



Source	Status	Waiver Short Title	Type of Authority	Waiver Description	Link
AHCCCS	Approved	Existing FFS Prior Authorizations	1135	Require Fee-for-Service providers to extend existing prior authorizations for the duration of the emergency	https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/federal-disaster-resources/?entry=54034
AHCCCS	Approved	New FFS Prior Authorizations	1135	Temporarily suspend Medicaid fee-for-service prior authorization requirements.	https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/federal-disaster-resources/?entry=54034
AHCCCS	Approved	Suspend PASARR	1135	Suspend pre-admission screening and annual resident review Level 1 and Level 2 assessments for 30 days. All new admissions can be treated like exempted hospital discharges. After 30 days, new admissions with mental illness (MI) or intellectual disability (ID) should receive a Resident Review as soon as resources become available.	https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/federal-disaster-resources/?entry=54034
AHCCCS	Approved	Provider Participation Requirements	1135	Arizona may reimburse otherwise payable claims from out-of-state providers not enrolled in AHCCCS if certain conditions are met. With respect to providers NOT already enrolled with another SMA or Medicare, CMS will waive certain screening requirements so the state may provisionally, temporarily, enroll the providers. The state must meet certain specified minimum requirements and other specified criteria. These provider enrollment emergency relief efforts also apply to CHIP to the extent applicable.	https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/federal-disaster-resources/?entry=54034
AHCCCS	Approved	Provider Revalidation Requirements	1135	The state may temporarily cease revalidation of providers who are located in the state or are otherwise directly impacted by the emergency. These provider enrollment emergency relief efforts also apply to the state's separate CHIP program.	https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/federal-disaster-resources/?entry=54034
AHCCCS	Approved	Continuous Eligibility (Medicaid)	State Plan Amendment	AHCCCS is covering 12 months of continuous eligibility for children up to age 19 regardless of changes in circumstances in accordance with 1902(e)(12) of the Act and 42 CFR 435.926.	https://www.azahcccs.gov/Resources/Downloads/1115Waiver/AZSPA200001ApprovalPackage.pdf



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AHCCCS	Approved	Expanded Eligibility (Medicaid)	State Plan Amendment	AHCCCS will cover the new optional group at 1902(a)(10)(A)(ii)(XXIII) (the Families First Coronavirus Relief Act population).	https://www.azahcccs.gov/Resources/Downloads/1115Waiver/AZSPA200001ApprovalPackage.pdf
AHCCCS	Approved	Pharmacy Prior Authorization (Medicaid)	State Plan Amendment	Prior authorization for medications is expanded by automatic renewal without clinical quality review or time/quantity extensions.	https://www.azahcccs.gov/Resources/Downloads/1115Waiver/AZSPA200001ApprovalPackage.pdf
AHCCCS	Approved	Preferred Drug List (Medicaid)	State Plan Amendment	AHCCCS may make exceptions to the Preferred Drug List if drug shortages occur. This would include options for covering a brand name drug product that is a multi-source drug if a generic drug option is not available.	https://www.azahcccs.gov/Resources/Downloads/1115Waiver/AZSPA200001ApprovalPackage.pdf
AHCCCS	Approved	Premiums and Enrollment Fees (Medicaid)	State Plan Amendment	AHCCCS has suspended deductibles, copayments, coinsurance and other cost sharing for all beneficiaries during the emergency.	https://www.azahcccs.gov/Resources/Downloads/1115Waiver/AZSPA200001ApprovalPackage.pdf
AHCCCS	Approved	Public Notice (Medicaid)	State Plan Amendment	Waiver of public notice requirements applicable to the SPA submission process. AHCCCS can now submit SPAs that request changes in statewide methods and standards for setting Medicaid payment rates, changes to premiums and cost sharing, and changes to ABPs.	https://www.azahcccs.gov/Resources/Downloads/1115Waiver/AZSPA200001ApprovalPackage.pdf
AHCCCS	Approved	Tribal Consultation (Medicaid)	State Plan Amendment	Shortened number of days before submission or conducting consultation after submission of SPAs that provide or increase beneficiary access to items and services related to COVID-19 and that would not restrict or limit payment or services or otherwise burden beneficiaries and providers and that are temporary with a specified sunset date that is not later than the last day of COVID emergency	https://www.azahcccs.gov/Resources/Downloads/1115Waiver/AZSPA200001ApprovalPackage.pdf



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AHCCCS	Approved	Home Health (Medicaid)	State Plan Amendment	CMS is revising §§ 409.41 through 409.48; 424.22; 424.507(b)(1); § 440.70(a)(2) and (3), and (b)(1), (2) and (4); and several sections of 42 CFR part 484 to include physician assistants, nurse practitioners, and clinical nurse specialists as individuals who can certify the need for home health services and order services. These changes are permanent , and applicable to services provided on or after March 1, 2020.	https://www.azahcccs.gov/Resources/Downloads/1115Waiver/COVID19StatusofEligibilities.pdf
AHCCCS	Approved	Bed Hold Days (Medicaid)	State Plan Amendment	State plan paid "bed hold" days expanded to a max of 30 days.	https://www.azahcccs.gov/Resources/Downloads/1115Waiver/COVID19StatusofEligibilities.pdf
AHCCCS	Approved	Continuous Eligibility (CHIP)	State Plan Amendment	State may provide temporary continuous eligibility to CHIP enrollees.	https://www.azahcccs.gov/Resources/Downloads/1115Waiver/AZ-20-0002ApprovalLetter4242020.pdf
AHCCCS	Approved	Changes in Eligibility (CHIP)	State Plan Amendment	State may delay acting on changes in circumstances affecting eligibility, other than changes related to residency, death, voluntary termination of coverage, erroneous eligibility determinations, and becoming eligible for Medicaid.	https://www.azahcccs.gov/Resources/Downloads/1115Waiver/AZ-20-0002ApprovalLetter4242020.pdf
AHCCCS	Approved	Timely Application Processing (CHIP)	State Plan Amendment	Requirements related to timely processing of CHIP applications temporarily waived for CHIP applicants. State may delay processing of renewals and extend deadlines for families to respond to renewal requests.	https://www.azahcccs.gov/Resources/Downloads/1115Waiver/AZ-20-0002ApprovalLetter4242020.pdf
AHCCCS	Approved	3 Month Enrollment Delay (CHIP)	State Plan Amendment	Requirement that child is ineligible for CHIP for 3 months from the date of voluntary discontinuance of employer sponsored health insurance or individual insurances is temporarily waived.	https://www.azahcccs.gov/Resources/Downloads/1115Waiver/COVID19StatusofEligibilities.pdf
AHCCCS	Approved	Premium Lock-Outs (CHIP)	State Plan Amendment	Suspension of the premium lock-out policy.	https://www.azahcccs.gov/Resources/Downloads/1115Waiver/AZ-20-0002ApprovalLetter4242020.pdf



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AHCCCS	Approved	Premiums and Enrollment Fees (CHIP)	State Plan Amendment	Premiums, enrollment fees and copays temporarily waived for CHIP applicants.	https://www.azahcccs.gov/Resources/Downloads/1115Waiver/COVID19StatusofFlexibilities.pdf
AHCCCS	Approved	Tribal Consultation (CHIP)	State Plan Amendment	Shortened number of days before submission of SPA and/or conducting constulation after submission of the SPA.	https://www.azahcccs.gov/Resources/Downloads/1115Waiver/AZ-20-0002ApprovalLetter4242020.pdf
AHCCCS	Approved	Respite Limits	1115	Expand the current limit for respite hours to 720 hours per benefit year (current limit: 600 hours per benefit year).	https://azahcccs.gov/Resources/Downloads/1115Waiver/AZ_RequestForCOVID_19_EmergencyAuthorities_03172020.pdf
AHCCCS	Requested	Home-Delivered Meals Population	1115	Expand the provision of home delivered meals to all eligible populations.	https://azahcccs.gov/Resources/Downloads/1115Waiver/AZ_RequestForCOVID_19_EmergencyAuthorities_03172020.pdf
AHCCCS	Requested	Temporary Housing for the Homeless	1115	Provide temporary housing, not to exceed six months, if a beneficiary is homeless or is at imminent risk of homelessness and has tested positive for COVID-19.	https://azahcccs.gov/Resources/Downloads/1115Waiver/AZ_RequestForCOVID_19_EmergencyAuthorities_03172020.pdf
AHCCCS	Requested	Retainer Payments	1115	Authority to make retention payments to all providers	https://www.azahcccs.gov/Resources/Downloads/1115Waiver/COVIDFlexibilitiesRequest.pdf
AHCCCS	Requested	EPSDT	1115	Expenditure authority to pay for EPSDT covered services that were previously approved but postponed due to COVID-19 after a member turns 21.	https://www.azahcccs.gov/Resources/Downloads/1115Waiver/COVIDFlexibilitiesRequestApril17.pdf
AHCCCS	Requested	Institutions for Mental Diseases (IMD)	1115	Expenditure authority for the costs of services provided to any eligible individuals aged 21-64 receiving inpatient treatment in an Institution for Mental Disease (IMD), to the extent necessary, such that IMD providers may offer continuity of care for these members as demands from COVID-19 may make transfers more difficult or less timely.	https://www.azahcccs.gov/Resources/Downloads/1115Waiver/COVIDFlexibilitiesRequestApril17.pdf



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AHCCCS	Approved	HCBS Services by Family Caregivers	Appendix K to 1115	Permit payment for home and community based services (HCBS) rendered by family caregivers or legally responsible individuals.	https://www.azahcccs.gov/Resources/Downloads/1115Waiver/AHCCCS_Approved_Appendix_K_Document_04062020.pdf
AHCCCS	Approved	HCBS Spouse as Caregiver	Appendix K to 1115	Remove current hourly service limitation for Spouse as Caregiver Program	https://www.azahcccs.gov/Resources/Downloads/1115Waiver/COVID19StatusofFlExibilities.pdf
AHCCCS	Approved	HCBS Retainer Payments	Appendix K to 1115	Temporarily allow for payments to habilitation and personal care providers for services when HCBS participants in an acute care hospital or short-term institutional stay	https://www.azahcccs.gov/Resources/Downloads/1115Waiver/COVID19StatusofFlExibilities.pdf
AHCCCS	Approved	HCBS Plan of Care	Appendix K to 1115	Authority for long term care services and supports even if services are not timely updated in the plan of care or are delivered in alternative settings	https://www.azahcccs.gov/Resources/Downloads/1115Waiver/COVID19StatusofFlExibilities.pdf
AHCCCS	Approved	HCBS Telehealth	Appendix K to 1115	Telehealth delivery allowed for case managers, personal care services that only require verbal queuing, in-home habilitation. Allow the option to conduct evaluations, assessments, and person-centered service plannings virtually/remotely.	https://www.azahcccs.gov/Resources/Downloads/1115Waiver/COVID19StatusofFlExibilities.pdf
AHCCCS	Approved	Home Delivered Meals for DES/DDD	Appendix K to 1115	Home delivered meals expanded to include ALTCS DES/DDD population.	https://www.azahcccs.gov/Resources/Downloads/1115Waiver/COVID19StatusofFlExibilities.pdf
AHCCCS	Approved	HCBS Home-Delivered Meals Service Providers	Appendix K to 1115	Allows additional providers including non-traditional providers to deliver meals	https://www.azahcccs.gov/Resources/Downloads/1115Waiver/COVID19StatusofFlExibilities.pdf



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AHCCCS	Approved	HCBS Services Provided by Case Management Entities	1135	Pursuant to section 1135(b)(1)(B) of the Act, CMS is granting authority to permit the state to temporarily authorize reimbursement for home and community-based services (HCBS) provided by an entity that also provides case management services and/or is responsible for the development of the person-centered service plan in circumstances beyond the limited authority provided under regulations.	https://www.azahcccs.gov/Resources/Downloads/1115Waiver/AZ1135WaiverApprovalLetter.pdf
AHCCCS	Approved	HCBS Assessments and Reassessments	Appendix K to 1115	Adjust assessment requirements and extend reassessments and reevaluations for up to 1 year past the due date.	https://www.azahcccs.gov/Resources/Downloads/1115Waiver/COVID19StatusofFlexibilities.pdf
AHCCCS	Approved	HCBS Conduct Evaluations and Meetings Remotely	Appendix K to 1115	Allow the option to conduct evaluations, assessments, and person-centered service planning meetings virtually/remotely in lieu of face-to-face meetings.	https://www.azahcccs.gov/Resources/Downloads/1115Waiver/COVID19StatusofFlexibilities.pdf
AHCCCS	Approved	HCBS Prior Authorizations	Appendix K to 1115	Adjusts prior authorization requirements for HCBS services.	https://www.azahcccs.gov/Resources/Downloads/1115Waiver/COVID19StatusofFlexibilities.pdf
AHCCCS	Approved	HCBS Documentation Requirements	Appendix K to 1115	Allow electroning signing off on required documentation	https://www.azahcccs.gov/Resources/Downloads/1115Waiver/COVID19StatusofFlexibilities.pdf
AHCCCS	Approved	HCBS Alternative Locations	Appendix K to 1115	Temporarily expand setting(s) where HCBS services may be provided (e.g. hotels, shelters, schools, churches).	https://www.azahcccs.gov/Resources/Downloads/1115Waiver/COVID19StatusofFlexibilities.pdf



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AHCCCS	Approved	HCBS Alternative Providers	Appendix K to 1115	Temporarily allow for payment for services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay when necessary supports (including communication and intensive personal care) are not available in that setting, or when the individual requires those services for communication and behavioral stabilization, and such services are not covered in such settings.	https://www.azahcccs.gov/Resources/Downloads/1115Waiver/COVID19StatusofFlexibilities.pdf
AHCCCS	Requested	MCO Contract Changes	Concurrence	Revise current managed care contracts to add a reconciliation to reimburse managed care organizations for expenses related to COVID-19 and the emergency declaration.	https://azahcccs.gov/Resources/Downloads/1115Waiver/AZ_RequestForCOVID_19_EmergencyAuthorities_03172020.pdf
AHCCCS	Requested	Opioid Dispensing Limits	Concurrence	Implement the Substance Abuse and Mental Health Services Administration's guidance for opioid treatment program (OTP) providers to allow for 28 days of take home medication for beneficiaries that have been determined by their treating medical provider to be stable;	https://azahcccs.gov/Resources/Downloads/1115Waiver/AZ_RequestForCOVID_19_EmergencyAuthorities_03172020.pdf
AHCCCS	Requested	Telehealth for OUD	Concurrence	Direct OTP providers to utilize telehealth options for those in need without requiring an in person medical evaluation in cases where the person is compliant with dosing or in cases where the medication of choice is Bupenorphine.	https://azahcccs.gov/Resources/Downloads/1115Waiver/AZ_RequestForCOVID_19_EmergencyAuthorities_03172020.pdf
AHCCCS	Requested	Supplemental Payments	Concurrence	Seek expedited approval for supplemental payments, if warranted.	https://azahcccs.gov/Resources/Downloads/1115Waiver/AZ_RequestForCOVID_19_EmergencyAuthorities_03172020.pdf
AHCCCS	Requested	Home Health Face to Face	1135	Waive the face to face requirements applicable to Home Health services including medical supplies, equipment, and appliances.	https://www.azahcccs.gov/Resources/Downloads/1115Waiver/COVIDFlexibilitiesRequestApril17.pdf



