



Maryland
Hospital Association

March 24, 2020

Secretary Robert R. Neall
Maryland Department of Health
201 West Preston Street
Baltimore, MD 21201-2399

Secretary Lourdes R. Padilla
Department of Human Services
311 West Saratoga Street
Baltimore, MD 21201-3521

Dear Secretary Neall and Secretary Padilla:

The Governor has noted that limitations on inpatient bed capacity at Maryland general hospitals resulting from COVID-19 may present a hazard to patients and/or staff. The Maryland Hospital Association and our members have been working nonstop to ensure we have adequate capacity to meet all true needs for hospital care. Guidelines and protocols have been developed to ensure appropriate access to inpatient hospital care for patients needing treatment for COVID-19 and other serious conditions while referring patients back home or to other settings as appropriate.

Unfortunately, member hospitals tell us that some patients are being forced to linger in inpatient beds due to other facilities refusing acceptance. And, some of those facilities are transferring to hospital emergency departments their patients or residents who are mildly ill and not indicated for COVID-19 testing or treatment. We are working on multiple fronts to ensure protocols are adhered to.

We are requesting your help to ensure the appropriate transition out of the hospital for some of Maryland's most vulnerable people—foster youth and individuals experiencing homelessness. The inability to move these patients when they do not need inpatient hospital care is a significant threat to our health system's ability to respond to the expected surge of COVID-19 patients. These issues are not new to the state; they were studied extensively by the MDH's workgroup on Hard to Place Patients and addressed in proposed legislation that would have compelled DHS to assume responsibility and find placement for foster youth no longer needing acute medical care.

As such, we request that you direct local health and social service agencies to swiftly develop plans for these populations. Suggestions for components of those plans are attached. We can commit that hospitals will be available to assist with any training on safeguards or other education needs. My staff will make themselves available to help address any of these critical barriers.

In this time of crisis, we look to your leadership to help our hospitals make available all possible resources to deal with the COVID-19 pandemic. Thank you for your support and the work you are doing on behalf of all Marylanders.

Very truly yours,

Bob Atlas
President & CEO

CONSIDERATIONS FOR PLAN DEVELOPMENT

Plans for individuals experiencing homelessness should include:

1. Designation and access to appropriate shelter for patients who are COVID positive and require quarantine and follow-up testing
2. Designation and access to appropriate shelter for persons under investigation (PUI) and require quarantine while they await their results. In these cases, hospitals will need a mechanism through which to report results and arrange any necessary follow-up
3. Transportation to the places above. Hospitals may be able to provide transportation but would likely not be able to manage if volumes skyrocket
4. Based on expected volume, the local jurisdiction may need to develop a mechanism for centralized referral, that is available 7 days/week

Where possible, from a care coordination perspective, congregate facilities such as motels that could accommodate multiple patients would be preferred to ensure appropriate communication, follow-up and additional support. In those instances, positives and PUIs should be separated. We were pleased to see that the State's 1135 waiver submission includes a request to allow for federal financial participation for expenditures related to temporary housing for the homeless because of the emergency. The request acknowledges the importance of having designated locations suitable for use as places of temporary residence or as medical facilities for quarantining, isolating or treating individuals who test positive for COVID-19 or who have had a high-risk exposure and are thought to be in the incubation period.

Plans for foster youth should include

1. Dissemination of CDC guidance and development of quarantine protocols for residential care facilities. Consider modeling after Youth Villages' implementation plan addressing visitor control policies, health screening, staffing and environmental controls.¹
2. Dissemination of CDC guidance to foster parents. **According to CDC guidance, most people diagnosed with COVID-19, including children, can be cared for at home, sometimes augmented with telehealth, after consultation with a health care provider.**^{2,3}
3. Development of contingency placement plans for foster youth living with elderly caregivers and youth who have been hospitalized and/or have tested positive for COVID-19. Potential respite providers should be identified as soon as possible for any child admitted to a hospital. After notifying the local health department and consulting a health care provider, **every attempt should be made to care for the child outside of the hospital.**
4. Utilization of telehealth or virtual visits for youth at residential care facilities to determine if admission to a hospital is necessary for symptomatic individuals. In addition, youth having chronic conditions or those who may be medically fragile, should be monitored remotely using available approved technology platforms, if possible.

¹ Youth Villages. (March 20, 2020). *What is Youth Villages Doing Concerning COVID-19?*

<https://www.youthvillages.org/what-is-youth-villages-doing-concerning-covid-19/>

² Administration for Children and Families. *A Message on COVID-19 from the Children's Bureau.*

https://www.acf.hhs.gov/sites/default/files/cb/covid_19_resources.pdf

³ Centers for Disease Control and Prevention. *Preparing Your Home for COVID-19.*

<https://www.cdc.gov/coronavirus/2019-ncov/faq.html>

5. Utilization of the state's allotment of federal funds from the Chafee Foster Care Program for Successful Transition to Adulthood Program to provide room and board assistance to eligible foster youth if a traditional foster home or congregate setting is not immediately available or appropriate, as advised in the March 12 letter from the Associate Commissioner of the Children's Bureau.⁴

⁴ Children's Bureau. (March 12, 2020). *A Message from Associate Commissioner Milner Re: Coronavirus*.
https://www.naccchildlaw.org/resource/resmgr/policy/a_message_from_associate_co.docx