

Centers for Medicare & Medicaid Services
COVID-19 Call with Home Health, Hospice & Palliative Care Providers
Moderator: Alina Czekai
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Operator: This is Conference #9503927

Alina Czekai: Good afternoon. Thank you for joining our May 12th CMS COVID-19 Weekly Call with Home Health, Hospice, and Palliative Care Providers. We appreciate you taking time out of your busy schedules to join us today. This is Alina Czekai leading stakeholder engagement on COVID-19 in the office of CMS Administrator Seema Verma.

Today's call will be focusing on agency guidance. And next week we will resume with guest speakers from the field to share their best practices.

I'd now like to turn it over to Jean Moody-Williams. Jean is the Acting Director of the Center for Clinical Standards and Quality here at CMS for a brief update on the agency's latest guidance in response to COVID-19. Jean, over to you.

Jean Moody-Williams: Great, thanks very much. Thank you everyone for tuning in. This is a quick touch base that you know what we've been doing here at CMS, but also as well, to hear from you, your questions, and even an opportunity to share some best practices perhaps that you have that you would like to let others know about on the call.

Last week, I wish those of you who are nurses on the call a Happy Nurses Month and focused on self-care, this week, the nurse's week are focusing on recognition of nurse's tasks and present with the special recognition of those that have given their lives as they are caring for others through this COVID-19 pandemic.

And we certainly honor and respect them for all the work that they did. And we honor and respect all of you on this call as well. This actually also happens to be National Skilled Nursing Care Week. And so we did – the

Administrator released a letter yesterday, really acknowledging the dedication of healthcare workers.

And we also had the opportunity based on continued input that we've received from you to release some additional flexibility, particularly for providers that are working in hospice and home health agencies. Now, we released a number of new flexibilities in waivers. So again, please avail yourself to our website to ensure that you have seen the latest.

I would like to highlight a few. For home health agencies, we are now allowing occupational therapists, physical therapists and speech language pathologists to perform initial and comprehensive assessments for all patients. Previously this waiver – we put out a waiver, but this was really only applicable for occupational therapists.

But the modification aligns this flexibility across all of the rehab disciplines. So, we're waiving the requirement that we have skilled professionals may only perform the initial and comprehensive assessments when therapy services are ordered.

The modification allows that we have professionals to perform the initial and comprehensive assessment for all patients receiving therapy service as a part of the plan of care, of course, to the extent permitted under state law regardless of whether or not the services establish eligibility for the patient to be receiving homecare.

So regardless of what your service is, OT, PT, or speech language pathologists may perform the initial and cognitive assessments. And so we obviously heard you loud and clear on that. Well, hospices, we are modifying life safety codes specifically around alcohol based hand rubs, fire drills and temporary construction of walls and barriers.

So, obviously, the life safety codes play a very important role under normal circumstances, but when we are having to be innovative in how we provide care, sometimes care is being provided in alternative care settings, or other areas. So for inpatient hospices, we are waiving the prescriptive requirements related to alcohol-based hand rub dispensers for use by staff and others.

The need to have that available and for use in infection control and we do have to observe some safety precautions because it does contain a high degree of ethyl alcohol, which is flammable. There are some restrictions on storage locations to certain size containers, but please be aware of that.

And then due to the inadvisability right now, the quarterly fire drill, because we don't want to have to move mass number of people together, we will instead permit a documented orientation training program that is related to the current fire plan and we will – in which considers current facility condition.

And then lastly, we are waiving the requirement that would otherwise not permit temporary walls and barriers between patients that for this time period, we are allowing that. So those were the number of the requests that we still had in the hopper. And at this point, operator, I'd like to open it up to see if there any questions or comments or anything that anyone would like to share as far as some of the practices that you're noticing in the community.

Operator: Thank you. As a reminder, to ask a question, you will need to press star one on your telephone keypad. Again, that is star then number one and your telephone keypad. We will pause for just a moment to compile the Q&A roster.

Participant who has 5046 and the last four digits of their phone number, your line is now open. Please introduce yourself.

(Maria Danza): Hi, my name is Maria Danza. I'm – regarding home health and the requirement for the comprehensive assessment. Does that indicate that if nursing and therapy services are ordered, a therapist would be able to admit the case and do the start of care OASIS or that it's just that they can do the comprehensive assessment if no nursing is ordered.

Jean Moody-Williams: Karen or I do have someone so (loud).

Jim Cowher: Hi Jean. Jean, I'm Jim Cowher. I'm on the line.

Jean Moody-William: Hey, Jim.

Jim Cowher: So in that situation, the therapist would be able to open the case and complete the comprehensive assessment. As far as guidance for the OASIS, I believe that that would be able to be included as well. There is another OASIS guidance policy manual we'd have to look at, but I believe that would compensate because many of the OASIS items are included in the comprehensive assessment.

