with rulemaking from the last legislative session! My main activities have been participating in agency rules meetings and ongoing workgroups for the Dementia Action Collaborative, Nursing Commission meetings, Rural Palliative Care and more…although we are not in session, policy activity is still busy this summer!

As you are aware, this summer has been unusually hot and this has had an impact on long-term care and hospitals dealing with heat exposure by seniors. DOH has an interesting link on their website: Heat Wave 2021 :: Washington State Department of Health. On July 16, 2021, The Centers for Disease Control and Prevention (CDC) released a rapid analysis of emergency department visits during late June's northwestern heat wave. According to the report, the mean daily number of heat-related illness emergency department visits from June 25-30, 2021, in Region 10 was 69 times higher than that during the same days in 2019. The most affected groups were males and people age 75 and older. Region 10 includes Alaska, Idaho, Oregon, and Washington.

DOH Incident Command Team (ICT): DOH set up an ICT during the heat wave and is requesting information how it impacted health care providers and agencies. Since around 50% of residents in WA State do not have air conditioning, there is a big concern about releasing people back into their homes. Do you have any stories to share with DOH about impacts on home health, home care and hospice care?

State Law Enforcement and Wellness Checks: A new hot topic that has come up is that various law enforcement agencies around the state are refusing to do wellness checks in the community stating that the laws now preclude them from doing so. The WA State Attorney General disagrees with this approach and has submitted a memo which is included in the article below further detailing. Much of the discrepancy in interpretations has centered on HB 1310, which sets a statewide standard for police use of force and establishes an expectation of "reasonable care" for officers. I am hearing through the lobbyist "grapevine" that there may be a Special Session this fall, and this would be one of the issues that they would address more clearly in legislation….more to come!

https://www.theolympian.com/news/state/washington/article253289628.html

COVID-19 Pandemic: Just when we thought we were nearing the end of the pandemic and Washington state has mostly opened back up, a new strain of the virus is causing setbacks around the country and the world, and Washington state is no exception. Cases seem to be rising in areas where there is a high percentage of non-vaccinated people, although it also has come breakthrough cases in other areas of the state as well. Here is an article released by DOH on July 28, 2021.

"New reporting from DOH reveals the devastating impact of COVID-19 on people who are unvaccinated, and underscores once again the need for people to get vaccinated now if they haven't already. The new data, released July 28, shows that between February and June 2021, at least 94% of COVID-19 cases, deaths, and hospitalizations in individuals 12 years or older from Washington state occurred in individuals who were not fully vaccinated. As of July 24, 2021, 61.4% of those eligible to receive vaccines have completed an approved vaccination series in our state. "We urge those who are eligible to get vaccinated. If they still have questions, we encourage them to speak to their healthcare provider," said Secretary of Health Umair A. Shah, MD, MPH. "We all have a role to protect our community especially those who are most vulnerable."

These data will be updated weekly in the new COVID-19 Cases, Deaths and Hospitalizations in Persons Who Are Not Fully Vaccinated report. The report provides an overview of confirmed or probable COVID-19 cases, hospitalizations, and deaths among people who are not fully vaccinated in Washington state. "Not fully vaccinated" is defined as those who have not received any dose of a COVID-19 vaccine or have received one or more doses of a COVID-19 vaccine but are not fully protected. Full protection from vaccination occurs about two weeks after receiving the final dose of an authorized COVID-19 vaccine because it typically takes that long for the body to build a high enough level of protection to fight the disease. More details will be added to the report, including demographics and trends, over the next few weeks. The COVID-19 Cases, Deaths and Hospitalizations in Persons Who Are Not Fully Vaccinated report can be found in the reports section on the COVID-19 Data Dashboard."

