

Eli's Hospice Insider

COVID-19: Waivers Aim To Help Hospices Through Pandemic

Are you taking advantage of the flexibilities CMS has offered?

No one can say Medicare officials aren't working to help make hospice lives' easier under COVID-19, with a steady stream of waivers coming out.

In addition to the first waivers announced (see Eli's Hospice Insider, Vol. 13, No. 5), the **Centers for Medicare & Medicaid Services** has offered these flexibilities:

Surveys. Medicare surveyors will not conduct standard inspections of a variety of providers including hospices, CMS said in a March 23 release. Surveyors still will conduct complaint inspections related to Immediate Jeopardy concerns and targeted infection control inspections, CMS continued. For the latter, "inspectors will use a streamlined targeted review checklist to minimize the impact on provider activities, while ensuring providers are implementing actions to protect health and safety. This will consist of both onsite and offsite inspections," CMS explains.

The procedure change "will allow us to focus inspections on the most urgent situations, so we're getting the information we need to ensure safety, while not getting in the way of patient care," CMS Administrator **Seema Verma** says in a release. "This is an extraordinary step designed for extraordinary times."

See the announcement at

www.cms.gov/newsroom/press-releases/cms-administrator-seema-vermas-remarks-prepared-delivery-updates-healthcare-facility-inspections.

Quality reporting. For post-acute care providers, including hospices, CMS is making the reporting of quality data for the fourth quarter of 2019 - meaning deadlines for Oct.1, 2019, through Dec.31, 2019 - optional, the agency said in a March 22 release. When providers do report that data, CMS will use it for payment adjustments as usual.

Hospices also don't have to submit quality data from Jan.1, 2020, through June 30, 2020, the first two quarters of the year, CMS said. See the announcement at

www.cms.gov/newsroom/press-releases/cms-announces-relief-clinicians-providers-hospitals-and-facilities-participating-quality-reporting.

Cost reports. CMS has listened to provider requests and is allowing Medicare Administrative Contractors to postpone cost report filing dates. All three HHH MACs say on their websites that the filing deadline for fiscal years ending Oct. 31, 2019 and Nov. 30, 2019 is now June 30, 2020. The more common Dec. 31 fiscal year end now has a July 31, 2020 cost report due date.

"This is a blanket extension; you do not need to send a request," **Palmetto GBA** instructs. Check your MAC's website for the announcement.

PEPPER. The release of new PEPPER benchmarking reports for providers including hospices is postponed indefinitely. CMS "is taking measures to free up the attention of providers as they respond to the coronavirus (COVID-19) pandemic," according to a release about the delayed reports that include data ending in the last quarter of 2019.

Pseudo Patients. CMS is temporarily allowing hospices to utilize pseudo patients instead of actual patients for competency testing of hospice aides for those tasks that must be observed being performed on a patient, CMS notes in an April 10 fact sheet. A pseudo patients can be "a person trained to participate in a role-play situation or a computer-

based mannequin device,” for example, CMS says. The change will allow nurses and aides to spend more time with patients, CMS says in the release. The waiver will speed the testing process and help bring new aides online faster, said a CMS official in the agency’s April 14 COVID-19 call for home health and hospice providers.

Training. CMS is waiving the requirement that each hospice aide receives 12 hours of in-service training in a 12-month period. This allows aides and the RNs who teach in-service training to spend more time delivering direct patient care, CMS says in the fact sheet. Under the waiver, hospices won’t have to pull nurses or aides away from patient care to do training, the CMS official said in the call. CMS does expect regular training to resume when the public health emergency is declared over, she pointed out.

Plus, “CMS is modifying the requirement ... to annually assess the skills and competence of all individuals furnishing care and provide in-service training and education programs where required,” the hospice flexibilities document says after an April 30 update. “We are postponing the deadline for completing this requirement throughout the COVID-19 PHE until the end of the first full quarter after the declaration of the PHE concludes.” However, “this does not alter the minimum personnel requirements at 42 CFR §418.114. Selected hospice staff must complete training and have their competency evaluated in accordance with unwaived provisions of 42 CFR Part 418,” CMS says.

Aide Supervision. CMS is waiving the requirement for a registered nurse “to make an annual onsite supervisory visit (direct observation) for each aide that provides services on behalf of the agency,” the flexibilities document says. Once the PHE expires, agencies will have 60 days to complete all postponed onsite assessments.

“Since there should be the minimal number of staff in a patient’s home during the PHE, having the RN onsite with the aide for an annual supervisory visit would not be appropriate,” says **Sharon Litwin** with **5 Star Consultants** in Camdenton, Missouri. Instead, “the RN can meet with the aide in the agency during the PHE and review aide services, the aide care plan, etc., rather than going onsite,” Litwin suggests. Then agencies must make sure “to do all annual onsite visits with the aides within 60 days of the PHE being lifted,” she stresses.

QAPI. CMS is modifying requirements for hospices to “develop, implement, evaluate, and maintain an effective, ongoing, hospice/HHA-wide, data-driven [Quality Assurance and Performance Improvement] program,” CMS says in new waivers released April 30. “Specifically, CMS is modifying the requirements ... to narrow the scope of the QAPI program to concentrate on infection control issues, while retaining the requirement that remaining activities should continue to focus on adverse events.”

Inpatient hospices. “CMS will permit facilities to adjust scheduled inspection, testing and maintenance (ITM) frequencies and activities for facility and medical equipment,” says a CMS flexibilities document for “Health Care Providers” in general.

Note: A fact sheet that includes info on all hospice waivers to date is at www.cms.gov/files/document/covid-hospices.pdf.