



Nursing Homes Blanket Waivers Chart

In certain circumstances, the Secretary of the Department of Health and Human Services (HHS) can temporarily modify or waive certain Medicare, Medicaid, CHIP, or HIPAA requirements. When there's an emergency, sections 1135 or 1812(f) of the SSA allow CMS to issue blanket waivers to help beneficiaries access care.

On January 31, 2020, HHS Secretary Alex Azar declared a public health emergency due to COVID-19. This declaration was extended in April, July, and October 2020. Each extension covers 90 days.

We have created this chart to help providers understand what requirements have been waived for nursing homes, and what the waiver means for operations. All waivers below are “blanket waivers” and providers do not need to apply for an individual or state-level waiver in order to take advantage of these flexibilities. These waivers are in effect for the duration of the public health emergency (PHE), unless otherwise noted.

For more information, please visit the CMS Coronavirus Waivers & Flexibilities page:

<https://www.cms.gov/about-cms/emergency-preparedness-response-operations/current-emergencies/coronavirus-waivers>

Waiver	What Does it Mean?	What do we need to know about the end-date of this waiver?
Flexibility for Medicare Telehealth Services	CMS has waived the requirements of section 1834(m)(4)(E) of the Social Security Act and 42 CFR § 410.78 (b)(2) to expand the types of health care professionals that can provide telehealth services. If a provider is eligible to bill Medicare for their professional services, they can now bill for telehealth services with this waiver. Specifically, this allows physical therapists,	Effective March 1 – end of PHE.

	<p>occupational therapists, speech language pathologists, and others, to receive payment for Medicare telehealth services.</p>	
	<p>CMS has waived requirements at section 1834(m)(1) of the ACT and 42 CFR § 410.78(a)(3) to allow for audio-only telephone evaluation and management services and behavioral health counseling and educational services, to be billed under a new audio-only billing code. All other telehealth services must be furnished using audio and visual equipment that permits 2-way, real-time communication between the patient and the provider.</p>	
<p>3-Day Prior Hospitalization</p>	<p>CMS has waived the requirement for a 3-day qualifying hospital stay for SNF services. This waiver applies to all beneficiaries everywhere. An individual does not need a 3-day inpatient stay in the hospital to qualify for SNF services. Other requirements for skilled care must still be met.</p>	<p>Effective March 1 – end of PHE.</p>
<p>Benefit Period (100 Days)</p>	<p>CMS has waived the requirement for a new benefit period for certain beneficiaries who have recently exhausted their SNF benefit. A beneficiary may qualify for additional skilled coverage, beyond 100 days, without beginning a 60-day wellness period. This applies only to beneficiaries whose continued receipt of skilled care is directly related to</p>	<p>Effective March 1 – end of PHE.</p>

	the PHE emergency. For example, a beneficiary was prevented from beginning or completing SNF services as a direct result of the PHE, or requires continued skilled care as a result of the PHE.	
Reporting MDS	CMS has waived requirements at 42 CFR 483.20 related to timeframe requirements for MDS assessments and transmission. Assessments must still be completed and submitted, but providers have flexibility on the timeframes.	Effective March 1 – end of PHE.
Staffing Data Submissions	CMS has waived requirements at 42 CFR 483.70(q) for submitting staffing data through the Payroll-Based Journal system. Nursing homes are not required to submit staffing data at this time, but we will still need to review the detail and ramifications of Nursing Home Compare. (Terminated effective 6/25/2020)	This waiver was terminated effective 06/25/2020. Providers must submit PBJ staffing data for calendar 2020 Q2 (April – June) by August 14, 2020. Providers may submit data for calendar 2020 Q1 (January – March), though Q1 data is not required.
Pre-Admission Screening and Annual Resident Review (PASARR)	CMS has waived requirements at 42 CFR 483.20(k) to allow nursing homes to admit new residents without a Level I PASRR screen or Level II PASRR evaluation. Level I screens may be completed after admission. Level II evaluations must be completed within 30 days of admission.	Effective March 1 – end of PHE.
Physical Environment	CMS has waived requirements at 42 CFR 483.90 to allow a non-SNF building to be temporarily certified and used	Effective March 1 – end of PHE.

