



Iowa Health Care Association
Iowa Center for Assisted Living
Iowa Center for Home Care



By Electronic Mail

March 26, 2020

Douglas O'Brien
Regional Director of Health and Human Services
Centers for Medicare and Medicaid Services
233 N. Michigan Avenue Suite 1300
Chicago, IL 60601

Mr. O'Brien:

On behalf of Iowa's home health agencies (collectively "agencies"), the Iowa Health Care Association respectfully requests that the Centers for Medicare and Medicaid Services (CMS) approve the flexibilities identified below, under authority of the Section 1135 (42 U.S.C. S 1320b-5) waiver issued March 13, 2020, by Secretary Azar in response to the nationwide COVID-19 Public Health Emergency.

We understand that your office assesses the need for relief based in part on information you receive from providers and their partner associations. In that context, we provide this request on behalf of all agencies in Iowa. We have included a list of all Iowa agencies with this letter for your reference.

We request the following regulatory relief be granted to all Iowa agencies to ensure sufficient health care services are available to meet the needs of individuals receiving or seeking care from home health agencies during the duration of this public health emergency:

Regulatory Impediment	Requested Relief	Reasoning for Requested Relief
Requirement to provide one service directly with no contracts.	Temporarily waive requirement that one service be provided directly without any contract or agency staff.	A temporary waiver of this requirement (or enforcement of the requirement) will allow agencies to cover for workforce shortages through agency as staff are sick or unavailable due to childcare and school closures.
Requirement for in person supervisory duties	Temporarily allow supervisory duties of Home Health activities for both skilled (14 days) and non-skilled (60 days) to be conducted remotely via telephone.	This will allow the individuals conducting the supervision to conduct this more quickly due to reduced time traveling etc. resulting in increased ability to assist in other areas. This would further reduce exposure both to patients and critical health care workers. Finally, this would provide some assistance in dealing with the staffing shortages.
Provide expedited training options for new home health aides	Temporarily allow for expedited training of direct care workers/home health aides and allow them to work in a limited capacity for the duration of the COVID-19 emergency.	Home Health Agencies are facing critical staffing shortages and need to be able to utilize new employees as quickly as possible.
Continuing Education Requirements	Waive continuing education requirements for home health aides for 2020.	Home Health Agencies are facing critical staffing shortages and an increase in need. Waiving continuing education requirements for these direct care workers will allow them to spend more time on patient care.
Low Utilization Payment Adjustment	Permit telehealth visits to count towards Medicare Home Health LUPA thresholds	This would minimize exposure risk and provide appropriate reimbursement.
Homebound Status	It is unclear if patients who are self-quarantine due to suspected or confirmed COVID-19 positive diagnoses would be considered home bound and thus eligible for the home health benefit.	Clarify that patients quarantined in the home due to coronavirus are presumed to be homebound and in need of intermittent skilled care. This could be done either by issuing guidance relating to the homebound requirement stating a presumptive finding that coronavirus exposure is a condition such that it would be medically contraindicated to leave home.
Recertification Requirements	Home health recipients with positive COVID-19 should be presumed eligible /recertified	We want to ensure patients receive the best care and reduce burdens on those providing care, presumptive recertification (if it consistent with the