In the respective of disciplines would do the parts that are appropriate for their discipline when they do the assessment in the OASIS. So, I don't know if anyone else who's on the line who has any additional feedback.

Karen: So, this is Karen. I think I don't have anything on the scope for the nurses and the OASIS. Just want to also remind folks that the – we did waive some of the timeframes on the OASIS transmission as well so that there's an ability to extend that if additional time was needed.

(Maria Danza): Can I just clarify my question a little bit? I'm thinking of we have quite a bit of nursing – we have quite a bit of nursing admissions with COVID-19 positive cases. And so our nurses that are at 100 percent plus productivity, while we have obviously with the elective surgeries being canceled et cetera, a lot of our therapists sitting and not quite as productive.

So there'd be that opportunity if we could allow them to do the OASIS to do the full admission and then nursing to come in as a revisit, which would make it a little bit easier. And for us to – from a productivity standpoint to get that case opened and admitted as well as seen by all the disciplines that are necessary.

Jim Cowher: So just to add to the follow up question to clarify further. So you're saying nursing and therapy are ordered on that case or is it just nursing case that you're bringing therapy and to complete the assessment to get the patient and enrolled with the agency?

(Maria Danza): No. Typically, what I'm looking at is the cases where both disciplines are ordered or even SN PT OT. And so typically, we have to have the nurse submit the case and do the OASIS and then the therapist goes in. So I'm just

clarifying is that what's waived? Is that the therapist could go in first, do the admission, as well as do the OASIS and then allow the SN to go in.

Jim Cowher: Yes, I believe that is what has been waived. We have to follow up the OASIS part but that is generally done integral with the comprehensive assessment. So, we can follow up on that and see if we can provide any additional guidance. Tara, are you on the line? Can you provide the address to the HHA mailbox?

Alina Czekai: Hi everyone. This is the Alina. I can provide our general inbox for COVID-19. That is COVID-19@cms.hhs.gov. Thank you.

Jim Conher: Thanks.

Jean Moody-Williams: So, yes, thank you. And so the question is related to OASIS. The intent of the waiver is for the therapists to be able to go ahead and open up the case so that care can get started. OK, operator, do we have another question?

Joan Proctor: Jean, this is Joan. I just want to chime in here, Joan Proctor. The current version of the OASIS, Jim, is a part of the comprehensive assessment. So, if that's what you're looking to answer or looking for validation from us where I can verify that. Does that help?

Jim Cowher: Yes, definitely it does help. Thank you so much.

Operator: If anyone wants to ask a question, please press star one on your telephone keypad. Your next question comes to the line of (Maria Pebenito) from Infinity Home Health.

(Maria Pebenito): Hi, I'm Maria Pebenito. Thank you. My question is a lot of nurses are hesitant or afraid to visit patients post COVID. What is best that you recommend how we can encourage the nurses and not fear? I know the mission for us, but what is your best way to motivate them that they should not be afraid to care for post COVID patient?

Jean Moody-Williams: Well, thank you for that question. And I'm going to make a statement, but then I'm going to ask those on the line that they might have

some suggestions about that. Of course, from a CMS perspective, we have guidelines from the CDC about when, in fact, you can use some proper precautions or whatever.

I should be able to treat the patient when they're discharged from the hospital, if they're in the nursing home or whatever. We have transfer and discharge guidelines. And as the CDC changes them, we update ours. And so there's evidence base, but I think what you're describing is that even with that, there's a lack of confidence in being able to go ahead and do the treatments.

So, what I will ask is if there's anyone on the line that can maybe share things that you found to be effective. So, operator, we can also open up the line for responses to that.

Operator: Thank you. If anyone wants to give a comment or question please press star one on your telephone keypad. Again, that is star and the number one on your telephone keypad.

Presenters, I'm seeing no further questions or participants in the queue, please continue.

Jean Moody-William: OK, great. Thank you. So, we'll keep that as the question maybe for our presenter next week, to kind of see what's happening in the field because I can imagine that is an issue in many care settings.

Well, I'd like to thank you for tuning in and we will – I'll turn it back to Alina to close this out.

Alina Czekai: Great. Thanks, Jean and thanks everyone for joining our call today. As Jean mentioned, we'll resume our normal format next week with some featured guest speakers from the field. And in the meantime, you can continue to direct your questions to our COVID-19 mailbox which is COVID-19@cms.hhs.gov. And again, we have our CMS COVID-19 office hours this afternoon at 5:00 p.m. eastern and hope that you'll consider joining us then as well. This concludes today's call. Have a great rest of your afternoon.

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