

Centers for Medicare & Medicaid Services  
COVID19 Call on Flexibilities  
Moderator: Alina Czekai  
April 1, 2020  
4:30 p.m. ET

OPERATOR: This is Conference # 8395995.

Jean Moody-Williams: Again, this is Jean Moody-Williams, I'm the Acting Director for the Center for Clinical Standards and Quality. Sorry for the delay. We wanted to make sure everyone could get on and we had a few technical issues, but I'm glad to be with you this afternoon.

We had the opportunity to talk for the past couple of weeks, and this week, and I'm glad to be able to come and tell you that we have issued an unprecedented array of temporary regulatory waivers and new rules to promote maximum flexibility. Really, to respond to the challenges that we understand you're having there on the front lines with the 2019 Novel Coronavirus.

And many of the things that we were able to release this week came from the feedback that we've received from you, from the field, and the experiences that you're having, and that we know we needed to provide some flexibilities so that you can perform the work that you need to do to keep the residents safe.

The goals of the actions that we release was really, and I think you have to look at the whole picture to understand some of the activities that we did, and we try to balance flexibility with safety and knowing the concerns that families and loved ones have for their loved ones that are in a nursing home.

We had to balance all those factors and we wanted to ensure that local hospitals and health systems and post-acute care settings could have the capacity to handle surges that are happening throughout the country, and temporary expansions, and we call that hospitals without walls.

We wanted to remove barriers for physicians, nurses, and other clinicians so that they could be ready to hire from the community or from other states so that the healthcare system could rapidly expand the workforce.

We needed to increase access to telehealth and Medicare to ensure that residents have access to physicians and other clinicians while keeping them safe and keeping the clinician safe.

And we wanted to expand some of the testing to allow for more testing at alternative settings, home, community-based settings, and other places. And to give them temporary relief to many of the paperwork requirements, some of the reporting, and audit requirements that exist.

So I would encourage you to review the whole package of waivers that were released this week. I'm going to point out just a few that I think would probably be the most interesting to the folks on this phone call.

We also have some subject matter experts that can answer some of your questions and I believe will be able to share at least one of the best practices with you this afternoon as well. So again, please review them all and one opening statement I'll say, or unbalanced statement, is that all the waivers are federal waivers and you still have to consider the local and state requirements as you continue to provide care and operate your facilities.

So those, in most cases, we are not able to waive, but the federal requirements we have waived in many areas. So, for the temporary expansion sites, we have noted that a long-term care facility can temporarily transfer the COVID-19 positive residents to another facility, such as a COVID-19 isolation and treatment location. with the provision of services under arrangement.

So what that means is the transferring long-term care facility need not issue a formal discharge in this situation, and it is still considered the provider, and it should bill Medicare normally for each of the days of care.

The transferring long-term care facility is then responsible for reimbursing the other provider that accepted its residents during this emergency period. Now, if the long-term care facility does not intend to provide the services under

arrangement, the COVID-19 isolation and treatment facility is the responsible entity for Medicare billing purposes and for the care of the patient.

And we have had some questions: Well, what if I want to start to open a new facility, a long-term care facility, and not under the rubric of another facility? That certainly could be done if you have the space and you've identified the things that need to be done.

You would, however, have to be enrolled as a provider. We have set up a Hotline for the Medicare Administrative Contractor that can serve the geographic area as far as letting you know what would have to be done in order for you to become a facility. And of course you would have certain requirements that would have to be met.

We did take a look at the workforce and we recognize that achieving adequate staffing levels is a concern for facilities. It always is a concern and even more so now during this public health emergency.

We are temporarily waiving several of the requirements, so they don't present a barrier to hiring staff. The temporary waivers will help facilities provide adequate levels of staffing and make, perhaps, a few innovative ways to meet the needs of the residents.

One is in the area of training and certification of nurse's aides. We did waive the requirement that long-term care facilities may not employ any one for longer than four months unless they met the training and certification requirements.

We are waiving these requirements again to assist in potential staffing shortages but we will still require that any individual working as a nurse's aide for more than four months on a full-time basis is competent, so it doesn't waive the fact that you need to know the skills in this situation and that you would have some assessment of those skills by the facility where you're working.

For Medicare telehealth physician visits in skilled nursing facilities, we're waiving the requirement for physicians and other clinicians to perform in-

person visits for nursing home residents and allow those visits to be conducted by telehealth and that is, of course, as appropriate considering the condition of the residents. And so, there will be some clinical decision-making that is still involved with that.

