1. Currently, the regulations require that the 14-day supervisory assessment be conducted by the registered nurse (RN) or other appropriate skilled professional who is familiar with the patient, the patient’s plan of care and the written care instructions as described in 484.80(g). However, CMS is proposing to permit HHA’s to complete this assessment virtually, in the rare circumstance that an onsite visit cannot be coordinated within the 14-day time period.

CMS proposes that HHAs be permitted to use interactive telecommunications systems for purposes of aide supervision, on occasion, not to exceed 2 virtual supervisory assessments per HHA in a 60-day period.

* MHCA does not believe that allowing 2 virtual supervisory visits per agency in a 60-day period will provide any significant relief for the home health agency- especially HHA’s that have a large census of skilled patients. When a “rare circumstance” occurs, it often effects a large number of patients. For instance, if inclemental weather impacts visits for a 5-day period, that would obviously also have an impact on a large number of supervisory visit. We request that the proposed language be changed to allow for 2 virtual supervisory visits ***per patient*** in a 60 day certification period.
* MHCA believes that telecommunication is a beneficial option for both home health agencies and home health patients. However, the 2-way audio-visual requirement presents significant challenges to the home health patient population. Many HHA patients are elderly and cannot navigate video technology, but nearly all patients are able to communicate their needs well via a telephone call. The requirement for video presents more burden than benefit for many patients. We request that CMS allows clinical staff to use their professional judgement to determine if a patient would benefit from an in-person visit, an audio-video visit, or an audio-only visit. And finally, we request that home health agencies are reimbursed for all visits- whether in person or virtually.
* MHCA requests that for patients whose services occur less frequently than every 14 days, CMS allows for supervisory visits to occur as often as the skilled visit occurs, instead of the current requirement of every 14 days. The rationale for this is to allow more efficiencies for agency staff and reduce regulatory burden. In addition, many patients and home health agency staff find minimal value in this extra supervisory visit where no skill is performed.

1. At § 484.80(h)(2), if home health aide services are provided to a patient who is not receiving skilled care, the RN must make an on-site visit to the location where the patient is receiving care from such aide. Such visits must occur at least once every 60 days in order to observe and assess each home health aide while he or she is providing care.

CMS proposes to maintain the first part of this requirement, that the registered nurse must make a visit in person every 60 days, but would remove the requirement that the RN must directly observe the aide in person during those visits.

* We support this proposal but request the option to perform a supervisory visit using telecommunications- either audio and/or video.

The phrase ‘‘in order to observe and assess each home health aide while he or she is performing care,’’ would be replaced with ‘‘to assess the quality of care and services provided by the home health aide and to ensure that services meet the patient’s needs’’

* We support this language change.

1. CMS is also proposing to add a new requirement to 42 CFR 484.80(h)(2) that would require the RN to make a semi-annual on-site visit to the location where a patient is receiving care in order to directly observe and assess each home health aide while he or she is performing care. This would apply to patients who are not receiving skilled services. CMS is not proposing any changes to 484.80(h)(1)(iii) for the annual on-site visit for patients receiving skilled services.
   * MHCA request clarification:
     1. Please define “semi-annual”.
     2. Clarify if the change to a semi-annual on-site visit is meant per patient or per home health aide?
2. §484.80(h)(3) requires that the agency conduct, and the home health aide complete, retraining and a competency evaluation related to the deficient skill(s). CMS propose to maintain this requirement at 484.80(h)(3), but to modify it by adding ‘‘and all related skills.’’ For example, if the patient informs the nurse that they almost fell when the aide was transferring them from bed to a chair, the nurse should assess the aide’s technique for transferring a patient in other circumstances beyond transfer to a chair, such as transferring from a bed to bedside commode or to a shower chair.
   * We request that CMS further defines the statement “all related skills”. This is vague and if left up to the individual surveyor, there is a lot of room for different interpretations.