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AHCCCS	Approved	HCBS Verbal Consents for Plans of Care	1135	Waive requirements for written member consents and member signatures on plans of care. Verbal consents will be obtained telephonically, where identity will be reliably established, and will be documented in the member's record. The utilization of telephonic methods for members to sign off on required documents is critical to ensure continued access to care for vulnerable members. Examples of the affected population include members who are living on reservations, rural settings, or other locations where written consent/confirmation cannot be obtained due to unreliable or lack of internet access, imposition of curfew, or lack of reasonable means to comply with the written requirement.	https://www.azahcccs.gov/Resources/Downloads/1115Waiver/COVID19StatusofFlexibilities.pdf
AHCCCS	Requested	GME Interim Payments	State Plan Amendment	Allows AHCCCS to make interim payments to each hospital to reflect a preliminary, estimated amount for each GME component. The interim payment amount shall be computed as 80.0% of the actual distribution to each hospital for the previous year.	https://www.azahcccs.gov/Resources/Downloads/1115Waiver/COVID19StatusofFlexibilities.pdf
AzHHA	Requested	CAH 96-hour physician certification requirement	1135	In a April 10, 2020, letter, AzHHA requested from CMS a waiver of Medicare's 96-hour physician-certification requirement for inpatient critical access hospital services (see § 1814(a)(8) of the Act). Additionally, we requested a waiver of the requirements of 42 C.F.R. § 485.645 to allow all Critical Access Hospitals to accept and be reimbursed for swing bed patients from other facilities, whether those beds are used for inpatient or SNF level care.	https://static1.squarespace.com/static/572a399a1bbee0add26af051/t/5e9f6edbef60f00594ca15fe/1587506917887/Arizona+Hospitals+to+Regional+Administrator+Kortzeborn+4.10.2020.pdf



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AzHHA	Requested	Teaching Hospitals	1135	In a April 10, 2020, letter, AzHHA requested from CMS a waiver of the requirement that a teaching physician be physically present in the room or the area with the patient and a medical resident. (See 42 C.F.R §§ 415.170, 172; Medicare Claims Processing Manual § 100.1.) We request to allow physicians to bill as the teaching physician when real-time audio or video or access through a window is provided in order to limit the number of providers with direct patient contact.	https://static1.squarespace.com/static/572a399a1bbee0add26af051/t/5e9f6edbef60f00594ca15fe/1587506917887/Arizona+Hospitals+to+Regional+Administrator+Kortzeborn+4.10.2020.pdf
AzHHA	Requested	Scope of Practice	1135	In a April 10, 2020, letter, AzHHA requested from CMS waivers to allow nurse practitioners and physician assistants to prescribe, without direct oversight by a physician when necessary due to the public health emergency, nonemergency medical transportation (42 C.F.R. § 440.170), prosthetics (42 C.F.R. §440.120), and physical, occupational and speech therapies (42 C.F.R. §440.110) .	https://static1.squarespace.com/static/572a399a1bbee0add26af051/t/5e9f6edbef60f00594ca15fe/1587506917887/Arizona+Hospitals+to+Regional+Administrator+Kortzeborn+4.10.2020.pdf
AzHHA	Requested	Interpreter and Translation Services	1135	In a April 10, 2020, letter, AzHHA requested from CMS a clarification that providers may rely on family members or friends if a professional interpreter or translator (even remote) is not reasonably available. (See 45 C.F.R. §§ 902.202, 204.)	https://static1.squarespace.com/static/572a399a1bbee0add26af051/t/5e9f6edbef60f00594ca15fe/1587506917887/Arizona+Hospitals+to+Regional+Administrator+Kortzeborn+4.10.2020.pdf
AzHHA	Requested	Medicare Advantage Prior Authorizations	1135	In a April 10, 2020, letter, AzHHA requested that CMS require Medicare Advantage plans to suspend prior authorization requirements (see § 1852(c)(G) of the Act) to allow out-of-network providers to be reimbursed for medically necessary acute care and post-acute care without prior authorization. We also request waivers of the following Medicare laws and regulations:	https://static1.squarespace.com/static/572a399a1bbee0add26af051/t/5e9f6edbef60f00594ca15fe/1587506917887/Arizona+Hospitals+to+Regional+Administrator+Kortzeborn+4.10.2020.pdf



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AzHHA	Requested	Staffing Levels (Medicare)	1135	In a April 10, 2020, letter, AzHHA requested from CMS a waiver of 42 C.F.R. § 482.23(b) to allow staffing levels that do not comply with established limits due to the public health emergency.	https://static1.squarespace.com/static/572a399a1bbee0add26af051/t/5e9f6edbef60f00594ca15fe/1587506917887/Arizona+Hospitals+to+Regional+Administrator+Kortzeborn+4.10.2020.pdf
AzHHA	Requested	Licensing (Medicare)	1135	In a April 10, 2020, letter, AzHHA requested from CMS a waiver of 42 C.F.R. §§ 482.23(b)(2) and (c) to consider valid any licenses and training certificates required for hospital nursing staff for at least 180 days following termination of the public health emergency, regardless of their usual expiration date.	https://static1.squarespace.com/static/572a399a1bbee0add26af051/t/5e9f6edbef60f00594ca15fe/1587506917887/Arizona+Hospitals+to+Regional+Administrator+Kortzeborn+4.10.2020.pdf
AzHHA	Requested	Triaging Complaints (Medicare)	1135	In a April 10, 2020, letter, AzHHA requested from CMS a waiver of timeliness requirements related to triaging complaints and investigation of complaints in CMS-certified facilities unless it involves an immediate jeopardy or infection control, in which personal protective equipment must be available for use by the surveyor/investigator. (See Medicare State Operations Manual Chapter 5 (Complaint Procedures) § 5075.9.)	https://static1.squarespace.com/static/572a399a1bbee0add26af051/t/5e9f6edbef60f00594ca15fe/1587506917887/Arizona+Hospitals+to+Regional+Administrator+Kortzeborn+4.10.2020.pdf
AzHHA	Requested	Form 855A (Medicare)	1135	In a April 10, 2020, letter, AzHHA requested from CMS a waiver of the requirement to submit a form 855A to the Medicare Administrative Contractor if an alternate/new screening or patient care site is set up which is remote from the facility's campus (see 42 C.F.R. § 424.516).	https://static1.squarespace.com/static/572a399a1bbee0add26af051/t/5e9f6edbef60f00594ca15fe/1587506917887/Arizona+Hospitals+to+Regional+Administrator+Kortzeborn+4.10.2020.pdf
AzHHA	Requested	Grievance Requirements (Medicare)	1135	In a April 10, 2020, letter, AzHHA requested from CMS a waiver of all grievance requirements at 42 C.F.R. § 482.13(a)(2).	https://static1.squarespace.com/static/572a399a1bbee0add26af051/t/5e9f6edbef60f00594ca15fe/1587506917887/Arizona+Hospitals+to+Regional+Administrator+Kortzeborn+4.10.2020.pdf



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AzHHA	Requested	Informed Consent (Medicare)	1135	In a April 10, 2020, letter, AzHHA requested from CMS a clarification that an emergency is deemed to exist in all cases for purposes of the requirement within the Medicare Conditions of Participation (see 42 C.F.R. §482.51(b)(2)) that requires a properly executed informed consent form for the operation to be in the patient's chart before surgery, except in emergencies.	https://static1.squarespace.com/static/572a399a1bbee0add26af051/t/5e9f6edbef60f00594ca15fe/1587506917887/Arizona+Hospitals+to+Regional+Administrator+Kortzeborn+4.10.2020.pdf
AzHHA	Requested	Medicare Outpatient Observation Notice (MOON)	1135	In a April 10, 2020, letter, AzHHA requested from CMS a waiver of Medicare Outpatient Observation Notice requirements, the 23-hour limitation on observation, and patient cost-sharing for observation services (see, e.g., 42 U.S.C. § 1395(cc)(a)(1)(y)). We respectfully request permission to bill for observation services rendered via remote monitoring methods.	https://static1.squarespace.com/static/572a399a1bbee0add26af051/t/5e9f6edbef60f00594ca15fe/1587506917887/Arizona+Hospitals+to+Regional+Administrator+Kortzeborn+4.10.2020.pdf
AzHHA	Requested	Transfer Penalties	1135	In a April 10, 2020, letter, AzHHA requested from CMS a waiver of all federal healthcare program transfer-related payment reductions for transfers that are driven by the pandemic and are needed to free up acute care beds for the highest acuity patients.	https://static1.squarespace.com/static/572a399a1bbee0add26af051/t/5e9f6edbef60f00594ca15fe/1587506917887/Arizona+Hospitals+to+Regional+Administrator+Kortzeborn+4.10.2020.pdf
AzHHA	Requested	Important Message from Medicare (IMM)	1135	In a April 10, 2020, letter, AzHHA requested from CMS a waiver of the requirement to provide patients the Important Message from Medicare, which allows them to appeal (and effectively delay) discharge. (See https://www.cms.gov/Medicare/Medicare-General-Information/BNI/HospitalDischargeAppealNotices .)	https://static1.squarespace.com/static/572a399a1bbee0add26af051/t/5e9f6edbef60f00594ca15fe/1587506917887/Arizona+Hospitals+to+Regional+Administrator+Kortzeborn+4.10.2020.pdf
AzHHA	Requested	Computed Radiography Technology Penalty (Medicare)	1135	In a April 10, 2020, letter, AzHHA requested from CMS a waiver of the 7-10% penalty on payments for using computed radiography technology at Section 1848(b)(9) of the Social Security Act. This waiver would increase the capacity to perform portable x-rays.	https://static1.squarespace.com/static/572a399a1bbee0add26af051/t/5e9f6edbef60f00594ca15fe/1587506917887/Arizona+Hospitals+to+Regional+Administrator+Kortzeborn+4.10.2020.pdf



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AzHHA	Requested	Medicare Advantage Network	1135	In a April 10, 2020, letter, AzHHA requested from CMS a waiver of payment limitations under Section 1851(i) of the Social Security Act for health care items and services furnished to individuals enrolled in a Medicare Advantage plan by health care professionals or facilities not included in the plan's network.	https://static1.squarespace.com/static/572a399a1bbee0add26af051/t/5e9f6edbef60f00594ca15fe/1587506917887/Arizona+Hospitals+to+Regional+Administrator+Kortzeborn+4.10.2020.pdf
AzHHA	Requested	HIPAA Breach Notification Timeframes	1135	In a April 10, 2020, letter, AzHHA requested from CMS a suspension of HIPAA breach notification timeframes at 45 C.F.R. § 164.408 until at least 180 days after termination of the COVID-19 emergency.	https://static1.squarespace.com/static/572a399a1bbee0add26af051/t/5e9f6edbef60f00594ca15fe/1587506917887/Arizona+Hospitals+to+Regional+Administrator+Kortzeborn+4.10.2020.pdf
AzHHA	Requested	Electronic data interchange code set	1135	In a April 10, 2020, letter, AzHHA requested from CMS a waiver of electronic data interchange code set requirements. This would provide flexibility to define and implement code sets not currently available in a standard federal code set and to provide additional specificity to a code set definition to allow state to track and set rates for services specific to COVID-19.	https://static1.squarespace.com/static/572a399a1bbee0add26af051/t/5e9f6edbef60f00594ca15fe/1587506917887/Arizona+Hospitals+to+Regional+Administrator+Kortzeborn+4.10.2020.pdf
AzHHA	Requested	Stark Law	1135	In a April 10, 2020, letter, AzHHA requested from CMS a waiver of the certain provisions of section 1877(g) of the Social Security Act and regulations thereunder.	https://static1.squarespace.com/static/572a399a1bbee0add26af051/t/5e9f6edbef60f00594ca15fe/1587506917887/Arizona+Hospitals+to+Regional+Administrator+Kortzeborn+4.10.2020.pdf
AzHHA	Requested	Behavioral Health	1135	In a April 10, 2020, letter, AzHHA requested from CMS a waiver to allow patients to remain eligible for partial hospitalization and intensive outpatient programs despite potential disruptions to their care due to social distancing or suspension of services. Allow therapy hours to be provided via telehealth or a blend of in-person and telehealth care for both reimbursement purposes and compliance with program requirements. Waive the time, distance and attendance standards for reimbursement purposes	https://static1.squarespace.com/static/572a399a1bbee0add26af051/t/5e9f6edbef60f00594ca15fe/1587506917887/Arizona+Hospitals+to+Regional+Administrator+Kortzeborn+4.10.2020.pdf



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AzHHA	Requested	Alternative Locations	1135	In a April 10, 2020, letter, AzHHA requested from CMS a waiver to allow non-licensed facilities to take patients who do not need acute care but are in the hospital for other reasons: single bed certification for involuntary mental health holds held in non-psychiatric units, awaiting a guardian, awaiting Medicaid approval so they can be discharged, etc.	https://static1.squarespace.com/static/572a399a1bbee0add26af051/t/5e9f6edbef60f00594ca15fe/1587506917887/Arizona+Hospitals+to+Regional+Administrator+Kortzeborn+4.10.2020.pdf
AzHHA	Requested	Patient Relocation Costs	1135	In a April 10, 2020, letter, AzHHA requested from CMS a waiver to provide the option to reimburse providers for patient relocation costs if relocation is necessary due to the public health emergency, including providing full reimbursement to nursing facilities, ICF/IDDs, psychiatric residential treatment facilities, and hospitals for services rendered during an emergency evacuation to an unlicensed facility.	https://static1.squarespace.com/static/572a399a1bbee0add26af051/t/5e9f6edbef60f00594ca15fe/1587506917887/Arizona+Hospitals+to+Regional+Administrator+Kortzeborn+4.10.2020.pdf
AzHHA	Requested	Hospital Presumptive Eligibility	State Plan Amendment	In a April 10, 2020, letter, AzHHA requested that AHCCCS seek a waiver to expand hospital presumptive eligibility in Arizona to the greatest extent permitted by law for the duration of the COVID-19 emergency.	https://static1.squarespace.com/static/572a399a1bbee0add26af051/t/5e9f6ff17e9db87a83cbfa68/1587507185831/Arizona+Hospitals+to+AHCCCS+re+Waivers+with+Attachments+4.10.2020.pdf
AzHHA	Requested	Institutions for Mental Diseases (IMD)	1135	In a April 10, 2020, letter, AzHHA requested that AHCCCS seek a waiver of the Medicaid funding exclusion for inpatient behavioral health treatment at IMDs in § 1905(a)(B) of the Social Security Act in order to increase availability of beds in local community hospitals. Note: AHCCCS has now requested this waiver from CMS but has not yet received approval.	https://static1.squarespace.com/static/572a399a1bbee0add26af051/t/5e9f6ff17e9db87a83cbfa68/1587507185831/Arizona+Hospitals+to+AHCCCS+re+Waivers+with+Attachments+4.10.2020.pdf
AzHHA	Requested	Prior Authorizations for Managed Care Enrollees	1115	In a April 10, 2020, letter, AzHHA requested that AHCCCS seek a waiver of the requirements relating to prior authorizations for managed care enrollees.	https://static1.squarespace.com/static/572a399a1bbee0add26af051/t/5e9f6ff17e9db87a83cbfa68/1587507185831/Arizona+Hospitals+to+AHCCCS+re+Waivers+with+Attachments+4.10.2020.pdf