Dr. Shah, Secretary of Health, in Power of Providers Initiative: "As health care providers, we are committed to our patients and the overall health of the community. We support getting as many people vaccinated against COVID-19 as possible. Our goal is to seek patients' vaccination status, ask them about the vaccine and offer education, provide vaccination or a vaccine referral, and empower patients to share their vaccination status." Dr. Shah
Read Secretary Shah's Letter about the Power of Providers Initiative (PDF) | Spanish (PDF)

Visit DOH's Vaccine Power of Providers Initiative web page for more information

Mandatory Vaccinations? The next big controversy will be over whether to require vaccination in our health care system in WA state. This is worth a discussion among our agencies! I am sharing an article that just came out from the WA State Hospital Association:

WA State Hospital Association Statement Supporting COVID-19 Vaccine Requirements for Hospital and Health System Workers

SEATTLE — During its most recent meeting, the WA State Hospital Association Board of Directors adopted a resolution supporting COVID-19 vaccination requirements for health care workers.

WA's hospitals and health systems exist to improve and protect the health of our communities. In keeping with that goal, the WA State Hospital Association Board of Directors urges all hospitals in Washington State to adopt policies that require all health care workers to be vaccinated against COVID-19 or to follow steps determined by the hospital's policies. These requirements are necessary to protect workers, vulnerable patients, and community from COVID-19.

"Our state's health systems and hospitals have seen firsthand how debilitating and deadly this disease can be," said Cassie Sauer, President and CEO of the Washington State Hospital Association. "When the COVID-19 vaccines were first released, WSHA and its members strongly encouraged everyone who was eligible, including hospital and health system employees, to get vaccinated against COVID-19. In the months since, clinical data has shown the COVID-19 vaccines to be extraordinarily safe and effective and our best tool to prevent spread of the disease." The evidence is clear – vaccination against COVID-19 prevents people from becoming seriously ill, requiring hospitalization, or dying from the virus. To date, more than 4.4 million people in Washington and more than 164 million across the country have been vaccinated with minimal side effects.

PeaceHealth, Kaiser Permanente requiring COVID-19 vaccination for employees | Health | tdn.com

When do the WA State Waivers end? We are hoping that the state provides advance notice of waivers ending to allow agencies to "ramp down" to normal operations. Are there any that we would want to "keep"?

Department of Health (DOH)

Hospice Certificate of Need: Opening rules date has not been set by DOH yet. In March 2020, Governor Inslee issued Proclamation 20-36 waiving portions of Washington's Certificate of Need statutes and rules for the purpose of allowing providers within Washington to expand and/or establish services for the specific reason of responding to the COVID-19 pandemic within Washington. At this point the Department of Health is working on plans to transition from the pandemic response. As part of these efforts, the CN Program is sending a survey to determine which providers in Washington have expanded under the provisions of Proclamation 20-36. Your swift response to this survey will help the CN Program in working with those providers, who have taken advantage of the provisions of Proclamation 20-36, in implementing transition plans to return to CN approved services once this proclamation is rescinded. No date has been identified on when this proclamation will be rescinded, this is a step to help the CN Program identify which providers we may need to work with when this occurs. You will have seven (7) working days to respond to this survey. You can access the survey HERE. Deadline: COB JULY 26, 2021. If you have any question, please email us at FSLCON@doh.wa.gov.

Emergency Rules Filed on Medication Assistance: The Pharmacy Quality Assurance Commission (commission) and Department of Health (department) have jointly filed emergency rules to reinstate medication assistance rules as permitted under chapter 69.41 RCW. Specifically, these rules, filed under WSR 21-15-108 establish criteria for medication assistance in community-based and in-home care settings in accordance with RCW 69.41.010(15). These rules help impacted individuals retain their independence and live in the least restrictive setting, such as their own home, longer by providing means and guidance for medication assistance. For more information and to view the rule language, please follow this link. Contact WSPQAC@doh.wa.gov with questions.

