



**COVID-19 RESPONSE: Licensure, registration or certification requirements, permits and fees are waived for HEALTH CARE PRACTITIONERS AND FACILITIES appointed as temporary agents of the District of Columbia and the federal government.**

Practitioner Type	License Waiver Authority	Requirements	Telemedicine	Expiration of Authority to Practice Under Waiver
All licensed, registered or certified professionals	1. DC Health Administrative Order 2020 2. Mayor’s Order 2020-046 3. Public Emergency Amendment Act of 2002 - DC Code: 2304.01(d) 4. Uniform Emergency Volunteer Health Practitioners Act of 2010 – DC Code: 2361.01 <i>et seq</i>	While the Public Health Emergency is in place: <ul style="list-style-type: none"> <li>• Any health care provider who is licensed in their home jurisdiction in their field of expertise who is providing health care to District residents is deemed a temporary agent of the District for the duration of the order.</li> </ul> Limitations: <ul style="list-style-type: none"> <li>○ The health care provider can only provide health care services to individuals at licensed health care facilities located in the District (including telehealth). OR</li> <li>○ If the health care provider has an existing relationship with a patient who has returned to the District and the health care provider is providing continuity of services to the patient via telehealth.</li> <li>○ The health care facility utilizing the temporary agent must verify their credentials and license status to ensure compliance.               <ul style="list-style-type: none"> <li>▪ A process must be in place that verifies the credentials and licensure status routinely during the emergency.</li> </ul> </li> <li>○ The health care facility is responsible to ensure proper supervision.</li> <li>○ The health care facility must maintain a list of all temporary agents and be made available to DC Health for inspection upon demand. Data elements include name, profession, practice locations(s).</li> </ul>	<ul style="list-style-type: none"> <li>• If providing telehealth to individuals at licensed health care facilities located in the District.</li> <li>• If the health care provider has an existing relationship with a patient who has returned to the District and the health care provider is providing continuity of services to the patient via telehealth.</li> <li>• If a health system utilizes a practitioner from out of the District to provide in home visits via telehealth, a hospital in the District must be responsible for checking credentials and record keeping requirements.</li> </ul>	<ul style="list-style-type: none"> <li>• Expiration of Administrative Order.</li> <li>• If a practitioner no longer meets the requirements for the waiver.</li> </ul>



Facility Type	Waiver Authority	Guidance
Skilled Nursing Facilities	<p>CMS, Section 1812(f) of the Social Security Act, 1135 waivers</p> <p>CMS, 42 CFR 483.20</p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Provides relief to SNFs on the timeframe requirements for Minimum Data Set assessments and transmission.</li> </ul>

Service Type	Guidance Authority	Guidance
Housing Acute Care Patients in Excluded Distinct Part Units	CMS	<ul style="list-style-type: none"> <li>• Waiving requirements to allow acute care hospitals to house acute care inpatients in excluded distinct part units, where the distinct part unit's beds are appropriate for acute care inpatient. The Inpatient Prospective Payment System (IPPS) hospital should bill for the care and annotate the patient's medical record to indicate the patient is an acute care inpatient being housed in the excluded unit because of capacity issues related to the disaster or emergency.</li> </ul>

Service Type	Guidance Authority	Guidance
Durable Medical Equipment	CMS	<ul style="list-style-type: none"> <li>• 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.</li> </ul>



Service Type	Guidance Authority	Guidance
Care for Excluded Inpatient Psychiatric Unit Patients in the Acute Care Unit of a Hospital	CMS	<ul style="list-style-type: none"> <li>Waiving to allow acute care hospitals with excluded distinct part inpatient psychiatric units that, as a result of a disaster or emergency, need to relocate inpatients from the excluded distinct part psychiatric unit to an acute care bed and unit. The hospital should continue to bill for inpatient psychiatric services under the Inpatient Psychiatric Facility Prospective Payment System for such patients and annotate the medical record to indicate the patient is a psychiatric inpatient being cared for in an acute care bed because of capacity or other exigent circumstances related to the hurricane. This waiver may be utilized where the hospital's acute care beds are appropriate for psychiatric patients and the staff and environment are conducive to safe care. For psychiatric patients, this includes assessment of the acute care bed and unit location to ensure those patients at risk of harm to self and others are safely cared for.</li> </ul>

Service Type	Guidance Authority	Guidance
Care for Excluded Inpatient Rehabilitation Unit Patients in the Acute Care Unit of a Hospital	CMS	<ul style="list-style-type: none"> <li>Waiving requirements to allow acute care hospitals with excluded distinct part inpatient Rehabilitation units that, as a result of a disaster or emergency, need to relocate inpatients from the excluded distinct part rehabilitation unit to an acute care bed and unit. The hospital should continue to bill for inpatient rehabilitation services under the inpatient rehabilitation facility prospective payment system for such patients and annotate the medical record to indicate the patient is a rehabilitation inpatient being cared for in an acute care bed because of capacity or other exigent circumstances related to the disaster or emergency. This waiver may be utilized where the hospital's acute care beds are appropriate for providing care to rehabilitation patients and such patients continue to receive intensive rehabilitation services.</li> <li>Waiving requirements to allow IRFs to exclude patients from the hospital's or unit's inpatient population for purposes of calculating the applicable thresholds associated with the requirements to receive payment as an IRF (commonly referred to as the "60 percent rule") if an IRF admits a patient solely to respond to the emergency and the patient's medical record properly identifies the patient as such. In addition, during the applicable waiver time period, we would also apply the exception to facilities not yet classified as IRFs, but that are attempting to obtain classification as an IRF.</li> </ul>