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AzHHA	Requested	NEMT	1135	In a April 10, 2020, letter, AzHHA requested that AHCCCS seek a waiver to allow non-emergency ambulance suppliers and non-enrolled Non-Emergency Medical Transportation (NEMT) providers to provide transportation when licensed providers are not available.	https://static1.squarespace.com/static/572a399a1bbee0add26af051/t/5e9f6ff17e9db87a83cbfa68/1587507185831/Arizona+Hospitals+to+AHCCCS+re+Waivers+with+Attachements+4.10.2020.pdf
AzHHA	Requested	Alternate Locations	1135	In a April 10, 2020, letter, AzHHA requested that AHCCCS seek a waiver of section 1135(b)(1) of the Social Security Act to allow hospitals and healthcare facilities to be fully reimbursed for services rendered at an unlicensed facility.	https://static1.squarespace.com/static/572a399a1bbee0add26af051/t/5e9f6ff17e9db87a83cbfa68/1587507185831/Arizona+Hospitals+to+AHCCCS+re+Waivers+with+Attachements+4.10.2020.pdf
AzHHA + Federal Blanket Waiver	CMS Issued on 3/9/2020	EMTALA	1135	Sanctions under section 1867 of the Emergency Medical Treatment and Labor Act, or EMTALA, are waived for the direction or relocation of an individual to another location to receive medical screening pursuant to an appropriate state emergency preparedness plan or for the transfer of an individual who has not been stabilized if the transfer is necessitated by the circumstances of the declared Federal public health emergency for the COVID-19 pandemic.	https://www.cms.gov/files/document/qso-20-15-emtala-requirements-and-coronavirus-0311-updated-003pdf.pdf-1
Federal Blanket Waiver	CMS Issued on 3/13/2020	3-Day Hospital Day Prior to SNF	Blanket 1135	CMS is waiving the requirement at Section 1812(f) of the Social Security Act for a 3-day prior hospitalization for coverage of a skilled nursing facility (SNF) stay provides temporary emergency coverage of (SNF services without a qualifying hospital stay, for those people who need to be transferred as a result of the effect of a disaster or emergency. In addition, for certain beneficiaries who recently exhausted their SNF benefits, it authorizes renewed SNF coverage without first having to start a new benefit period. Second, CMS is waiving 42 CFR 483.20 to provides relief to SNFs on the timeframe requirements for Minimum Data Set assessments and transmission.	https://www.cms.gov/files/document/covid19-emergency-declaration-health-care-providers-fact-sheet.pdf



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Federal Blanket Waiver	CMS Issued on 3/13/2020	Care for Excluded Inpatient Rehabilitation Unit Patients in the Acute Care Unit of a Hospital	Blanket 1135	CMS is waiving requirements to allow acute care hospitals with excluded distinct part inpatient Rehabilitation units that, as a result of a disaster or emergency, need to relocate inpatients from the excluded distinct part rehabilitation unit to an acute care bed and unit. The hospital should continue to bill for inpatient rehabilitation services under the inpatient rehabilitation facility prospective payment system for such patients and annotate the medical record to indicate the patient is a rehabilitation inpatient being cared for in an acute care bed because of capacity or other exigent circumstances related to the disaster or emergency. This waiver may be utilized where the hospital's acute care beds are appropriate for providing care to rehabilitation patients and such patients continue to receive intensive rehabilitation services. CMS is also waiving requirements to allow IRFs to exclude patients from the hospital's or unit's inpatient population for purposes of calculating the applicable thresholds associated with the requirements to receive payment as an IRF (commonly referred to as the "60 percent rule") if an IRF admits a patient solely to respond to the emergency and the patient's medical record properly identifies the patient as such. In addition, during the applicable waiver time period, we would also apply the exception to facilities not yet classified as IRFs, but that are attempting to obtain classification as an IRF.	https://www.cms.gov/files/document/covid19-emergency-declaration-health-care-providers-fact-sheet.pdf
Federal Blanket Waiver	CMS Issued on 3/13/2020	Critical Access Hospital Limits	Blanket 1135	CMS is waiving the requirements that Critical Access Hospitals limit the number of beds to 25, and that the length of stay be limited to 96 hours.	https://www.cms.gov/files/document/covid19-emergency-declaration-health-care-providers-fact-sheet.pdf
AzHHA + Federal Blanket Waiver	CMS Issued on 3/13/2020	Home Health Agencies OASIS	Blanket 1135	Provides relief to Home Health Agencies on the timeframes related to OASIS Transmission. Waiver includes extension of the 5-day completion requirement for the comprehensive assessment and waives the 30-day OASIS submission requirement.	https://www.cms.gov/files/document/covid19-emergency-declaration-health-care-providers-fact-sheet.pdf



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Federal Blanket Waiver	CMS Issued on 3/13/2020	Housing Acute Care Inpatients In Excluded Distinct Part Units / Hospitals Without Walls	Blanket 1135	CMS is waiving requirements to allow acute care hospitals with excluded distinct part inpatient psychiatric units that, as a result of a disaster or emergency, need to relocate inpatients from the excluded distinct part psychiatric unit to an acute care bed and unit. The hospital should continue to bill for inpatient psychiatric services under the Inpatient Psychiatric Facility Prospective Payment System (IPF PPS) for such patients and annotate the medical record to indicate the patient is a psychiatric inpatient being cared for in an acute care bed because of capacity or other exigent circumstances related to the COVID19 Public Health emergency. This waiver may be utilized where the hospital's acute care beds are appropriate for psychiatric patients and the staff and environment are conducive to safe care. For psychiatric patients, this includes assessment of the acute care bed and unit location to ensure those patients at risk of harm to self and others are safely cared for.	https://www.cms.gov/files/document/covid19-emergency-declaration-health-care-providers-fact-sheet.pdf
Federal Blanket Waiver	CMS Issued on 3/13/2020	Medicare appeals in Fee for Service, MA and Part D	Blanket 1135	CMS is allowing <ul style="list-style-type: none"> •Extension to file an appeal •Waive timeliness for requests for additional information to adjudicate the appeal; •Processing the appeal even with incomplete Appointment of Representation formsbut communicating only to the beneficiary; •Process requests for appeal that don't meet the required elements usinginformation that is available. •Utilizing all flexibilities available in the appeal process as if good cause requirementsare satisfied. 	https://www.cms.gov/files/document/covid19-emergency-declaration-health-care-providers-fact-sheet.pdf



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Federal Blanket Waiver	CMS Issued on 3/13/2020	Out-of-State Providers	Blanket 1135	CMS is temporarily waiving requirements that out-of-state providers be licensed in the state where they are providing services when they are licensed in another state. This applies to Medicare and Medicaid.	https://www.cms.gov/files/document/covid19-emergency-declaration-health-care-providers-fact-sheet.pdf
Federal Blanket Waiver	CMS Issued on 3/13/2020	Provider Participation Requirements	Blanket 1135	CMS is waiving the following screening requirements: Application Fee at 42 C.F.R 424.514; Criminal background checks associated with FCBC - 42 C.F.R 424.518; and Site visits at 42 C.F.R 424.517. CMS is allowing licensed providers to render services outside of their state of enrollment. May expedite any pending or new applications from providers.	https://www.cms.gov/files/document/covid19-emergency-declaration-health-care-providers-fact-sheet.pdf
Federal Blanket Waiver	CMS Issued on 3/13/2020	Provider Revalidation Requirements	Blanket 1135	Postpone all revalidation action.	https://www.cms.gov/files/document/covid19-emergency-declaration-health-care-providers-fact-sheet.pdf
Federal Blanket Waiver	CMS Issued on 3/13/2020	LTCHs	Blanket 1135	Allows a long-term care hospital (LTCH) to exclude patient stays where an LTCH admits or discharges patients in order to meet the demands of the emergency from the 25-day average length of stay requirement which allows these facilities to be paid as LTCHs.	https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/federal-disaster-resources/?entry=54022
Federal Blanket Waiver	CMS Issued on 3/13/2020	Surveys	Blanket 1135	CMS has developed a targeted, streamlined survey process. This new process is three-pronged. First, CMS will continue its responsiveness to Immediate Jeopardy; second, CMS will work with the Centers for Disease Control and Prevention (CDC) to identify areas at risk of COVID-19 spread to ensure providers are compliant with longstanding federal infection control requirements; third, CMS is rolling out a voluntary self-assessment tool so providers can review their own compliance with federal infection control requirements.	https://www.cms.gov/newsroom/fact-sheets/kirkland-washington-update-and-survey-prioritization-fact-sheet



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Federal Blanket Waiver	CMS Issued on 3/17/2020	Telehealth under Medicare	1135	<p>Effective for services starting March 6, 2020 and for the duration of the COVID-19 Public Health Emergency, Medicare will make payment for Medicare telehealth services furnished to patients in broader circumstances.</p> <ul style="list-style-type: none"> oThese visits are considered the same as in-person visits and are paid at the same rate as regular, in-person visits. oStarting March 6, 2020 and for the duration of the COVID-19 Public Health Emergency, Medicare will make payment for professional services furnished to beneficiaries in all areas of the country in all settings. oWhile they must generally travel to or be located in certain types of originating sites such as a physician’s office, skilled nursing facility or hospital for the visit, effective for services starting March 6, 2020 and for the duration of the COVID-19 Public Health Emergency, Medicare will make payment for Medicare telehealth services furnished to beneficiaries in any healthcare facility and in their home. oThe Medicare coinsurance and deductible would generally apply to these services. However, the HHS Office of Inspector General (OIG) is providing flexibility for healthcare providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs. oTo the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency. 	https://www.samhsa.gov/sites/default/files/medicare-telemedicine-health-care-fact-sheet.pdf



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Federal Blanket Waiver	CMS Issued on 3/20/2020	HIPAA	OCR Enforcement Powers	HHS Office for Civil Rights (OCR) announced, effective immediately, that it will exercise its enforcement discretion and will waive potential penalties for HIPAA violations against health care providers that serve patients through everyday communications technologies during the COVID-19 nationwide public health emergency. Applies to all patients not just Medicare and Medicaid.	https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html
Federal Blanket Waiver	CMS Issued on 3/29/2020	Ambulance Destinations Permitted	Blanket 1135	During the COVID 19 PHE, ambulance transports may include any destination that is able to provide treatment to the patient in a manner consistent with state and local Emergency Medical Services (EMS) protocols in use where the services are being furnished. These destinations may include, but are not limited to: any location that is an alternative site determined to be part of a hospital, CAH or SNF, community mental health centers, federally qualified health centers (FQHCs), physician's offices, urgent care facilities, ambulatory surgery centers (ASCs), any other location furnishing dialysis services outside of the ESRD facility, and the beneficiary's home.	https://www.cms.gov/files/document/covid-ambulances.pdf
Federal Blanket Waiver	CMS Issued on 3/29/2020	Ambulance MACs	Blanket 1135	Allowance for appeals re: Medicare Administrative Contractors (MACs) and Qualified Independent Contractor (QICs).	https://www.cms.gov/files/document/covid-ambulances.pdf
Federal Blanket Waiver	CMS Issued on 3/29/2020	Ambulance PIPs	Blanket 1135	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.	https://www.cms.gov/files/document/covid-ambulances.pdf



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Federal Blanket Waiver	CMS Issued on 3/29/2020	Ambulance Provider Enrollment	Blanket 1135	<p>CMS has established the following flexibilities for provider enrollment:</p> <ul style="list-style-type: none"> o Waive certain screening requirements. o Postpone all revalidation actions. o Expedite any pending or new applications from providers. 	https://www.cms.gov/files/document/covid-ambulances.pdf
Federal Blanket Waiver	CMS Issued on 3/29/2020	Medicare Ground Ambulance Data Collection System	Blanket 1135	<p>CMS is modifying the data collection period and data reporting period for ground ambulance organizations that were selected by CMS under 42 CFR § 414.626(c) to collect data beginning between January 1, 2020 and December 31, 2020 (year 1) for purposes of complying with the data reporting requirements described at 42 CFR § 414.626. Under this modification, these ground ambulance organizations can select a new continuous 12-month data collection period that begins between January 1, 2021 and December 31, 2021, collect data necessary to complete the Medicare Ground Ambulance Data Collection Instrument during their selected data collection period, and submit a completed Medicare Ground Ambulance Data Collection Instrument during the data reporting period that corresponds to their selected data collection period. As a result of this modification, ground ambulance organizations selected for year 1 data collection and reporting will collect and report data during the same period of time that will apply to ground ambulance organizations selected by CMS under 42 CFR § 414.626(c) to collect data beginning between January 1, 2021 and December 31, 2021 (year 2) for purposes of complying with the data reporting requirements described at 42 CFR § 414.626.</p>	https://www.cms.gov/files/document/covid-ambulances.pdf



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Federal Blanket Waiver	CMS Issued on 3/30/2020	3-Day Hospital Day Prior to SNF	Blanket 1135	Using the authority under Section 1812(f) of the Act, CMS is waiving the requirement for a 3-day prior hospitalization for coverage of a SNF stay, which provides temporary emergency coverage of SNF services without a qualifying hospital stay, for those people who experience dislocations, or are otherwise affected by COVID-19. In addition, for certain beneficiaries who recently exhausted their SNF benefits, it authorizes renewed SNF coverage without first having to start a new benefit period (this waiver will apply only for those beneficiaries who have been delayed or prevented by the emergency itself from commencing or completing the process of ending their current benefit period and renewing their SNF benefits that would have occurred under normal circumstances).	https://www.cms.gov/files/document/su-mmary-covid-19-emergency-declaration-waivers.pdf
Federal Blanket Waiver	CMS Issued on 3/30/2020	Alternative Locations	Interim Final Rule	Allows hospitals broader flexibilities to furnish inpatient hospitals including routine services outside the hospital. Effective for services provided for discharges for patients admitted to the hospital during the PHE for COVID-19 beginning March 1, 2020, if routine services are provided under arrangements outside the hospital to its inpatients, these services are considered as being provided by the hospital.	https://s3.amazonaws.com/public-inspection.federalregister.gov/2020-06990.pdf



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Federal Blanket Waiver	CMS Issued on 3/30/2020	Anesthesia Services	1135 Blanket Waiver	CMS is waiving requirements under 42 CFR §482.52(a)(5), §485.639(c)(2), and §416.42 (b)(2) that a certified registered nurse anesthetist (CRNA) is under the supervision of a physician in paragraphs §482.52(a)(5) and §485.639(c)(2). CRNA supervision will be at the discretion of the hospital and state law. This waiver applies to hospitals, CAHs, and Ambulatory Surgical Centers (ASCs). These waivers will allow CRNAs to function to the fullest extent of their licensure, and may be implemented so long as they are not inconsistent with a state's emergency preparedness or pandemic plan.	https://www.cms.gov/files/document/su-mmary-covid-19-emergency-declaration-waivers.pdf
Federal Blanket Waiver	CMS Issued on 3/30/2020	Care for Excluded Inpatient Rehabilitation Unit Patients in the Acute Care Unit of a Hospital / Hospitals Without Walls	1135 Blanket Waiver	Care for Excluded Inpatient Rehabilitation Unit Patients in the Acute Care Unit of a Hospital: CMS is waiving requirements to allow acute care hospitals with excluded distinct part inpatient Rehabilitation units that, as a result of a disaster or emergency, need to relocate inpatients from the excluded distinct part rehabilitation unit to an acute care bed and unit. The hospital should continue to bill for inpatient rehabilitation services under the Inpatient Rehabilitation Facility Prospective Payment System for such patients and annotate the medical record to indicate the patient is a rehabilitation inpatient being cared for in an acute care bed because of capacity or other exigent circumstances related to the disaster or emergency. This waiver may be utilized where the hospital's acute care beds are appropriate for providing care to rehabilitation patients and such patients continue to receive intensive rehabilitation services.	https://www.cms.gov/files/document/covid-hospitals.pdf



