



Missouri Alliance for HOME CARE

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Please find information related to the following:

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CMS to States: Resume Routine On-site Surveys and Address Backlogged Enforcement Cases *(from NAHC Report)*

During March 2020, in response to the COVID-19 public health emergency, the Centers for Medicare & Medicaid Services (CMS) took steps to focus survey efforts toward infection control and complaints that alleged immediate jeopardy (IJ) to patient/resident health and safety, and to limit revisit surveys to those necessary to verify removal of previously identified IJ deficiencies. CMS also directed that open enforcement actions pending as of March 23, 2020, be suspended, except for enforcement actions for unresolved IJ deficiencies. More recently, CMS began the process of reprioritizing surveys to transition states to more routine oversight and survey activities.

In an effort to further pursue more routine oversight and survey activities, on August 17 CMS issued a Memorandum (Enforcement Cases Held during the Prioritization Period and Revised Survey Prioritization, QSO 20-35-ALL) to State Survey Agency Directors addressing resumption of on-site surveys and other actions. QSO 20-35-ALL is divided into three sections, as follows:

1. Long-Term Care Guidance
2. Non-Long-Term Care Guidance
3. Laboratory Guidance

This article will summarize guidance related to Non-long-term care providers outlined in the Memorandum. For additional information, please access [QSO 20-35-ALL](#) on the CMS website.

NON-LONG-TERM CARE GUIDANCE

Expanded Survey Activities: In addition to ongoing focused infection control surveys, CMS is encouraging states to resume normal survey activities, while also addressing the backlog of surveys that were postponed as directed in [QSO 20-20-All](#). Once a state has entered Phase 3 of reopening (based on [White House Guidance](#) for State/Regional reopening) or earlier at the state's discretion, states should resume normal survey activities according to guidance in the FY 2020 Mission & Priority Document, while prioritizing their survey backlog as follows (in descending priority):

1. Revisit surveys for past non-compliance that do not otherwise qualify for a desk review;
2. Complaint surveys triaged as non-IJ level or higher that have not been completed;
3. Special Purpose Renal Dialysis Facilities (SPRDFs);
4. Initial surveys of new providers;
5. Past-due recertification surveys with a statutorily required survey interval; and
6. Past-due recertification surveys without a statutorily required survey interval.

During the period of the COVID-19 PHE, surveyors should continue to utilize the COVID-19 Focused Infection Control Survey: Acute and Continuing Care specified in QSO-20-20-All as part of any survey that is conducted. CMS will provide additional guidance on the timeframe for resumption of validation surveys at a future date.

While CMS recognizes that resumption of surveys will depend on state reopening plans, staffing, and resources, CMS is requesting that states work with their respective CMS locations to discuss plans and proposed timeframes for completion of required surveys postponed due to the COVID-19 PHE.

Accrediting organizations with Medicare-approved programs may resume normal activity based on state reopening criteria. Any variations from the approved reaccreditation survey process must receive CMS approval prior to implementation.

Addressing Prior Enforcement Cases: When the QSO 20-20-All memorandum went into effect, CMS locations were directed to suspend enforcement cycles with the exception of unremoved IJs, to target focused infection control and IJ surveys.

CMS intends to resolve those enforcement cases which were suspended. For non-long term care providers and ICFs/IID, CMS is expanding the desk review policy for Plans of Corrections (POCs).

Expanded Desk Review Policy: Under the QSO 20-20-All memorandum, enforcement cases were held, and providers were permitted to delay the submission of a plan of correction (POC) until the prioritization period ended. All open surveys with cited deficiency tags must have an acceptable POC and supporting evidence in order for the tags to be corrected.

- Providers have 10 calendar days from the effective date of this guidance to submit their POC for surveys that ended prior to June 1, 2020. POCs for surveys that will end on or after June 1, 2020, will follow the normal POC submission process.

NOTE: Providers who may have difficulty allocating resources to develop and implement a POC because they are currently experiencing an outbreak of COVID-19 in their area should contact their SA and/or CMS location to request an extension on submitting a POC.

- State surveyors can perform desk reviews for all open surveys that cited any level of noncompliance, including noncompliance that was cited at the IJ level when the IJ finding has been verified as removed or moved to a lower level of noncompliance. The only exception to the expanded offsite review policy is unremoved IJs, which require an onsite revisit. This expanded desk review policy applies only to outstanding enforcement actions which were held per QSO 20-20-All memorandum, from March 23, 2020, through May 31, 2020.
- Beginning June 1, 2020, all onsite revisits are authorized and should resume, as appropriate, per SOM, Chapter 2, Section 2732.

State agencies must request facilities to submit evidence that supports correction of noncompliance so that a desk review can be performed based on the latest compliance date on the POC. **NOTE: A desk review cannot be completed without supporting evidence from the facility.** This evidence may include dates of training, staff in attendance, and evidence that staff were evaluated for skill(s) competency when applicable. It may also include monitoring for policy implementation and successful performance by staff.

To alleviate any concerns related to correcting noncompliance cited at IJ, or remaining noncompliance following removal of IJ without an onsite revisit, SAs have discretion to include the clinical area of concern cleared using the desk review on the next onsite survey conducted. For complaints, surveyors should add the area of concern following normal procedures for complaint investigations in SOM Chapter 5.

Provider Relief Fund Reporting Details Delayed

On Monday, HHS was to release detailed reporting instructions for providers that received more than \$10,000 from the Provider Relief Fund distributions. However, HHS has announced a delay in this information as they are still refining data elements and formulating a template to be used for reporting. The reporting system is still expected to be available October 1, 2020.

