

Home Health
(updated 4/10/2020)

<u>What did LeadingAge, ElevatingHOME, & VNAA ask for</u>	Did we get it	<u>What is in the rule</u>
Relaxing requirements for the comprehensive assessment	Yes	<ul style="list-style-type: none"> • Extending of the 5-day completion requirement for the comprehensive assessment and waiving the 30-day OASIS submission requirement • Home health agencies can perform initial assessments and determine patients’ homebound status remotely or by record review
Relaxing physician requirements related to ordering and certifying home health services	Yes	<ul style="list-style-type: none"> • Nurse practitioners, clinical nurse specialists, and physician assistants can order home health, establish and review plans of care, and certify/re-certify the need for home health
Relaxing the homebound requirement	Yes	<ul style="list-style-type: none"> • If a physician advises a beneficiary 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 they are considered homebound • If a beneficiary is homebound due to COVID-19 and needs skilled services, a home health agency can provide those services under the Medicare Home Health benefit

In addition to the items included in LeadingAge, ElevatingHOME, and VNAA’s 1135 waiver and statutory requests, the following provisions are included in the home health waivers:

New 4/9 *Initial and Comprehensive Assessment*

- Allow occupational therapists (OTs) to perform initial and comprehensive assessment for all patients. This temporary blanket modification allows OTs to perform the initial and comprehensive assessment for all patients receiving therapy services as part of the plan of care, to the extent permitted under state law.

Medicare Telehealth

- Home Health Agencies 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.

Requests for Anticipated Payments (RAPs)

- MACs can extend the auto-cancellation date of RAPs during emergencies.

Review Choice Demonstration for Home Health Services

- CMS is allowing home health agencies in the Review Choice Demonstration to pause their participation for the duration of the Public Health Emergency.

Cost Reporting

- CMS is delaying the filing deadline of certain cost report due dates due to the COVID-19 outbreak.

Non-Physician Practitioners Ordering Therapy and Supplies

- Allows non-physician practitioners to order medical equipment, supplies and appliances, home health nursing and aide services, and physical therapy, occupational therapy or speech pathology and audiology services.

Onsite Visits for HHA Aide Supervision

- Waives the requirement for nurse visits every two weeks as well as registered nurse supervision to home health aides but virtual supervision is encouraged.

Accelerated/Advanced Payments

- CMS is authorized to provide accelerated or advance payments during the period of the public health emergency to any Medicare provider/supplier who submits a request to the appropriate Medicare Administrative Contractor (MAC) and meets the required qualifications.

COVID-19 Diagnostic Testing

- If a patient is already receiving Medicare home health services, the home health nurse, during an otherwise covered visit, could obtain the sample to send to the laboratory for COVID-19 diagnostic testing.

New 4/9: CMS updated their [fact sheet](#) that summarizes all waivers to date. CMS has provided a [fact sheet](#) for home health as well as the [interim final rule](#) with comment period. LeadingAge is reviewing thoroughly and will share fuller analyses and topics for comment.