DOH Rules Update: PAs ordering Home Health Services Expedited Rule Making CR-105: WAC 246-335-510 Definitions. In-Home Services, Home Health. DOH 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. Here is a link to the final rules https://www.doh.wa.gov/Portals/1/Documents/1100/2106/COVID19_WSR2106054inhomehealthdefintions4thCR103E_HSQAfinal-20210225.pdf (Date Adopted 2/23/2021)

DOH Rulemaking removing limitation on distance supervision for Social Worker Associates. If you have comments you may submit these comments here: Rules Comment If you have any questions regarding this please reach out to Brandon Williams at brandon.williams@doh.wa.gov.

- 2113148counselingswrkmftpostgradsupervision105final.pdf

Bi-Weekly Fit Testing Update: Plan going forward: For large facilities, have fit testing contractors use the N95s that building can purchase. For AFH, provide 3M for fit testing. Skilled nursing facilities have supplied their own N95's for fit testing. the AFH's have relied on DOH and contractors to supply the N95's for fit testing. As the pandemic has wound down the supply chain is homogenizing to major suppliers. New DOH website for Fit Testing: https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionsandFacilities/HealthcareAssociatedInfections/FitTesting

Personal Protective Equipment (PPE) Backstop Update July 9, 2021
What: The state PPE backstop has been available to help support state agencies, counties, tribes and other partners through the COVID-19 pandemic. As the state transitions from how PPE needs were met during the pandemic, we are working to get PPE to the local level, where it is most useful.

When: Now is the time to submit requests for PPE to the state backstop. State agencies, counties, tribes, and other partners are encouraged to order PPE to make their pre-COVID backstops whole (level prior to January 20, 2020) as well as up to a 90-day supply to support COVID-19 related responses.

Who: Counties, tribal nations, or state agencies needing PPE can order from the state backstop for their communities and partners. DOH Prioritization Guidelines for Allocation of Personal Protective Equipment are available.
How: Order forms for the state PPE backstop must be completed and submitted to local county emergency managers. County emergency managers are able to answer questions about the forms and ordering process. Additional information about ordering and the order form is available here: Ordering Personal Protective Equipment (PPE). In the future, availability of PPE and the process for ordering will change. Future processes for ordering are currently under development and will be communicated to partners broadly.

Palliative Care-DOH Rural Health Integration Advisory Team (PC-RHIAT):. For more information on their efforts go to: https://waportal.org/partners/home/washington-rural-palliative-care-initiative The PC-RHIAT meeting was on Wednesday, July 7th from 1:00-2:00 pm. Sharmon Figenshaw talked about the new Advance Care Planning docs for Honoring Choices Pacific Northwest, and the revised POLST form. https://www.honoringchoices.org/health-care-directives

Palliative Care Roadmap Still Available!! 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/

WA State Medical Commission

Consults With Practitioners in Other States: During the 2021 Legislative Session, the legislature passed Substitute Senate Bill 5423. This allows WA state Allopathic Physicians (MDs) and Osteopathic Physicians (DOs) to consult with practitioners licensed in another state, via telemedicine, in order to diagnose and treat a WA provider's established patient.

Nursing Care Quality Assurance Commission (NCQAC)

NCAQC Advisory Opinions: Debbie Carlson, NCQAC, is working on current drafts of advisory opinions that I believe may impact hospices: Portable Orders for Life Sustaining Treatment Revision Draft/Death with Dignity Draft/Determining, Pronouncing and Certifying Death Draft. Just a reminder that they are NCQAC Advisory Opinions and not new WAC or RCW.