Service Type	Guidance Authority	Guidance
Supporting Care for Patients in Long-Term Acute Hospitals (LTCH)s	CMS	<ul style="list-style-type: none"> <li>Allows a long-term care hospital (LTCH) to exclude patient stays where an LTCH admits or discharges patients in order to meet the demands of the emergency from the 25-day average length of stay requirement which allows these facilities to be paid as LTCHs.</li> </ul>



Service Type	Guidance Authority	Guidance
Home Health Agencies	CMS	<ul style="list-style-type: none"> <li>Provides relief to Home Health Agencies on the timeframes related to OASIS Transmission. Allows Medicare Administrative Contractors to extend the auto-cancellation date of Requests for Anticipated Payment (RAPs) during emergencies.</li> </ul>

Service Type	Guidance Authority	Guidance
Provider Locations	CMS	<ul style="list-style-type: none"> <li>Temporarily waive requirements that out-of-state providers be licensed in the state where they are providing services when they are licensed in another state. This applies to Medicare and Medicaid.</li> </ul>

Provider Type	Guidance Authority	Guidance
Provider Enrollment	CMS screening requirements <ul style="list-style-type: none"> <li>Application Fee - 42 C.F.R 424.514</li> <li>Criminal background checks associated with FCBC - 42 C.F.R 424.518</li> <li>Site visits - 42 C.F.R 424.517</li> </ul>	<ul style="list-style-type: none"> <li>Establish a toll-free hotline for non-certified Part B suppliers, physicians and non-physician practitioners to enroll and receive temporary Medicare billing privileges</li> <li>Postpone all revalidation actions</li> <li>Allow licensed providers to render services outside of their state of enrollment</li> <li>Expedite any pending or new applications from providers</li> </ul>



Provider Service	Guidance Authority	Guidance
Medicare Appeals in Fee for Service	CMS MA and Part D	<ul style="list-style-type: none"> <li>• Extension to file an appeal.</li> <li>• Waive timeliness for requests for additional information to adjudicate the appeal.</li> <li>• Processing the appeal even with incomplete Appointment of Representation forms but communicating only to the beneficiary.</li> <li>• Process requests for appeal that don't meet the required elements using information that is available.</li> <li>• Utilizing all flexibilities available in the appeal process as if good cause requirements are satisfied.</li> </ul>

Program Type	Guidance Authority	Guidance
Medicaid & CHIP	CMS Section 1135 of Social Security Act  Stafford Act  National Emergency Act	<ul style="list-style-type: none"> <li>• When the President declares an emergency through the Stafford Act or National Emergency Act, and the Secretary declares a Public Health Emergency, the Secretary is authorized to waive certain Medicare, Medicaid and Children's Health Insurance Program (CHIP) authorities under Section 1135 of the Social Security Act.</li> <li>• There is no specific form or format that is required to submit the request for a Section 1135 waiver, but the state should clearly state the scope of the issue and the impact. States and territories may submit a Section 1135 waiver request directly to Jackie Glaze, CMS Acting Director, Medicaid &amp; CHIP Operations Group Center for Medicaid &amp; CHIP Services to <a href="mailto:Jackie.Glaze@cms.hhs.gov">Jackie.Glaze@cms.hhs.gov</a> or letter.</li> <li>• The following are examples of flexibilities that states and territories may seek through a Section 1135 waiver:               <ul style="list-style-type: none"> <li>○ Waive prior authorization requirements in fee-for-service programs</li> <li>○ Permits providers located out of state/territory to provide care to another state's Medicaid enrollees impacted by the emergency</li> <li>○ Temporarily suspend certain provider enrollment and revalidation requirements to increase access to care</li> <li>○ Temporarily waive requirements that physicians and other health care professionals be licensed in the state in which they are providing services, so long as they have an equivalent licensing in another state, and</li> <li>○ Temporarily suspend requirements for certain pre-admission and annual screenings for nursing home residents</li> <li>○ States and territories are encouraged to assess their needs and request these available flexibilities, which are more completely outlined in the Medicaid and CHIP Disaster Response Toolkit. For more information and to access the toolkit, visit: <a href="https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/index.html">https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/index.html</a>. For questions email <a href="mailto:1135waiver@cms.hhs.gov">1135waiver@cms.hhs.gov</a>.</li> </ul> </li> </ul>