



# Pandemic Recovery Series: Session 2 of 8



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# Pandemic Recovery Series

<http://www.hc-link.com/pandemic-recovery-webinar-series>

- Session 1 (7.2.20)
  - Navigating the Economic Incentives
- Session 2 (7.9.20)
  - Promoting Agency Success with Emergency Preparedness Plans, Infection Control, and Quality Programs
- Session 3 (7.16.20)
  - Identifying Operational Efficiencies During Pandemic Recovery
- Session 4 (7.23.20)
  - Getting Prepared for the Next Round

# Pandemic Recovery Series

- Session 5 (7.30.20)
  - Legal Aspects of Pandemic Recovery
- Session 6 (8.6.20)
  - Setting Yourself Up for Financial Success
- Session 7 (8.13.20)
  - Addressing Pandemic Psychosocial Impacts While Rebuilding Agency Operations
- Session 8 (8.20.20)
  - Optimizing External Opportunities for Agency Growth and Expansion

# Agenda: Session 2

- Introductions
- Emergency preparedness planning
- Infection prevention and control
- Quality Assurance Performance Improvement (QAPI) program development with a focus on the COVID-19 pandemic
- Governmental regulations related to agency quality and compliance programs



# Emergency Preparedness Planning



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# Emergency Preparedness Planning

- Emergency Preparedness Plan Requirements
  - Medicare and Medicaid requirement
    - Emergency Preparedness Rule (11.16.16)
  - State licensing requirements
    - Texas: Texas Administrative Code (TAC) Chapter 558 (Rule §558.256)
  - State Operations Manual Appendix Z
    - Emergency Preparedness for All Provider and Certified Supplier Types Interpretive Guidance (Last updated 2.21.20)

# Emergency Preparedness Planning

- Why is an EPP important to your business?
  - General principal is to maintain access to healthcare during a disaster and/or emergency
    - Safeguard human resources
    - Maintain business continuity
    - Protect physical resources
  - Use as a resource for important information as needed

# Emergency Preparedness Planning

- What is the importance of getting your agency's EPP in order now?
  - Playing catch-up is not a good idea
  - Focus of surveys in the future
  - Potential for simultaneous disaster and/or emergency situations

# Emergency Preparedness Planning

- Necessary Components of an EPP
  - Policies
  - Continuity of Business Operations plan
  - Staff education
  - Patient and family education
  - Documentation of drills or actual implementation
  - Evaluation of response(s)

# Emergency Preparedness Planning

- COVID-19 Public Health Emergency (PHE) and Emergency Preparedness Planning
  - Recommendation to have a separate binder for activity related to the COVID-19 pandemic
    - Policies specific to COVID-19
    - Staff and patient contact information
    - Documentation of staff education
    - Review of personal protective equipment (PPE)
    - Vendor contact information
    - Information on staffing shortages

# Emergency Preparedness Planning

- Deficiencies related to EPPs
  - Failure to show that information was being kept current with recommendations of the Centers for Disease Control (CDC) and/or Health and Human Services (HHS)
  - Not having a clear communication plan that meets federal, state, and local regulations
  - Not including tribal contacts
  - Failure to identify a patient who may need evacuation assistance from local or state jurisdictions
  - Failure to complete an internal review of the plan at least annually (Texas) and to update the plan as needed
  - Failure to have evidence that the agency tested the response phase in a planned drill as part of the annual EPP review
  - Failure to show a process for cooperation and collaboration with federal, state, tribal, regional, and local emergency preparedness officials

# Emergency Preparedness Planning

- Recommendations

- Take steps to get your agency's EPP in order
- Update EPP policies, Continuity of Business Operations plan, and staff education
- Organize a specific COVID-19 binder
- Develop a plan for staffing related to the COVID-19 pandemic
- Develop agency policy for return to work after exposure and/or positive test result
- Keep updated on the evolving situation utilizing the CDC website, state HHS sites, and sites of the applicable accreditation organizations
- Document, document, document!



