

Priority Order	Category	Regulation	Description	Recommendation
1	Initial Patient Visits	Title 10, 763.5(a) and 42 CFR 484.55(d)(2) for CHHAs	Allows initial patient visits to be made within 48 hours (instead of 24 hours) of receipt and acceptance of a community referral, or return home from placement	Continue and further recommend that this regulatory requirement be revised to be consistent with federal regulations at 42 CFR 484 .55 that require initial visit be made within 48 hours.
2	Supervision	Title 10, 763.4(h)(1) –(8) and 766.5(a) – (e)	Allows CHHAs, LTHHCPS, AIDS home care programs to conduct in-home and in-person supervision as soon as is practicable after the initial visit or through indirect means, including by telephone or video communication	Recommend that these regulatory requirements and flexibility be consistent with the Federal timeframe for reinstatement – continue until 60 days after expiration of the Federal public health emergency.
3	Supervision of Personal Care Services	Title 18, section 505.14(f)(3)	Permits nursing supervision visits for personal care services provided to individuals affected by the disaster emergency to be made as soon as practicable	Continue and establish a timeframe for reinstatement that provides for a reasonable phased in transition to in person supervision and allow for a hybrid telehealth mechanism for supervision.
3A	Hospice Aide Supervision	42 CFR 418.76(h) (Federal waiver)	Waives the requirement for nurses to conduct an onsite supervisory visit every two weeks; however, DOH DAL grants enforcement discretion to surveyors on aide supervision, but the hospice provider must assess the quality of care every 14 days through telehealth and must conduct an on-site visit every 21 days	Hospice aide and home health aide supervision requirements should be consistent with those similar requirements found in 42 CFR and phase in transition should be consistent.
4	HHA Training Program Supervised Practical Training		Waives the requirement that 8 hours of the 16-hour supervised practical training portion of a HHA Training Program be provided in a patient care setting; may take place in a skills laboratory under the direct supervision of an approved Nurse Instructor	Continue and recommend this flexibility continue indefinitely. Institutional arrangements to allow non-employees in patient care settings have become increasingly difficult for training purposes.

4A	Hospice Aide Competency Testing	42 CFR 418.76(c)(1) (Federal waiver)	Modifies the requirement that a hospice aide must be evaluated by observing an aide's performance of certain tasks with a patient and allows the use of pseudo patients	Continue
5	PCA and HHA Training Programs		Provides an automatic 6-month extension for DOH-approved PCA and HHA Training Programs with an approval end-date in the Home Care Registry between March 1 and September 1, 2020; such training programs will not be required to submit re-approval requests until the extended end-date approaches	Change approval for PCA and HHA Training Programs from 3 to 6 years. This will reduce redundant application processes and save costly administrative application submissions. Recommend requiring specific updates to specific information as they occur to the department.
6	Alternate Competency Demonstration		Expands the Alternate Competency Demonstration look-back period from 2 to 3 years, and requires the prospective employee to have 3, rather than 6 months of experience	Continue and revise permanently to address workforce shortage issues.
7	Aide In-Service Training	Title 10, section 766.11(i)(1) and (2) for LHCSAs, Title 18, section 505.14 for personal care providers, and 763.13(l) for CHHAs	DOH will exercise "enforcement discretion" for PCAs concerning in-service training (six hours annually) due through June 30, 2021 and for HHAs (12 hours annually) regarding compliance with in-service requirements until the end of the first full quarter after the state PHE declaration ends or expiration of E.O. 202, whichever is sooner	Align Title 18, 505.14 (3 hours semiannually) with Title 10, 766.11 (6 hours annually). Recommend that enforcement discretion of these requirements be aligned with Federal timeline – continue until the end of the first full quarter after the Federal public health emergency ends.
8	Social Distancing Requirements for In-Person Aide Training		Requires aide training programs to adhere to CDC social distancing requirements	Change this requirement imposed during the state declaration of a public health emergency to comply with recent State Education change from six to three feet.
9	Home Care Aide Training Program		Extends the time in which a home care aide training program must be completed to 90 days	Continue and recommend changing the time line for completion to 120 days to accommodate workforce needs moving forward to address workforce needs.

	Out-of-State Health Professionals		Allows physicians, RNs, LPNs, NPs and physician assistants licensed in states outside of NYS to practice in NYS	Continue. The credentialing of out of state RNs is taking more than 8 weeks currently. This lengthy timeframe negatively impacts the ability of providers to recruit and place nurses on staff. Recommend at least an interim license provision to allow professionals ease in working in NYS.
	Nurse Practitioner		Permits nurse practitioners to provide medical services appropriate to their education, training and experience, without a written practice agreement, or collaborative relationship with a physician	Continue
	Non-Registered RNs, LPNs & NPs		Allows RNs, LPNs and NPs licensed and in current good standing in New York State but not registered in New York to practice in New York	Continue
	Social Workers		Allows licensed master social workers, licensed clinical social workers, and substantially similar titles licensed and in current good standing in any U.S. state or Canada, to practice in New York	Continue
	Unregistered Professionals		Allows respiratory therapists, licensed clinical social workers, licensed master social workers, physical therapists, and physical therapist assistants who have an unencumbered license and are currently in good standing, but not registered, in New York to practice in New York	Continue
	Nurse COVID Testing Orders		Permits RNs to order the collection of throat or nasopharyngeal swab specimens from individuals suspected of being infected by COVID-19, for purposes of testing	Continue

	Hospice Use of Volunteers	42 CFR 418.78(e) (Federal waiver)	Waives requirement that hospices are required to use volunteers; however, DOH grants “enforcement discretion” to surveyors on volunteer use mandate	C]ontinue
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