



Dear Member,

Late in the evening on Friday March 13, 2020 CMS issued [Guidance for Infection Control and Prevention of Coronavirus Disease 2019 \(COVID-19\) in Nursing Homes \(REVISED\)](#).

The measures are 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. AHCA has also [released an update for members](#) on this new guidance and we have provided a brief summary below:

#### For ALL facilities nationwide:

- Facilities should **restrict visitation of all visitors and non-essential health care personnel, except for certain compassionate care situations, such as an end-of-life situation. In those cases, visitors will be limited to a specific room only.**
- Facilities are expected to **notify potential visitors to defer visitation until further notice (through signage, calls, letters, etc.).**
  - Note: If a state implements actions that exceed CMS requirements, such as a ban on all visitation through a governor's executive order, a facility would not be out of compliance with CMS' requirements. In this case, surveyors would still enter the facility, but not cite for noncompliance with visitation requirements.
- **For individuals that enter in compassionate situations (e.g., end-of-life care), facilities should require visitors to perform hand hygiene and use Personal Protective Equipment (PPE), such as face masks.** Decisions about visitation during an end of life situation should be made on a case by case basis, which should include careful screening of the visitor.
- Those visitors that are permitted, must wear a face mask while in the building and restrict their visit to the resident's room or other location designated by the facility.

#### 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.

In addition, based on the President's State of Emergency decree CMS has issued the following [COVID-19 Emergency Declaration Health Care Providers Fact Sheet](#). Below is a summary of the impact:

#### Skilled Nursing Facilities

- CMS is waiving the requirement at Section 1812(f) of the Social Security Act for a 3-day prior hospitalization for coverage of a skilled nursing facility (SNF) stay provides temporary emergency coverage of (SNF services without a qualifying hospital stay, for those people who need to be transferred as a result of the effect of a disaster or emergency. In addition, for certain beneficiaries who recently exhausted their SNF benefits, it authorizes renewed SNF coverage without first having to start a new benefit period.
- Second, CMS is waiving 42 CFR 483.20 to provides relief to SNFs on the time frame requirements for Minimum Data Set assessments and transmission.

#### Durable Medical Equipment

- Where Durable Medical Equipment Prosthetics, Orthotics, and Supplies (DMEPOS) is lost, destroyed, irreparably damaged, or otherwise rendered unusable, contractors have the flexibility to waive replacements requirements such that the face-to-face requirement, a new physician's order, and new medical necessity documentation are not required.
- Suppliers must still include a narrative description on the claim explaining the reason why the equipment must be replaced and are reminded to maintain documentation indicating that the DMEPOS was lost, destroyed, irreparably damaged or otherwise rendered unusable or unavailable as a result of the emergency.

## Medicare appeals in Fee for Service, MA and Part D

- Extension to file an appeal
- Waive timeliness for requests for additional information to adjudicate the appeal;
- Processing the appeal even with incomplete Appointment of Representation forms but communicating only to the beneficiary;
- Process requests for appeal that don't meet the required elements using information that is available.
- Utilizing all flexibilities available in the appeal process as if good cause requirements are satisfied.

For questions please email: [1135waiver@cms.hhs.gov](mailto:1135waiver@cms.hhs.gov)

As always MHCA appreciates all you are doing to ensure you, your residents, families and staff are safe during this situation. We are here to help with any questions, concerns, scenarios etc. We are monitoring email throughout the weekend and can be reached by phone;

- Rick Erb, [rerb@mehca.org](mailto:rerb@mehca.org) or 207-441-7138;
- Nadine Grosso, [ngrosso@mehca.org](mailto:ngrosso@mehca.org) or 207-653-0064;
- Danielle Watford, [dwatford@mehca.org](mailto:dwatford@mehca.org) or 207-312-9391.

Please don't hesitate to reach out anytime this weekend and moving forward.

Thank you for all you do,

Danielle Watford, MS, MSIO, CMQ-OE  
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