# Infection Prevention and Control



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# Infection Prevention and Control

- **The World Health Organization (WHO)** defines Infection Prevention and Control (IPC) as a scientific approach and practical solution designed to prevent harm caused by infection to patients and health workers. It is grounded in infectious diseases, epidemiology, social science and health system strengthening.
- **Infection Prevention and Control (IPAC)** refers to evidence-based practices and procedures that, when applied consistently in healthcare settings, can **prevent** or reduce the risk of transmission of microorganisms to healthcare providers, clients, patients, residents, and visitors

# Polling Question 1



# IPC: The Importance of PPE Training

- When to use personal protective equipment (PPE)
- What PPE is necessary (e.g., no COVID-19 diagnosis vs confirmed or suspected COVID-19 diagnosis)
- How to properly don, use, and doff PPE in a manner to prevent self-contamination
- How to properly dispose of or disinfect and maintain PPE
- The limitations of PPE

# IPC: Proper Use of PPE

- Before caring for patients with confirmed or suspected COVID-19, staff must do the following:
  - Receive comprehensive training on when and what PPE is necessary, how to don (put on) and doff (take off) PPE, limitations of PPE, and proper care, maintenance, and disposal of PPE
  - Demonstrate competency in performing appropriate infection control practices and procedures

Personal Protective Equipment (PPE) Competency Checklist			
Clinician Name _____		_____	
_____ Last	_____ First	_____ Job Title	
Evaluator: _____		Date: _____	
Type of Validation: _____	Orientation _____	Annual _____	Other: _____
Donning and Doffing of Personal Protective Equipment			
Skills	Competency		
	Yes	No	Comments
Identifies the proper PPE to gather and verbalizes that all appropriate PPE is available at point of use			
Verbalizes proper steps in examining PPE for defects			
Demonstrates the ability to follow the proper sequence for donning PPE in the following order:			
1. Hand hygiene using hand sanitizer for 20 seconds cleansing all parts of hands, fingers and nail beds.			
2. Dons gown: fully covering torso from neck to knees, arms, ends of wrists. Wrap around back. Tie/fasten in back of neck and waist.			
3. Dons N95 respirator while ensuring air-tight fit.			
4. Performs seal check.			
5. Dons Face shield: Place over face and eyes, adjust to fit as needed.			
6. Dons gloves covering wrist of gown.			
Demonstrates the ability to follow the proper sequence for doffing PPE in the following order:			

# IPC: Having a PPE Policy

- Each agency should have policies and procedures describing a recommended sequence for safely donning and doffing PPE

ADMINISTRATIVE POLICY MANUAL	HOME CARE
PERSONAL PROTECTIVE EQUIPMENT (PPE)	IC.13 Page 1 of 6
<b>PURPOSE</b>	
To provide guidance on protecting patients/clients and staff utilizing Personnel Protective Equipment (PPE) during an outbreak of an infectious disease.	
<b>POLICY</b>	
I.	The Agency will stay abreast of current information and practice guidelines provided by local, state, and federal agencies related to any infectious outbreak, pandemic, or epidemic.
II.	The Agency will identify patients/clients and staff [person under investigation (PUI) those with suspected or confirmed exposure or disease] with signs and symptoms of the infection as well as those considered at risk for the infection.
III.	The Agency will provide appropriate education to patients/clients and their families or caregivers on infection control procedures to avoid infection and/or prevent the spread of infection.
IV.	The Agency will provide appropriate education to their staff on disease specific infection control measures, including hand hygiene, appropriate use of PPE, standard precautions, and transmission-based precautions to prevent the spread of infection.
V.	The Agency will provide training as needed on PPE, including when to use, what PPE is necessary, how to properly don, use, and doff to prevent self-contamination, how to properly dispose of or disinfect and maintain PPE, and the limitations of PPE. The Agency will ensure staff competency for donning and doffing PPE, utilizing competency assessments by qualified individuals, as needed.

# IPC: Donning and Doffing PPE

- Identify and gather the appropriate and correct size of PPE to don
- Perform hand hygiene using hand sanitizer at appropriate times, especially after doffing PPE
- Ensure correct sequence when donning and doffing for most effective infection control
- Be sure gloves should cover the cuff (wrist) of gown
- Ensure all PPE is disposed of properly after doffing

# IPC: Donning and Doffing PPE Education

- There are tools available for use in staff education
- CDC: Using PPE
  - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>
- CDC: PPE Sequence
  - <https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf>

# IPC: Estimating PPE Needs

- The CDC offers a PPE 'burn rate calculator' that can be utilize to estimate the amount of PPE an agency will need
- The calculator was developed by the National Institute for Occupational Safety and Health (NIOSH) and assists in calculating the PPE consumption or 'burn rate'