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Federal Blanket Waiver	CMS Issued on 3/30/2020	Care for Excluded Psychiatric Unit Patients in Acute Care Hospital	1135 Blanket Waiver	CMS is allowing acute care hospitals with excluded distinct part inpatient psychiatric units to relocate inpatients from the excluded distinct part psychiatric unit to an acute care bed and unit as a result of a disaster or emergency. The hospital should continue to bill for inpatient psychiatric services under the IPF PPS for these patients and annotate the medical record to indicate the patient is a psychiatric inpatient being cared for in an acute care bed because of capacity or other exigent circumstances related to the emergency. This waiver may be utilized where the hospital's acute care beds are appropriate for psychiatric patients and the staff and environment are conducive to safe care. For psychiatric patients, this includes assessment of the acute care bed and unit location to ensure those patients at risk of harm to self and others are safely cared for.	https://www.cms.gov/files/document/su-mmary-covid-19-emergency-declaration-waivers.pdf
Federal Blanket Waiver	CMS Issued on 3/30/2020	CAH Legth of Stay / Hospitals Without Walls	1135 Blanket Waiver	CMS is waiving the requirements that CAHs limit the number of beds to 25 and that the length of stay be limited to 96 hours under the Medicare conditions of participation for number of beds and length of stay at 42 CFR §485.620.	https://www.cms.gov/files/document/su-mmary-covid-19-emergency-declaration-waivers.pdf



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Federal Blanket Waiver	CMS Issued on 3/30/2020	CAH Personnel Qualifications	1135 Blanket Waiver	CMS is waiving the minimum personnel qualifications for clinical nurse specialists at paragraph 42 CFR §485.604(a)(2), nurse practitioners at paragraph §485.604(b)(1)–(3), and physician assistants at paragraph §485.604(c)(1)–(3). Removing these Federal personnel requirements will allow CAHs to employ individuals in these roles who meet state licensure requirements and provide maximum staffing flexibility. These flexibilities should be implemented so long as they are not inconsistent with a state’s emergency preparedness or pandemic plan.	https://www.cms.gov/files/document/su-mmary-covid-19-emergency-declaration-waivers.pdf
Federal Blanket Waiver	CMS Issued on 3/30/2020	CAH Staff Licensure	1135 Blanket Waiver	CMS is deferring to staff licensure, certification, or registration to state law by waiving 42 CFR §485.608(d) regarding the requirement that staff of the CAH be licensed, certified, or registered in accordance with applicable federal, state, and local laws and regulations. This waiver will provide maximum flexibility for CAHs to use all available clinicians. These flexibilities may be implemented so long as they are not inconsistent with a state’s emergency preparedness or pandemic plan.	https://www.cms.gov/files/document/su-mmary-covid-19-emergency-declaration-waivers.pdf
Federal Blanket Waiver	CMS Issued on 3/30/2020	CAH Status and Location / Hospitals Without Walls	1135 Blanket Waiver	CMS is waiving the requirement at 42 CFR §485.610(b) that the CAH be located in a rural area or an area being treated as being rural, allowing the CAH flexibility in the establishment of surge site locations. CMS is also waiving the requirement at §485.610(e) regarding the CAH’s off-campus and co-location requirements, allowing the CAH flexibility in establishing temporary off-site locations. In an effort to facilitate the establishment of CAHs without walls, these waivers will suspend restrictions on CAHs regarding their rural location and their location relative to other hospitals and CAHs. These flexibilities may be implemented so long as they are not inconsistent with a state’s emergency preparedness or pandemic plan.	https://www.cms.gov/files/document/su-mmary-covid-19-emergency-declaration-waivers.pdf



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Federal Blanket Waiver	CMS Issued on 3/30/2020	CAH Physician Requirement	1135 Blanket Waiver	CMS is waiving the requirement for CAHs that a doctor of medicine or osteopathy be physically present to provide medical direction, consultation, and supervision for the services provided in the CAH at § 485.631(b)(2). CMS is retaining the regulatory language in the second part of the requirement at § 485.631(b)(2) that a physician be available “through direct radio or telephone communication, or electronic communication for consultation, assistance with medical emergencies, or patient referral.” Retaining this longstanding CMS policy and related longstanding subregulatory guidance that further described communication between CAHs and physicians will assure an appropriate level of physician direction and supervision for the services provided by the CAH. This will allow the physician to perform responsibilities remotely, as appropriate. This also allows CAHs to use nurse practitioners and physician assistants to the fullest extent possible, while ensuring necessary consultation and support as needed	https://www.cms.gov/files/document/su-mmmary-covid-19-emergency-declaration-waivers.pdf



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Federal Blanket Waiver	CMS Issued on 3/30/2020	Telemedicine for Hospitals and CAHs	1135 Blanket Waiver	CMS is waiving the provisions related to telemedicine at 42 CFR §482.12(a)(8)–(9) for hospitals and §485.616(c) for CAHs, making it easier for telemedicine services to be furnished to the hospital’s patients through an agreement with an off-site hospital. This allows for increased access to necessary care for hospital and CAH patients, including access to specialty care.	https://www.cms.gov/files/document/su-mmary-covid-19-emergency-declaration-waivers.pdf
AzHHA + Federal Blanket Waiver	CMS Issued on 3/30/2020	Discharge Planning for Hospitals and CAHs	1135 Blanket Waiver	<p>CMS is waiving the requirement 42 CFR §482.43(a)(8), §482.61(e), and §485.642(a)(8) to provide detailed information regarding discharge planning, described below:</p> <ul style="list-style-type: none"> • The hospital, psychiatric hospital, and CAH must assist patients, their families, or the patient’s representative in selecting a post-acute care provider by using and sharing data that includes, but is not limited to, home health agency (HHA), skilled nursing facility (SNF), inpatient rehabilitation facility (IRF), and long-term care hospital (LTCH) quality measures and resource use measures. The hospital must ensure that the post-acute care data on quality measures and resource use measures is relevant and applicable to the patient’s goals of care and treatment preferences. • CMS is maintaining the discharge planning requirements that ensure a patient is discharged to an appropriate setting with the necessary medical information and goals of care as described in 42 CFR §482.43(a)(1)-(7) and (b). 	https://www.cms.gov/files/document/su-mmary-covid-19-emergency-declaration-waivers.pdf



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AzHHA + Federal Blanket Waiver	CMS Issued on 3/30/2020	Discharge Planning for Hospitals (Medicare Conditions of Participation)	1135 Blanket Waiver	<p>CMS is waiving all the requirements and subparts at 42 CFR §482.43(c) related to post-acute care services so as to expedite the safe discharge and movement of patients among care settings, and to be responsive to fluid situations in various areas of the country. CMS is maintaining the discharge planning requirements that ensure a patient is discharged to an appropriate setting with the necessary medical information and goals of care as described in 42 CFR §482.43(a)(1)-(7) and (b). CMS is waiving the more detailed requirement that hospitals ensure those patients discharged home and referred for HHA services, or transferred to a SNF for post-hospital extended care services, or transferred to an IRF or LTCH for specialized hospital services, must:</p> <ul style="list-style-type: none"> • §482.43(c)(1): Include in the discharge plan a list of HHAs, SNFs, IRFs, or LTCHs that are available to the patient. • §482.43(c)(2): Inform the patient or the patient’s representative of their freedom to choose among participating Medicare providers and suppliers of post-discharge services. • §482.43(c)(3): Identify in the discharge plan any HHA or SNF to which the patient is referred in which the hospital has a disclosable financial interest, as specified by the Secretary, and any HHA or SNF that has a disclosable financial interest in a hospital under Medicare. 	https://www.cms.gov/files/document/su-mmmary-covid-19-emergency-declaration-waivers.pdf



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Federal Blanket Waiver	CMS Issued on 3/30/2020	Durable Medical Equipment	1135 Blanket Waiver	When DMEPOS is lost, destroyed, irreparably damaged, or otherwise rendered unusable, CMS is allowing DME Medicare Administrative Contractors (MACs) to have the flexibility to waive replacements requirements such that the face-to-face requirement, a new physician's order, and new medical necessity documentation are not required. Suppliers must still include a narrative description on the claim explaining the reason why the equipment must be replaced and are reminded to maintain documentation indicating that the DMEPOS was lost, destroyed, irreparably damaged or otherwise rendered unusable or unavailable as a result of the emergency.	https://www.cms.gov/files/document/su-mmmary-covid-19-emergency-declaration-waivers.pdf
Federal Blanket Waiver	CMS Issued on 3/30/2020	Written Policies and Procedures for Appraisal of Emergencies at Off Campus Hospital Departments	1135 Blanket Waiver	CMS is waiving 42 CFR §482.12(f)(3), emergency services, with respect to surge facilities only, such that written policies and procedures for staff to use when evaluating emergencies are not required for surge facilities. This removes the burden on facilities to develop and establish additional policies and procedures at their surge facilities or surge sites related to the assessment, initial treatment and referral of patients. These flexibilities may be implemented so long as they are not inconsistent with a state's emergency preparedness or pandemic plan.	https://www.cms.gov/files/document/su-mmmary-covid-19-emergency-declaration-waivers.pdf



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AzHHA + Federal Blanket Waiver	CMS Issued on 3/30/2020	Medical Records	1135 Blanket Waiver	CMS is waiving requirements under 42 CFR §482.24(a) through (c), which cover the subjects of the organization and staffing of the medical records department, requirements for the form and content of the medical record, and record retention requirements, and these flexibilities may be implemented so long as they are not inconsistent with a state's emergency preparedness or pandemic plan. CMS is waiving §482.24(c)(4)(viii) related to medical records to allow flexibility in completion of medical records within 30 days following discharge from a hospital. This flexibility will allow clinicians to focus on the patient care at the bedside during the pandemic.	https://www.cms.gov/files/document/summmary-covid-19-emergency-declaration-waivers.pdf
Federal Blanket Waiver	CMS Issued on 3/30/2020	Hospital Emergency Preparedness	1135 Blanket Waiver	CMS is waiving 42 CFR §482.15(b) and §485.625(b), which requires the hospital and CAH to develop and implement emergency preparedness policies and procedures, and §482.15(c)(1)–(5) and §485.625(c)(1)–(5) which requires that the emergency preparedness communication plans for hospitals and CAHs to contain specified elements with respect to the surge site. The requirement under the communication plan requires hospitals and CAHs to have specific contact information for staff, entities providing services under arrangement, patients' physicians, other hospitals and CAHs, and volunteers. This would not be an expectation for the surge site. This waiver applies to both hospitals and CAHs, and removes the burden on facilities to establish these policies and procedures for their surge facilities or surge sites	https://www.cms.gov/files/document/summmary-covid-19-emergency-declaration-waivers.pdf



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Federal Blanket Waiver	CMS Issued on 3/30/2020	Off-Site Patient Screening / EMTALA / Hospitals Without Walls	1135 Blanket Waiver	Off Site Patient Screening: CMS is partially waiving the enforcement of section 1867(a) of the Social Security Act (the Emergency Medical Treatment and Active Labor Act, or EMTALA). This will allow hospitals, psychiatric hospitals, and critical access hospitals (CAHs) to screen patients at a location offsite from the hospital's campus to prevent the spread of COVID-19, so long as it is not inconsistent with the state emergency preparedness or pandemic plan. CMS is waiving the enforcement of section 1867(a) of EMTALA. This will allow hospitals, psychiatric hospitals, and critical access hospitals to screen patients at a location offsite from the hospital's campus to prevent the spread of COVID-19, so long as it is not inconsistent with a state's emergency preparedness or pandemic plan	https://www.cms.gov/files/document/su-mmary-covid-19-emergency-declaration-waivers.pdf
Federal Blanket Waiver	CMS Issued on 3/30/2020	ESRD Facilities	1135 Blanket Waiver	See link for extensive list of waivers applying to these facilities.	https://www.cms.gov/files/document/su-mmary-covid-19-emergency-declaration-waivers.pdf
Federal Blanket Waiver	CMS Issued on 3/30/2020	Food and Dietetic Services at Hospitals	1135 Blanket Waiver	CMS is waiving the requirement at paragraph 42 CFR §482.28(b) (3), which requires providers to have a current therapeutic diet manual approved by the dietitian and medical staff readily available to all medical, nursing, and food service personnel. Such manuals would not need to be maintained at surge capacity sites. These flexibilities may be implemented so long as they are not inconsistent with a state's emergency preparedness or pandemic plan. Removing these administrative requirements will allow hospitals to focus more resources on providing direct patient care.	https://www.cms.gov/files/document/su-mmary-covid-19-emergency-declaration-waivers.pdf



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AzHHA + Federal Blanket Waiver	CMS Issued on 3/30/2020	Home Health Agencies Initial Assessments	1135 Blanket Waiver	CMS is waiving the requirements at 42 CFR §484.55(a) to allow HHAs to perform Medicare-covered initial assessments and determine patients' homebound status remotely or by record review. This will allow patients to be cared for in the best environment for them while supporting infection control and reducing impact on acute care and long term care facilities. This will allow for maximizing coverage by already scarce physician and advanced practice clinicians and allow those clinicians to focus on caring for patients with the greatest acuity.	https://www.cms.gov/files/document/suimary-covid-19-emergency-declaration-waivers.pdf
Federal Blanket Waiver	CMS Issued on 3/30/2020	Home Health Agencies OASIS Reporting	1135 Blanket Waiver	CMS is providing relief to HHAs on the timeframes related to OASIS Transmission through the following actions below: <ul style="list-style-type: none"> • Extending the 5-day completion requirement for the comprehensive assessment to 30 days. • Waiving the 30-day OASIS submission requirement. Delayed submission is permitted during the PHE. 	https://www.cms.gov/files/document/suimary-covid-19-emergency-declaration-waivers.pdf
AzHHA + Federal Blanket Waiver	CMS Issued on 3/30/2020	Home Health 2-Week Onsite Visits	1135 Blanket Waiver	Waive onsite visits for HHA Aide Supervision. CMS is waiving the requirements at 42 CFR §484.80(h), which require a nurse to conduct an onsite visit every two weeks. This would include waiving the requirements for a nurse or other professional 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. This waiver is also temporarily suspending the 2-week aide supervision by a registered nurse for home health agencies requirement at §484.80(h)(1), but virtual supervision is encouraged during the period of the waiver.	https://www.cms.gov/files/document/suimary-covid-19-emergency-declaration-waivers.pdf
Federal Blanket Waiver	CMS Issued on 3/30/2020	Home Health Requests for Anticipated Payment	1135 Blanket Waiver	CMS is allowing Medicare Administrative Contractors to extend the auto-cancellation date of Requests for Anticipated Payment (RAPs) during emergencies.	https://www.cms.gov/files/document/suimary-covid-19-emergency-declaration-waivers.pdf



