



## Home Health Blanket Waiver Chart

Updated 5/31/2022

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 Social Security Act (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 covered a 90-day period and has been extended continuously since April 2020. Each extension covers 90 days.

We have created this chart to help providers understand what requirements have been waived for home health agencies, 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 federal public health emergency (PHE), unless otherwise noted.

As indicated in the chart, waivers which are still in place will end with the Public Health Emergency unless CMS terminates them early which is within their authority.

For more information, please visit the CMS Current Emergencies page:

<https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/CurrentEmergencies-page>

Waiver	What Does it Mean?	What do we need to know about the end-date of this waiver?
<i>Initial and Comprehensive Assessment</i>	Allow occupational therapists (OTs) to perform initial and comprehensive assessment for all patients. This temporary blanket modification allows OTs to perform the initial and comprehensive assessment for all patients receiving therapy services as part of the plan of care, to the extent permitted under state law.	<b>Waiver was made permanent by the Consolidated Appropriations Act of 2021 and in CY2022 <a href="#">Home Health final rule 11/8/21</a>.</b>

<p><i>Relaxing physician requirements related to ordering and certifying home health services</i></p>	<p>Nurse practitioners, clinical nurse specialists, and physician assistants can order home health, establish and review plans of care, and certify/re-certify the need for home health.</p>	<p>Waiver was made permanent 3/27/20 when Congress <a href="#">passed the CARES Act permanently authorizing physician assistants, clinical nurse specialists and nurse practitioners to order home healthcare services.</a></p>
<p><i>Onsite Visits for HHA Aide Supervision</i></p>	<p>Waives the requirement for nurse visits every two weeks as well as registered nurse supervision to home health aides but virtual supervision is encouraged.</p>	<p>Waiver was made permanent, with modifications, in CY2022 Home Health final rule 11/8/21.</p> <p>CMS will permit the one virtual supervisory visit per patient per 60-day episode. This visit must only be done in rare instances for circumstances outside the HHA's control and must have documentation in the medical record detailing such circumstances. At § 484.80(h)(2) CMS finalized the supervisory visit requirements for nonskilled patients with modification. CMS are modified the semi-annual onsite visit to require that this visit be conducted on "each" patient the aide is providing services to rather than "a" patient.</p>
<p><i>Medicare Telehealth</i></p>	<p>Home Health Agencies can provide more services to beneficiaries using telehealth within the 30-day episode of care, so long as it's part of the patient's plan of care and does not replace needed in-person visits as ordered on the plan of care. This cannot be considered a home visit for the purposes of eligibility for payment.</p>	<p>Waiver was made permanent in CY2021 <a href="#">Home Health final rule 11/4/20.</a></p>

<i>Non-Physician Practitioners Ordering Therapy and Supplies</i>	Allows non-physician practitioners to order medical equipment, supplies and appliances, home health nursing and aide services, and physical therapy, occupational therapy or speech pathology and audiology services.	Waiver was made permanent 3/27/20 when Congress <a href="#">passed the CARES Act permanently authorizing physician assistants, clinical nurse specialists and nurse practitioners to order home healthcare services.</a>
<i>Requests for Anticipated Payments (RAPs)</i>	MACs can extend the auto-cancellation date of RAPs during emergencies.	Effective 1/1/22 CMS announced <a href="#">replacing home health RAPs with a Notice of Admission as of May 11, 2021.</a>
<i>Suspending audits during the emergency period</i>	<p>CMS has suspended most Medicare Fee-For-Service (FFS) medical review during the emergency period due to the COVID-19 pandemic. This includes pre-payment medical reviews conducted by Medicare Administrative Contractors (MACs) under the Targeted Probe and Educate (TPE) program, and post-payment reviews conducted by the MACs, Supplemental Medical Review Contractor (SMRC) reviews and Recovery Audit Contractor (RAC).</p> <ul style="list-style-type: none"> <li>• No additional documentation requests will be issued for the duration of the PHE for the COVID-19 pandemic.</li> <li>• TPE reviews that are in process will be suspended and claims will be released and paid. Current post-payment MAC, SMRC, and RAC reviews will be suspended and released from review. This suspension of medical review activities is for the duration of the PHE.</li> </ul>	Resumed 9/1/21. CMS announced <a href="#">restarting the Targeted Probe and Educate (TPE) program on August 12, 2021.</a>