As far as diagnostic testing, Medicare will pay where laboratories can send trained technicians to the nursing home to collect a sample of the COVID-19, diagnostic testing, and we will pay a collection fee for the travel, so that opens up another opportunity for testing.

I wanted to point out, for dialysis services, the end stage renal disease requirements for renal dialysis to provide service directly on its main campus on the premises that are continuous to the main campus has been waived.

CMS is waiving this requirement to allow dialysis facilities to provide services to patients in the nursing home or skilled nursing facility and we will continue to require, however, that these services be provided to nursing home residents that are under the direction of the same governing body of professional staff as the residents usual Medicare certified dialysis facility.

Now regarding discharge planning for hospitals, because we know that you work closely with hospitals, we have waived some of the requirements for those patients that must continue to be discharged to an appropriate setting.

We have relaxed some of the requirements regarding discharge planning as far as giving a list of a number of facilities in the area and looking at the quality measurements in that regard.

Patients may not be able to receive a comprehensive list of the nursing homes in that area. However, we still expect that hospitals will work with families and facilities to ensure that patient discharge is to a post-acute care provider that is able to meet the needs.

I think we can see the need to have some flexibility to make sure that we can free up hospital beds and get patients where they need to be, but we also need to make sure they're getting to the place that's best, the best place of care considering their condition.

So again, there were a number of other waivers there related to workforce and scope of practice and advanced billing and all of those things, so please take a look at the full package.

But I want to leave time for questions and also. I want to check, did Dan Rangle, were you able to join us?

OK, well operator, why don't we go ahead and take some questions please?

Operator: Yes, sure. At this time ladies and gentlemen, in order to ask a question, please press star, one on your telephone keypad. Again in order to ask a question, please press star, one on your telephone keypad.

We have a question from Lori Dorbac. Your line is now open.

Jean Moody-Williams: Hello, Lori? Lori, your line is open. We can't hear you if you're talking. OK, operator maybe we should go to the next one.

Operator: Your next question is – please tell us your first name. Your line is now open.

Leann McCauley: Leann McCauley.

Jean Moody-Williams: Hi, Leann, we can hear you.

Leann McCauley: Hi. We're actually part of a continuing care retirement community and I have a small 60-bed SNF unit. It is just one unit, so it's really hard for me to separate or cohort. The question that I have is we do have within the continuing care retirement community an older section that I could convert into rooms if I wanted to, if somebody were to pop up positive here, or if a hospital wanted to discharge a positive COVID patient.

What I'm having trouble deciphering is what I need to do or what approvals I need in order to do that?

Jean Moody-Williams: So I'll let Evan handle the details of that, under our hospital without walls, post-acute care without walls, temporary expansion sites. You would still be responsible for that unit and would be able to expand to that

unit. And this is a blanket waiver and with blanket waivers you do not have to individually submit a request but Evan, are there any other details?

Evan Shulman: Yes. Hi, Leann. This is Evan Shulman from the Division of Nursing Homes. There are still requirements in this area that I believe still needs to be met. So if it's "under arrangement," then I think there's some availabilities that you can do where those residents can be place there.

But that area is not necessarily on its own, the certified long-term care facility, like skill nursing or nursing facilities. So there are waivers that we've issued that make it easier for facilities to be certified, but they still need to be certified to be a SNF/NF.

Leann McCauley: OK. So how do I go about doing that?

Evan Shulman: You need to work with your state agency and probably also the CMS regional office.

Leann McCauley: OK.

Jean Moody-Williams: OK. Thank you for considering alternative sites, we appreciate that.

Jean Moody-Williams: Next question please?

Operator: Another question is from Saba Abolahrari. Your line is now open.

Dr. Saba Abolahrari: Hi, this is Dr. Saba, a primary care physician and medical director from the Paramount at Somers (Rehabilitation and Nursing Center in New York). We are hearing this thing, that we can do the testing in the nursing home or long-term care facility from the first day, but we're really struggling doing the test for the patients who are symptomatic and we are told to treat them as they are positive.

Is there any hope that we can test them and know exactly what we are treating and whom we should treat because we are using all our PPE and we are very short, we will be depleted with the PPE because any patient who has a fever,

we are treating as COVID-19 positive and we are putting them in isolation, we use our PPEs for them. How we can test the people?

Jean Moody-Williams: So as it was announced earlier this week, there are additional tests that are being made available and to increase the supply. We know there's been an issue with that. And so hopefully you'll be able to see an increase in the supply of testing and then, with this ability, to have this waiver that people can come in and be paid to do the testing and the collecting of it would expand that in many areas.

