

Hospice Aides During the COVID-19 Pandemic – A Quick Guide

April 15, 2020

Hospice aides are an important part of the hospice interdisciplinary team and hospice aide care has been much more challenging with the COVID-19 pandemic. CMS has recognized that there are issues with some of the Medicare Hospice Conditions of Participation (COPs) related to hospice aides. CMS recently issued 1135 blanket waivers for hospice. However, keep in mind, except for these blanket waivers, all other COP requirements at § 418.76 are still in effect. NHPCO recognizes that providers must use their best judgment to determine, provide, and ensure high quality care to patients and families. Hospices should document how the goals of care are met in a safe and appropriate manner. Based upon recent guidance from CMS and the hospice COPs, the requirement for hospice providers is for their services to meet the needs of the patient based upon the individualized plan of care, addressing issues on a case by case basis. Below you will find the 1135 blanket waivers, which include quality and items to consider as you develop internal processes to meet these requirements.

1135 Blanket Waivers

3/29/2020

Waived onsite visits for Hospice Aide Supervision: CMS is waiving the requirements at 42 CFR 418.76(h), which require a nurse to conduct an onsite visit every two weeks. This would include waiving the requirements for a nurse or other professional to conduct an onsite visit every two weeks to evaluate if aides are providing care consistent with the care plan, as this may not be physically possible for a period of time.

- **Quality and Compliance Considerations:** While the onsite requirement has been waived during the public health emergency, if the hospice aide is still going into the home to perform care, the hospice RN should, at a minimum, be checking in with the family via phone, and documenting in the chart that a conversation regarding aide supervision occurred, to ensure that the aide's care is safe and consistent with the care plan. As a reminder, refer to your specific state licensure requirements, and if they are stricter than federal, they will still need to be followed.

4/9/2020

Hospice aide competency testing allow use of pseudo patients. 42 C.F.R. 418.76(c)(1).

CMS is temporarily modifying the requirement in § 418.76(c)(1) that a hospice aide must be evaluated by observing an aide's performance of certain tasks with a patient. This modification allows hospices to utilize pseudo patients such as a person trained to participate in a role-play situation or a computer-based mannequin device, instead of actual patients, in the competency testing of hospice aides for those tasks that must be observed being performed on a patient. This increases the speed of performing competency testing and allows new aides to begin serving patients more quickly without affecting patient health and safety during the public health emergency (PHE).

- **Quality and Compliance Considerations:** Document and maintain records of the competencies performed and the manner they were achieved. Competency validation must be complete to ensure safe care for the patient.

12-hour annual in-service training requirement for hospice aides. 42 C.F.R. 418.76(d).

CMS is waiving the requirement that hospices must assure that each hospice aide receives 12 hours of in-service training in a 12-month period. This allows aides and the registered nurses (RNs) who teach in-service training to spend more time delivering direct patient care.

- **Quality and Compliance Considerations:** If your agency offers continuing education units (CEU) that count toward HHA re-certification requirements, encourage your HHAs to monitor this requirement for their re-certification, and to check with their State's certifying body regarding any flexibility being offered during this time. Continuing education ensures skill competency of an aide which contributes to higher quality of care.

4/2020