Below are LeadingAge and VNAA/ElevatingHOME's requests for *home health for regulatory and statutory change.*

Regulatory Changes/Possible 1135 Waivers

Relaxing deadlines for the comprehensive assessment.

484.55: Condition of Participation: Comprehensive assessment of patients

- 484.55(a)(1): time flexibility
- 484.55(b)(1): time flexibility
- 484.55(d): flexibility in updating comprehensive assessment based on ability to evaluate the patient

Relaxing physician requirements related to ordering and certifying home health services as well as developing the plan of care by non-physician practitioners (NPP) to fulfill physician responsibilities in these aspects of the conditions of participation:

484.60: Care planning, coordination of services, and quality of care.

- 484.60(a)(1): allow NPPs to establish, periodically review, and sign plans of care
- 484.60(b)(1): allow NPPs to order drugs, services, and treatments

Suspend expansion of the Review Choice Demonstration (RCD) project to allow clinical staff to provide any expanded patient care and consider suspension of ongoing RCD activities in Illinois, Ohio, and Texas.

Relax aspects of the OASIS comprehensive assessment

- CMS could waive all or some of the OASIS assessment for COVID-positive or presumptive COVID-positive patients.
- CMS could also waive the requirement for this to occur based on in-person observations and instead allow portions to be completed via telephone or video conference.

Revert home health request for anticipated payment (RAP) timing to the model prior to January 1, 2020 to boost agency cash-flow to better position us to manage the ups and downs of the current financial environment.

Low Utilization Payment Adjustment (LUPA)

- CMS could waive LUPA for COVID-19 patients to avoid requiring unnecessary visits.
- Allowing telehealth visits to count as home health visits would also help, as would a presumption that an appropriate plan of care would include initial visits and remote monitoring.

Statutory Asks

PPE and Hand Sanitizer

- Any distribution of stores of PPE and hand sanitizer either from the Emergency Stockpile or from future distributions need to include hospice agencies amongst the priority groups. Additional costs for increased use of PPE should be considered as an add-on to the hospice payment or in a separate infusion of funds (see payment section)

Priority Testing

- Provide priority testing for at home isolated patients and their caregivers as well as hospice staff. Remove any barriers to hospices collecting, transporting, testing, and reporting the outcome of a COVID-19 test in order to assist with this process.

Homebound Status

- Patients quarantined in their home for a minimum of 14 days due to coronavirus should be presumed to be homebound and in need of skilled intermittent care.
- CMS could issue guidance related to the homebound requirement outlining its presumptive determination that coronavirus exposure is a condition such that leaving the home is medically contraindicated.
- If presumptive eligibility is not included, allow nurse practitioners and physician assistants to certify eligibility for home health where permitted by the state.

Certification/Recertification

- Allowing the face to face via telehealth, including the telephone per the CONNECT Act on a permanent basis or at least for the duration of the emergency (and able to be utilized in future emergencies).

Other Telehealth

- Allow home health agencies to bill separately for remote patient monitoring.
- In addition to flexibility to provide more services via telehealth/telephone, the federal government should infuse agencies with cash to buy the equipment to provide wide-scale services. Acts as a stimulus source for companies making the devices who may also be asking for funds.