NCQAC/Long-Term Care Workforce Steering Committee: We wrapped up the ongoing workgroup to deliver a final report to the legislature with recommendations on how to reduce barriers to entering Long-Term Care Workforce. The final report is completed, here is the link: Long-term Care Workforce Development Final Report (wa.gov)

Temporary Practice Permits for Nurses: NCQAC completes the licensing for all nurses in our state, including RNs, LPNs, ARNPs and Nursing Technicians. Over the last several months, the NCQAC worked with the Governor's office to give top priority to temporary practice permit applications for nurses to assist with the urgent and critical care needs during the COVID-19 response. This included processing expedited application requests from qualifying healthcare

facilities. Beginning July 1, 2021, the NCQAC is legislatively required to complete licensure of complete applications within seven days and has staffed accordingly to meet this requirement. In accordance with this new expectation, the NCQAC will no longer be processing expedited application requests from individual facilities. Any nurses who came to WA under the Emergency Volunteer Healthcare Provider (chapter 70.15 RCW) program to apply for a permanent license in Washington State. This will avoid a lapse in licensure in the event the Governor declared state of emergency ends. To apply for a WA State Nursing License, please visit our licensing webpage.

Health Care Authority (HCA)

HCA Rulemaking for **DME & Home Health—ARNP PAs Ordering Home Health** : These rules were finalized and submitted for Permanent Adoption (CR103P) - WSR 21-12-051
Effective date: 06/26/2021

New Preproposal - Statement of Inquiry (CR101) for Home Health: They need to fix an error in the last round of rulemaking. Reasons why rules on this subject may be needed and what they might accomplish: HCA is amending these rules to change occurrences of "ordering physician" to "authorized practitioner" to align with amendments in Chapters 182-543 and 182-551 WAC recently made in WSR 21-12-051. During the course of this review, HCA may identify additional related changes that are required in order to improve clarity or update policy. (See WSR 21-14-007)

Medicaid Social Worker for Home Health Funding: HCA is still in the process of setting this up and payment will be retroactive to July 2, 2021. Currently claims are being denied so please resend them when they get the system set up.

Private Duty Nursing (PDN) issue and Seattle Children's Hospital (SCH): I am working closely with our PDN agencies to help address the nursing shortage issue for medically fragile children. SCH has initiated a workgroup to discuss how to address medically fragile children being backed up at the hospital for up to 3 years due to the shortage of private duty nurses and low reimbursement rates in the state. They are discussing several options at this time and will be brining providers to the discussions eventually as they determine the parameters of what they would like to do.

Office of the Insurance Commissioner (OIC)

Telemedicine Audio-Only 2021 Legislation: Substitute House Bill 1196 was passed during the 2021 legislative session and requires the following regarding the practice of telemedicine. Beginning July 25th, 2021, providers who bill a patient or the patient's health plan for audio-only telemedicine services must receive patient consent for the billing prior to rendering the service. The patient consent requirement is applicable to PEBB/SEBB plans, private health plans, behavioral health administrative services organizations and MCOs contracted with the Health Care Authority, and Medicaid managed care plans contracted with the Health Care Authority.

DSHS/ALTSA

DSHS filed an emergency rule on Disqualifying Crimes: On July 30 to implement the changes related to the passage of Substitute House Bill 1411, which adds time limitations to certain crimes which were previously permanently disqualifying. To read the filing notice and rule, click here.

DSHS and DOH Stakeholder Workgroups on Legislation: During the 2021 legislative session, the legislature passed two bills in response to the COVID-19 public health emergency with major impacts on LTC facilities and homes. I am participating in these meetings and have attended two stakeholder meeting for SHB 1218. October 2021 deadline to submit a draft to state agencies for review before December 2021 deadline. No meeting date set for HB 1120 yet…more to come!

SHB 1218 addresses the quality of life, health, and safety of long-term care residents during a state of emergency, such as a pandemic. Donna Goodwin and I are attending these meetings .The legislation directs the department develop rules requiring long-term care facilities to develop emergency preparedness plans, respond to communications from the public, make accommodations to assist residents with communication, maintain current resident information, post any notice of stop placement, and support a resident's right to visitation from an essential support person during times when visitation is otherwise limited. This project is expected to begin in the summer of 2021 and continue through the adoption of the final rules.