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Federal Blanket Waiver	CMS Issued on 3/30/2020	Home Home Practitioners	Interim Final Rule	Amends the Medicaid home health regulations to enable other licensed practitioners to order services, equipment, and therapy they otherwise could not.	https://s3.amazonaws.com/public-inspection.federalregister.gov/2020-06990.pdf
AzHHA + Federal Blanket Waiver	CMS Issued on 3/30/2020	Hospice Comprehensive Assessments	1135 Blanket Waiver	CMS is waiving certain requirements at 42 CFR §418.54 related to updating comprehensive assessments of patients. This waiver applies the timeframes for updates to the comprehensive assessment found at section 418.54(d). Hospices must continue to complete the required assessments and updates, however, the timeframes for updating the assessment may be extended from 15 to 21 days.	https://www.cms.gov/files/document/su-mmary-covid-19-emergency-declaration-waivers.pdf
AzHHA + Federal Blanket Waiver	CMS Issued on 3/30/2020	Hospice Non-Core Services	1135 Blanket Waiver	CMS is waiving the requirement for hospices to provide certain non-core hospice services during the national emergency, including the requirements at 42 CFR §418.72 for physical therapy, occupational therapy, and speech-language pathology.	https://www.cms.gov/files/document/su-mmary-covid-19-emergency-declaration-waivers.pdf
AzHHA + Federal Blanket Waiver	CMS Issued on 3/30/2020	Hospice Aide Supervision at Onsite Visits	1135 Blanket Waiver	CMS is waiving the requirements at 42 CFR §418.76(h), which require a nurse to conduct an onsite supervisory visit every two weeks. This would include waiving the requirements for a nurse or other professional 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.	https://www.cms.gov/files/document/su-mmary-covid-19-emergency-declaration-waivers.pdf
AzHHA +Federal Blanket Waiver	CMS Issued on 3/30/2020	Hospice Volunteers	1135 Blanket Waiver	CMS is waiving the requirement at 42 CFR §418.78(e) that hospices are required to use volunteers (including at least 5% of patient care hours). It is anticipated that hospice volunteer availability and use will be reduced related to COVID-19 surge and potential quarantine.	https://www.cms.gov/files/document/su-mmary-covid-19-emergency-declaration-waivers.pdf



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Federal Blanket Waiver	CMS Issued on 3/30/2020	Extention for IPPS Wage Index Occupational Mix Survey Submission	1135 Blanket Waiver	CMS collects data every 3 years on the occupational mix of employees for each short-term, acute care hospital participating in the Medicare program. Completed 2019 Occupational Mix Surveys, Hospital Reporting Form CMS-10079, for the Wage Index Beginning FY 2022, are due to the Medicare Administrative Contractors by July 1, 2020. CMS is currently granting an extension for hospitals nationwide affected by COVID-19 until August 3, 2020. If hospitals encounter difficulty meeting this extended deadline date, hospitals should communicate their concerns to CMS via their MAC, and CMS may consider an additional extension if CMS determines it is warranted.	https://www.cms.gov/files/document/su-mmary-covid-19-emergency-declaration-waivers.pdf
Federal Blanket Waiver	CMS Issued on 3/30/2020	IRF 60% Rule / Hospitals Without Walls	1135 Blanket Waiver	CMS is allowing IRFs to exclude patients from the freestanding hospital's or excluded distinct part unit's inpatient population for purposes of calculating the applicable thresholds associated with the requirements to receive payment as an IRF (commonly referred to as the "60 percent rule") if an IRF admits a patient solely to respond to the emergency and the patient's medical record properly identifies the patient as such. In addition, during the applicable waiver time period, we would also apply the exception to facilities not yet classified as IRFs, but that are attempting to obtain classification as an IRF.	https://www.cms.gov/files/document/su-mmary-covid-19-emergency-declaration-waivers.pdf
Federal Blanket Waiver	CMS Issued on 3/30/2020	IRF and Psychiatric Facilities Distinct Part Units	1135 Blanket Waiver	CMS is waiving requirements to allow acute care hospitals to house acute care inpatients in excluded distinct part units, such as excluded distinct part unit IRFs or IPFs, where the distinct part unit's beds are appropriate for acute care inpatients. The Inpatient Prospective Payment System (IPPS) hospital should bill for the care and annotate the patient's medical record to indicate the patient is an acute care inpatient being housed in the excluded unit because of capacity issues related to the disaster or emergency.	https://www.cms.gov/files/document/su-mmary-covid-19-emergency-declaration-waivers.pdf



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Federal Blanket Waiver	CMS Issued on 3/30/2020	LTC Resident Transfer and Discharge	1135 Blanket Waiver	<p>CMS is waiving requirements to allow a long term care (LTC) facility to transfer or discharge residents to another LTC facility solely for the following cohorting purposes:</p> <ol style="list-style-type: none"> 1. Transferring residents with symptoms of a respiratory infection or confirmed diagnosis of COVID-19 to another facility that agrees to accept each specific resident, and is dedicated to the care of such residents; 2. Transferring residents without symptoms of a respiratory infection or confirmed to not have COVID-19 to another facility that agrees to accept each specific resident, and is dedicated to the care of such residents to prevent them from acquiring COVID-19; or 3. Transferring residents without symptoms of a respiratory infection to another facility that agrees to accept each specific resident to observe for any signs or symptoms of a respiratory infection over 14 days. Note: see link for lengthy exceptions list. 	https://www.cms.gov/files/document/su-mmmary-covid-19-emergency-declaration-waivers.pdf
Federal Blanket Waiver	CMS Issued on 3/30/2020	LTCHS	1135 Blanket Waiver	Allows a LTCH to exclude patient stays where an LTCH admits or discharges patients in order to meet the demands of the emergency from the 25-day average length of stay requirement, which allows these facilities to be paid as LTCHs.	https://www.cms.gov/files/document/su-mmmary-covid-19-emergency-declaration-waivers.pdf
AzHHA + Federal Blanket Waiver	CMS Issued on 3/30/2020	Medical Staff CoP Requirements (Medicare)	1135 Blanket Waiver	CMS is waiving requirements under 42 CFR §482.22(a)(1)-(4) to allow for physicians whose privileges will expire to continue practicing at the hospital and for new physicians to be able to practice before full medical staff/governing body review and approval to address workforce concerns related to COVID-19. CMS is waiving §482.22(a)(1)-(4) regarding details of the credentialing and privileging process.	https://www.cms.gov/files/document/su-mmmary-covid-19-emergency-declaration-waivers.pdf



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Federal Blanket Waiver	CMS Issued on 3/30/2020	Medicare appeals in Fee for Service, MA and Part D	1135 Blanket Waiver	CMS is allowing MACs and Qualified Independent Contractors (QICs) in the FFS program as well as the MA and Part D Independent Review Entities (IREs) to allow extensions to file an appeal and to waive requests for timeliness requirements for additional information to adjudicate appeals.	https://www.cms.gov/files/document/su-mmary-covid-19-emergency-declaration-waivers.pdf
Federal Blanket Waiver	CMS Issued on 3/30/2020	Neoplastic Disease Care Hospitals	1135 Blanket Waiver	CMS is allowing extended neoplastic disease care hospitals to exclude inpatient stays where the hospital admits or discharges patients in order to meet the demands of the emergency from the greater than 20-day average length of stay requirement, which allows these facilities to be excluded from the hospital inpatient prospective payment system and paid an adjusted payment for Medicare inpatient operating and capital-related costs under the reasonable cost-based reimbursement rules as authorized under Section 1886(d)(1)(B)(vi) of the Act and §42 CFR 412.22(i).	https://www.cms.gov/files/document/su-mmary-covid-19-emergency-declaration-waivers.pdf
AzHHA + Federal Blanket Waiver	CMS Issued on 3/30/2020	Nurse Aids Training and Certification	1135 Blanket Waiver	CMS is waiving the requirements at 42 CFR 483.35(d) (with the exception of 42 CFR 483.35(d)(1)(i)), which require that a SNF and NF may not employ anyone for longer than four months unless they met the training and certification requirements under § 483.35(d). CMS is waiving these requirements to assist in potential staffing shortages seen with the COVID-19 pandemic. To ensure the health and safety of nursing home residents, CMS is not waiving 42 CFR § 483.35(d)(1)(i), which requires facilities to not use any individual working as a nurse aide for more than four months, on a full-time basis, unless that individual is competent to provide nursing and nursing related services. We further note that we are not waiving § 483.35(c), which requires facilities to ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.	https://www.cms.gov/files/document/su-mmary-covid-19-emergency-declaration-waivers.pdf



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Federal Blanket Waiver	CMS Issued on 3/30/2020	Nursing Services (Hospitals and CAHs)	1135 Blanket Waiver	CMS is waiving the requirements at 42 CFR §482.23(b)(4), which requires the nursing staff to develop and keep current a nursing care plan for each patient, and §482.23(b)(7), which requires the hospital to have policies and procedures in place establishing which outpatient departments are not required to have a registered nurse present. These waivers allow nurses increased time to meet the clinical care needs of each patient and allows for the provision of nursing care to an increased number of patients. In addition, we expect that hospitals will need relief for the provision of inpatient services and as a result, the requirement to establish nursing-related policies and procedures for outpatient departments is likely of lower priority. These flexibilities apply to both hospitals and CAHs §485.635(d)(4), and may be implemented so long as they are not inconsistent with a state's emergency preparedness or pandemic plan.	https://www.cms.gov/files/document/su-mmary-covid-19-emergency-declaration-waivers.pdf
Federal Blanket Waiver	CMS Issued on 3/30/2020	Out of State Providers	1135 Blanket Waiver	CMS is temporarily waiving requirements that out-of-state practitioners be licensed in the state where they are providing services when they are licensed in another state. CMS will waive the physician or non-physician practitioner licensing requirements when the following four conditions are met: 1) must be enrolled as such in the Medicare program; 2) must possess a valid license to practice in the state which relates to his or her Medicare enrollment; 3) is furnishing services – whether in person or via telehealth – in a state in which the emergency is occurring in order to contribute to relief efforts in his or her professional capacity; and 4) is not affirmatively excluded from practice in the state or any other state that is part of the 1135 emergency area. State or local licensure requirements would continue to apply unless waived by the state.	https://www.cms.gov/files/document/su-mmary-covid-19-emergency-declaration-waivers.pdf



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AzHHA Requested + Federal Blanket Waiver	CMS Issued on 3/30/2020	Patient Rights /Paperwork Requirements for Hospitals / Hospitals Without Walls	1135 Blanket Waiver	<p>CMS is waiving requirements under 42 CFR §482.13 only for hospitals that are considered to be impacted by a widespread outbreak of COVID-19. Hospitals that are located in a state which has widespread confirmed cases (i.e., 51 or more confirmed cases*) as updated on the CDC website, CDC States Reporting Cases of COVID-19, would not be required to meet the following requirements:</p> <ul style="list-style-type: none"> • §482.13(d)(2) - With respect to timeframes in providing a copy of a medical record. • §482.13(h) - Related to patient visitation, including the requirement to have written policies and procedures on visitation of patients who are in COVID-19 isolation and quarantine processes. • §482.13(e)(1)(ii) - Regarding seclusion. <p>*The waiver flexibility is based on the number of confirmed cases as reported by CDC and will be assessed accordingly when COVID-19 confirmed cases decrease.</p>	https://www.cms.gov/files/document/su-mmary-covid-19-emergency-declaration-waivers.pdf
AzHHA + Federal Blanket Waiver	CMS Issued on 3/30/2020	Patient Self Determination Act	1135 Blanket Waiver	<p>CMS is waiving the requirements at sections 1902(a)(58) and 1902(w)(1)(A) of the Act (for Medicaid); 1852(i) of the Act (for Medicare Advantage); and 1866(f) of the Act and 42 CFR §489.102 (for Medicare), which require hospitals and CAHs to provide information about their advance directive policies to patients. CMS is waiving this requirement to allow for staff to more efficiently deliver care to a larger number of patients.</p>	https://www.cms.gov/files/document/su-mmary-covid-19-emergency-declaration-waivers.pdf



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Federal Blanket Waiver	CMS Issued on 3/30/2020	Physician Care CofP (Medicare)	1135 Blanket Waiver	CMS is waiving requirements under 42 CFR §482.12(c)(1)–(2) and §482.12(c)(4), which requires that Medicare patients be under the care of a physician. This waiver may be implemented so long as it is not inconsistent with a state’s emergency preparedness or pandemic plan. This allows hospitals to use other practitioners to the fullest extent possible.	https://www.cms.gov/files/document/summmary-covid-19-emergency-declaration-waivers.pdf
Federal Blanket Waiver	CMS Issued on 3/30/2020	Provider Enrollment	1135 Blanket Waiver	<p>CMS is waiving the following provider screening requirements:</p> <ul style="list-style-type: none"> • Application Fee - (to the extent applicable). • Criminal background checks associated with fingerprint-based criminal background checks (FCBC) (to the extent applicable) - 42 CFR §424.518. • Site visits (to the extent applicable) - 42 CFR §424.517. • Postpone all revalidation actions. • Allow licensed providers to render services outside of their state of enrollment. • Expedite any pending or new applications from providers. • Allow physicians and other practitioners to render telehealth services from their home without reporting their home address on their Medicare enrollment while continuing to bill from their currently enrolled location. • Allow opted-out physicians and non-physician practitioners to terminate their opt-out status early and enroll in Medicare to provide care to more patients. 	https://www.cms.gov/files/document/summmary-covid-19-emergency-declaration-waivers.pdf



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Federal Blanket Waiver	CMS Issued on 3/30/2020	Quality Assessment and Performance Improvement Program (Hospitals and CAHs)	1135 Blanket Waiver	Quality Assessment and Performance Improvement Program. CMS is waiving 42 CFR §482.21(a)–(d) and (f), and §485.641(a), (b), and (d), which provide details on the scope of the program, the incorporation, and setting priorities for the program’s performance improvement activities, and integrated Quality Assurance & Performance Improvement programs (for hospitals that are part of a hospital system). These flexibilities, which apply to both hospitals and CAHs, may be implemented so long as they are not inconsistent with a state’s emergency preparedness or pandemic plan. We expect any improvements to the plan to focus on the Public Health Emergency (PHE). While this waiver decreases burden associated with the development of a hospital or CAH QAPI program, the requirement that hospitals and CAHs maintain an effective, ongoing, hospital-wide, data-driven quality assessment and performance improvement program will remain. This waiver applies to both hospitals and CAHs.	https://www.cms.gov/files/document/su-mmary-covid-19-emergency-declaration-waivers.pdf
AzHHA + Federal Blanket Waiver	CMS Issued on 3/30/2020	Hospital Reporting Requirements	1135 Blanket Waiver	CMS is waiving the requirements at 42 CFR §482.13(g) (1)(i)-(ii), which require that hospitals report patients in an intensive care unit whose death is caused by their disease, but who required soft wrist restraints to prevent pulling tubes/IVs, no later than the close of business on the next business day. Due to current hospital surge, CMS is waiving this requirement to ensure that hospitals are focusing on increased patient care demands and increased patient census, provided any death where the restraint may have contributed is still reported within standard time limits (i.e., close of business on the next business day following knowledge of the patient’s death).	https://www.cms.gov/files/document/su-mmary-covid-19-emergency-declaration-waivers.pdf



