Below is a summary of the relevant information that impacts home health and hospice providers related to the COVID-19 pandemic. The information is a compilation of information from various sources, including the federal government, NAHC, home care consultants, and stakeholders. Some information has not changed since the beginning of the COVID-19 outbreak. Other related information is more fluid and will change as more cases of COVID-19 are identified. This document will be updated as needed.

Patients

- Separate yourself from other people and animals in your home.
- Avoid close contact with others -- 6 feet or greater
- Wear a facemask if possible, patients may have to use tissues or other barriers to cover their mouth and nose with supply shortages
- Cough into a tissue and dispose immediately in lined trash can
- Clean your hands with soap and water for 20 seconds often and after using the restroom
- Avoid sharing personal household items for example plates, cups, silverware. Consider plastic utensils and paper plates
- Clean all "high-touch" surfaces everyday, e.g. countertops, doorknobs, etc. See recommended disinfectants for COVID-19

Patient Guide for COVID-19 (docx)
Caregiver Guide for COVID-19 (docx)
Guide for Cleaning and Disinfecting COVID-19 (docx)

Home Health and Hospice Staff

Agency staff caring for suspected or confirmed COVID-19 patients must adhere to standard and transmission precautions.

- Respirator N95 or higher
- Gowns
- Gloves
- Eye protection

The CDC issued interim guidance to permit the use of face masks in areas where N95 respirators are unobtainable.

N95 respirators are to be used routinely when available, and *must* be used when aerosol-generating procedures are performed. If there is a shortage, face masks can be worn for respiratory protection.

Shortages of PPE is a problem in all healthcare sectors. Preserving the PPE supply that you have now is key. Eye protection (which is required when a face mask or respirator is used) can be re-used when it is not touched during use, carefully removed, and cleaned and disinfected after use, and *properly* stored.

CDC recently updated guidance for preserving PPE. CDC outlines strategies for PPE use and preservation based on the severity of shortages.

CDC is not recommending patients wear masks during shortages. Patients with symptoms of respiratory infection should be instructed to use tissues or other barriers to cover their mouth and nose.

Hand hygiene needs to be performed before and after removing PPE. For hand hygiene supplies, the FDA is now permitting pharmacies to compound alcohol-based hand sanitizer and that's another option for you to access this supply.

The treatment of COVID-19 patients in the home might include collection of specimens for testing, observation and assessment, and providing more advanced interventions such as intravenous therapy. The degree that home health agencies will be involved in caring for COVID-19 confirmed patients is unclear but agencies should be prepared.

Preserving the PPE supply that you have now is key.

- Ensure staff is using PPE appropriately.
- Use out dated equipment for training
- Know what you have in stock and what your usage is.
- Do not discard expired equipment

The treatment of COVID-19 patients in the home might include collection of specimens for testing, observation and assessment, and more advanced interventions, such as, intravenous therapy. The degree that home health agencies will be involved in caring directly for COVID-19 confirmed patients is unclear but agencies should be prepared.

https://www.nahc.org/wp-content/uploads/2020/03/COVID-19-Guidance-Document.pdf
https://www.nahc.org/wp-content/uploads/2020/03/Coronavirus-Checklist-3-16-20-guidance-1.pdf

Frequently Asked Question related to Medicaid and CHIP
https://www.cms.gov/newsroom/press-releases/cms-publishes-first-set-covid-19-frequently-asked-questions-faqs-state-medicaid-and-childrens-health

Regulatory and Operations

Waivers (updated 3/20)

CMS issued 1135 blanket waivers for the entire nation retroactively effective back to March 1, 2020 for those providers impacted by the COVID-19 outbreak.

The blanket waivers specific to home health include the following:

- Provides relief to Home Health Agencies on the timeframes related to OASIS Transmission.
- Allows Medicare Administrative Contractors to extend the auto-cancellation date of Requests for Anticipated Payment (RAPs) during emergencies.