	<p>as a SNF for purposes of isolating/cohorting COVID-19-positive residents. CMS has also waived certain certification requirements to allow for the quick stand-up of a nursing home for temporary COVID-19 isolation and treatment if the state determines necessary.</p>	
	<p>CMS has waived requirements at 42 CFR 483.90 to allow for rooms and spaces that were not previously a resident room to be used as a resident room or care space to accommodate surge capacity. This could include dining rooms, conference rooms, activity rooms, etc. provided the resident can be kept safe and comfortable. Rooms must meet other applicable requirements of participation and cannot be inconsistent with the state’s emergency preparedness or pandemic plan, or with state or local health department guidance.</p>	
<p>Resident Groups</p>	<p>CMS has waived requirements at 42 CFR 483.10(f)(5) that ensure a resident’s right to participate in resident groups. Nursing homes may restrict in-person meetings during the PHE due to recommendations of social distancing and limiting groups to no more than 10.</p>	<p>Effective March 1 – end of PHE.</p> <p>Recall, however, that group activities may be permitted with limitations as nursing homes progress through the phases of reopening. Check your state’s guidance on group activities.</p>
<p>Training and Certification of Nurse Aides</p>	<p>CMS has waived requirements at 42 CFR 483.35(d), with the exception of 42 CFR 483.35(d)(1)(i). Nursing homes may employ as nurse aides for more than 4 months on a full-</p>	<p>Effective March 1 – end of PHE.</p>

	<p>time basis individuals who have not completed and/or are not full-time employees in a state-approved training and competency evaluation program, provided the individual is competent to provide nursing and nursing related services. Nursing homes may also employ individuals for whom there has been a continuous 24-month period during which the individual did not perform nursing or nursing related services for monetary compensation without requiring this individual to complete a new competency and evaluation training program, provided this individual is competent to perform nursing and nursing related services.</p>	
<p>Physician Visits in SNFs/NFs</p>	<p>CMS has waived requirements at 42 CFR 483.30 that requires in-person physician visits. Physicians and non-physician practitioners may conduct visits via telehealth options as appropriate.</p>	<p>Effective March 1 – end of PHE.</p>
<p>Resident Roommates and Groupings</p>	<p>CMS has waived requirements at 42 CFR 483.10(e) (5), (6), and (7) related to residents’ rights to choose roommates, be notified in writing in advance of a change in roommates, and to refuse transfer to another room within the facility. These requirements are waived for the purpose of grouping and cohorting residents who are symptomatic, asymptomatic, and confirmed</p>	<p>Effective March 1 – end of PHE.</p>

	negative/positive in response to COVID-19.	
Resident Transfer and Discharge	<p>CMS has waived requirements at 42 CFR 483.10(c)(5); 483.15(c)(3), (c)(4)(ii), (c)(5)(i) and (iv), (c)(9), and (d); and § 483.21(a)(1)(i), (a)(2)(i), and (b)(2)(i) (with some exceptions) related to advance notice of transfer and discharge and timely completion of baseline and comprehensive care plans. These requirements are waived only under the following circumstances:</p> <ul style="list-style-type: none"> • A resident with COVID-19 symptoms or a confirmed COVID-19 diagnosis is being transferred to a facility designated for the care of such residents; • A resident with no symptoms who has been confirmed not to have COVID-19 is being transferred to a facility designated for the care of such residents to prevent COVID-19 transmission; • A resident whose COVID-19 status is unknown is being transferred to a facility designated for the care of such individuals to observe for the development of symptoms over a period of 14 days. • The receiving facility must confirm verbally or in writing that they agree to accept the resident. If confirmed verbally, the transferring facility must document the date, time, 	Effective March 1 – end of PHE.

	<p>and the person from the receiving facility who communicated the agreement.</p> <p>Nursing homes must provide written notice of transfer/discharge and complete care plans as soon as practicable. Nursing homes are responsible for ensuring that all transfers/discharges are conducted in a safe and orderly manner that protects the health and safety of residents.</p>	
Physician Services	<p>CMS has waived requirements at 42 CFR 483.30(c)(3) and 42 CFR 483.30(e)(4) to allow physicians to delegate tasks, including physician visits, to a physician assistant, nurse practitioner, or clinical nurse specialist who meets the applicable definition in 42 CFR 491.2. Delegated tasks must continue to be under the supervision of the physician and this waiver does not apply when delegation is prohibited by state law or the facility's own policy.</p>	<p>Effective March 1 – end of PHE.</p>
Quality Assurance and Performance Improvement (QAPI)	<p>CMS has modified 42 CFR 483.75(b)–(d) and (e)(3) to narrow the scope of the QAPI program to focus on adverse events and infection control. The waiver allows a skilled nursing facility to concentrate on these areas other than clinical care, quality of life and resident choice. Note that this waiver modifies only the scope of the QAPI program and all other elements (feedback, data</p>	<p>Effective March 1 – end of PHE.</p>

