



CMS Releases Additional Waivers for COVID-19

Emergency declaration waivers related to flexibility for clinicians

Table with 2 columns: Event Name and Date. Rows include WHA Golf Tournament Casper (9/1) and Annual Meeting & Convention Casper (9/2-9/3).

The Centers for Medicare & Medicaid Services (CMS) released additional new waivers related to COVID-19. The waivers apply nationwide and are retroactive to March 1, 2020. Specifically, the agency provided additional waivers for clinicians that reduce supervision and other requirements to allow practitioners to work to the fullest extent of their licenses. These include:

Waiving the requirement that critical access hospitals (CAHs) have a physician physically present to provide medical direction, consultation and supervision.

The requirement that a physician be available "through direct radio or telephone communication, or electronic communication for consultation, assistance with medical emergencies, or patient referral" remains. CMS states that this action will allow the physician to perform responsibilities remotely, as appropriate, and also allow CAHs to use nurse practitioners and physician assistants to the fullest extent possible.

Waiving the requirements that a nurse conduct an onsite supervisory visit every two weeks for patients under HHA care.

Waiving the requirement that a nurse practitioner, physician assistant or certified nurse-midwife be available to furnish patient care services at least 50% of the time a rural health clinic (RHC) or federally qualified health center (FQHC) operates.

The requirement that a physician, nurse practitioner, physician assistant, certified nurse-midwife, clinical social worker or clinical psychologist to be available to furnish patient care services at all times remains. CMS states that this will assist in addressing potential staffing shortages by increasing flexibility regarding staffing mix.

Waiving regulations that prevent a physician at a long-term care facility from delegating a task when the regulations specify that the physician must perform it personally.

Any task delegated under this waiver must continue to be under the supervision of the physician, and may not be delegated when prohibited under state law or by the facility's own policy.

Waiving the requirement that all applicable required physician visits at a long-term care facility be made by the physician personally.

Waiving the requirement that home health agency (HHA) occupational therapists (OTs) may only perform the initial and comprehensive assessment if occupational therapy is the service that establishes eligibility for the patient to be receiving home health care.

This allows OTs to perform the initial and comprehensive assessment for all patients receiving therapy services as part of the plan of care, to the extent permitted under state law, regardless of whether occupational therapy is the service that establishes eligibility.

Modifying the requirement that a hospice aide must be evaluated by observing an aide's performance of certain tasks with a patient.

CMS will instead allow hospices to utilize "pseudo patients," such as a computer-based mannequin device, instead of actual patients.

Waiving the requirement that hospices must assure that each hospice aide receives 12 hours of in-service training in a 12-month period.

2020 PAC Contributions: Eric Boley, Barry Burkart, Carol Solie, Doug Faus, Heidi Baskfield, Doug McMillan, Tim Thornell

## NBHH Recognized with Overall Quality of Care Award

### Member Spotlight

For the first time North Big Horn Hospital (NBHH) has won a prestigious award based on patient satisfaction surveys taken after a patient is released from a hospital. The award puts NBHH in the top of its class nationally for scoring in the top 10 percent out of around 2,000 hospitals participating.

"This is a reflection of how good our staff is," said Michael Henley, Director of Nursing. "A survey like this of the patient experience shows the quality of care the staff gives at this hospital. So really, it is a representation of our staff."

"It's reflective of all the little things we do," added Patient

Care Coordinator Cathy Clark, RN. "The award is based on three key drivers, which are overall teamwork, management of pain and doctors easing worries or fears. The scores in these areas are combined to show the overall quality of care."

Clark noted that the sample size is highly dependent upon which patients are willing to participate in the telephone survey. Only patients who have had a recent hospital stay are surveyed.

The survey is conducted by the PRC organization and is considered a five-star award of the highest honor. "I think it goes both ways," said James. "The award is

good for morale, but if there is already good morale to begin with you have happy nurses taking care of patients, making patients happy.

"One thing I'm really proud of is that during the October through December quarter we scored 100 percent on our teamwork. I think that shows how committed we are to each other and show our patients that we have good experience."



## PSSP or Provider UPL



WHA is pleased to announce that the State Plan Amendment will be submitted to CMS within the next few days to obtain approval for the new Professional Services Supplemental Payment program. This is the Provider UPL that the WHA has been working on with the Wyoming Department of Health for the past year.

The modeling has been completed and the State Plan Amendment will be submitted soon. Now, more than ever, the WHA realizes the financial hardship hospitals across the state are fac-

ing. This program will bring in additional funding to help meet hospitals needs and will benefit hospitals all across Wyoming.

Additional information from certain hospitals is necessary and WHA staff will be reaching out to gather that information to ensure each hospital will receive the maximum benefit from the new UPL program.

The WHA is grateful for the work and assistance of the Wyoming Department of Health. While it was hoped the State Plan Amendment could have been submitted for approval

months ago, it is good to be at the point now where CMS can consider the new program and give approval. It is hoped the plan will allow funds from the previous year, as well as the current year, be drawn down to assist hospitals and allow them to continue to serve their communities.

This is just one example of the advocacy work the WHA does on behalf of member hospitals. It is an honor and blessing to represent the incredible hospitals and staff members from across the state. You are true heroes.

## WY State Board of Nursing Advisory Opinions



The Wyoming State Board of Nursing has approved Official Advisory Opinions for the COVID 19 emergency pandemic as it relates to temporary licensure, changes in nursing practice and nursing educational requirements. Please visit their website at <https://wsbn.wyo.gov/> for more information under the "COVID 19" tab. These changes are only available during the state of emergency.

The Board has relaxed restrictions in unprecedented fashion to support workforce and prepare for upcoming surges. Some examples include; allowing non trained direct caregivers to perform CNA duties, allowing primary care APRNs to perform acute care interventions, allowing LPNs to work unsupervised in some situations, etc. The Board asks your help in working with the Wyoming schools of nursing

to allow nursing and CNA students the opportunity to complete clinical hours during this time.

Please read the advisories carefully, and watch your postal mail for hard copies, delivered last week. Contact the Practice Consultant, Dr. Jennifer Burns at 307-777-6127 for specific questions and advice on new models of care.