



# Tool

## Compliance Updates after End of PHE

*The PHE has ended!*  
 This tool will assist your agency in ensuring you are on track for full compliance going forward.

Compliance Date	Topic	Waiver Flexibility During PHE	Standard Compliance
ONGOING EVOLUTION	<b>Telehealth</b>	<i>Allowances to expand "visits" to be completed remotely by telehealth</i>	Telehealth visits are not to take the place of in-person visits, but are to be complementary and strengthen the plan of care. Additional revenue codes were added for optional Medicare billing in 2023, and become mandatory on 7/1/23 for reporting telehealth to CMS.
MAY 11 2023	<b>Initial assessment</b>	<i>Initial assessments may be completed remotely or via record review by physician or NP to determine eligibility and homebound status</i>	Initial assessments should be done in person
	<b>Comprehensive assessment</b>	<i>OASIS comprehensive assessment extended to 30 days, submission delays are permitted during the PHE</i>	Resume standard compliance for OASIS timeframes, including 5 days from SOC
	<b>Supervisory visit</b>	<i>The supervisory visits by RN for aide services, may be provided by telehealth, or waived</i>	Documentation of RN supervision of HHA every 14 days which includes in-person visit by the RN, aide does not have to be present
	<b>Discharge planning</b>	<i>Requirement for detailed discharge planning to include data from quality resources was waived</i>	Must provide quality data of other agencies, if further care is needed, as part of discharge planning to other services
	<b>QAPI</b>	<i>Focus QAPI efforts on infection control and adverse events during the PHE</i>	Return to prior level of QAPI program function as comprehensive performance improvement tool
JULY 30 2023	<b>Annual on-site eval of aide</b>	<i>Annual on-site evaluation by a nurse/ qualified practitioner for the aide may be waived.</i>	Annual skills evaluation and observation must be completed by the RN or other qualified practitioner in person
SEPTEMBER 30 2023	<b>Aide education of 12 hours per year</b>	<i>Home Health Aides 12 hours of annual education in a 12-month period may be waived</i>	HHA's must have evidence of 12 hours of education for each 12-month period as defined by the organization
JANUARY 1 2025	<b>Face to face and telehealth</b>	<i>Waiver allowing use of telehealth technology for face to face visits by ordering provider, or facility provider sustained through end of 2024 by Consolidated Appropriations Act 2022</i>	Face to face visits must return to in-person visits by allowed providers by 1/1/2025
N/A	<b>Pseudo-patient</b>	<i>Permit the use of a pseudo-patient for assessing the skills competency of hospice aides at the time of employment and for ongoing competency checks</i>	The use of pseudo-patients for competency checks has been made a permanent allowance in the COPs. A pseudo-patient is a person with specific training or use of a computer-based mannequin.
	<b>OT providing initial and SOC assessments</b>	<i>Permit Occupational Therapists (OT) to complete initial and comprehensive assessments for HHA services (if appropriate to the service need and permitted in state scope of practice)</i>	The provision allowing the OT to provide the initial and SOC comprehensive assessments was made permanent by CMS in the COPs in 2021. This did not change coverage rules in the Medicare Benefit Policy Manual (Chapter 7)- which states the OT is a qualifying skilled service. Only an RN, PT or SLP are considered the qualifying services.