Dr. Abolahrari: One more concern that I have is about our staff because I personally have symptoms and I'm not working unfortunately right now, so I have my staff over there at the moment. I'm in home quarantine right now. But I heard from staff here and there that if they are symptomatic, there is no arrangement for healthcare workers to be able to be tested faster than the normal population and I think we need to arrange something for the healthcare worker too so that they can be tested faster and be able to stay on their job if they are negative.

Jean Moody-Williams: Yes. We heard that concern a little earlier today and I know the Administrator is looking into that. As healthcare workers, there are provisions for healthcare workers to be tested, and so we will look further into that.

Dr. Abolahrari: Thank you. Appreciate it.

Operator: And your next question is from Mary Dancils. Your line is now open.

Mary Dancils: Hi, Jean. I have a question regarding staffing. I have an assisted living facility where my staff are certified either as PSS or a CRMA. Now there was the waiver for the CNAs, is there any waivers or going to be any waivers for CRMAs that maybe have let their certification lapsed or retired that I could probably use?

Jean Moody-Williams: So Evan, I will let you address that.

Evan Shulman: Sure. So just to be clear, we actually didn't waive requirements for CNAs, we waived requirements for people that are not yet CNAs but now are allowed to work in a long-term care facility, for longer than four months. And also, even

if shorter than four months and have also the requirements that existed yesterday to be working as a nurse's aide. They still need to be under supervision and only to perform basic nursing.

So with that in mind, does that help you, does that answer your question?

Mary Dancils: No, because CRMAs are my medication assistant but right now they have to be actively certified to pass medications. My question is, could I bring in somebody that has had their certification in the past but have maybe retired or decided they didn't want to use it anymore without having to have an active certification?

Evan Shulman: You want to be careful, remember as Jean said earlier, we can only waive federal requirements and we can't waive state requirements, so there may be some state requirements around the medication.

I would encourage you to look at what we did waive for this type of individual, what is permissible activity in the nursing home and working, performing duties, but again there may be some State scope of practice things that you need to look at. But I believe that this person can be in the building and working, but again, I just encourage you to look at this, and the State scope of practice.

Mary Dancils: OK, great. Thank you.

Operator: Your next question is from Christine Dedal. Your line is now open.

Christine Dedal: Actually, what I was trying to comment on was something from yesterday. We were asked to register the number of PPE which we want on the site but I got a subsequent e-mail saying there are 700 credentials that need to be processed so I have not yet registered my PPE.

Is there going to be some work so that we can register so if we need PPE, they can see what our inventory is?

Jean Moody-Williams: Is this a HHS site versus a CMS site? There are a couple of reporting requirements, I'm trying to decipher which one this is.



Christine Dedal: I believe we were using the New Jersey Hospital Association site originally and then we were given a new link from I believe the Department of Health and so we went on and tried to get credentials and that was on Sunday.

And before this meeting I checked my e-mail and I still haven't gotten anything so that's kind of frustrating because – and we did get a response saying and I understand, there's 700 of us probably trying to register all at the same time. But if we're lacking PPE and that's the portal we have to use, we can't get on it.

Jean Moody-Williams: Yes, I can appreciate your frustration. I don't believe that that's a federal site from the description. I believe that is probably a state site and I encourage you to reach out to them to see – I'm sure you're not the only one experiencing that problem.

Christine Dedal: Thank you.

Operator: Your next question is from Tiffany Carlin. Your line is now open.

Your next question is from Mike Trapa. Your line is now open.

Mike Trapa: Hi, good afternoon. We were looking for information on the 60 days, unskilled days, on waiver for the people who have the benefit exhausted. Can you give us some details on that?

Jean Moody-Williams: Yes, is there someone on the line that can address that?

Todd Smith: Yes, hi. This is Todd Smith from the Center for Medicare. We understand you have these questions and we are working as hard as we can to get a set of frequently asked questions to address those issues. So they should be coming shortly.

Mike Trapa: Is there some place we could send questions to, to give you things to put on to the list?

Jean Moody-Williams: Yes, absolutely, and I see that we're at time so that's a perfect segway to Alina who can give you information on where to send your questions.

Alina: Great. Thanks, Jean and thanks everyone for joining our call. As Jean mentioned, we do have a COVID-19 specific inbox and that is [covid-19@cms.hhs.gov](mailto:covid-19@cms.hhs.gov). Again it is [covid-19@cms.hhs.gov](mailto:covid-19@cms.hhs.gov). Thanks again, have a great rest of your day.

Jean Moody-Williams: Thank you all.

Operator: Ladies and gentlemen, this concludes today's conference call. Thank you for participating. You may now disconnect.

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