



OLR RESEARCH REPORT

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TRANSFER OF PERSONS RECEIVING HOME CARE DURING WEATHER EMERGENCY

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You asked (1) about the law or practice regarding people receiving home care services being forced to go to a hospital, rather than a shelter, during a weather emergency and (2) whether a person in that situation has to pay for hospital services.

SUMMARY

We did not find any laws specifically addressing your questions. According to Wendy Furniss, branch chief for the Department of Public Health's (DPH) Healthcare Quality and Safety branch, the law does not require emergency shelters to transfer patients to hospitals. However, the law also does not require such shelters to offer medical services. If someone arrives at an emergency shelter and later there is a change in the person's circumstances necessitating medical care, it is possible that the person may then be transferred to a hospital or other medical setting.

According to Furniss, during Storm Sandy, many private insurers were willing to cover nursing home care on a temporary basis for people who were displaced from their homes. Some hospitals also provided free care to people in the community, or only charged room and board rather than the regular in-patient rate.

In anticipation of Storm Sandy reaching Connecticut, DPH sent a memo to emergency medical services (EMS) organizations to advise them on procedures for the transportation of patients during the storm. The memo advised EMS organizations, in situations where there was not an acute medical concern, to consider the shelter's capabilities, caregivers, and resources when selecting an appropriate destination for transport.

DPH regulations require home health agencies to have emergency plans in the case of weather emergencies or similar events.

Federal law requires state Medicaid agencies to screen patients for the potential existence of mental health and related conditions before they can be placed in nursing homes, to be sure they receive an appropriate level of care. This is known as the Pre-Admission Screening and Resident Review (PASRR) (42 C.F.R. § 483.100 et seq.). However, the PASRR regulations allow for admissions without this screening for up to seven days in emergency situations requiring protective services.

According to Kathy Bruni, manager of the Alternate Care Unit within the Department of Social Services (DSS), during Storm Sandy, many people were admitted to nursing homes temporarily in this manner without PASRR screening. If the person was on Medicaid, the admission would be covered by Medicaid. Otherwise, payments for nursing home or hospital stays during an emergency are determined by the person's insurance status. (The PASRR process only applies to nursing home admissions.)

According to Bruni, during Storm Sandy, for people receiving services through the Connecticut Home Care Program for Elders (CHCPE), the access agency care managers worked with family members and town officials to be sure that anyone at risk had somewhere to go. (CHCPE is a Medicaid waiver and state-funded program that provides home and community-based services for eligible individuals age 65 and older who are at risk of institutionalization. For more information, see DSS's website:

<http://www.ct.gov/dss/cwp/view.asp?a=2353&q=305170>.)

DPH MEMO ON PATIENT TRANSPORT DURING STORM SANDY

Before Storm Sandy reached Connecticut, DPH's Office of Emergency Medical Services sent a memo to emergency medical organizations, coordinated medical emergency dispatch centers, and regional communication center directors regarding the transport of patients during the storm. The memo stated in part that:

Any Connecticut Licensed or Certified EMS organization that is requested to transport a person(s) due to their loss of utilities should consider transportation of the individual(s) to a local emergency shelter utilizing whatever transportation resource that is most appropriate and safe, inclusive of ambulance or invalid coach. If after the responding provider's assessment, no acute medical concerns are identified, providers should consider shelter capabilities and the presence or absence of caregivers or resources in determining an appropriate destination. Whenever possible, any medical equipment, medications, bedding and personal care articles required by the patient should be sent to the shelter with them.

If there is any doubt or question regarding the appropriate destination for an individual, please contact online medical direction for patient-specific direction and/or instructions.

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Nothing in this notice should be construed to modify existing statute or regulation regarding ambulance billing. Licensed ambulance services may charge/bill for conveyance according to their rate schedule assigned by the Connecticut Department of Public Health. Certified ambulance services may convey patients to destinations other than the emergency department of an acute care hospital but may only charge/bill for emergency transportation to a licensed acute care facility according to their assigned rate schedule.

The full document is available at

http://www.ct.gov/dph/lib/dph/communications/cerc/shelter_transport_10272012.pdf.

HOME HEALTH AGENCY REGULATIONS

DPH licenses home health care agencies and homemaker-home health aide agencies. DPH regulations require such agencies to have written policies concerning service delivery, including an emergency plan and procedures to be followed to assure patient safety for situations when the agency's services are disrupted due to civil or natural disturbances such as hurricanes or snowstorms (Conn. Agencies Reg. §§ 19-13-D72(a)(2), 19-13-D86(a)(2)). The regulations do not require any specific procedures in such an emergency.

MORE INFORMATION

The National Association for Home Care and Hospice has prepared an informational packet for emergency preparedness information for home health agencies: http://www.nahc.org/regulatory/ep_binder.pdf

DPH's 2011 Annual Report on Public Health Preparedness includes information on the department's response to public health emergencies, as well as links to other relevant documents:
http://www.ct.gov/dph/lib/dph/government_relations/2012_reports/ct_dph_php_annual_report_-_2011.pdf.

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