ESHB 1120 addresses the statutes and rules that were suspended due to the COVID-19 pandemic and how to return to normal operations at the end of the state of emergency. This directs the department to adopt rules on the suspended topics and the periods of time requirements were suspended and how to reinstate them. These topics include fingerprint background checks, timeline of licensing inspections, nursing home staffing, and LTC worker training.

Ongoing Public Policy Meetings

WA State Telemedicine Collaborative: I have been attending these meetings for many years with my "in-home services hat" on. This year the collaborative was instrumental in passing the legislation that allows for audio only telemedicine (HB 1196). Want a reminder for when the Collaborative will meet next? Sign up for our newsletter!

WA State Senior Citizens Lobby: This is a monthly meeting I have been attending for over 10 years. Speakers usually include the Assistant Director for Aging and LTC Services at DSHS and other who speak to issues related to servicing senior citizens in our state.

Dementia Action Collaborative: I have been participating in the states Dementia Collaborative for several years. I am working on a readmissions committee with this group that includes discussions around home care. They are working on a "tool kit" for dementia patients leaving the hospital and how to keep them safe and prevent readmissions.

WA State Hospital Association (WSHA) Readmissions Workgroup: I am in the WSHA Readmissions Workgroup. I am trying to incorporate homecare into their discussions!

Home Care Association of Washington

Clinical Director Report

August 2021

Legislative/Regulatory:

Certificate of need rules for home health to be opened for review some time this fall. I have worked with Marc Berg of Berg-Data and Leslie to provide some initial and top-level education to the HCAW Board of Directors. Marc has shared blinded data for the board to review and consider. Anticipate further discussions based on outcome of September's board meeting. I am researching methodologies from other states, Maryland being one that does not tie need for additional home health to only visit calculation methodology.

I am monitoring and reading the CMS Proposed Rule for Medicare Certified agencies for 2022 along with extensive comments from NAHC. That rule also includes significant changes for hospice surveys and possible enforcement actions. More to follow. Value based purchasing will be slowly expanded to all states.

I am participating in discussion with the HB 1218 Stakeholders Workgroup to discuss ways that infection control measures and COVID related issues can be improved relative to COVID. DOH/DSHS will be preparing a report to the legislature with a near final draft expected in October. This workgroup so far has been very facility focused (SNF/ALF/AFH). We hope to get the attention of the group around issues related to in-home services.

The DOH has convened workshops to provide input regarding facility enforcement standards for various provider types. I suspect we'll see citation standards and fines for IHS agencies.

CHOOSE Home – Monitoring progress of this bill which could be huge for home care.

Seattle Children's Hospital Private Duty Nursing:

Discussions continue with Leslie, SCH and PDN agencies to try to address serious nursing shortage in PDN agencies that is preventing medically stable children from being discharged home. SCH is conducting a root cause analysis on the issue in September with Leslie attending. We met with Paula Meyer of the nursing commission to identify barriers and found none. Stay tuned.

RCTCLearn Outreach:

HCAW entered into an agreement with RCTCLearn as a learning management system to offer as a free member benefit. I was able to successfully reach out and connect with 11 people from our list of 24 agencies. Member agencies were provided with RCTC tokens and instructions last spring. Many missed the email or didn't understand what it was referencing. For those who requested the tokens be resent that was accomplished via Carissa. For those members who use RCTC there was concern about not having new content or updated content. RCTC was noted to be valuable to "check the box" for those agencies needing to meet the DSHS approved annual CE requirement. Four of the eleven respondents reported they use Relias and will continue to do so. Several respondents stated the following would be helpful:

- Providing a standardized Medicare Home Health Benefit 101 training available on demand on the HCAW website.
- Webinars or LMS that focus on the basics for our industry (Infection Control, ANE, compliance, cyber security, etc)

- For our Private Duty Nursing members, RCTC does not provide any relevant nursing education content.