	<ul style="list-style-type: none"> <li>• However, CMS may conduct medical reviews during or after the PHE if there is an indication of potential fraud.</li> </ul>	
<i>Review Choice Demonstration for Home Health Services</i>	CMS is allowing home health agencies in the Review Choice Demonstration to pause their participation for the duration of the Public Health Emergency.	Resumed 9/1/21 for NC & FL CMS announced <a href="#">resumption of Review Choice Demonstration for Home Health Services with a new phased in approach on August, 21 2020</a> . Participation will begin with providers in North Carolina and Florida.
<i>Cost Reporting</i>	CMS is delaying the filing deadline of certain cost report due dates due to the COVID-19 outbreak.	Extension Ended 12/31/20
<i>Accelerated/Advanced Payments</i>	<p>CMS will <b>not</b> be accepting any new applications for the Advance Payment Program, and CMS will be reevaluating all pending and new applications for Accelerated Payments. <a href="#">Details are available</a> from CMS.</p> <p>CMS is authorized to provide accelerated or advance payments during the period of the public health emergency to any Medicare provider/supplier who submits a request to the appropriate Medicare Administrative Contractor (MAC) and meets the required qualifications.</p>	No new applications were accepted after May 2020. For a reminder on the <a href="#">Congressionally amended payment terms</a> , see this <a href="#">article</a> .

<p><i>In-service Training Requirement</i></p>	<p>The requirement at §484.80(d) that home health agencies must assure that each home health aide receives 12 hours of in-service training in a 12-month period is waived through the end of the first full quarter after the declaration of the public health emergency concludes.</p>	<p>Effective April 30, 2020 and goes through the end of PHE unless otherwise modified or terminated by CMS.</p>
<p><i>Information Sharing for Discharge Planning</i></p>	<p>The requirement at §484.58(a) to provide detailed information regarding discharge planning, to patients and their caregivers, or the patient’s representative in selecting a post-acute care provider by using and sharing data that includes, but is not limited to, other provider’s quality measures and resource use measures is waived. All other discharge planning requirements are unchanged.</p> <p>Hospitals are also having the requirement at §484.58(a) waived so that they will not be sharing quality data and resource use information with patients, caregivers, and their representatives at discharge for post-acute care settings.</p>	<p>Effective April 30, 2020 and goes through the end of PHE unless otherwise modified or terminated by CMS.</p>
<p><i>Clinical Record Sharing</i></p>	<p>The deadline for completion of the requirement at §484.110(e) to provide a patient a copy of their medical record at no cost during the next visit or within 4 business days is extended to 10 business days.</p>	<p>Effective April 30, 2020 and goes through the end of PHE unless otherwise modified or terminated by CMS.</p>

<p><i>Training and Assessment of Aides</i></p>	<p>Annual on-site supervisory visits at §484.80(h)(1)(iii) by nurses or other skilled professionals are postponed for the duration of the public health emergency. All postponed onsite assessments must be completed by these professionals no later than 60 days after the expiration of the public health emergency.</p>	<p>Effective April 30, 2020 and goes through the end of PHE unless otherwise modified or terminated by CMS.</p>
<p><i>Quality Assessment and Performance Improvement (QAPI)</i></p>	<p>CMS is narrowing the scope of the QAPI program at §484.65 to concentrate on infection control issues, while retaining the requirement that remaining activities should continue to focus on adverse events. The requirement that home health agencies maintain an effective, ongoing, agency-wide, data-driven quality assessment and performance improvement program will remain.</p>	<p>Effective April 30, 2020 and goes through the end of PHE unless otherwise modified or terminated by CMS.</p>
<p><i>COVID-19 Diagnostic Testing</i></p>	<p>If a patient is already receiving Medicare home health services, the home health nurse, during an otherwise covered visit, could obtain the sample to send to the laboratory for COVID-19 diagnostic testing.</p>	<p>Effective April 20, 2020 and goes through the end of PHE unless otherwise modified or terminated by CMS.</p>
<p><i>Relaxing requirements for the comprehensive assessment</i></p>	<p>Extending of the 5-day completion requirement for the comprehensive assessment and waiving the 30-day OASIS submission requirement. Agencies can perform initial assessments and determine patients' homebound status remotely or by record review.</p>	<p>Effective April 20, 2020 and goes through the end of PHE unless otherwise modified or terminated by CMS.</p>

<p><i>Relaxing the homebound requirement</i></p>	<p>If a physician advises a beneficiary not to leave the home because of a confirmed or suspected COVID-19 diagnosis or if the patient has a condition that makes them more susceptible to contract COVID-19 they are considered homebound</p> <p>If a beneficiary is homebound due to COVID-19 and needs skilled services, a home health agency can provide those services under the Medicare Home Health benefit</p>	<p>Effective April 20, 2020 and goes through the end of PHE unless otherwise modified or terminated by CMS.</p>
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