

Questions submitted from the HHS committee to DHHS for June 12 meeting:

General:

1. We would like to hear a brief update from each of the departments as to how things are going since adjournment on March 17th.
2. What are the current stats related to:
 - a. Suicides
 - b. Domestic Violence
 - c. Child Abuse
 - d. Substance Use Disorder
 - e. Opioid Overdoses
3. How much CARES Act funding or other federal COVID funding has DHHS received and can we see the expenditure reports?
4. Budget cuts appear to be inevitable. What and where will they come from in DHHS?
5. In what ways has the work of DHHS changed since Maine has been dealing with the public health crisis caused by COVID-19? What are the three biggest challenges the department will have to deal with going forward?

Long-term Care/OADS/Hospitals

6. St Joseph Healthcare is facing a budget defect of \$22.1m due to the fact it provided fewer services 2-5/20. It has received only \$2.7m from the CARES Act because it is not a rural hospital. St Joseph Healthcare is a vital part of Bangor's/Eastern Maine's economy and cannot absorb a loss of \$19.4m – its demise will have a serious economic impact to that area of the state. What can DHHS do to release money now from the \$1.25b available? Four other small Maine hospitals are in a similar position. (See attached handout for additional materials.)
7. Please review medical oversight; investigation of unsafe practices/events in hospitals, LTC facilities and other congregate care environments; and background checks/CNA registry – concerns and current work as affected by COVID.
8. Please provide information about the change in case numbers in adult protection, the process for investigation and remediation by type of harm during stay-at-home orders periods.
9. What is being done to protect individuals with intellectual disabilities or autism?
10. Please update what COVID19 funding has been provided to community-based providers to improve the safety and reduce risks for direct care workers? Please include the amount of PPE stockpile, environmental modification, hazard pay and other measures DHHS has funded to community providers to reduce the spread of COVID.

11. Did the Direct Care Workers get the increase authorized in the supplemental budget?
12. Did the Maine Veterans' Homes get the funding also authorized in the biennial budget?
13. Why hasn't the Department implemented the mandatory testing of Nursing Facility employees coming in and out of the facility?
14. How does the department plan on making WABAN whole or making funding available to support educating and caring for disabled children/adults?

OFI

15. Please review the eligibility and numbers of people/cases eligible for MaineCare, SNAP, child support, disability and review challenges for each of these safety net programs.
16. Can you please describe how the unemployment payments amounts are impacting Medicaid and other benefits programs. Is there an impact for people who were financially eligible who are now over income because of the \$600 increase in benefits? Is there concern about the numbers of people that could potentially no longer be eligible for Medicaid, including those who went on because of Medicaid expansion? Additionally, is there an impact to Rental Assistance (Section 8 or BRAP), or ACA premiums?
17. What is the increase in the numbers of SNAP benefit recipients throughout the pandemic? What has been the average benefit?
18. We recently received "Notice of Proposed Agency Rulemaking" regarding the "Working Cars for Working Families" where \$6 million has been set aside for the program. Could the money be used to supplement potential budget cuts?

MaineCare

19. How many people have been added to MaineCare rolls due to the loss of health insurance?
20. Please provide updated budget information for MaineCare given increased FMAP and increased caseload and review the current and future budget challenges.
21. What progress that has been made on the Rate Setting Study and the current projections on completion and release of the results to the HHS Committee? What is the current plan for reviewing and setting revised rates?
22. Please provide an update on the 1115K waiver, including implementation status. Additionally, please provide any progress that has been made on other group home waivers.

23. Are any other changes needed to make telehealth more available for MaineCare patients?
24. Using the existing resources (state money saved by the K-waiver, CARES, FMAP increase, DOE CARES) for IDD providers:
- Will DHHS extend and increase the reimbursement rate in the K waiver funding for IDD services?
 - Will DHHS allow telehealth services for disabled children who had been receiving school-based behavioral health services?
 - Will DHHS reimburse essential service providers for the extraordinary COVID-19 supplies, staffing and equipment?
 - Will DOE provide computers/tablets and internet access to all Maine children receiving therapeutic early intervention so that they can participate in distance learning?

