

**The Joint Commission expects healthcare organizations to comply with all Elements of Performance. In view of the circumstances, The Joint Commission will not cite noncompliance with these Elements of Performance for the period of time during any local, state, or federal declared State of Emergency for COVID-19. The Joint Commission continues to recommend all healthcare organizations use their independent medical judgment on a case by case basis in the best interest of patient safety.**

Chapter	Standard	EP	EP Text	comments
EQ	EQ.01.01.01	12	The organization verifies that the patient received the medical equipment and supplies. Verification of delivery is documented.	Idl.iii waiving signature and proof of delivery requirements for DME when a signature cannot be obtained. Suppliers should document in the medical record the appropriate date of delivery and that a signature was not able to be obtained because of COVID-19.
HR	HR.01.01.01	2	The organization verifies and documents the following: - Credentials of care providers using the primary source when licensure, certification, or registration is required by law and regulation to practice their profession. This is done at the time of hire and at the time credentials are renewed. - Credentials of care providers (primary source not required) when licensure, certification, or registration is not required by law and regulation. This is done at the time of hire and at the time credentials are renewed. For home health agencies that elect to use The Joint Commission deemed status option: The organization maintains current licensure and qualifications in personnel records.	Regarding CPR, ACLS, BLS: The Joint Commission released an FAQ supporting the extension of expiration dates for certifications by 60 days, in accordance with published guidance by the American Heart Association.
HR	HR.01.03.01	14	For hospices that elect to use The Joint Commission deemed status option: In order to assess the quality of care and services provided by the hospice aide and to ensure that services ordered meet the patient's needs, the registered nurse supervises the hospice aide during an on-site visit to the patient's home no less frequently than every 14 days. If nursing services are not provided, a physical or occupational therapist or speech-language pathologist can supervise the hospice aide. Note: The aide does not need to be present during the supervisor's visit.	418.76(h)(1) waiving the requirement for a nurse 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.

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HR	HR.01.03.01	27	For home health agencies that elect to use The Joint Commission deemed status option: When home health aide services are provided to a patient who is receiving skilled nursing, physical or occupational therapy, or speech-language pathology services, a registered nurse or other appropriate skilled professional who is familiar with the patient, the patient's plan of care, and the patient care instructions written by a registered nurse or appropriate skilled professional, must make an on-site visit to the patient's home no less frequently than every 14 days. The home health aide does not have to be present during this visit.	484.80 (h)(1)(i) waiving the requirement for a registered nurse, or other appropriate skilled professional, to conduct an onsite aide supervisory visit every 14 days to evaluate if aides are providing care consistent with the care plan. Virtual supervision is encouraged, but not required, during the period of the waiver.
IM	IM.02.02.03	9	For home health agencies that elect to use The Joint Commission deemed status option: The home health agency encodes and electronically transmits each completed Outcome and Assessment Information Set (OASIS) assessment with the information required for each Medicare beneficiary to the Centers for Medicare & Medicaid Services' (CMS) system within 30 days of completing the patient assessment.	484.45(a) waiving the 30-day OASIS submission requirement. Delayed submission is permitted.
LD	LD.04.03.01	18	For hospices that elect to use The Joint Commission deemed status option: Volunteer staff provide administrative or direct patient care in an amount that equals 5% of the total patient care hours of all paid hospice employees and contract staff. The hospice documents the level of volunteer activity and also records any increased care and services achieved through the use of volunteers. Documentation includes the type of volunteer services and time worked.	418.78(e) waiving the requirement that hospices use volunteers in an amount that equals 5%
LD	LD.04.03.03	17	For hospices that elect to use The Joint Commission deemed status option: The hospice provides physical therapy, occupational therapy, and speech-language pathology services for the purposes of symptom management or to enable the patient to maintain activities of daily living and basic functional skills.	418.72 waiving requirement for non-core hospice services (physical, occupational and speech therapy)
PC	PC.01.02.01	36	For hospices that elect to use The Joint Commission deemed status option: The hospice's interdisciplinary group updates the comprehensive assessment in collaboration with the patient's attending physician, if any, as frequently as the patient's condition requires, but no less than every 15 days.	418.54(d) extending the timeframe requirements for updating the assessment from 15 to 21 days
PC	PC.01.02.03	12	For home health agencies that elect to use The Joint Commission deemed status option: The organization completes the comprehensive assessment within time frames that meet the patient's needs, but no later than five calendar days after the start of care.	484.55(b)(1) extending the 5-day completion requirement for the comprehensive assessments to 30 days.

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PC	PC.01.02.05	2	For home health agencies that elect to use The Joint Commission deemed status option: A registered nurse conducts an initial assessment visit to determine the immediate care and support needs of the patient and determine eligibility for the Medicare home health benefit, including homebound status. (If physical therapy, occupational therapy, or speech-language pathology are the only services ordered, see also PC.01.02.05, EP 3)	484.55(a) Allows Home Health Agencies to perform Medicare covered initial assessments and determine patients' homebound status remotely or by record review.
PC	PC.01.02.05	3	For home health agencies that elect to use The Joint Commission deemed status option: The initial assessment visit may be made by an appropriate skilled rehabilitation professional (physical therapist, occupational therapist, or speech language pathologist) when rehabilitation therapy service (physical therapy, occupational therapy, or speech therapy) is the only service ordered by the physician responsible for the home health plan of care, and the need for that service establishes program eligibility. (See also PC.01.02.05, EP 2)	484.55(a) Allows Home Health Agencies to perform Medicare covered initial assessments and determine patients' homebound status remotely or by record review.