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html>



# IPC: Estimating PPE Needs

- If you choose not to use the PPE burn rate calculator, use the following to calculate needed PPE supply:
  - Patient census and staff census
  - The condition or health status of patients
  - The needs of PPE usage in daily patient care
  - The equipment used for care needed
  - If using reusable or handmade masks or face shields, consider time for disinfecting and washing equipment as time when the equipment is not available for use

# IPC: Supply Optimization Strategies

- The agency should consider strategies used to optimize the supply of PPE and other necessary equipment
- Consider different resources to obtain PPE
  - Your agency's normal supply chain or contracted and available vendors
  - Local partners or stakeholders
  - Healthcare coalitions
  - Public health regions
  - Your state or local health department to request supplies

# IPC: Supply Optimization Strategies (cont.)

- Consider different resources to obtain PPE (continued from previous slide)
  - Contact your state associations for information about accessing supplies
    - State associations have been able to identify the process, which could be formal requests (with forms to be completed) or requests emailed to the health department or local, regional, or national suppliers with inventory available
  - For N95 respirators, be prepared with the model number of which masks have been fit-tested for your staff. If no model number is available, provide the manufacturer and year from a mask you have in stock.
  - If your agency is in Texas, go to the local Regional Advisory Councils
    - <https://dshs.Texas.gov/emstraumasystems/etrarac.shtm>

# IPC: PPE Evidence for Focused Surveys

- When preparing for a focused infection control survey, certain evidence is needed
  - Evidence of education to staff (including those providing care under contract) on proper infection control practices, including education related to donning, doffing, and disposal of PPE
  - Evidence of adequate PPE for staff providing care to patients
  - Medical record documentation of utilization of proper PPE while providing care to patients
  - List of PPE provided to staff



# Quality Assessment Performance Improvement (QAPI):

QAPI in the COVID-19 Pandemic



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# Ensuring an Adequate QAPI Program

- It is important for each agency, regardless of services provided, to have a thorough QAPI program that is updated regularly
- QAPI is a requirement per 42 CFR §418.58 and 42 CFR §484.65
- The program may be referred to as one of the following:
  - Quality Assessment Performance Improvement or
  - Quality Assurance Performance Improvement

# QAPI: Common Requirements

## Common requirements for home care and hospice:

- Must develop, implement, and maintain an ongoing, agency-wide, data-driven QAPI program
- The program must reflect the complexity of its organization and services and must involve all services, including those under arrangement (i.e., contract PT, OT, ST, or MSW)
- The agency must maintain documentary evidence of its program and demonstrate its operation to the Centers for Medicare and Medicaid Services (CMS)
- It must be capable of showing measurable improvement in indicators related to patient outcomes, monitoring effectiveness and safety of services and quality of care, and identifying opportunities for improvement

# QAPI: Executive Responsibilities

- The Governing body is responsible for ensuring the following:
  - An ongoing program for quality improvement and patient safety is defined, implemented, maintained, and evaluated annually; and
  - The agency-wide QAPI efforts address priorities for improved quality of care and patient safety, and that all improvement actions are evaluated

# QAPI: Key Components

Program activities must do the following:

- Focus on high risk, high volume, or problem-prone areas
- Consider incidence, prevalence, and severity of problems in those areas
  - For hospice, affect palliative outcomes, patient safety, and quality of care
  - For home care, lead to an immediate correction of any problem that threatens the health and safety of patients/clients
- The hospice or home care agency must take actions aimed at performance improvement. After implementing those actions, the agency must measure its success and track performance to ensure that improvements are sustained.

# QAPI: Performance Improvement Projects

- Performance Improvement Projects (PIPs) are a part of a QAPI program
- The number and scope of projects conducted annually must reflect the scope, complexity, and past performance of the agency's services and operations
- Documentation must show the following:
  - What quality improvement (QI) projects are being conducted
  - Must have at least one active PIP at all times
  - The reasons for conducting these projects
  - Measurable progress achieved on these projects

# QAPI: Texas-Specific Requirements

Requirements for Texas agencies include the following:

- A QAPI Committee implements the program
- QAPI Committee membership. At a minimum, the QAPI Committee must consist of the following members:
  - The administrator;
  - The supervising nurse or therapist, or the supervisor of an agency licensed to provide personal assistance services; and
  - An individual representing the scope of services provided by the agency.
- The Committee must meet at least two (2) times per year or more often if needed
- The Committee must review and update the plan of implementation at least once within a calendar year