CDC

25. What has been the process for integrating CDC guidance with emergency orders? Who has been involved and where was input sought?
26. What is the current status for community health workers? Has there been a change in scope of work, ability to make home visits?
27. Please describe the efforts DHHS is making to develop Contract Tracing. Please describe how the department is engaging with providers to fund and provide follow up services to people who test positive for COVID in the community. Services can include 24/7 response, access to hoteling/housing, laundry, increasing the use of cultural brokers through sub-contracts, and other crisis-related responses to people who are recovering. What is the total expenditure and please provide the detailed background that is being allocated per Community Action Agency to achieve the desired outcomes? Is this funded through the CARES Act?
28. Describe how the Department is engaging in meaningful partnership with community agencies in addressing the increased costs and changes in service delivery because of COVID.
29. The 129th Legislature including funding for domestic violence in the biennial budget (at the same amount as in LD 1171, An Act to Prevent Sexual and Domestic Violence and To Support Survivors but for only 2 years) with a \$5million FHM appropriation to expand services thoughtfully and with best intentions. These services are critical across the state. The funding was to be made available in 24 months over the biennium. Can the Department provide flexibility and provide the full 24 months of funding to providers, including any carryover funds resulting from the late start-up of the FY20 contracts and service delivery changes that have been made because of COVID?

30. DHHS has asked CAP agencies to contract with the Community Action Agencies to do outreach to low income Mainers in rural areas well in the Immigrant communities for a six-month duration for COVID19 intervention, but they are only allocating \$40,000 which will last about a month at most and less in more populated areas. How was this figure reached and what does DHHS expect for that amount of investment?
31. How is the CDC planning to deliver COVID vaccinations when they are available?

OBH

32. Please review challenges associated with mental health, SUD and co-occurring disorders brought by COVID.
33. The opioid crisis remains a significant priority for our state. During the pandemic, data was released that showed that the 2019 death rates were higher than the 2018. The present isolation and desperation has had a tremendous impact on relapse and increased need for mental health services. What is the status of recovery and self-help groups, isolation and anxiety and access to MAT? Can the Office of Opioid Response and Office of Behavioral Health provide an update on funding and services that are being addressed to mitigate the overdose rates in our state?
34. What has been the safety protocols for Riverview and Dorothy Dix facilities during the pandemic? Have they been similar to DOC's?

OCFS

35. With youth, children and infants at risk at home, how is the department ensuring safety? Has there been an increase in child abuse cases? If so, by how much?
36. What steps has OCFS taken to address the significant reductions in Child Protective Services and Adult Protective Services referrals (see above for APS as well)?
37. Alternative Response cases are moderate but as we know, the types and cases referred to Alternative Response can be high risk. What steps has OCFS taken to provide hazard pay and PPE to the contract ARPs in Maine so they can safely continue to do this critical service for OCFS?
38. Please provide an update on the progress in child welfare reunification efforts during the Covid pandemic. Heard concerns from lawyers who work with reunification regarding the stopping of this opportunity in Washington County.
39. What are the plans for the Foster Care program and why has parental visitation not been allowed throughout the pandemic?

40. We have spoken with our local school officials and law enforcement (local police chiefs, county sheriffs, School Resource Officers) in our districts and many voice similar concerns with regard to the lack of access by mandated reporters to Maine's children with schools closed in lieu of distance learning and a decrease in regular visits to medical providers over the last 3 months. In general, local police departments have not seen an uptick in reporting for abuse and neglect and request for well checks. Our children and vulnerable adults are less visible and outside of the reach of most all of those who look out for their welfare, including extended family such as grandparents.

- How many abuse/neglect calls have come into the department hotline since the stay at home order has been in effect? How do these numbers compare to the same time period last year? What were the numbers in the three months prior to the stay at home order?
- How are assessments being done? How much in person, in home risk assessment/investigation is occurring?
- Do monthly check-ins continue by video and phone? If so, when might those check-ins be done in-person?
- A York County SRO expresses concern that lap tops used for distance learning – the only means of outreach by many children – might be considered left in the possession of the students over the summer, particularly if there is no summer programming. Is DHHS and DOE in communication on issues such as this and has that communication been ongoing as it pertains to assessing abuse and neglect through virtual learning? Do written guidelines exist?

