

National Emergency Declared: CMS Restricts all SNF Visitors Except End-of-Life Situations

House Passes Relief Package, Goes to Senate

Following a declaration of a State of Emergency by the President yesterday, the Centers for Medicare and Medicaid Services (CMS) issued new guidance via a [memorandum](#) that is based on the [newest recommendations from the Centers for Disease Control and Prevention \(CDC\)](#). It directs nursing homes to significantly restrict visitors and nonessential personnel, as well as restrict communal activities inside nursing homes. All individuals other than essential health care staff and visits for end-of-life situations, should no longer enter skilled nursing facilities (SNFs) until further notice. Here's a quick summary:

- Restrict **all** visitors, volunteers and non-essential health care personnel (e.g., barbers) except for certain compassionate care situations, such as end-of-life situations. Facilities are expected to notify potential visitors to defer visitation until further notice (through signage, calls, letters, etc.).
- Visits for end-of-life situations are to be handled on a case-by-case basis, include screening of the visitor, use of personal protective equipment (PPE) and hand hygiene by the visitor and limited access to the facility (resident's room or location designated by the facility).
- Cancel all group activities and communal dining.
- Implement active screening of residents and health care personnel for respiratory symptoms including actively checking temperatures for a fever (all health care personnel at beginning of shift and residents at least daily).
 - Document absence of symptoms
 - Those with symptoms of a respiratory infection (fever, cough, shortness of breath, or sore throat) should not be permitted to enter the facility at any time (even in end-of-life situations).
- Screen and monitor residents when visitors, staff or others report respiratory symptoms within 14 days of interacting with the residents.
- Surveyors are allowed but if they have a fever or respiratory symptoms they should not enter.
 - Ombudsman should only be allowed in for compassionate situations AND if they don't have a fever or respiratory symptoms.
- Identify staff that work at multiple facilities and actively screen and restrict them appropriately.
- Enforce sick leave policies for ill health care personnel that are non-punitive, flexible, and consistent with public health policies allowing ill health care personnel to stay home.

- Some governors or public health officials may have orders about visitors. For Medicare and Medicaid-certified facilities, this new guidance supersedes governor and public health officials' orders, unless the state-level orders go beyond this new guidance. Then CMS expects facilities to adhere to additional requirements imposed by the State or local authorities.

This new guidance means facilities need to explore mechanisms to allow family members, ombudsman, resident representatives, and others to communicate with the residents.

This new guidance should be used in place of AHCA's visitor guidance released on March 9 (which has now been removed from our website).

We are in the process of updating our existing documents and tools on the website to ensure they match the newest guidance. So, please keep checking [AHCA/NCAL's COVID-19 website](#).

Assisted Living

Because assisted living communities are regulated at the state level, this CMS guidance does not impact ALs; however, the risk to the elderly in ALs is just as serious. Unless there is guidance put forth for ALs by their state governors and state agencies, ALs should consult [AHCA/NCAL's guidance](#) and our [email](#) from yesterday emphasizing the goal to try and reduce the number of people entering the facility.

CDC guidance does state much of this information could also be applied in assisted living.

ADDITIONAL IMPACTS FROM THE NATIONAL EMERGENCY DECLARATION

Three-Day Stay Waiver

The President announced during his press conference declaring a national emergency, that he was suspending the Medicare's three-day stay requirement before a SNF admission. We have not yet seen anything in writing about this from CMS and will forward to you when we receive any more information.

CMS Releases MAC-by-MAC Medicare Part B COVID-19 Test Billing Rates

The Medicare claims processing systems will be able to accept HCPCS codes (U0001, U0002) starting on April 1, 2020, for dates of service on or after February 4, 2020. It is important to note that Local Medicare Administrative Contractors (MACs) are responsible for developing the payment amount for claims they receive for these newly created HCPCS codes in their respective jurisdictions until Medicare establishes national payment rates. View a [map of CMS MAC coverage](#) and the [MAC by MAC rates](#). For details on how to submit billing, please check your MAC websites and/or call their provider support

number. The relevant CMS guidance is Medicare Coverage and Payment Related to COVID-19 and is located [here](#).

MDS Completion and Submission Waivers

CMS is waiving 42 CFR 483.20 to provide relief to SNFs on the timeframe requirements for Minimum Data Set (MDS) assessments and transmissions. CMS has not yet issued technical guidance on how to implement.

SNF Part A 100-Day Benefit Waiver

For “certain beneficiaries who recently exhausted their SNF benefits, the waiver authorizes renewed SNF coverage without first having to start a new benefit period”. CMS has not yet issued technical guidance on how to implement.

Provider Location for Billing Waiver

“Temporarily waive requirements that out-of-state providers be licensed in the state where they are providing services when they are licensed in another state.” Note: this is for billing purposes and State licensing still needs to be followed. CMS has not yet issued technical guidance on how to implement.

HOUSE RELIEF PACKAGE

Separately, the House of Representatives passed a relief package late yesterday. It still must be passed in the Senate, but it includes a temporary 6.2% FMAP increase to state Medicaid programs, paid sick leave for employers with 500 employees or less, tax credits, and funding for certain tests. We will continue to monitor this legislation and keep you posted about possible implementation.

Please email COVID19@ahca.org for additional questions, and visit www.ahcancal.org/coronavirus for additional information and resources.

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