# QAPI: Appropriate Measures

An agency must maintain a QAPI program that is focused on patient/client outcomes that are measurable and with a goal of optimal care. The measures are used in the care planning and coordination of services and events; they must include the following for analysis and review:

- Sample of active and closed records
- Negative patient care outcomes
- Complaints/incidents of unprofessional conduct by licensed staff and misconduct by unlicensed staff
- Infection control activities
- Medication administration and errors
- Effectiveness and safety of all services provided, including the following (see additional bullets):
- Competency of clinical staff
- Promptness of service delivery
- Appropriateness of response to complaints/incidents
- Determination that services have been performed as outlined in the care plan
- Patient/family complaints
- Adverse patient events

Texas Administrative Code Reference: 26 TAC §558.287

# QAPI: COVID-19 Blanket Waiver

- CMS published an 1135 blanket waiver on 5.11.20 with a retroactive effective date of 3.1.20 and until the end of the Public Health Emergency (PHE)
- Quality Assurance and Performance Improvement (QAPI): CMS is modifying the requirement at 42 CFR §418.58 for Hospice and §484.65 for HHAs, which requires these providers to develop, implement, evaluate, and maintain an effective, ongoing, hospice/HHA-wide, data-driven QAPI program. Specifically, CMS is modifying the requirements at §418.58(a)–(d) and §484.65(a)–(d) to narrow the scope of the QAPI program to concentrate on infection control issues, while retaining the requirement that remaining activities should continue to focus on adverse events. This modification decreases burden associated with the development and maintenance of a broad-based QAPI program, allowing the providers to focus efforts on aspects of care delivery most closely associated with COVID-19 and tracking adverse events during the PHE. The requirement that home health and hospices maintain an effective, ongoing, agency-wide, data driven quality assessment and performance improvement program will remain.

# Polling Question 2



# QAPI: Infection Control Activities

- Agencies must maintain and document an effective infection control program that protects patients, families, visitors, and agency personnel by preventing and controlling infections and communicable diseases
- Must maintain a coordinated agency-wide program for the surveillance, identification, prevention, control, and investigation of infectious and communicable diseases that is an integral part of the agency's QAPI and includes the following:
  - (i) A method of identifying infectious and communicable disease problems; and
  - (ii) A plan for implementing the appropriate actions that are expected to result in improvement and disease prevention.

CMS Reference for Infection Control Activities: 42 CFR §418.60 and 42 CFR §484.70

# QAPI: Infection Control Activities

- Must have a policy that addresses infection control
- Must follow:
  - Occupational Safety and Health Administration (OSHA) 29 CFR Part 1910.1030 and Appendix A, relating to Bloodborne Pathogens
  - Communicable Disease Prevention and Control Act, Health and Safety Code, Chapter 81
  - Health and Safety Code, Chapter 85, concerning prevention of AIDS, HIV, and Hepatitis B
- Maintain a coordinated, agency-wide program for surveillance, identification, prevention, control, and investigation of infectious and communicable diseases

Texas Administrative Code Reference for Infection Control Activities: 42 TAC §558.285 and 42 TAC §558.853

# QAPI: Infection Control Activities

- Document infections that patients/clients acquire while on services:
  - Date detected, patient's name, primary diagnosis, signs and symptoms, type of infection, pathogens identified, and treatment
  - For an agency licensed only as a PAS, documentation must include the date that the infection was disclosed to the agency employee, the client's name, and treatment as disclosed by the client
- Follow Standards of Practice and Standard Precautions
- Infection control education provided to staff, patients, families, and other caregivers

Texas Administrative Code Reference for Infection Control Activities: 42 TAC §558.285 and 42 TAC §558.853

# QAPI in the COVID-19 Pandemic

- Identify critical processes to reduce the spread of the virus and improve the safety and effectiveness of care for patients/clients and your staff
- Evidence-based procedures are well-established for many home care and hospice processes
  - Available from the CDC, the World Health Organization (WHO), and state health departments
- Agency leaders need to be sure to follow the steps on time every time and to ensure and measure consistent compliance in the following processes:
  - Infection control measures
  - Screening patients/clients and staff to identify those who may have been exposed or who may have an active infection so that the risk of new exposures can be limited

# Screening Requirements for Home Care Agencies

General: Any international travel within the last 14 days or contact with someone with known or suspected COVID-19

Symptoms:

- Fever (if measured with a thermometer)
- Chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

For Texas PAS providers: Taking the temperature is strongly recommended by the Department of State Health Services (DSHS) and the CDC, but when a thermometer is unavailable, screening for all other symptoms will meet the minimum standard for screening. The screening must include a review of COVID-19 symptoms, as listed by the CDC.

