

1135 Blanket Waivers Applied for Home Health and Hospice

What is waived	Home Health	Hospice	How it is waived
Patients Over Paperwork			
Homebound Requirement	X		A patient may be deemed Homebound if they meet these requirements: <ul style="list-style-type: none"> • A Patient has confirmed or suspected COVID-19 • Patients that are classified as high risk for contracting COVID-19
Physician requirement for establishing eligibility for care, managing an ongoing plan of care, and certifying or recertifying care	X		Certified Nurse Practitioners, Clinical Nurse Specialists and Physician assistants are now able to support the same- this rule is dependent on state scope of practices. The CARES act makes this action permanent, but CMS needs to implement. CMS updated regulation to state that if a F2F encounter is performed by an “allowed practitioner” in an acute or post-acute facility, from which the patient was directly admitted to HH, the certifying practitioner may differ from the provider performing the F2F encounter. CMS is also amending regulations to include the allowed practitioner’s NPI to be listed on the HH claim.
Discharge Planning	X		Waives the provision of detailed information regarding discharge planning, to patients and their caregivers, or the patient’s representative in selecting a PAC provider by utilizing and sharing data quality measures.
Clinical Record Copies	X		This waiver extends the deadline for providing a patient a copy of their medical record within four business days (when requested), has been extended to ten business days.
QAPI	X	X	CMS modified the requirements of the QAPI program to allow agencies to concentrate on infection control issues, but also continue to focus on adverse events. The requirement that the QAPI plan is effective, ongoing, agency wide and has data driven quality assessments remains.
Annual Competency Training		X	The annual requirement assessing skills and competence of staff is waived under this PHE. The deadline for completion is the end of the first full quarter after the PHE ends.
Home Health Quality Reporting	X		Home Health Agencies are exempt from reporting requirements for the time period of October 1, 2019 through June 30, 2020.
Home Health Value Based Purchasing	X		CMS is implementing a policy to align HHVBP data submission requirements with any exceptions or extensions granted related to HH Quality Reporting during the PHE. This policy is yet to be determined.
Comprehensive Assessments	X		The 5 day completion requirement for the comprehensive assessment is relaxed to 30 days and 30 day OASIS submission timing is waived.
		X	The use of telehealth for the 14 day site certification visit is permitted, and is extended to up 15-21 days.
Requests for Anticipated Payment	X		RAP auto cancellation timing is extended.
Review Choice Demonstration	X		Review Choice Demonstration is paused in Illinois, Ohio & Texas as of 3-19. Florida and NC will not start as scheduled.
Other Workforce Related Waivers			
Contracted core services		X	Requirement is waived for hospices providing certain non-core services.
Volunteer hour Calculation		X	Volunteer hour requirement for 5% of patient care hours is waived.

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Occupational Therapy enhancement	X		Under this PHE, Occupational therapists may perform the initial and comprehensive assessment for all patients receiving therapy services, to the extent permitted under state law.
Patients Over Paperwork- Aide Services			
Aide supervision	X	X	Supervision required every 14 days is waived, but remote/virtual supervision is encouraged.
Hospice Aide Competency testing		X	Hospices allow the use of pseudo patients for competency testing
12 hour Annual In-service Training	X	X	Waives the 12-hour in-service training in a 12-month period. For HH, the deadline for the 12-hour requirement is extended until the end of the first full quarter after the PHE.
Training & assessment of Aides	X	X	Waives annual onsite supervisory visit direct observation requirement. All supervision must be completed within 60 days after the expiration of the Public Health Emergency.
Medicare Telehealth & Telecommunications Technology			
Face to Face	X	X	Any Face to Face encounter from a Physician or Certified Nurse Practitioner that is done through the use of telehealth, is an acceptable Face to Face encounter. A Hospice telehealth Face to Face visit can be done if it is solely for the intent of recertification.
Telehealth & telecommunication visits	X	X	The use of telehealth is encouraged through approved vendors such as Skype & FaceTime, but are not yet allowable as HH billable visits.
	X	X	In depth documentation and inclusion in the Plan of Care is required for each encounter in line with the patient plan of care when virtual or telehealth visits are provided.
	X		Homebound status may be established remotely or by record review.
		X	The use of telehealth for the 14 day site certification visit is permitted, and is extended to up 15-21 days.
Financial Relief			
Accelerated Payments	X	X	Providers can submit requests to their MACs to request accelerated or advanced payments. This has been suspended.
Home Health Appeals	X		CMS has granted extensions to file appeals.
PDGM Grouper	X		The COVID-19 grouper has been released for billing within PDGM.
Contracted core services	X	X	Targeted Probe & Educate is halted

*Senior Options acknowledges the many references applied by leading advocates in our industry including Leading Age, NAHC, NHPKO as well as the CDC and CMS.

RED - updated blanket waivers as of April 30, 2020