CMS Announces Additional Measures To Provide Home Health Agencies Greater Flexibility to Fight COVID-19

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On March 30, 2020, the Centers for Medicare & Medicaid Services (CMS) announced additional measures to provide home health agencies ("HHA") greater flexibility when treating patients during the National Emergency. The HHA specific waiver can be found here.

Some of the measures aimed to assist home health agencies include the following:

- Telehealth - HHAs can provide more services to beneficiaries using telehealth within the 30 day episode of care, so long as it's part of the patient's plan of care and does not replace needed in-person visits as ordered on the plan of care. CMS also stated that it acknowledged that the use of such technology may result in changes to the frequency or types of in-persons visits outlined on existing or new plans of care.

- Homebound Definition Expanded: A beneficiary is considered homebound when their physician advises them not to leave the home because of a confirmed or suspected COVID-19 diagnosis or if the patient has a condition that makes them more susceptible to contract COVID-19. As a result, if a beneficiary is homebound due to COVID-19 and needs skilled services, an HHA can provide those services under the Medicare Home Health benefit.

- Plans of Care and Certifying/Recertifying Patient Eligibility: HHS is utilizing enforcement discretion with regards to the requirements related to (1) ordering home health services; (2)

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establishing and periodically reviewing the plan of care for home health services (e.g., sign the plan of care), (3) certifying and re-certifying that the patient is eligible for Medicare home health services. The goal is to provide greater flexibility for more timely initiation of services for home health patients, while allowing providers and patients to practice social distancing. HHS will not conduct audits to ensure that only physicians provided orders, signed and dated the plans of care, and certified/recertified patient eligibility for claims submitted during this public health emergency.

- <u>Oasis Transmission</u>: CMS is extending of the 5-day completion requirement for the comprehensive assessment and waiving the 30-day OASIS submission requirement. HHAs are expected to complete the comprehensive assessment within 30 days and delayed submission is permitted. CMS continues to require that patients have an assessment to determine and be able to appropriately meet their care needs.

- <u>Initial Assessments</u>: HHAs can perform initial assessments and determine patients' homebound status remotely or by record review.

- <u>Accelerated/Advance Payments</u>: CMS has expanded its current Accelerated and Advance Payment Program. Each MAC will work to review requests and issue payments within seven calendar days of receiving the request. Traditionally repayment of these advance/accelerated payments begins at 90 days, however, for the purposes of the COVID-19 pandemic, CMS has extended the repayment of these accelerated/advance payments to begin 120 days after the date of issuance of the payment.

- <u>Waived onsite visits for both HHA Aide Supervision</u>: CMS is waiving the requirements which require a nurse to conduct an onsite visit every two weeks. This includes waiving the requirements for a nurse or other professional to conduct an onsite visit every two weeks to evaluate if aides are providing care consistent with the care plan, as this may not be physically possible for a period of time. This waiver also temporarily suspends the 2-week aide supervision requirement at 42 CFR §484.80(h)(1) by a registered nurse, but virtual supervision is encouraged during the period of the waiver.

Additional guidance can be found on the CMS Coronavirus Waivers & Flexibility page.

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