Additional questions from the committee on behalf of MEHCA and BNRC:

41. The temporary nursing home and PNMI rates that took effect in March are now expiring. With COVID-19 expenses still on the rise, can we expect to see a new plan to reimburse facilities for the true cost of fighting COVID-19? Can the Extraordinary Circumstances procedure that is already in the Principles of Reimbursement be improved so that it is more responsive to provider needs on a case by case basis?
42. If the PPE marketplace continues to be overwhelmed by unprecedented demand in the coming months, what are the steps being taken by the Department to ensure an adequate stockpile of PPE for long term care facilities in the event of a resurgence?
43. How much does Maine benefit from the recent increase in federal Medicaid matching funds (FMAP), and how has it been allocated? Will a portion of the additional \$1.25 billion in federal aid to Maine be available to pay for COVID related costs in nursing homes and assisted living facilities?
44. COVID-19 places additional staffing pressures on long term care facilities, many of which reported shortages before the pandemic. In outbreak situations, how does the

Department support the provision of care if facilities have exhausted traditional recruitment options and still need assistance?

(Please see additional attached questions from Brett Seekins, BNRC.)

Additional questions from the committee on behalf of MMA:

45. PPE supply chain - We have established contracts with distributors, but they are challenged with back orders for much needed items. How do we get better access? It continues to be very challenging for primary care medical practices to obtain PPE, even as we diagnose and care for patients with Covid-19. Are there plans to improve this? As an example, are there plans for the Maine CDC to offer bulk purchasing programs of quality items, and to assist in this process, especially for the many smaller practices that are not part of a larger hospital system?
46. Availability of accurate rapid testing – when can we expect accurate convenient testing for our patients and staff?
47. On many of the websites, including Maine CDC, it states that there are testing sites available in Maine where people can simply go to have a coronavirus test done, such as walk-in sites. I called the Maine CDC last week and was told that there is no actual list available, and that they are not able to give out this information. They recommended that people go to CVS, the pharmacy chain. Are there plans to have a formal list of testing sites available?
48. Vaccination – when available will there be issues with supply and demand? What will be the Department’s approach to getting childhood immunizations back on track? Will there be outreach to pediatricians/family practices? Will the VFC program approach the distribution of vaccines any differently due to the decreased immunization rates that have been reported?
49. Telehealth – Currently under relaxed rules, is there legislation in place to maintain Telehealth as a covered service just as an in-person visit?
50. How has the pandemic affected the department’s ability to respond to/investigate new concerns reported to CPS or APS? Is there adequate staffing? What has happened to reporting rates to CPS with schools closed?
51. What has MaineCare seen in terms of per member per month costs of this quarter compared to the previous? How has the pandemic affected MaineCare’s budget?
52. If a disabled adult has been approved during the pandemic to receive in-home services but they are not receiving them, whom should they contact?
53. How does contact tracing work, logistically?

54. Other countries have formally addressed the concept of a “bubble” of social contacts and how to adjust/increase/decrease the bubble based on the prevalence of covid-19. Does the CDC plan to address the reality that many people are increasing their bubble? Many of our patients are increasing their social network (without 6 foot distancing and without masks) and asking us how to proceed.

Additional committee question:

55. Should DHHS reallocate any of its resources and readjust its focus given the demonstrations of the last two weeks?



June 3, 2020

Senator Geoff Gratwick
Maine State Legislature
3 State House Station
Augusta, Maine 04333-0003

Questions to Maine HHS Committee

Dear Senator Gratwick,

At your request, please find our questions related to Nursing Home challenges associated with our COVID-19 response.

We thank you, and your HHS Committee members, for your time and interest in this important matter.

The last 100 days has been nothing short of a high-wire act for all health care professionals. Our charge is to defeat an invisible enemy. We accept our calling, without reservation.

We very much appreciate the support from Maine CDC, MEMA, DHHS, Licensing and Certification and Maine's Long Term Care Ombudsman's Office. The best from all of us is needed at this time. And, the best from all of us, has been proudly on display. The coordination of direction and then action is paramount to a successful front that will keep danger at our doorways.

Questions

1. The HHS Cares Act provided stimulus payments to Nursing Homes specifically designed to shield against Medicare related financial losses due to low census volumes as a result of the cancellation of many surgical procedures during the pandemic and Maine State Civil Emergency order.

The Small Business Administration created the Payroll Protection Program and provided loans to business to prevent them from closure and to remain open after June 30, 2020. Those dollars were required to be spent on certain obligated costs.

Q: Is it DHHS's expectation that Nursing Homes will be required to offset and remove the HHS Cares Act and SBA PPP payments from their filed MaineCare cost report to reduce allowable MaineCare cost, thus in effect reducing MaineCare payments to those nursing homes?

2. If the state is requiring that Nursing Homes offset those payments:

Q: Given the urgent and emergent nature of the award of these dollars from disparate organizations for disparate purposes, will DHHS consider amending its rules under the Governor Mills State of Civil Emergency orders to alleviate Nursing Homes from filing the cost report offsets of HHS and SBA funds?