- All recipients must report within 45 days of the end of calendar year 2020 on their expenditures through the period ending December 31, 2020.
- Recipients who have expended funds in full prior to December 31, 2020 may submit a single final report at any time during the window that begins October 1, 2020, but no later than February 15, 2021.
- Recipients with funds unexpended after December 31, 2020, must submit a second and final report no later than July 31, 2021.
- Detailed PRF reporting instructions and a data collection template with the necessary data elements will be available soon.

[Click here](#) for the updated General and Targeted Distribution Post-Payment Notice of Reporting Requirements.

Alert: Watch Out for a Postcard Disguised as Official OCR Communication *(from NAHC Report)*

The Office of Civil Rights (OCR) of the Department of Health & Human Services (HHS) is alerting the public of postcards being sent to health care organizations disguised as official OCR communications and claiming to be notices of a mandatory HIPAA compliance risk assessment. The postcards have a Washington, D.C. return address, and the sender uses the title “Secretary of Compliance, HIPAA Compliance Division.” The postcard is addressed to the health care organization’s HIPAA compliance officer and prompts recipients to visit a URL, call, or email to take immediate action on a HIPAA Risk Assessment. The link directs individuals to a non-governmental website marketing consulting services.

HIPAA covered entities and business associates should alert their workforce members to this misleading communication. This communication is from a private entity – it is **NOT** an HHS/OCR communication.

Covered entities and business associates can verify that a communication is from OCR by looking for the OCR address or email address on any communication that purports to be from OCR. The addresses for OCR’s HQ and Regional Offices are available on the OCR website at <https://www.hhs.gov/ocr/about-us/contact-us/index.html>, and all OCR email addresses will end in @hhs.gov. If organizations have additional questions or concerns, please send an email to: OCRMail@hhs.gov.

Suspected incidents of individuals posing as federal law enforcement should be reported to the Federal Bureau of Investigation.

Battelle Demobilization

Throughout the COVID-19 response, the Battelle CCDS system has been an important part of lengthening the life of N95 masks, safely. Missouri users will continue to have access to decontamination through Battelle for the foreseeable future, however, some changes are coming for those who use the Battelle CCDS site at the Jefferson City Armory. This site will be demobilized with a projected final closure date of September 12.

Battelle will directly correspond with all users of the CCDS and provide them shipping labels to another Battelle site in a surrounding state. The shipping of masks will be at no cost. Due to increased shipping time, there may be some delays noted- so please plan accordingly.

If your facility is signed up as a Battelle user, you will receive direct correspondence from Battelle in the next 7-10 days. Until told otherwise by Battelle, you may continue to send your masks to the Jefferson City Armory.

Statewide and Regional COVID-19 Dashboards Available – Valuable Resource from MHA

The Missouri Hospital Association and the Hospital Industry Data Institute share weekly COVID-19 dashboard reports. These dashboards provide regional COVID-19 trends throughout the state to inform stakeholders and support decision-making locally.

Key findings this week:

- Last week, Missouri surpassed 1,000 cases per 100,000 residents, indicating that more than 1% of the entire population have contracted COVID-19.
- The one-week difference in new cases is down across the board. However, this does not indicate reduced spread, it is a relative metric comparing significant growth in cases last week to the previous, during which time DHSS was actively clearing out a backlog in testing data.
- The effective reproductive rate declined in five of the six regions with a projected hospitalization curve, with four regions reflecting an R_e below 1, which is the target. R_e is calculated from hospitalizations and does not consider COVID-19 cases that do not result in hospitalization.
- Mobility for recreation and retail remains below pre-COVID-19 levels and is declining in the Kansas City and St. Louis Regions.
- Positivity rates remain above 10% in the Southeast Region, while daily testing volume is slightly below recommended levels, and hospitalizations are projected to increase significantly. Additionally, the positivity rate in the Central Region rose above 10% last week, while inpatient bed capacity is lower than recommended in that region.

The weekly [regional dashboards](#) have been developed in partnership with Missouri state agencies, hospital leaders and researchers at the Institute for Public Health at Washington University, and are included below for your review.

- [Kansas City Region](#)
- [St. Louis Region](#)
- [Northeast Region](#)
- [Northwest Region](#)
- [Central Region](#)
- [Southeast Region](#)
- [Southwest Region](#)

Also available, in addition to the weekly regional dashboards, is a dataset that provides a daily statewide perspective on hospital utilization and critical resources. These data resources are available and posted on MHA's COVID-19 [web page](#).

Electronic COVID Case Reporting Now Available

The Department of Health and Senior Services (DHSS) is pleased to announce the availability of Electronic COVID-19 Case Reporting. All entities currently required to complete a [Communicable Disease Case Report \(CD-1\)](#) should begin reporting positive COVID-19 cases via the new system*. This system will replace the paper CD-1 process and allow for more timely, appropriate, and accurate data for COVID-19 case reporting.

The Electronic COVID-19 Case Reporting System can be found on DHSS' main COVID-19 webpage: www.health.mo.gov/coronavirus. Please do not enter lab result information unless you are a reporting laboratory or you are entering on behalf of the laboratory.

The new system also fulfills the requirement for residential congregate facilities to report COVID-19 cases under the [May 18th Congregate Facility Reporting Order](#). Congregate facilities will no longer need to enter positive case information into the former system, which has been taken down.

**If your organization has already developed an electronic reporting process with DHSS, please continue to follow this process. The Electronic Reporting System is a replacement for those entities currently emailing, faxing or mailing a CD-1 form for COVID-19 case information.*