	<p>systems and monitoring; systematic analysis and systemic action; performance improvement activities; and governance and leadership) must be active and functioning, and providers must be prepared to demonstrate compliance with other requirements under this section.</p>	
<p>In-Service Training</p>	<p>CMS has modified requirements at 42 CFR 483.95(g)(1) that requires CNAs to complete 12 hours of in-service training annually. The deadline to complete these hours has been extended to the end of the first full quarter after the PHE ends. Note that this does not waive requirements for <i>all</i> training for nurse aides and other staff. Providers must still maintain a training program for all new and existing hires that includes the required topics listed in §483.95.</p>	<p>Effective March 1 – end of PHE.</p>
<p>Detailed Information Sharing for Discharge Planning</p>	<p>CMS has waived requirements at §483.21(c)(1)(viii) that requires the sharing of detailed information during discharge planning to post-acute care, including providing patients and caregivers with data that includes standardized patient assessment data, quality measures, and data on resource utilization.</p> <p>CMS has also waived requirements for hospitals §484.58(a) waived so that they will not be sharing quality data</p>	<p>Effective March 1 – end of PHE.</p>

	and resource use information with patients, caregivers, and their representatives at discharge for post-acute care settings.	
Clinical Records	CMS has modified requirements at 42 CFR §483.10(g)(2)(ii) to allow providers up to 10 working days to provide patients/residents with requested copies of medical records, rather than 2 working days.	Effective March 1 – end of PHE.
Paid Feeding Assistants	CMS has modified requirements at 42 CFR §§ 483.60(h)(1)(i) and 483.160(a) regarding required training for paid feeding assistants. The timeframe requirement for these training courses has been reduced from 8 hours to 1 hour. Note that the required contents of the training have not been waived. Training programs must still cover the required topics described at §483.160(a)(1)-(8). Additionally, paid feeding assistants must still work under the supervision of a registered nurse (RN) or licensed practical nurse (LPN).	Effective March 1 – end of PHE.
Inspection, Testing, and Maintenance under Physical Environment	CMS has modified requirements at §483.90 to the extent necessary to permit nursing homes to adjust scheduled inspection, testing and maintenance frequencies and activities for facility and medical equipment.	Effective March 1 – end of PHE.

	<p>CMS has modified requirements at §483.90(a)(1)(i) and (b) to the extent necessary to permit the nursing homes to adjust scheduled ITM frequencies and activities required by the Life Safety Code (LSC) and Health Care Facilities Code (HCFC). The following LSC and HCFC ITM are considered critical are not included in this waiver:</p> <ul style="list-style-type: none">• Sprinkler system monthly electric motor-driven and weekly diesel engine-driven fire pump testing.• Portable fire extinguisher monthly inspection.• Elevators with firefighters' emergency operations monthly testing.• Emergency generator 30 continuous minute monthly testing and associated transfer switch monthly testing.• Means of egress daily inspection in areas that have undergone construction, repair, alterations or additions to ensure its ability to be used instantly in case of emergency.	
	<p>CMS will permit a waiver of outside window and outside door requirements at §483.90(a)(7) to permit nursing homes to utilize facility and non-facility space that is not normally used for patient care to be utilized for temporary patient care or quarantine.</p>	

<p>Life Safety Code</p>	<p>Alcohol-Based Hand Rub: CMS has waived prescriptive requirements around the placement of alcohol-based hand rub dispensers. Note that alcohol-based hand rubs must continue to be placed and stored in a manner that prevents accidental ingestion and considers the increased fire risk associated with containers over 5 gallons (refer to 2012 LSC, sections 18/19.3.2.6).</p>	<p>Effective March 1 – end of PHE.</p>
	<p>Fire Drills: CMS has waived the requirement for a quarterly fire drill due to safety and social distancing concerns associated with the congregation of staff during fire drills. Instead, CMS will permit a documented orientation training program related to the current fire plan. Recall that facility conditions, including physical environment and operations, may have changed as your organization responds to COVID-19. Your fire plan should address these changes. Staff should be instructed on current duties, life safety procedures, and fire protection devices in their assigned area (refer to 2012 LSC, sections 18/19.7.1.6).</p>	
	<p>Temporary Construction: CMS has waived requirements that would otherwise prohibit temporary walls and barriers between patients. Note that these temporary barriers may be in use as environmental controls or physical environment modifications in</p>	

	response to COVID-19 (refer to 2012 LSC, sections 18/19.3.3.2).	
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