## Home Health

<table>
<thead>
<tr>
<th>What did LeadingAge, ElevatingHOME, &amp; VNAA ask for</th>
<th>Did we get it</th>
<th>What is in the rule</th>
</tr>
</thead>
</table>
| Relaxing requirements for the comprehensive assessment | Yes | • Extending of the 5-day completion requirement for the comprehensive assessment and waiving the 30-day OASIS submission requirement  
• Home health agencies can perform initial assessments and determine patients’ homebound status remotely or by record review |
| Relaxing physician requirements related to ordering and certifying home health services | Yes | • Nurse practitioners, clinical nurse specialists, and physician assistants can order home health, establish and review plans of care, and certify/re-certify the need for home health |
| Relaxing the homebound requirement | Yes | • If a physician advises a beneficiary not to leave the home because of a confirmed or suspected COVID-19 diagnosis or if the patient has a condition that makes them more susceptible to contract COVID-19 they are considered homebound  
• If a beneficiary is homebound due to COVID-19 and needs skilled services, a home health agency can provide those services under the Medicare Home Health benefit |
In addition to the items included in LeadingAge, ElevatingHOME, and VNAA’s 1135 waiver and statutory requests, the following provisions are included in the home health waivers:

**Medicare Telehealth**
- Home Health Agencies can provide more services to beneficiaries using telehealth within the 30-day episode of care, so long as it’s part of the patient’s plan of care and does not replace needed in-person visits as ordered on the plan of care.

**Requests for Anticipated Payments (RAPs)**
- MACs can extend the auto-cancellation date of RAPs during emergencies.

**Review Choice Demonstration for Home Health Services**
- CMS is allowing home health agencies in the Review Choice Demonstration to pause their participation for the duration of the Public Health Emergency.

**Cost Reporting**
- CMS is delaying the filing deadline of certain cost report due dates due to the COVID-19 outbreak.

**Non-Physician Practitioners Ordering Therapy and Supplies**
- Allows non-physician practitioners to order medical equipment, supplies and appliances, home health nursing and aide services, and physical therapy, occupational therapy or speech pathology and audiology services.

**Onsite Visits for HHA Aide Supervision**
- Waives the requirement for nurse visits every two weeks as well as registered nurse supervision to home health aides but virtual supervision is encouraged.

**Accelerated/Advanced Payments**
- CMS is authorized to provide accelerated or advance payments during the period of the public health emergency to any Medicare provider/supplier who submits a request to the appropriate Medicare Administrative Contractor (MAC) and meets the required qualifications.

**COVID-19 Diagnostic Testing**
- If a patient is already receiving Medicare home health services, the home health nurse, during an otherwise covered visit, could obtain the sample to send to the laboratory for COVID-19 diagnostic testing.

CMS has provided a [fact sheet](#) for home health as well as the [interim final rule](#) with comment period. LeadingAge is reviewing thoroughly and will share fuller analyses and topics for comment.