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Federal Blanket Waiver	CMS Issued on 3/30/2020	Respiratory Care Services	1135 Blanket Waiver	CMS is waiving the requirements at 42 CFR §482.57(b)(1) that require hospitals to designate in writing the personnel qualified to perform specific respiratory care procedures and the amount of supervision required for personnel to carry out specific procedures. These flexibilities may be implemented so long as they are not inconsistent with a state's emergency preparedness or pandemic plan. Not being required to designate these professionals in writing will allow qualified professionals to operate to the fullest extent of their licensure and training in providing patient care.	https://www.cms.gov/files/document/suimary-covid-19-emergency-declaration-waivers.pdf
Federal Blanket Waiver	CMS Issued on 3/30/2020	SNF / NF Physician Visits via Telehealth	1135 Blanket Waiver	CMS is waiving the requirement in 42 CFR 483.30 for physicians and non-physician practitioners to perform inperson visits for nursing home residents and allow visits to be conducted, as appropriate, via telehealth options.	https://www.cms.gov/files/document/suimary-covid-19-emergency-declaration-waivers.pdf
Federal Blanket Waiver	CMS Issued on 3/30/2020	SNF/NF 3-Day Rule	1135 Blanket Waiver	Using the authority under Section 1812(f) of the Act, CMS is waiving the requirement for a 3-day prior hospitalization for coverage of a SNF stay, which provides temporary emergency coverage of SNF services without a qualifying hospital stay, for those people who experience dislocations, or are otherwise affected by COVID-19. In addition, for certain beneficiaries who recently exhausted their SNF benefits, it authorizes renewed SNF coverage without first having to start a new benefit period (this waiver will apply only for those beneficiaries who have been delayed or prevented by the emergency itself from commencing or completing the process of ending their current benefit period and renewing their SNF benefits that would have occurred under normal circumstances).	https://www.cms.gov/files/document/suimary-covid-19-emergency-declaration-waivers.pdf



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AzHHA + Federal Blanket Waiver	CMS Issued on 3/30/2020	SNF/NF Physical Environment	1135 Blanket Waiver	<p>CMS is waiving requirements at 42 CFR 483.90:</p> <ul style="list-style-type: none"> • Provided that the state has approved the location as one that sufficiently addresses safety and comfort for patients and staff, CMS is waiving requirements under § 483.90 to allow for a non-SNF building to be temporarily certified and available for use by a SNF in the event there are needs for isolation processes for COVID-19 positive residents, which may not be feasible in the existing SNF structure to ensure care and services during treatment for COVID-19 are available while protecting other vulnerable adults. CMS believes this will also provide another measure that will free up inpatient care beds at hospitals for the most acute patients while providing beds for those still in need of care. CMS will waive certain conditions of participation and certification requirements for opening a NF if the state determines there is a need to quickly stand up a temporary COVID-19 isolation and treatment location. • CMS is also waiving requirements under 42 CFR 483.90 to temporarily allow for rooms in a long-term care facility not normally used as a resident's room, to be used to accommodate beds and residents for resident care in emergencies and situations needed to help with surge capacity. Rooms that may be used for this purpose include activity rooms, meeting/conference rooms, dining rooms, or other rooms, as long as residents can be kept safe, comfortable, and other applicable requirements for participation are met. This can be done so long as it is not inconsistent with a state's emergency preparedness or pandemic plan, or as directed by the local or state health department. 	https://www.cms.gov/files/document/su-mmary-covid-19-emergency-declaration-waivers.pdf



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Federal Blanket Waiver	CMS Issued on 3/30/2020	SNF/NF Reporting Minimum Data Set	1135 Blanket Waiver	CMS is waiving 42 CFR 483.20 to provide relief to SNFs on the timeframe requirements for Minimum Data Set assessments and transmission.	https://www.cms.gov/files/document/su-mmary-covid-19-emergency-declaration-waivers.pdf
Federal Blanket Waiver	CMS Issued on 3/30/2020	SNF/NF Resident Groups	1135 Blanket Waiver	CMS is waiving the requirements that ensure residents can participate in-person in resident groups to permit the facility to restrict in-person meetings during the national emergency given the recommendations of social distancing and limiting gatherings of more than ten people. This action waives a facility's requirements, under 42 CFR 483.10, to provide for a resident to share a room with his or her roommate of choice in certain circumstances, to provide notice and rationale for changing a resident's room, and to provide for a resident's refusal a transfer to another room in the facility. This aligns with CDC guidance to preferably place residents in locations designed to care for COVID-19 residents, to prevent the transmission of COVID-19 to other residents.	https://www.cms.gov/files/document/su-mmary-covid-19-emergency-declaration-waivers.pdf



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Federal Blanket Waiver	CMS Issued on 3/30/2020	SNF/NF Resident Transfer and Discharge	1135 Blanket Waiver	<p>CMS is waiving requirements in 42 CFR 483 to allow a long term care (LTC) facility to transfer or discharge residents to another LTC facility solely for the following cohorting purposes:</p> <ol style="list-style-type: none"> 1. Transferring residents with symptoms of a respiratory infection or confirmed diagnosis of COVID-19 to another facility that agrees to accept each specific resident, and is dedicated to the care of such residents; 2. Transferring residents without symptoms of a respiratory infection or confirmed to not have COVID-19 to another facility that agrees to accept each specific resident, and is dedicated to the care of such residents to prevent them from acquiring COVID-19; or 3. Transferring residents without symptoms of a respiratory infection to another facility that agrees to accept each specific resident to observe for any signs or symptoms of a respiratory infection over 14 days. SEE LINK FOR EXCEPTIONS 	https://www.cms.gov/files/document/su-mmary-covid-19-emergency-declaration-waivers.pdf
AzHHA + Federal Blanket Waiver	CMS Issued on 3/30/2020	SNF/NF Staffing Data Submission	1135 Blanket Waiver	CMS is waiving 42 CFR 483.70(q) to provide relief to long-term care facilities on the requirements for submitting staffing data through the Payroll-Based journal system.	https://www.cms.gov/files/document/su-mmary-covid-19-emergency-declaration-waivers.pdf



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Federal Blanket Waiver	CMS Issued on 3/30/2020	SNF/NF Training and Certification of Nurses Aids	1135 Blanket Waiver	CMS is waiving the requirements that a SNF/ NF may not employ anyone for longer than four months unless they met the training and certification requirements under § 483.35(d) to assist in potential staffing shortages seen with the COVID-19 pandemic. CMS is not waiving 42 CFR § 483.35(d)(1)(i), which requires facilities to not use any individual working as a nurse aide for more than four months, on a full-time basis, unless that individual is competent to provide nursing and nursing related services. CMS is not waiving § 483.35(c), which requires facilities to ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. Note: see link for exceptions.	https://www.cms.gov/files/document/su-mmmary-covid-19-emergency-declaration-waivers.pdf
AzHHA Requested + Federal Blanket Waiver	CMS Issued on 3/30/2020	SNF/NF PASARR	1135 Blanket Waiver	CMS is waiving 42 CFR 483.20(k) allowing states and nursing homes to suspend these assessments for new residents for 30 days. After 30 days, new patients admitted to nursing homes with a mental illness (MI) or intellectual disability (ID) should receive the assessment as soon as resources become available.	https://www.cms.gov/files/document/su-mmmary-covid-19-emergency-declaration-waivers.pdf
Federal Blanket Waiver	CMS Issued on 3/30/2020	Staffing Data Submission	1135 Blanket Waiver	CMS is waiving 42 CFR 483.70(q) to provide relief to long-term care facilities on the requirements for submitting staffing data through the Payroll-Based Journal system.	https://www.cms.gov/files/document/su-mmmary-covid-19-emergency-declaration-waivers.pdf
Federal Blanket Waiver	CMS Issued on 3/30/2020	Star Rating Calculations	Interim Final Rule	Modifies star rating calculations for Part C and Part D for 2021 and 2022.	https://s3.amazonaws.com/public-inspection.federalregister.gov/2020-06990.pdf



Source	Status	Waiver Short Title	Type of Authority	Waiver Description	Link
Federal Blanket Waiver	CMS Issued on 3/30/2020	Stark Law	1135 Blanket Waiver	<p>CMS has issued blanket waivers of sanctions under 1877(g) of the Social Security Act (physician self-referral law) for these referrals and claims that would otherwise violate the Stark Law:</p> <ul style="list-style-type: none"> o Hospitals and other health care providers can pay above or below fair market value for the personal services of a physician (or an immediate family member of a physician), and parties may pay below fair market value to rent equipment or purchase items or services. o Health care providers can support each other financially to ensure continuity of health care operations. o Hospitals can provide benefits to their medical staffs, such as multiple daily meals, laundry service to launder soiled personal clothing, or child care services while the physicians are at the hospital and engaging in activities that benefit the hospital and its patients. o Health care providers may offer certain items and services that are solely related to COVID-19 Purposes (as defined in the waivers), even when the provision of the items or services would exceed the annual non-monetary compensation cap. o Physician-owned hospitals can temporarily increase the number of their licensed beds, operating rooms, and procedure rooms, even though such expansion would otherwise be prohibited under the Stark Law. o Some of the restrictions regarding when a group practice can furnish medically necessary designated health services (DHS) in a patient's home are loosened. 	https://www.cms.gov/files/document/covid-19-blanket-waivers-section-1877g.pdf



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AzHHA + Federal Blanket Waiver	CMS Issued on 3/30/2020	Sterile Compounding	1135 Blanket Waiver	CMS is waiving requirements (also outlined in USP797) at 42 CFR §482.25(b)(1) and §485.635(a)(3) in order to allow used face masks to be removed and retained in the compounding area to be re-donned and reused during the same work shift in the compounding area only. This will conserve scarce face mask supplies. CMS will not review the use and storage of face masks under these requirements.	https://www.cms.gov/files/document/su-mmmary-covid-19-emergency-declaration-waivers.pdf
Federal Blanket Waiver	CMS Issued on 3/30/2020	Telehealth Flexibilities	Interim Final Rule	Allows providers broad flexibilities to furnish services using telehealth to avoid exposure risks to patients, health care providers and the community.	https://s3.amazonaws.com/public-inspection.federalregister.gov/2020-06990.pdf
Federal Blanket Waiver	CMS Issued on 3/30/2020	EMTALA Patient Screening (Hospitals Without Walls)	1135 Blanket Waiver	Off Site Patient Screening: CMS is partially waiving the enforcement of section 1867(a) of the Social Security Act (the Emergency Medical Treatment and Active Labor Act, or EMTALA). This will allow hospitals, psychiatric hospitals, and critical access hospitals (CAHs) to screen patients at a location offsite from the hospital's campus to prevent the spread of COVID-19, so long as it is not inconsistent with the state emergency preparedness or pandemic plan.	https://www.cms.gov/files/document/covid-hospitals.pdf



Source	Status	Waiver Short Title	Type of Authority	Waiver Description	Link
Federal Blanket Waiver	CMS Issued on 3/30/2020	Temporary Expansion Sites in General: "Hospitals Without Walls"	1135 Blanket Waiver	<p>Hospitals Able to Provide Care in Temporary Expansion Sites: CMS will permit facility and non-facility space that is not normally used for patient care to be utilized for patient care or quarantine, provided that the location is approved by the state (ensuring that safety and comfort for patients and staff are sufficiently addressed) and so long as it is not inconsistent with a state’s emergency preparedness or pandemic plan. This allows for increased capacity and promotes appropriate cohorting of COVID-19 patients. States are still subject to obligations under the integration mandate of the Americans with Disabilities Act, to avoid subjecting persons with disabilities to unjustified institutionalization or segregation.--- As part of the CMS Hospital Without Walls initiative, hospitals can provide hospital services in other healthcare facilities and sites that would not otherwise be considered to be part of a healthcare facility; or can set up temporary expansion sites to help address the urgent need to increase capacity to care for patients. In the absence of waivers, hospitals are required to provide services to patients within their hospital departments. Hospitals have shared concerns about capacity for treating patients during the COVID-19 PHE, especially those requiring ventilator and intensive care services. CMS is providing additional flexibilities for hospitals to create surge capacity by allowing them to provide room and board, nursing, and other hospital services at remote locations or sites not normally considered parts of healthcare facilities, such as hotels or community facilities. This flexibility will allow hospitals to separate COVID-19 positive patients from other non-COVID-19 patients to help efforts around infection control and preservation of personal protective equipment (PPE). For example, for the duration of the COVID-19 PHE, CMS is allowing hospitals to screen patients at offsite locations, and furnish inpatient and outpatient services at temporary expansion sites. Hospitals would still be expected to control and manage the services</p>	https://www.cms.gov/files/document/covid-hospitals.pdf



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AzHHA + Federal Blanket Waiver	CMS Issued on 3/30/2020	Medicare Physical Environment CoPs (Hospitals Without Walls)	1135 Blanket Waiver	<p>As part of the Hospitals without Walls initiative, CMS is waiving certain Medicare conditions of participation to allow for flexibilities during hospital, psychiatric hospital, and CAH surges. CMS will permit non-hospital buildings/space to be used for patient care and quarantine sites, provided that the location is approved by the State (ensuring safety and comfort for patients and staff are sufficiently addressed). This allows for increased capacity and promotes appropriate cohorting of COVID-19 patients. ---Physical Environment: CMS waived certain requirements under the conditions at 42 CFR §482.41 and §485.623 to allow for flexibilities during hospital, psychiatric hospital, and CAH surges.---- CMS is also relaxing certain CoPs and provider-based rules for hospital operations to maximize hospitals ability to focus on patient care. The same initiative also allows currently enrolled ambulatory surgical centers (ASCs), to temporarily enroll as hospitals and to provide hospital services to help address the urgent need to increase hospital capacity to take care of patients. Other interested entities, such as independent licensed emergency departments, could pursue enrolling as a hospital during the PHE. ASCs that wish to enroll to receive temporary billing privileges as a hospital should call the COVID19 Provider Enrollment Hotline to reach the contractor that serves their jurisdiction, and then will complete and sign an attestation form specific to the COVID-19 PHE. See https://www.cms.gov/files/document/provider-enrollment-relief-faq-covid-19.pdf for additional information.</p>	https://www.cms.gov/files/document/covid-hospitals.pdf