# QAPI in the COVID-19 Pandemic

## Infection Control Measures

- Implement appropriate infection prevention and control measures
  - Ensure policies are in place and are accurate and complete
  - Ensure that education and training are provided and documented for staff and patients/clients
  - Ensure that appropriate supplies and personal protective equipment (PPE) are on hand and available to staff
  - Ensure there is a back-up plan in case of shortages of PPE or supplies
- Ensure there is adequate staff to provide care to patients
  - Ensure there is a back-up staffing plan in case staff are unable to perform their duties due to personal or family illness or exposure

# QAPI in the COVID-19 Pandemic

## Infection Control Measures

- Care of patients/clients with suspected or confirmed diagnosis
  - Determine which visits are essential and which are non-essential
  - Strict implementation of full PPE for essential visits; place non-essential care on hold
- Staff with suspected or confirmed exposure or diagnosis
  - Enforce work restrictions and return-to-work requirements
- Report persons under investigation (PUI) for COVID-19 and those who test positive for COVID-19 to the appropriate local and state public health authorities

## Investigation

- Track COVID-19 positive patients/clients and staff; include an analysis of the data to look for trends and to identify opportunities to improve the infection prevention and control measures

# QAPI in the COVID-19 Pandemic

## Data collection: Measuring success and identifying opportunities for improvement

- Develop data collection tools based on the infection control measures described above
- Include questions to explore compliance with each of the following requirements:
  - Staff and patient/client screenings documented prior to each visit
  - All positive screens reported to agency management and followed up with appropriate reporting
  - Documentation supports that every staff member and patient has received education on COVID-19 signs and symptoms, risk factors, mode of transmission, use of PPE, hand hygiene, and what information to report
  - Documentation supports that staff members completed training and competency testing for use of PPE and transmission-based precautions for COVID-19

# QAPI in the COVID-19 Pandemic

## Data collection: Measuring success and identifying opportunities for improvement

- Review the documentation to determine if each step was performed and documented as required
- Investigate any variances to identify the cause(s)
  - Variances might include, but not be limited to the following: Failure to complete a staff or patient/client screening prior to a visit, failure to use appropriate PPE, and/or failure to use the PPE properly
- Investigate any adverse events to see if preventative measures were properly and consistently applied
  - Adverse events or negative outcomes may include, but not be limited to the following: Incidents of exposure, staff or patient/client developing signs and symptoms of the disease due to an agency-related exposure, and/or increased emergent care or hospitalization rates due to COVID-19

# QAPI in the COVID-19 Pandemic

Data collection: Measuring success and identifying opportunities for improvement

- If variances or adverse events are identified, determine the contributing factors (e.g.,utilizing root cause analysis), then plan and implement corrective action to prevent recurrence(s). This may include education, competency training and testing, or any other action taken by the agency to improve compliance.
- Continue to measure performance indicators to determine if the issue is improved and the improvement is sustained over time. If not, reevaluate the problem, the corrective action taken and other potential contributing factors, implement a new corrective action, and continue to measure performance.

# Other Waivers (ended on June 30, 2020)

- Home Health Quality Reporting Program Deadlines for October 1, 2019
- 2019: December 31, 2019 (Q4) data submission optional
- 2020: Data from January 1, 2020 through June 30, 2020 (Q1-Q2) does not need to be submitted to CMS for purposes of complying with quality reporting program requirements
- Hospice Quality Reporting Program (QRP)
- The CAHPS Hospice Survey will start on July 1, 2020 with July deaths
- HIS: All new HIS admission records and any HIS discharge records that occur on or after July 1, 2020 will need to be submitted



# Governmental Regulations Related to Quality Programs

A Legal Perspective



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# Medicare Conditions of Participation (“CoPs”)

- Starting in 2017, the focus was on quality of care
- CMS made changes to attempt to reduce medical errors while improving quality
- CoPs state the following: HHAs must develop, implement, evaluate, and maintain an effective, ongoing, HHA-wide, data-driven QAPI program
- No “one size fits all” program
  - The program should reflect the following: i.) Type of services; ii.) Complexity of services; iii.) Indicators of improved outcomes (e.g., hospital re-admission rates); and iv.) Identify how to improve HHA performance across the spectrum of care.