There are several other waivers related to provider enrollment requirements that impact all providers including home health and hospices agencies. They are:

- Waive the following screening requirements
  - Application Fee – 42 C.F.R 424.514
  - Criminal background checks associated with FCBC -42 C.F.R 424.518
  - Site visits – 42 C.F.R 424.517
- Postpone all revalidation actions
- Allow licensed providers to render services outside of their state of enrollment
- Expedite any pending or new applications from providers

The CMS has set up an email address 1135waiver@CMS.HHS.gov to submit waiver requests for other provider-specific requests as the need arises.
https://www.cms.gov/files/document/covid19-emergency-declaration-health-care-providers-fact-sheet.pdf

Telehealth (updated 3/20)

Recent legislation provides for waivers on the originating site and geographic area restrictions.
CMS will permit practitioners to use an interactive audio and video telecommunications system that permits real-time communication between the physician's site and the patient at home. These changes mean that physicians and practitioners (physicians, nurse practitioners, physician assistants, nurse midwives, certified nurse anesthetists, clinical psychologists, clinical social workers, registered dietitians, and nutrition professionals) may use telehealth in the home using face time in place of face to face visits, including the F2F encounter for home health certification. NAHC is currently awaiting confirmation from CMS on the use of telehealth for F2F visits for hospice recertification.

In addition the Office of Civil Rights issued a notice of enforcement discretion that will permit telehealth technologies such as, Skype, Face Time with a smartphone, and Zoom. Without the waiver providers would be violation of HIPAA rules if these technologies were used. These technologies do not meet HIPAA security standards and were not developed for the purpose of delivering telehealth services. Therefore, it is acceptable at this time for both home health and hospice providers to communicate with patients using telehealth. However, it is not clear if CMS will consider these visits covered/paid.

CMS has issued guidance on using telehealth for the home health physician F2F encounter during the COVID-19 pandemic. CMS will permit a physician to conduct the F2Fencounter via telehealth in the patient's home.

Available here https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf

Additionally, with the recently announce HIPAA waiver, CMS confirmed for NAHC that the visit may be conducted through technologies such as Skype, face time and Zoom. NAHC also received the following additional clarification from CMS related to teleheath.

- The requirements for the F2F encounter have not changed, timeframe, relate to the primary reason for home health services, and conducted by an allowed practitioner.

- There is no requirement that the HHA staff be present in the home while the encounter via telehealth is being conducted.

- Physician documentation of the visit should reflect what is typically required for telehealth visits. CMS recognizes that certain elements such as vital signs may not be part of telehealth visit note, and does not require such for the F2F encounter. CMS pointed to the discharge summary as an example of a F2F encounter note where all element of a typical physician visit note are not always included.

Further, NAHC is seeking clarification on POC and documentation requirements when agencies must conduct visits virtually in place of on-site visits.

https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet

https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html

https://edit.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf

Medicare Cost Reports (new 3/24)

CMS is currently authorizing delay for the following FYE dates.
The filing deadline for the following cost reports are now June 30, 2020:

- FYE October 31, 2019 due by March 31, 2020
- FYE November 30, 2019 due by April 30, 2020

Survey and Certification (updated 3/24)

CMS has issued guidance on quality prioritizing surveys. Standard home health and hospice recertification surveys and revisit surveys will not be conducted until further notice.

https://www.cms.gov/files/document/qso-20-20-all.pdf

CMS announced some quality reporting program relief for providers. For both home health and hospice there are some data that do not need to be submitted, as follows:

Deadlines for October 1, 2019 – December 31, 2019 (Q4) data submission optional. If Q4 is submitted, it will be used to calculate the 2019 performance and payment (where appropriate).
Data from January 1, 2020 through June 30, 2020 (Q1-Q2) does not need to be submitted to

CMS for purposes of complying with quality reporting program requirements. This means that Home Health and Hospice Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey data from January 1, 2020 through September 30, 2020 (Q1-Q3) does not need to be submitted to CMS.
https://www.cms.gov/newsroom/press-releases/cms-announces-relief-clinicians-providers-hospitals-and-facilities-participating-quality-reporting

CMS issued a COVID-19 guidance document for home health and hospice providers:
https://www.cms.gov/files/document/qso-20-18-hha.pdf
https://www.cms.gov/files/document/qso-20-16-hospice.pdf

Sources

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Barbara B. Citarella, RN, BSN, MS, CHCE, NHDP-BC,(National Healthcare Disaster Professional), President and CEO, RBC Limited Healthcare & Management Consultants

Center for Disease Control and Prevention, COVID -19 resources

Office of Civil Rights, Heath Insurance Portability and Accountability Act

Center for Medicare & Medicaid Services, Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Updated 3/24/2020