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Federal Blanket Waiver	CMS Issued on 3/30/2020	Provider-Based Departments / Hospitals Without Walls	1135 Blanket Waiver	CMS is adopting a temporary extraordinary circumstances relocation exception policy for on-campus PBDs and excepted off-campus PBDs that are relocating off-campus during the COVID-19 PHE. Under our existing extraordinary relocation exception policy, only relocating off-campus PBDs are eligible to request this exception. CMS is streamlining the process during the COVID-19 PHE for relocating PBDs to seek the extraordinary circumstances exception so they can start seeing patients and billing for services immediately in the relocated PBD. CMS is allowing PBDs to relocate into more than one PBD location, and allowing PBDs to partially relocate while still maintaining the original location. Hospitals can relocate PBDs to the patient's home and continue to receive the full OPPS payment amount under the extraordinary circumstances relocation exception policy. SEE LINK FOR MORE DETAILS.	https://www.cms.gov/files/document/covid-hospitals.pdf
AzHHA + Federal Blanket Waiver	CMS Issued on 3/30/2020	Utilization Review Plans	1135 Blanket Waiver	CMS is waiving the entire utilization review condition of participation Utilization Review (UR) at §482.30, which requires that a hospital must have a UR plan with a UR committee that provides for a review of services furnished to Medicare and Medicaid beneficiaries to evaluate the medical necessity of the admission, duration of stay, and services provided. These flexibilities may be implemented so long as they are not inconsistent with a state's emergency preparedness or pandemic plan. Removing these administrative requirements will allow hospitals to focus more resources on providing direct patient care.	https://www.cms.gov/files/document/sunmary-covid-19-emergency-declaration-waivers.pdf



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AzHHA + Federal Blanket Waiver	CMS Issued on 3/30/2020	Verbal Orders	1135 Blanket Waiver	<p>CMS is waiving the requirements to provide additional flexibility related to verbal orders where readback verification is required, but authentication may occur later than 48 hours. This will allow more efficient treatment of patients in surge situations. Specifically, the following requirements are waived:</p> <ul style="list-style-type: none"> • §482.23(c)(3)(i) - If verbal orders are used for the use of drugs and biologicals (except immunizations), they are to be used infrequently. • §482.24(c)(2) - All orders, including verbal orders, must be dated, timed, and authenticated promptly by the ordering practitioner or by another practitioner who is responsible for the care of the patient. • §482.24(c)(3) - Hospitals may use pre-printed and electronic standing orders, order sets, and protocols for patient orders. This would include all subparts at §482.24(c)(3). • §485.635(d)(3) - Although the regulation requires that medication administration be based on a written, signed order, this does not preclude the CAH from using verbal orders. A practitioner responsible for the care of the patient must authenticate the order in writing as soon as possible after the fact. 	https://www.cms.gov/files/document/su-mmmary-covid-19-emergency-declaration-waivers.pdf
Federal Blanket Waiver	CMS Issued on 4/9/2020	Expanded Ability for Hospitals to Offer LTC Services / Swing Beds / Hospitals Without Walls	1135 Blanket Waiver	<p>Expanded Ability for Hospitals to Offer Long-term Care Services (“Swing-Beds”) for Patients Who do not Require Acute Care but do Meet the SNF Level of Care Criteria as Set Forth at 42 CFR 409.31. Under section 1135(b)(1) of the Act, CMS is waiving the requirements at 42 CFR 482.58, subsections (a)(1)-(4), to allow hospitals to establish SNF swing beds payable under the SNF prospective payment system (PPS) to provide additional options for hospitals with patients who no longer require acute care but are unable to find placement in a SNF. SEE LINK FOR MORE INFO</p>	https://www.cms.gov/files/document/covid-hospitals.pdf



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Federal Blanket Waiver	CMS Issued on 4/10/2020	CAH Telehealth	1135 Blanket Waiver	Waiving the requirement that critical access hospitals (CAHs) have a physician physically present to provide medical direction, consultation and supervision. The requirement that a physician be available "through direct radio or telephone communication, or electronic communication for consultation, assistance with medical emergencies, or patient referral" remains. CMS states that this action will allow the physician to perform responsibilities remotely, as appropriate, and also allow CAHs to use nurse practitioners and physician assistants to the fullest extent possible.	https://www.cms.gov/files/document/su-mmary-covid-19-emergency-declaration-waivers.pdf
Federal Blanket Waiver	CMS Issued on 4/10/2020	LTC Facilities Physician Visits	1135 Blanket Waiver	CMS is waiving the requirement at § 483.30(c)(3) that all required physician visits (not already exempted in § 483.30(c)(4) and (f)) must be made by the physician personally. We are modifying this provision to permit physicians to delegate any required physician visit to a nurse practitioner (NPs), physician assistant, or clinical nurse specialist who is not an employee of the facility, who is working in collaboration with a physician, and who is licensed by the State and performing within the state's scope of practice laws.	https://www.cms.gov/files/document/su-mmary-covid-19-emergency-declaration-waivers.pdf



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Federal Blanket Waiver	CMS Issued on 4/10/2020	SNFs Physician Delegation of Tasks	1135 Blanket Waiver	CMS is waiving the requirement in § 483.30(e)(4) that prevents a physician from delegating a task when the regulations specify that the physician must perform it personally. This waiver gives physicians the ability to delegate any tasks to a physician assistant, nurse practitioner, or clinical nurse specialist who meets the applicable definition in 42 CFR 491.2 or, in the case of a clinical nurse specialist, is licensed as such by the State and is acting within the scope of practice laws as defined by State law. We are temporarily modifying this regulation to specify that any task delegated under this waiver must continue to be under the supervision of the physician. This waiver does not include the provision of § 483.30(e)(4) that prohibits a physician from delegating a task when the delegation is prohibited under State law or by the facility's own policy.	https://www.cms.gov/files/document/su-mmary-covid-19-emergency-declaration-waivers.pdf
Federal Blanket Waiver	CMS Issued on 4/10/2020	Home Health Occupational Therapy	1135 Blanket Waiver	Waiving the requirement that home health agency (HHA) occupational therapists (OTs) may only perform the initial and comprehensive assessment if occupational therapy is the service that establishes eligibility for the patient to be receiving home health care. This 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, regardless of whether occupational therapy is the service that establishes eligibility.	https://www.cms.gov/files/document/su-mmary-covid-19-emergency-declaration-waivers.pdf
Federal Blanket Waiver	CMS Issued on 4/10/2020	Home Health Supervisory Visits	1135 Blanket Waiver	Waiving the requirements that a nurse to conduct an onsite supervisory visit every two weeks for patients under HHA care. This would include waiving the requirements for a nurse or other professional 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.	https://www.cms.gov/files/document/su-mmary-covid-19-emergency-declaration-waivers.pdf



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Federal Blanket Waiver	CMS Issued on 4/10/2020	Hospice Aids Evaluation	1135 Blanket Waiver	Modifying the requirement that a hospice aide must be evaluated by observing an aide's performance of certain tasks with a patient. CMS will instead allow hospices to utilize "pseudo patients," such as a computer-based mannequin device, instead of actual patients.	https://www.cms.gov/files/document/su-mmary-covid-19-emergency-declaration-waivers.pdf
Federal Blanket Waiver	CMS Issued on 4/10/2020	Hospice Aids Training	1135 Blanket Waiver	Waiving the requirement that hospices must assure that each hospice aide receives 12 hours of in-service training in a 12-month period.	https://www.cms.gov/files/document/su-mmary-covid-19-emergency-declaration-waivers.pdf
Federal Blanket Waiver	OCR Issued on 4/2/2020	HIPAA	Enforcement Discretion	<p>Current regulations allow a HIPAA business associate to use and disclose protected health information for public health and health oversight purposes only if expressly permitted by its business associate agreement with a HIPAA covered entity. As a matter of enforcement discretion, effective immediately, the HHS Office for Civil Rights (OCR) will exercise its enforcement discretion and will not impose potential penalties for violations of certain provisions of the HIPAA Privacy Rule against a business associate or covered entity if, and only if:</p> <ol style="list-style-type: none"> 1.the business associate makes a good faith use or disclosure of the covered entity's PHI for public health activities consistent with 45 CFR 164.512(b), or health oversight activities consistent with 45 CFR 164.512(d); and 2.the business associate informs the covered entity within ten (10) calendar days after the use or disclosure occurs (or commences, with respect to uses or disclosures that will repeat over time). 	https://www.hhs.gov/sites/default/files/notification-enforcement-discretion-hipaa.pdf?language=en



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Federal Blanket Waiver	CMS Issued on 4/30/2020	Eligible Practitioners for Telehealth (Medicare)	Blanket 1135	Pursuant to authority granted under the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) that broadens the waiver authority under section 1135 of the Social Security Act, the Secretary has authorized additional telehealth waivers. CMS is waiving the requirements of section 1834(m)(4)(E) of the Act and 42 CFR § 410.78 (b)(2) which specify the types of practitioners that may bill for their services when furnished as Medicare telehealth services from the distant site. The waiver of these requirements expands the types of health care professionals that can furnish distant site telehealth services to include all those that are eligible to bill Medicare for their professional services. This allows health care professionals who were previously ineligible to furnish and bill for Medicare telehealth services, including physical therapists, occupational therapists, speech language pathologists, and others, to receive payment for Medicare telehealth services.	https://www.cms.gov/files/document/su-mmary-covid-19-emergency-declaration-waivers.pdf
Federal Blanket Waiver	CMS Issued on 4/30/2020	Audio Only Telehealth	Blanket 1135	Pursuant to authority granted under the CARES Act, CMS is waiving the requirements of section 1834(m)(1) of the ACT and 42 CFR § 410.78(a)(3) for use of interactive telecommunications systems to furnish telehealth services, to the extent they require use of video technology, for certain services. This waiver allows the use of audio-only equipment to furnish services described by the codes for audio-only telephone evaluation and management services, and behavioral health counseling and educational services. Unless provided otherwise, other services included on the Medicare telehealth services list must be furnished using, at a minimum, audio and video equipment permitting two-way, real-time interactive communication between the patient and distant site physician or practitioner.	https://www.cms.gov/files/document/su-mmary-covid-19-emergency-declaration-waivers.pdf



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Federal Blanket Waiver	CMS Issued on 4/30/2020	RHCs and FQHCs Staffing Requirements	Blanket 1135	CMS is waiving the requirement in the second sentence of § 491.8(a)(6) that a nurse practitioner, physician assistant, or certified nurse-midwife be available to furnish patient care services at least 50 percent of the time the RHC operates. CMS is not waiving the first sentence of § 491.8(a)(6) that requires a physician, nurse practitioner, physician assistant, certified nurse-midwife, clinical social worker, or clinical psychologist to be available to furnish patient care services at all times the clinic or center operates. This will assist in addressing potential staffing shortages by increasing flexibility regarding staffing mixes during the PHE.	https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf
Federal Blanket Waiver	CMS Issued on 4/30/2020	RHCs and FQHCs Physician Supervision	Blanket 1135	42 CFR 491.8(b)(1). We are modifying the requirement that physicians must provide medical direction for the clinic's or center's health care activities and consultation for, and medical supervision of, the health care staff, only with respect to medical supervision of nurse practitioners, and only to the extent permitted by state law. The physician, either in person or through telehealth and other remote communications, continues to be responsible for providing medical direction for the clinic or center's health care activities and consultation for the health care staff, and medical supervision of the remaining health care staff. This allows RHCs and FQHCs to use nurse practitioners to the fullest extent possible and allows physicians to direct their time to more critical tasks.	https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf



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Federal Blanket Waiver	CMS Issued on 4/30/2020	RHCs and FQHCs Temporary Locations	Blanket 1135	CMS is waiving the requirements at 42 CFR §491.5(a)(3)(iii) which require RHCs and FQHCs be independently considered for Medicare approval if services are furnished in more than one permanent location. Due to the current PHE, CMS is temporarily waiving this requirement removing the location restrictions to allow flexibility for existing RHCs/FQHCs to expand services locations to meet the needs of Medicare beneficiaries. This flexibility includes areas which may be outside of the location requirements 42 CFR §491.5(a)(1) and (2) but will end when the HHS Secretary determines there is no longer a PHE due to COVID-19.	https://www.cms.gov/files/document/su-mmary-covid-19-emergency-declaration-waivers.pdf
Federal Blanket Waiver	CMS Issued on 4/30/2020	IRF 3-Hour Rule	Blanket 1135	As required by section 3711(a) of the Coronavirus Aid, Relief, and Economic Security (CARES) Act, during the COVID-19 public health emergency, the Secretary has waived 42 CFR §412.622(a)(3)(ii) which provides that payment generally requires that patients of an inpatient rehabilitation facility receive at least 15 hours of therapy per week. This waiver clarifies information provided in "Medicare and Medicaid Programs; Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency" (CMS-1744-IFC). (85 Federal Register 19252, 19287, April 6, 2020). The information in that rulemaking (CMS-1744-IFC) about Inpatient Rehabilitation Facilities was contemplated prior to the passage of the CARES Act.	https://www.cms.gov/files/document/su-mmary-covid-19-emergency-declaration-waivers.pdf



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Federal Blanket Waiver	CMS Issued on 4/30/2020	SNF/NF Physician Delegation of Tasks	Blanket 1135	42 CFR 483.30(e)(4). CMS is waiving therequirement in § 483.30(e)(4) that prevents a physician from delegating a task when the regulations specify that the physician must perform it personally. This waiver givesphysicians the ability to delegate any tasks to a physician assistant, nurse practitioner, or clinical nurse specialist who meets the applicable definition in 42 CFR 491.2 or, in the case of a clinical nurse specialist, is licensed as such by the State and is acting within the scope of practice laws as defined by State law. We are temporarily modifying this regulation to specify that any task delegated under this waiver must continue to be under the supervision of the physician. This waiver does not include the provision of § 483.30(e)(4) that prohibits a physician from delegating a task when the delegation is prohibited under State law or by the facility's own policy.	https://www.cms.gov/files/document/su-mmmary-covid-19-emergency-declaration-waivers.pdf
Federal Blanket Waiver	CMS Issued on 4/30/2020	SNF/NF Physician Visits by Other Practitioners	Blanket 1135	CMS is waiving the requirement at § 483.30(c)(3) that all required physician visits (not already exempted in § 483.30(c)(4) and (f)) must be made by the physician personally. We are modifying this provision to permit physicians to delegate any required physician visit to a nurse practitioner (NPs), physician assistant, or clinical nurse specialist who is not an employee of the facility, who is working in collaboration with a physician, and who is licensed by the State and performing within the state's scope of practice laws.	https://www.cms.gov/files/document/su-mmmary-covid-19-emergency-declaration-waivers.pdf



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Federal Blanket Waiver	CMS Issued on 4/30/2020	LTC Facilities Quality Assurance and Performance Improvement	Blanket 1135	CMS is modifying certain requirements in 42 CFR §483.75, which requires long-term care facilities to develop, implement, evaluate, and maintain an effective, comprehensive, data-driven QAPI program. Specifically, CMS is modifying §483.75(b)–(d) and (e)(3) to the extent necessary to narrow the scope of the QAPI program to focus on adverse events and infection control. This will help ensure facilities focus on aspects of care delivery most closely associated with COVID-19 during the PHE	https://www.cms.gov/files/document/su-mmary-covid-19-emergency-declaration-waivers.pdf
Federal Blanket Waiver	CMS Issued on 4/30/2020	SNF/NF In-Service Training	Blanket 1135	CMS is modifying the nurse aide training requirements at §483.95(g)(1) for SNFs and NFs, which requires the nursing assistant to receive at least 12 hours of in-service training annually. In accordance with section 1135(b)(5) of the Act, we are postponing the deadline for completing this requirement throughout the COVID-19 PHE until the end of the first full quarter after the declaration of the PHE concludes.	https://www.cms.gov/files/document/su-mmary-covid-19-emergency-declaration-waivers.pdf
Federal Blanket Waiver	CMS Issued on 4/30/2020	LTC Facilities Discharge Planning	Blanket 1135	CMS is waiving the discharge planning requirement in §483.21(c)(1)(viii), which requires LTC facilities to assist residents and their representatives in selecting a post-acute care provider using data, such as standardized patient assessment data, quality measures and resource use. This temporary waiver is to provide facilities the ability to expedite discharge and movement of residents among care settings. CMS is maintaining all other discharge planning requirements, such as but not limited to, ensuring that the discharge needs of each resident are identified and result in the development of a discharge plan for each resident; involving the interdisciplinary team, as defined at 42 CFR §483.21(b)(2)(ii), in the ongoing process of developing the discharge plan address the resident's goals of care and treatment preferences.	https://www.cms.gov/files/document/su-mmary-covid-19-emergency-declaration-waivers.pdf