3. DHHS has been very specific, and limiting, about allowable uses for the Extraordinary Circumstances Allowance funds provided to Nursing Homes March 1, 2020 through May 31, 2020. For instance, dollars can be expended on Housekeeping, but, not for Laundry. Dollars can be spent on PPE, but, not on small capital projects that would bolster a nursing homes infection control program.

Q: Is there any opportunity to rationally negotiate other acceptable COVID-19 related uses?

4. The Affordable Care Act requires that employers provide affordable Health Insurance to their employees.

Q: Since this is a Federal statutory obligation, will the State consider changing the Maine State Plan to allow Nursing Homes to capture these dollars as an allowable Capital Cost, similar to how it allows the Health Care Provider Tax to flow through the Capital Cost component on filed MaineCare Nursing Home cost reports?

5. As the economy and tourism sector of our state business model reopen, there is great potential for additional "COVID-19 waves" as expressed by the CDC and echoed by the Maine CDC. This places the healthcare community on edge, and at great risk, with little or no control.

Q: Will immunity from lawsuits be granted for Nursing Homes that are conducting their operations and programming responsibly?

Senator Gratwick, we thank you, and all HHS Committee members, for your leadership, interest and commitment to the health care industry, as well as the great State of Maine.

Respectfully submitted,



Brett C. Seekins, MLA
CEO/Administrator

CC: Rick Erb, President, Maine Health Care Association

COVID-19 relief funding allocation formulas are allowing some Maine hospitals to fall through the cracks.

St. Joseph Healthcare needs your help and support.

In March, St. Joseph Healthcare, located in Bangor, responded decisively and in accordance with CDC guidance and Governor Mill's mandate to prepare for a possible coronavirus surge. A crucial, but financially devastating, part of preparation included halting elective procedures and outpatient services that generate the majority of our hospital revenue—revenue we depend on to pay our employees' salaries and other expenses that come with running a hospital.

The Financial Impact of COVID-19 on St. Joseph Hospital

-\$22.1 million

Projected losses through calendar year 2020 due to COVID-19

+\$2.9 million

CARES Act relief funding allocated to St. Joseph Healthcare as of June 2020

-\$19.2 million

Projected shortfall for calendar year 2020 (Includes cost savings measures)

In addition to flaws with current COVID-19 relief funding allocation formulas, there are several other pandemic-related factors that have contributed to our projected shortfall for 2020, including:

66% Loss

of hospital-generated revenue since March due to temporary suspension of outpatient services & elective procedures

Slow Return Of Volumes

Experts predict that patient volumes will take months to return to pre-pandemic levels, even with proper safety measures & marketing in place

Increased Expenses

due higher training, development and emergency response expenses, PPE and equipment costs, and longer patient length of stays

10% Decline

in commercially insured patients as percentage of Medicare, Medicaid & uninsured patients increased

CARES Act Funding Distribution Overview by Phase

\$30 Billion General Distribution

\$2.6 million

\$20 Billion General Distribution

\$17,000

\$12 Billion High-Impact Distribution

\$0

\$10 Billion Rural Distribution

\$0



st. Joseph healthcare

St. Joseph Hospital

A Member of Covenant Health

We are committed to being wise stewards of our community's healthcare resources.

St. Joseph Healthcare has already taken action to reduce expenses and preserve limited financial resources, including:



Temporarily furloughing 111 employees – nearly 10% of our total workforce



Implementing CDC guidance to preserve supplies & finding new ways to source supplies at lower costs



Expanding telehealth services to increase access & generate revenue where possible

We are sincerely grateful for the financial relief we've received to date. However, without additional financial relief, Bangor and our surrounding communities are at risk of losing good jobs, essential charity care, population health and access to some of the vital healthcare services our community depends on. Here is a snapshot of what is at stake:

\$15.8 million

Uncompensated care & community benefit
(Based on 2019 levels)

\$77.3 million

Salaries & benefits provided to our 1,113 employees & providers annually

112 hospital beds

to meet our community's inpatient healthcare and surgical needs

St. Joseph Healthcare needs your help.

Here is how you can make a difference.



Please support our efforts to secure additional relief funding for St. Joseph Healthcare. Your support will help us preserve vital healthcare services and jobs in Nashua and our surrounding communities.

 ST. JOSEPH healthcare
St. Joseph Hospital
A Member of Covenant Health