

Centers for Medicare and Medicaid Services  
Questions and Answers:  
Home Health, Hospice and DME Open Door Forum  
Wednesday, August 30, 2023

1. Question: I have a question regarding our type of ownership status on our hospice provider preview report. One of my agencies is showing as for-profit when it's not for profit. I verified with PECOS that our status is correct. I tried to work with Palmetto and I'm getting nowhere. This has been about six months. Do you have any suggestions for who I can contact?
  - a. Answer: If you could resend what you've done so far to the quality reporting help desk, this way we can kind of track it. Because, with the refreshes, you should see different things. Some providers have seen their status corrected. And other providers are still kind of waiting. So, if you could resend what you've done to date back to the quality reporting email, and we'll be able to kind of get back to you or hopefully see what might be going wrong so that it's corrected.
2. Question: This question is related to the proposal for the marriage and family therapist and mental health counselors and hospice. There is some confusion about what exactly is being proposed. Is it that a hospice would be able to use an MFT or MHC if they wanted to? Or is it a requirement that a hospice would have a social worker, an MHC, and an MFT, and then assign one of those disciplines based upon patient need?
  - a. Answer: The way the law is written is they've included all three of those providers in the same sentence. So, it's not that every patient has to have a marriage and family therapist or a mental health counselor or social worker, but they would need to have at least one of them. So, hospices will have to employ, or have under contract, the MHT and MFT, and obviously the social worker is an employee.
    - i. Question: They would be required to have all three available?
      1. Answer: Yes. And if a patient needs it, they would have to have one available.
3. Question: In the fiscal year 2024 hospice final rule, it was noted that HOPE testing results will be available on the HQR website in the fall. Has a specific date been scheduled?
  - a. Answer: A specific date has not been scheduled. And as we work through making sure that we provide the analysis to the public, that date may actually change. But there's not a specific date that's been provided as of right now.

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- i. Question: As a quick follow-up there, if HOPE rollout is proposed next spring, would it be implemented as early as fiscal year 2025? Or would CMS plan an implementation date in fiscal year 2026?
    - 1. Answer: The implementation date will actually be within the proposal, but we did hear stakeholders in reference to making sure that they had enough lead time in order for people to actually consume the instrument and implementation.
- 4. Question: My question is around the hospice position requirement that the positions be enrolled in PECOS. We're kind of assuming that the existing PECOS file that's published that includes things like, you know, home health and DME, and that sort of thing, will just be updated with a new column to indicate whether the physician is enrolled in hospice. Can you confirm that our assumptions are correct, or do you know if there will be, like, an additional file that's—that's issued just for hospice? Any information around the structure of the file that would be used to identify physicians who are enrolled would be helpful.
  - a. Answer: The question is regarding the [ordering and referring](#) file on [data.cms.gov](#). The file will be updated to include a separate column to identify enrolled hospice physicians who are eligible to order and refer.
- 5. Question: Question related to the proposed rule CY 2024 home health PPS: in last year's rulemaking, CMS decided to, in 2023 rulemaking, decided to reduce the proposed permanent adjustment by half as a recognition of the potential of hardship of implementing that full permanent adjustment in a single year. My question is, given the impact that CMS has broadcast and some of the modeling folks have done about the proposal for this year, does CMS believe that it has the same authority in this year's rulemaking to potentially take the same types of steps to mitigate the impact of this year's proposed rule?
  - a. Answer: I think you and probably others know I'm unable to comment on agency position of something that's still out there, for not only public consumption but decision-making process still going forward. So, I appreciate your viewpoints, and I'm sure that we got your comments, and are going through them, and look forward to the end of October-ish for the final decision in the home health final rule.
    - i. Question: It was mentioned there's going to be an upcoming TEP announcement around health equity in the QRP and it sounded like you listed an additional engagement opportunity that was a home health agency level, like, listening engagement. Could you just repeat what that second engagement opportunity was around that?

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1. Answer: Yes, and it's for the VBP, not the QRP. Just want to make sure you're clear on that. We'll be hosting, and it will be a recording that you'll be able—HHAs will be able to listen to. When we sent out a survey in the spring and asked for HHAs to volunteer to discuss some of their approaches to quality management and innovation, we got quite a few applicants, or volunteers, and we've worked with them. We don't have a date yet because it's being recorded in the next couple weeks. But if you look at our listserv announcements and our webpage, you'll find information on when and how to listen to those perspectives.
6. Question: I'm looking at an email I have back at the end of December, and it came out from NHPCO, and it said “the legislation will allow hospices to use marriage and family therapists and mental health counselors as part of the IDT in lieu of social worker. There is no requirement for hospices to use MFTs or MHCs, and a social worker is still required if needed under the patient's plan of care.” So that changed?
  - a. Answer: They added them in to the law. It's in there with social workers, but it's going to depend on what the patient needs. So, if your social worker can handle what the issues are that the patient is experiencing, then you can use your social worker, right, because that's how you're going to document it. But if they need something more, the therapists have to be available.
7. Question: Back on the social worker—I guess this would be for home care and for home hospice: Does the social worker—I know they have to be an LSW—do they have to have their master's in order to work for home—or do home care visits and hospice visits? Or do they just need to have somebody with a master's for oversight?
  - a. Answer: The requirements that were in place when these conditions of participation were updated back in 2008 basically say that the—if you were employed before the time of that publication and the final rule, that you could have a bachelor's-prepared person. And after that, you either had to hire a master'-prepared person or they had to be supervised by a master's-prepared person. Master's-prepared social worker.
    - i. Question: Okay. And that was for home care and hospice?
      1. Answer: That was for hospice. Home health has its own set of rules. They could practice independently.
        1. Question: Okay. Do you happen to know what the home care rule is on that, if it's

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similar, or did they change that one completely?

- a. Question: That one—the home health CoPs were published in 2017, and I'd need to go back in to check. Just to make sure I don't steer you wrong, if you want to put that question into the ODF questions then I can send you the citations.

8. Question: These extra therapists, are they to be W-2 employees?

- a. Answer: Since they're not included in core services, they can be contacted.

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