



On March 30, CMS [announced](#) it will be issuing new temporary rules and waivers for healthcare providers to better manage potential surges of COVID-19 patients. Many of these changes could prove beneficial for senior living providers, especially opportunities for hospitals to care for patients outside of a traditional setting, the increased access to testing for residents, increased access to telehealth for Medicare Beneficiaries.

These changes are made as a result of President Trump's national health emergency declaration on March 13 and the public health emergency declaration by HHS Secretary Azar on January 21. Retroactive from March 1, 2020 through the end of the emergency declaration, these changes include the following:

#### **Hospital Transfer of Non COVID-19 patients**

- Existing requirements for hospitals to provide services within their own buildings are waived; under the temporary rules, hospitals will be able to transfer patients to outside facilities, such as ambulatory surgery centers, inpatient rehabilitation hospitals, hotels, and dormitories, while still receiving hospital payments under Medicare. This provides an alternate venue for hospitals to care for COVID-19 positive residents and could potentially alleviate pressure for senior living communities to allow those residents back into their buildings. *42 CFR §482.41 and §485.623*
- **Senior living communities will not be compelled to accept patient transfers from hospitals but may enter into a voluntary arrangement if agreed to by both parties.**
- Temporary use of non-hospital buildings and spaces for patient care and quarantine sites provided the location is approved by the state.
- Skilled nursing facilities will be able to move residents within a facility, or transfer residents to another LTC facility solely for the purposes of cohorting and separating residents with and without COVID-19. While not directly affecting assisted living, senior living communities may consider this for similar opportunities at the state level.

#### **Telehealth Services Expanded**

- More than 80 additional services will be permitted through telehealth for Medicare beneficiaries. This will include interactive apps and through audio (phone) only.
- Telehealth visits include emergency department visits, initial nursing facility and discharge visits, home visits, and therapy services (must be provided by a clinician that is allowed to provide telehealth). Services are now available for both new and established patients.
- Providers can bill for telehealth visits at same rate as in person.
- Clinicians can provide remote patient monitoring services to patients with acute and chronic conditions and for patients with only one disease. *42 CFR 483.30*

### **Virus Testing Expanded to Allow Tests in Home and Community Based Settings**

- Hospitals, laboratories, and other entities will be allowed to perform tests for COVID-19 on people outside of the hospital including home and in other community-based settings such as senior living. *Section 1867(a)*
- Hospital emergency departments will be allowed to test and screen patients at drive through and off campus test sites. *Section 1867(a)*

### **Nursing Services**

- If a physician determines that a Medicare beneficiary should not leave home due to suspected or confirmed COVID-19 and they need skilled services, then they will qualify under Medicare Home Health Benefit. *§484.80(h)*

### **Expand the Hospital Workforce**

- Hospitals will be able to use Physician assistants and nurse practitioners to perform services such as ordering tests and medications that may have previously required a physician's order, where this is permitted under state law. *42 CFR §482.12(c)(1)–(2) and §482.12(c)(4)*
- Allow physicians, nurses and other clinicians licensed in other states to be hired without violating Medicare rules. They can perform the functions they are licensed for while awaiting completion of federal paperwork.

If you have any questions about these programs, please contact Dan Samson, director of government relations, at [dsamson@argentum.org](mailto:dsamson@argentum.org).