CMS Reference: 42 C.F.R. § 484.55(d), 42 C.F.R. § 484.65

# CMS COVID-19 Blanket Waivers

- On March 30, 2020, CMS published blanket waivers for health care providers, including home health (“HH”) and hospice
- Waivers provided extensions for HH (e.g., Extension from five (5) days to 30 days for the comprehensive assessment completion, 30-day OASIS submission requirement waived)
- Expansion of telehealth use, and the face-to-face encounter (F2F) can be performed via telehealth
- Narrowed QAPI to emphasize infection control, while maintaining activities producing “adverse events” (both HH and hospice)
- Exempted HH agencies from Home Health Quality Reporting Program
  - Time period covered is October 1, 2019 through June 30, 2020
  - Failure to submit report will **not** result in the agency’s annual market basket increase being reduced by 2%
- Hospice: Waiving use of volunteers, on-site visits for hospice aides, and non-core services

# CMS COVID-19 Second Round of Waivers

- On April 30, 2020, CMS published a second round of COVID-19 Blanket Waivers to give providers additional flexibility in order to respond to the COVID-19 PHE
- HH
  - New deadline for 12-hour HH aide training is the end of the first full quarter after the declaration of the PHE conclusion
  - Detailed information of providers for discharge waived
  - Ten (10) days to provide patient's medical records instead of four (4) days
- Hospice
  - Annual assessment and in-services postponed until the end of the first full quarter after the declaration of the PHE conclusion

# Internal Controls and Compliance Programs – Why Are They Important?

- Raises awareness: You don't know what you don't know
- Mitigation factor
- Communication commitment
- Reduces Qui Tam (Whistleblower) cases
- Good business
- Minimizes impact of Corporate Integrity Program (CIA)

# What is a Compliance Program?

- Using tools and protocols to prevent and/or detect violations of the law, regulations, governmental guidance, or policies
- Define expectations for ethical and proper behaviors in business
- Demonstrates commitment to “doing the right thing”
- Encourages reporting of wrongdoing
- Facilitates internal monitoring and auditing
- Develops a more positive and ethical corporate culture

# Common Compliance Issues and Tracking Regulations

- Medicare billing compliance
- Medicaid contract management
- Third party payor management
- Labor & employment
- Safety (especially now)
- Quality
- Anti-kickback / patient solicitation / marketing
- HIPAA – Privacy and security
- State laws and licensing board requirements

# Polling Question 3



# We're here to help

- We are always available to assist agencies with consulting and advisory services, but especially through this public health emergency

- Visit our websites:

- HealthCare ConsultLink
- DLA Piper

<http://www.hc-link.com/>

<https://www.dlapiper.com/en/us/locations/dallas/>

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# Pandemic Recovery Series: Next Event

- Knight CPA Group, HealthCare ConsultLink, and DLA Piper thank you for attending today's webinar
- Session 3 (7.16.20)
  - Identifying Operational Efficiencies During Pandemic Recovery
    - Operational process improvement, telehealth/telecommunications in home care, billing impacts of COVID-19, and labor and employment aspects of operational efficiency
- For registration support, call 888.258.1894 or email [info@hc-link.com](mailto:info@hc-link.com)
- Visit the webinar series website for more detailed information:  
<http://www.hc-link.com/pandemic-recovery-webinar-series>

# COVID-19 Resources

- [HealthCare ConsultLink Resources](#)
- [National Association for Home Care & Hospice COVID-19](#)
- [National Hospice and Palliative Care Organization COVID-19](#)
- [Centers for Medicare & Medicaid Services COVID-19](#)
- [Palmetto GBA COVID-19](#)
- [Centers for Disease Control and Prevention COVID-19](#)
- [Occupational Safety and Health Administration COVID-19](#)
- [World Health Organization COVID-19](#)
- [Coronavirus.gov](#)
- [Texas Department of State Health Services COVID-19](#)
- [Texas Health and Human Services COVID-19](#)
- [Texas Association of Home Care & Hospice COVID-19](#)
- [Texas & New Mexico Hospice Organization COVID-19](#)

# Questions??