Other recommendations:

- Consider how to assist members with annual competencies.
- Develop a method to keep member list current. Due to attrition at many agencies, it was not always possible to track down the right person. More consistent outreach might remedy this situation.
- Look into why some members had not paid dues or been invoiced. At least three PDN agencies thought their membership was current but had not paid their dues. This has been addressed with the help of Carissa, but we should compare the member list with the DOH list of agencies who are state licensed. There are well over 200 agencies on the DOH list and several had been members in the past.
- Continue to look for a replacement for RCTCLearn as we move forward that better meets the needs of membership.

***Representing HCAW*:**

I attend the following meetings throughout the month representing HCAW:

Forum of States; DOH COVID 19 vaccine webinars (multiple); CON call with member agency; WSHA – STAR – Sepsis webinars; Bree Collaborative; WSHA Readmission Round table meeting, NAHC Town Hall meetings.

COMMITTEE LIST & DESCRIPTIONS

Accountable Communities of Health (ACH) Committee

INACTIVE

Website: Member task force that represents the In Home Services industry in the regional ACH meetings; representatives share information with each other to identify opportunities for integration of home health in healthcare planning efforts at the regional level.

Annual Meeting (/Education) Committee

Policies & Procedures Manual: Responsible for planning, developing and promoting an annual meeting in the spring of each year; if the annual meeting is planned in conjunction with the Oregon Association for Home Care, the Committee will serve as hosts when the meeting is in Washington, and will actively assist OAHC when the meeting is in Oregon.

Website: Responsible for planning, developing, and promoting an annual meeting in the spring of each year. Help us plan and implement education that serves all HCAW member agencies and their staff at every level.

Awards Committee

NOT IN BYLAWS OR P&P MANUAL

Responsible for soliciting nominations and selecting winners for the Annual Conference Awards. Meets at least twice a year prior to the conference.

Executive Committee

Bylaws: The Executive Committee shall be composed of the officers of the Association. It shall be empowered to act on issues of an emergency or time-sensitive nature when the Board of Directors cannot convene, after which a report will be made to the full Board. The Executive Committee shall meet at the call of the President and a majority shall constitute a quorum.

Finance Committee

Bylaws: The Finance Committee shall be composed of the officers of the Association. It shall review and make recommendations to the Board on all financial matters of the Association.

Membership (& Marketing) Committee

Policies & Procedures Manual: Reviews and recommends programs for membership recruitment; investigates and recommends membership benefits; is responsible for reviewing and approving applications for membership based on established criteria; may make recommendations to the Board for membership categories and criteria, and changes in dues structure.

Website: Develop innovative ways to attract new members as well as retain current members. This committee reviews and recommends programs for membership recruitment, investigates and recommends membership benefits, is responsible for reviewing and approving applications for

membership based on established criteria, and may make recommendations to the Board for membership categories and criteria, and changes in dues structure.

Nominating Committee

Bylaws

The Nominating Committee shall be composed of the Immediate Past-President and four to eight (4-8) individuals elected by the membership who shall make nominations for the positions of President-elect, directors of the Association and the Nominating Committee.

Policies & Procedures Manual

It will be a charge of the Nominations Committee--to the extent possible--to compile a slate of candidates which reflects and represents the many provider types within the Home Care Association of Washington, and which will assure a Board of Directors which is balanced and representative. To avoid confusion and possible embarrassment, before nominees to the HCAW Board of Directors or Nominating Committee can be officially announced, their agencies' dues must be paid through at least two quarters of the current year.

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The HCAW Board supports the Nominating Committee's decision not to have contested elections. Thus, once the uncontested slate has been sent to members, if there are no additional nominees "from the floor," the slate will be considered approved by the members and no further balloting will be required.

(Public) Policy Committee

Bylaws: The Policy Committee provides a forum for members to receive consistent information in order to provide input regarding emerging state legislative and regulatory issues from the HCAW lobbyist, and federal regulatory issues from the HCAW Executive Director. The policy committee is chaired by a member of the Board of Directors, nominated by the Board president.