Regulatory Impediment	Requested Relief	Reasoning for Requested Relief
	as necessary for ongoing treatment for COVID-19	plan of care) for those with COVID-19 would alleviate recertification burdens on providers.
Lack of applicability of telemedicine to home health context	Add home health to list of Part B telehealth services that can be done via two way audio/video communication and count them as home health visits	Utilization of telehealth for home health visits, where consistent with the plan of care, would allow for staff efficiencies and relieve some of the staffing pressure agencies are facing and will continue to face due to closed schools, daycares, and sick workers and families.
OASIS Timeframes	<p>Provide flexibility in completion timeframes for OASIS :</p> <p>The Start of Care assessment (RFA 1) may be abbreviated to include the Patient Tracking Sheet and the eight (8) payment items.</p> <ul style="list-style-type: none"> • The Resumption of Care assessment (RFA 3) and the Recertification assessment (RFA 4) may be abbreviated to the eight (8) payment items. • The Discharge assessment (RFA 8 or RFA 9) and the Transfer assessment (RFA 6, RFA 7) are suspended during the waiver period. HHAs should maintain adequate documentation to support provision of care and payment. OASIS and Claims matching should be suspended at this time. Claims should process and pay without the matching OASIS. 	Due to the Crisis and attendant staffing shortages agencies may have difficulty complying with required time frames. This deviation would support reimbursement when billing is resumed and help ensure appropriate care is provided.
Lack of Guidance	Provide guidance on appropriate coding groups for COVID-19 home health patients.	Agencies are unclear on appropriate coding.

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Flexibility in who can order Home Health Care and who can give orders	Allow NPs, PAs, and ARNP to certify Home Health benefits and to also allow those practitioners to follow the patient and give orders without a certifying MD, DO, or Doctor of Podiatry.	This would provide needed flexibility for a health care ecosystem under incredible pressure.
Annual Training and Annual Performance Review Requirements	Waive the requirements for annual training and annual performance reviews, except those directly relevant to infection control/COVID-19 management.	Agencies are under incredible staffing pressure and increased need. Reducing administrative burdens except those most critical to the emergency will free up staff time to serve patients.
Waive 48-hour initial assessment requirement.	Waive the 48-hour initial assessment requirement.	Due to the Crisis and attendant staffing shortages agencies may have difficulty complying with required time frames.
Allow Physical Therapy to Perform Initial Assessment for Multi-Discipline Episodes (See 484.55(a)(1))	Allow any of the ordered qualifying skilled disciplines to perform the initial start of care comprehensive assessment including RN, PT, and SLP.	The initial assessment takes considerable time and resources which are severely limited during the current crisis. Allowing this waiver would ensure staffing resources could be used most efficiently.
Requirement to Discharge if patient refuses services (due to fear of exposure)	Allow home health services to be temporarily put on hold upon patient request and in consultation with the patient's doctor (relating to clinical appropriateness and the patient's care plan) without the requirement to discharge.	Due to fear of COVID-19 exposure some patients are refusing to allow agencies in to their homes to receive services but do not want to be discharged rather to have their services "put on hold" until they have a lower level of fear relating to exposure. Currently agencies are having to discharge these patients resulting in a great deal of new paperwork when services resume. This will also ensure patients get needed care as soon as they will allow providers back into their home.
Suspend 2% sequester	Suspend two percent sequester.	
CPR Certification	Allow for online only certification/recertification for CPR for the duration of the emergency.	Currently Health Care Providers must maintain current CPR certification which includes hands on practice and in person skills assessment. During the current crisis this type of certification renewal is

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		not available. We would request the certification through online only training be allowed.

Our agencies are respectfully requesting these flexibilities to ensure:

- They have adequate workforce to care for their patients due to severe staffing pressures resulting from illness or need to self-isolate related to COVID-19 and absenteeism related to lack of childcare because of school and daycare closures; and
- Available staff can spend time providing quality care to patients and focus on critical areas such as infection control.

Contact Person(s) for this waiver request:

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We would further respectfully suggest that some or all these flexibilities would be appropriate for a nationwide blanket waiver. Thank you for your time and consideration. We are available to provide any additional information that may be helpful in your consideration of our request.

Respectfully,



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Electronic copy to:

- Governor Kim Reynolds
- Paige Thorson, Deputy Chief of Staff, Governor Kim Reynolds
- Kelly Garcia, Director, Iowa Department of Human Services
- Larry Johnson, Director, Iowa Department of Inspections and Appeals
- Gerd Clabaugh, Director, Iowa Department of Public Health
- Senator Charles Grassley
- Senator Joni Ernst
- Members of Congress: Cindy Axne, Abby Finkenauer, Steve King, and Dave Loebsack