

In This COVID-19 Update:

- [Updated Blanket Waivers from CMS](#)
 - [New Blanket Waivers](#)
 - [Updates to Regulatory Blanket Waivers](#)
 - [Updates to Reimbursement Blanket Waivers](#)
- [CMS Delays Implementation of New MDS Items for 2 Years](#)

CMS Issues Additional Blanket Regulatory Waivers

The Centers for Medicare and Medicaid Services (CMS) has issued several [new blanket waivers for long term care providers](#). The following blanket waivers are in effect, with a retroactive effective date of March 1, 2020 through the end of the emergency declaration. We also offer a summary below.

New Blanket Waivers

Quality Assurance and Performance Improvement (QAPI)

CMS is modifying certain QAPI program requirements—specifically, §483.75(b)–(d) and (e)(3)—to the extent necessary to narrow the scope of the QAPI program to focus on adverse events and infection control.

The following sections are waived:

- §483.75(b) Program design and scope, which includes “address all systems of care and management practices”;
- §483.75(c) Program feedback, data systems and monitoring;
- §483.75(d) Program systematic analysis and systemic action; and
- §483.75(e)(3) Performance improvement projects.

In-Service Training

CMS is modifying the requirement that the nursing assistant must receive at least 12 hours of in-service training annually by postponing the deadline for completing this requirement until the end of the first full quarter after the declaration of the COVID-19 Public Health Emergency concludes.

Detailed Information Sharing for Discharge Planning for Long-Term Care (LTC) Facilities

CMS is waiving the discharge planning requirement which requires LTC facilities to assist residents and their representatives in selecting a post-acute care provider using data, such as standardized patient assessment data, quality measures and resource use. **CMS is maintaining all other discharge planning requirements**, including the discharge plan.

Clinical Records

CMS is modifying the requirement which requires LTC facilities to provide a resident a copy of their records within two working days (when requested by the resident) by allowing facilities ten working days to provide the requested record.

Inspection, Testing & Maintenance (ITM) under the Physical Environment

CMS is waiving certain physical environment requirements for providers including **ICF/IIDs and SNFs/NFs** to the extent necessary to permit facilities to adjust scheduled inspection, testing and maintenance (ITM) frequencies and activities for facility and medical equipment required by the Life Safety Code (LSC) and Health Care Facilities Code (HCFC.)

The following LSC and HCFC ITM are considered critical and are not included in this waiver:

- Sprinkler system monthly electric motor-driven and weekly diesel engine-driven fire pump testing.
- Portable fire extinguisher monthly inspection.
- Elevators with firefighters' emergency operations monthly testing.
- Emergency generator 30 continuous minute monthly testing and associated transfer switch monthly testing.
- Means of egress daily inspection in areas that have undergone construction, repair, alterations or additions to ensure its ability to be used instantly in case of emergency.

ICF/IIDs, and SNFs/NFs are required to have an outside window or outside door in every sleeping room. CMS will permit a waiver of these outside window and outside door requirements to permit these providers to use facility and non-facility space that is not normally used for patient care for temporary patient care or quarantine.

Note: Be aware that federal waivers such as these may not be applicable to state and/or local Authorities Having Jurisdiction (AHJs).

Updates to Previously Issued Regulatory Blanket Waivers

CMS updated some language to blanket waivers that were previously issued at the end of March.

Resident Transfer and Discharge

CMS continues to waive requirements to allow a LTC facility to transfer or discharge residents to another LTC facility solely for the following cohorting purposes. Scenario two has added language regarding resident's care plans in **bold** below.

1. Transferring residents with symptoms of a respiratory infection or confirmed diagnosis of COVID-19 to another facility that agrees to accept each specific resident, and is dedicated to the care of such residents;
2. Transferring residents without symptoms of a respiratory infection or confirmed to not have COVID-19 to another facility that agrees to accept each specific resident, and is dedicated to the care of such residents to prevent them from acquiring COVID-19, **as well as providing treatment or therapy for other conditions as required by the resident's plan of care; or**
3. Transferring residents without symptoms of a respiratory infection to another facility that agrees to accept each specific resident to observe for any signs or symptoms of a respiratory infection over 14 days.

Waive Pre-Admission Screening and Annual Resident Review (PASARR)

CMS is allowing nursing homes to admit new residents who have not received Level 1 or Level 2 Preadmission Screening. Level 1 assessments may be performed post-admission. On or before the 30th day of admission, new patients admitted to nursing homes with a mental illness (MI) or intellectual disability (ID) should be referred promptly by the nursing home to State PASARR program for Level 2 Resident Review.

Note: This language is included in the [summary waiver list for all providers](#) and differs slightly from the text in the LTC specific waiver summary.

Updates to Previously Issued Reimbursement Blanket Waivers

CMS Facility without Walls (Temporary Expansion Sites) – Transfer of COVID Patients

- The transferring SNF need not issue a formal discharge in this situation, as it is still considered the provider and should bill Medicare normally for each day of care.
- The transferring SNF is then responsible for reimbursing the other provider that accepted its resident(s) during the emergency period.
- [Processing Manual](#) to submit a discharge bill to Medicare.
- [View a CMS QSO memo on transfers](#)

Cost Report Delay

- CMS will delay the filing deadline of FYE 10/31/2019 cost reports due by March 31, 2020 and FYE 11/30/2019 cost reports due by April 30, 2020. The extended cost report due dates for these October and November FYEs will be June 30, 2020.

- CMS will also delay the filing deadline of the FYE 12/31/2019 cost reports due by May 31, 2020. The extended cost report due date for FYE 12/31/2019 will be July 31, 2020.

Telehealth

- CMS is waiving the requirements of section 1834(m)(4)(E) of the Act and 42 CFR § 410.78 (b)(2) which specify the types of practitioners that may bill for their services when furnished as Medicare telehealth services from the distant site.
- This waiver expands the types of health care professionals that can furnish distant site telehealth services to include all those that are eligible to bill Medicare for their professional services.
- This allows health care professionals who were previously ineligible to furnish and bill for Medicare telehealth services, including physical therapists, occupational therapists, speech language pathologists, and others, to receive payment for Medicare telehealth services.
- May impact SNFs that furnish outpatient therapy in AL, IL, and the community. CMS did not provide billing guidance – AHCA recommends SNF providers contact their MAC for guidance.

CMS Delays Implementation of New MDS Items (Transfer of Health Information and Certain SPADES) Adopted for the SNF QRP for 2 Years

The [Interim final rule from CMS](#) last night also delays implementation of new MDS items for SNF QRP as described below:

- This delay will enable SNFs to continue using the current version of the MDS 3.0 v1.17.1
- CMS will require SNFs to collect data on the transfer of health information measures and SPADES data on October 1 of the 1st of the year that is at least two full fiscal years after the end of the COVID-19 public health emergency.
- CMS will work with SNFs prior to implementation to address questions related to training and software update needs.

Comments are due 60 days after date of publication in the Federal Register.

AHCA is reviewing this rule in detail and will share further information as soon as it is available. In the meantime, members should [register for NHSN](#) and review current processes in place for informing residents and families of COVID-19 infections or related symptoms.

Please email COVID19@ahca.org for additional questions, or visit ahcancal.org/coronavirus for more information.

This message contains confidential information and is intended only for AHCA/NCAL membership. Dissemination, distribution or copying the contents of this email beyond this group is strictly prohibited.



[AHCA](#) | [NCAL](#) | [Provider](#)

© 2020 American Health Care Association. All rights reserved.