Website: Develop HCAW's 2018-19 legislative agenda and action plan for state and federal issues, and participate in monitoring and discussing legislative and regulatory proposals during Legislative Session and beyond.

Reimbursement

INACTIVE

Policies & Procedures Manual: Responsible for reviewing actions of fiscal intermediaries and advocating for the members when appropriate; will represent the Association and its members with regard to Medicare, Medicaid and third-party reimbursement.

REFERENCES

Bylaws

ARTICLE IX STANDING COMMITTEES

1. The Board shall establish the following Standing Committees: Nominating, Executive, Finance, Policy.
2. The Chairperson of each Standing Committee shall be: Executive Committee--President; Finance Committee--Treasurer; Nominating Committee--Immediate Past President. Policy—Board member

ARTICLE X AD HOC COMMITTEES AND COUNCILS

1. Ad Hoc Committees, Task Forces and Councils shall be established by the Board to carry out specific functions of the Association, or address specific issues.
2. The President shall appoint committee, task force, or council chairpersons, who, with Board approval, will select a minimum of three (3) other members.
3. To the extent that it is possible, members of the committees or councils shall be composed in such a manner that they are representative of the major provider classifications and types.

ARTICLE XI ELECTIONS

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.

Policies & Procedures Manual

COMMITTEE CHAIR AND VICE CHAIR RESPONSIBILITIES

It is the responsibility of each chairman of HCAW committees to recommend to the President and Board of Directors the membership make-up of his/her committee, and to the extent possible, formulate committees to be representative of geography and major provider classifications. It is the chairman's responsibility to establish time and place for committee meetings, and to see that all committee members are properly notified.* At committee meetings, the chairman is responsible for providing an agenda, convening the meeting, presiding, and seeing that proper minutes are kept as a record of the meeting. Within a reasonable time after all committee meetings, the chairman is responsible for seeing that minutes are distributed to all committee members, as well as the HCAW Executive Director and President. The chairman is also responsible for maintaining close communication with his/her Board liaison so that any pertinent actions, news or information of the committee will be brought to the Board's attention. Additionally, upon request, committee chairmen will write articles or summaries of committee activities for publication in the Association newsletter.

**The HCAW staff will assist as needed to notify members of meetings, distribute minutes, and otherwise provide support to committees.*

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AD HOC COMMITTEES

Each year, the Board of Directors will approve the establishment of ad hoc committees to carry out specific functions and accomplish desired goals. Ad hoc committees may include, but are not limited to: Membership & Marketing Committee, Annual Meeting Committee, Reimbursement.

COMMITTEE VOLUNTEER FORM

The Home Care Association of Washington has many working committees that are essential to our success as an organization. Please add your name to the list to take a part in one or more of the committees listed below.

Contact Information		
Contact Name:	Company Name:	
Phone:	Email:	
Business Address:		
City:	State:	Zip:
I would like to serve on the following committee(s): ☐ Annual Meeting/Education ☐ Membership ☐ Policy ☐ Diversity, Equity & Inclusion ☐ Other		

Annual Meeting/Education Committee

Responsible for planning, developing, and promoting an annual meeting in the spring of each year. Help us plan and implement education that serves all HCAW member agencies and their staff at every level.

Membership Committee

Develop innovative ways to attract new members as well as retain current members. This committee reviews and recommends programs for membership recruitment, investigates and recommends membership benefits, is responsible for reviewing and approving applications for membership based on established criteria, and may make recommendations to the Board for membership categories and criteria, and changes in dues structure.

Policy Committee

Develop HCAW's 2019-20 legislative agenda and action plan for state and federal issues, and participate in monitoring and discussing legislative and regulatory proposals during Legislative Session and beyond.

Other

Want to be involved but none of these fit you? Check "Other" and HCAW staff will contact you regarding other important opportunities.

RETURN FORM TO

Home Care Association of Washington
5727 Baker Way NW #200 | Gig Harbor, WA 98332
F: 877-460-5880 | E: info@hcaw.org