

## Modified Conditions of Participation (CoPs) Under the PHE

Q: If Nursing is part of the initial referral with PT and Speech, can a PT do the initial assessment or must an RN do it?

A. CMS has not waived the requirement that the RN conduct the initial and comprehensive assessments if nursing is ordered at the start of care.

Q: if initial eval is within 48 hours but SOC is not done for several more days, what is the SOC date and how does the record reflect that we met the 48 hour window?

A. The start of care date is the date of the first billable service, therefore the SOC must be conducted as an on-site visit. HHA should document when and how they conducted the initial assessment visit to demonstrate compliance

Q: Has CMS issued an abbreviated OASIS?

A. No, CMS has not issued a waiver for an abbreviated comprehensive assessment.

Q: Does CNA supervisory visit rule allow telehealth for the 60 day supervision visit on aide only cases the agency has, or the annual aide on-site assessment?

A. CMS has not addressed these supervisory visits. NAHC has requested that CMS waive this requirements as well.

Q: Current expectation is the comprehensive assessment be completed within 5 days. Please clarify this extension.

A. The CoPs at §484.55(a) requires that the comprehensive assessment be conducted within 5 days of the SOC date. CMS is waiving the 5 day completion time frame and is extending the completion time frame to within 30 days of the SOC date.

Q: Do you know if OASIS matching for payment will be suspended temporarily?

A. No, under PDGM, the OASIS must be accepted into the iQIES system in order for the claim to process.

Q: Do you anticipate any changes to the OASIS requirement? Waiving the need to do them during this time?

A. See answer above.

Q: Regarding the 14 day supervision waiver, this places us out of compliance with state licensure law.

A. HHAs must comply with state laws. If the state requires an on-site HCA supervisory visit, the agency will need to comply unless the state also waives this requirement.

Q: Can the HHA Supervisory visit be made by phone? Or should it be virtual?

A. The 14 day on-site HCA supervisory visit has been waived during the PHE Although CMS encourages virtual visits, it is not required.

Q: Supervisory visits for COTA/PTA and LPN - are they waived?

A. CMS has not waived supervisory visits for therapy assistants and LPNs. However, state laws dictate the parameters of the supervisory visits for therapists and LPNs. Therefore, the states may provide some relief.

B.

Q: Other than SOC OASIS, can all other OASIS assessments be done by telehealth? OASIS data still has to be submitted to CMS before payment is received?

A. The CMS' Quality, Safety and Oversight Group issued the following in response to NAHC regarding telehealth and recertification visits

CMS response :Telehealth is an option for the update of the comprehensive assessment if the patient agrees to other in-person visits. As per the Interim Final Rule with Comment issued 3/30/20, 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. We acknowledge 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. The plan of care should be modified to reflect which visits will be made in person, and which visits will be conducted via telehealth.

While we have provided certain flexibilities, the regulations require HHAs to have an infection prevention and control program, and to educate patients about infection prevention and control in the home. As such, we expect HHAs to make every effort to educate patients as to what processes the HHA has in place to protect patients as well as home care staff. While there are some aspects of care that can be done via telehealth, not everything can be accomplished by telehealth when skilled care is required. The HHA will have to work closely with the patient to determine what would help to reassure them that visits from home care staff are safe. If the patient continues to refuse any in-person visits as per the plan of care, (including assessment or other patient care visits) the HHA will have to determine if the HHA can meet the patient's medical, nursing, rehabilitative, and social needs in his or her place of residence (§484.60).

CMS Quality, Safety and Oversight Group further clarified for NAHC that telehealth includes telephone because telephonic visits are permitted for HHAs during the PHE by the payment policy group at CMS. CMS also confirmed that the above response is interpreted to mean that if the agency and the physician feel a telehealth visit is appropriate for a certain type of visit and includes the telehealth visit in the plan of care (POC), it would be appropriate for the agency to provide that visit via telehealth.

Q: Can you please clarify the allowed initial assessment to determine homebound status remotely or by clinical record review?

A. The initial evaluation visit may be conducted either remotely, virtual visit or telephone, or by record review.

Q: Does the clinician have to monitor all the vital signs? if so requires equipment in home to be used by the patient?

A. Information required to be obtained during a visit, virtual or on -site, will depend on the POC and the clinical condition of the patient.

Q: If medically contraindicated to leave home. And the client is now homebound, can we now do skills like just INR for these clients? They have many comorbidities but need INR's. is this ok to bill under Medicare?

A. Th patient would still need to meet Medicare eligibility criteria for covered home health services. Beneficiaries are not eligible for the Medicare home health benefit if the need for home health care is solely for venipunctures.