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Federal Blanket Waiver	CMS Issued on 4/30/2020	LTC Facilities Clinical Records	Blanket 1135	Pursuant to section 1135(b)(5) of the Act, CMS is modifying the requirement at 42 CFR §483.10(g)(2)(ii) which requires long-term care (LTC) facilities to provide a resident a copy of their records within two working days (when requested by the resident). Specifically, CMS is modifying the timeframe requirements to allow LTC facilities ten working days to provide a resident's record rather than two working days.	https://www.cms.gov/files/document/suimary-covid-19-emergency-declaration-waivers.pdf
Federal Blanket Waiver	CMS Issued on 4/30/2020	Home Health Aids Training	Blanket 1135	CMS is modifying the requirement at 42 C.F.R. §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. In accordance with section 1135(b)(5) of the Act, we are postponing the deadline for completing this requirement throughout the COVID-19 PHE until the end of the first full quarter after the declaration of the PHE concludes. This will allow aides and the registered nurses (RNs) who teach in-service training to spend more time delivering direct patient care and additional time for staff to complete this requirement.	https://www.cms.gov/files/document/suimary-covid-19-emergency-declaration-waivers.pdf
Federal Blanket Waiver	CMS Issued on 4/30/2020	Home Health Discharge Planning	Blanket 1135	CMS is waiving the requirements of 42 CFR §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, (another) home health agency (HHA), skilled nursing facility (SNF), inpatient rehabilitation facility (IRF), and long-term care hospital (LTCH) quality measures and resource use measures. o This temporary waiver provides facilities the ability to expedite discharge and movement of residents among care settings. CMS is maintaining all other discharge planning requirements.	https://www.cms.gov/files/document/suimary-covid-19-emergency-declaration-waivers.pdf



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Federal Blanket Waiver	CMS Issued on 4/30/2020	Home Health Clinical Records	Blanket 1135	In accordance with section 1135(b)(5) of the Act, CMS is extending the deadline for completion of the requirement at 42 CFR §484.110(e), which requires HHAs to provide a patient a copy of their medical record at no cost during the next visit or within four business days (when requested by the patient). Specifically, CMS will allow HHAs ten business days to provide a patient's clinical record, instead of four.	https://www.cms.gov/files/document/suimary-covid-19-emergency-declaration-waivers.pdf
Federal Blanket Waiver	CMS Issued on 4/30/2020	Home Health Annual Supervisory Visit	Blanket 1135	CMS is waiving the requirement at 42 CFR §484.80(h)(1)(iii) for HHAs, which requires a registered nurse or other appropriate skilled professional (physical therapist/occupational therapist, speech language pathologist) to make an annual onsite supervisory visit (direct observation) for each aide that provides services on behalf of the agency. In accordance with section 1135(b)(5) of the Act, we are postponing completion of these visits. All postponed onsite assessments must be completed by these professionals no later than 60 days after the expiration of the PHE.	https://www.cms.gov/files/document/suimary-covid-19-emergency-declaration-waivers.pdf



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Federal Blanket Waiver	CMS Issued on 4/30/2020	Home Health and Hospice Quality Assurance and Performance Improvement	Blanket 1135	CMS is modifying the requirement at 42 CFR §418.58 for Hospice and §484.65 for HHAs, which requires these providers to develop, implement, evaluate, and maintain an effective, ongoing, hospice/HHA-wide, data-driven QAPI program. Specifically, CMS is modifying the requirements at §418.58(a)–(d) and §484.65(a)–(d) to narrow the scope of the QAPI program to concentrate on infection control issues, while retaining the requirement that remaining activities should continue to focus on adverse events. This modification decreases burden associated with the development and maintenance of a broad-based QAPI program, allowing the providers to focus efforts on aspects of care delivery most closely associated with COVID-19 and tracking adverse events during the PHE. The requirement that HHAs and hospices maintain an effective, ongoing, agency-wide, data-driven quality assessment and performance improvement program will remain.	https://www.cms.gov/files/document/su-mmary-covid-19-emergency-declaration-waivers.pdf
Federal Blanket Waiver	CMS Issued on 4/30/2020	Hospice Annual Training	Blanket 1135	CMS is modifying the requirement at 42 CFR §418.100(g)(3), which requires hospices to annually assess the skills and competence of all individuals furnishing care and provide in-service training and education programs where required. Pursuant to section 1135(b)(5) of the Act, we are postponing the deadline for completing this requirement throughout the COVID-19 PHE until the end of the first full quarter after the declaration of the PHE concludes. This does not alter the minimum personnel requirements at 42 CFR §418.114. Selected hospice staff must complete training and have their competency evaluated in accordance with unwaived provisions of 42 CFR Part 418.	https://www.cms.gov/files/document/su-mmary-covid-19-emergency-declaration-waivers.pdf



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Federal Blanket Waiver	CMS Issued on 4/30/2020	Inspection, Testing & Maintenance under Physical Environment CoPs (Medicare)	Blanket 1135	CMS is waiving certain physical environment requirements for Hospitals, CAHs, inpatient hospice, ICF/IIDs, and SNFs/NFs to reduce disruption of patient care and potential exposure/transmission of COVID-19. The physical environment regulations require that facilities and equipment be maintained to ensure an acceptable level of safety and quality. CMS will permit facilities to adjust scheduled inspection, testing and maintenance (ITM) frequencies and activities for facility and medical equipment. SEE LINK FOR LIST OF SPECIFIC PROVISIONS WAIVED	https://www.cms.gov/files/document/su-2020-04-30-physical-environment-waivers.pdf
Federal Blanket Waiver	CMS Issued on 4/30/2020	CMHCs Quality Assessment and Performance Improvement	Blanket 1135	42 CFR 485.917(a)-(d) We are modifying the requirements for CMHC's quality assessment and performance improvement (QAPI). Specifically, we are retaining the overall requirement that CMHC's maintain an effective, ongoing, CMHC-wide, data-driven QAPI program, while providing flexibility for CMHCs to use their QAPI resources to focus on challenges and opportunities for improvement related to the PHE by waiving the specific detailed requirements for the QAPI program's organization and content at § 485.917(a)-(d). Waiving the requirements related to the details of the QAPI program's organization and content will make it easier for CMHCs to reconfigure their QAPI programs, as needed, to adapt to specific needs and circumstances that arise during the PHE. These flexibilities may be implemented so long as they are consistent with a state's emergency preparedness or pandemic plan.	https://www.cms.gov/files/document/su-2020-04-30-qapi-waivers.pdf



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Federal Blanket Waiver	CMS Issued on 4/30/2020	CMHCs Provision of Services	Blanket 1135	42 CFR 485.918(b)(1)(iii). We are waiving the specific requirement at § 485.918(b)(1)(iii) that prohibits CMHCs from providing partial hospitalization services and other CMHC services in an individual's home so that clients can safely shelter in place during the PHE while continuing to receive needed care and services from the CMHC. This waiver is a companion to recent regulatory changes that clarify how CMHCs should bill for services provided in an individual's home, and how such services should be documented in the medical record. While this waiver will now allow CMHCs to furnish services in client homes, including through the use of using telecommunication technology, CMHCs continue to be, among other things, required to comply with the non-waived provisions of 42 CFR Part 485, Subpart J, requiring that CMHCs: 1) assess client needs, including physician certification of the need for partial hospitalization services, if needed; 2) implement and update each client's individualized active treatment plan that sets forth the type, amount, duration, and frequency of the services; and 3) promote client rights, including a client's right to file a complaint.	https://www.cms.gov/files/document/su-mmary-covid-19-emergency-declaration-waivers.pdf
Federal Blanket Waiver	CMS Issued on 4/30/2020	CMHCs 40% Rule	Blanket 1135	42 CFR 485.918(b)(1)(v) We are waiving the requirement at § 485.918(b)(1)(v) that a CMHC provides at least 40 percent of its items and services to individuals who are not eligible for Medicare benefits. Waiving the 40 percent requirement will facilitate appropriate timely discharge from inpatient psychiatric units and prevent admissions to these facilities because CMHCs will be able to provide PHP services to Medicare beneficiaries without restrictions on the proportion of Medicare beneficiaries that they are permitted to treat at a time. This will allow communities greater access to health services, including mental health services.	https://www.cms.gov/files/document/su-mmary-covid-19-emergency-declaration-waivers.pdf



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Federal Blanket Waiver	CMS Issued on 4/30/2020	60 Day Limit for Substitute Billing Arrangements	Blanket 1135	<p>CMS is modifying the 60-day limit in section 1842(b)(6)(D)(iii) of the Social Security Act to allow a physician or physical therapist to use the same substitute for the entire time he or she is unavailable to provide services during the COVID-19 emergency plus an additional period of no more than 60 continuous days after the public health emergency expires. On the 61st day after the public health emergency ends (or earlier if desired), the regular physician or physical therapist must use a different substitute or return to work in his or her practice for at least one day in order to reset the 60-day clock. Without this flexibility, the regular physician or physical therapist generally could not use a single substitute for a continuous period of longer than 60 days, and would instead be required to secure a series of substitutes to cover sequential 60-day periods. The modified timetable applies to both types of substitute billing arrangements under Medicare fee-for-service (i.e., reciprocal billing arrangements and fee-for-time compensation arrangements (formerly known as locum tenens)).</p>	https://www.cms.gov/files/document/su-mmmary-covid-19-emergency-declaration-waivers.pdf



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Federal Blanket Waiver	CMS Issued on 4/30/2020	Hospital-Only Remote Outpatient Therapy and Education Services / Hospitals Without Walls	Interim Final Rule	<p>Hospitals may provide behavioral health and education services furnished by hospital-employed counselors or other professionals that cannot bill Medicare directly for their professional services. Examples of such services include counseling, psychotherapy, group therapy and partial hospitalization program services. These services may be furnished to a beneficiary in their home when the beneficiary is registered as an outpatient of the hospital and the hospital considers the beneficiary's home to be a provider-based department of the hospital. --- A subset of therapy and educational services are eligible to be provided remotely by the hospital clinical staff so long as they are furnished to a patient in the hospital, which may include the patient's home if that home is made provider-based to the hospital during the PHE. --- Counselors and other employed hospital staff may furnish these services to the beneficiary, either through telecommunications technology or in person, in a temporary expansion location, which may include the beneficiary's home so long as it has been made provider-based to the hospital. --- For Partial Hospitalization Program services, hospitals can furnish and bill for certain partial hospitalization services – that is, individual psychotherapy, patient education, and group psychotherapy --that are delivered in temporary expansion locations, including patients' homes, so long as such locations have been made provider-based to the hospital, to ensure access to necessary services and maintain continuity of care and for purposes of infection control When the patient is registered as an outpatient, PHP services furnished by hospital staff in that location are considered to be furnished in the hospital -- The hospital may bill for these services as hospital outpatient services, as long as they are medically necessary and meet all requirements described by the HCPCS code, and as long as the service is furnished in a hospital outpatient department of the hospital.</p>	https://www.cms.gov/files/document/covid-hospitals.pdf



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Federal Blanket Waiver	CMS Issued on 4/30/2020	Telehealth for Outpatient Services	Interim Final Rule	Allows hospitals to bill the originating site facility fee for telehealth services furnished by hospital-based practitioners to Medicare patients registered as hospital outpatients, including when the patient is located at home. Specifically, if the beneficiary's home or temporary expansion site is considered to be a provider-based department of the hospital, and the beneficiary is registered as an outpatient of the hospital for purposes of receiving telehealth services billed by the physician or practitioner, the hospital may bill under the PFS for the originating site facility fee associated with the telehealth service.	https://www.cms.gov/files/document/covid-medicare-and-medicaid-ifc2.pdf
Federal Blanket Waiver	CMS Issued on 4/30/2020	Telehealth Expanded to Include Additional Medicare Providers	1135 Blanket Waiver	Expands the types of providers that can furnish Medicare telehealth services to physical and occupational therapists, speech language pathologists and others, and allow more telehealth services to be provided by audio-only connection. Specifically, CMS added the audio-only evaluation and management (E/M) service codes authorized in its March 30 interim final rule to the list of Medicare telehealth services and waived the requirement that Medicare telehealth services be provided via video-capable technology for the telephonic E/M services and for behavioral health counseling and educational services. Unless provided otherwise, other services included on the Medicare telehealth services list must be furnished using, at a minimum, audio and video equipment permitting two-way, real-time interactive communication between the patient and distant site physician or practitioner. CMS also is increasing payments for these telephone visits to match payments for similar office and outpatient visits, retroactive to March 1, 2020.	https://www.cms.gov/files/document/su-mmary-covid-19-emergency-declaration-waivers.pdf



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Federal Blanket Waiver	CMS Issued on 4/30/2020	COVID Diagnostic Testing	1135 Blanket Waiver	<p>COVID-19 Diagnostic Testing</p> <ul style="list-style-type: none"> • Hospital outpatient departments can be paid for symptom assessment and specimen collection for COVID-19 using a new HCPCS code C9803 (Hospital outpatient clinic visit specimen collection for severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]), any specimen source) retroactive to March 1, 2020. The service would be conditionally packaged and not paid separately when furnished with another payable service under the OPPTS. Medicare will pay a national rate of roughly \$23 for HCPCS code 9803 when it is not billed with a separately payable hospital outpatient service. • Antibody (serology) tests: FDA authorized COVID-19 serology testing is a Medicare covered diagnostic test for patients with known current or known prior COVID-19 infection or suspected current or suspected past COVID-19 infection. The outcome of the serology test 	https://www.cms.gov/files/document/covid-hospitals.pdf
Federal Blanket Waiver	CMS Issued on 4/30/2020	Hospital Clinical Staff In-Person Services / Hospitals Without Walls	1135 Blanket Waiver	<p>Hospital clinical staff must furnish certain services such as infusions and wound care in person given the nature of the services. There is no professional claim for these services.</p> <ul style="list-style-type: none"> o The beneficiary's home would be considered a provider-based department of the hospital for purposes of receiving outpatient services and the beneficiary would be registered as a hospital outpatient. o These services require a health professional to furnish the service (e.g., drug administration). o The hospital could bill for these services as hospital outpatient services, provided the PBD is an on campus or excepted off-campus PBD that relocated to the patient's home consistent with the extraordinary circumstances relocation exception policy. 	https://www.cms.gov/files/document/covid-hospitals.pdf



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Federal Blanket Waiver	CMS Issued on 4/30/2020	CMHCs Providing PHP Services in Temporary Locations	Interim Final Rule	For Partial Hospitalization Program services, CMHCs can furnish and bill for certain partial hospitalization services – that is, individual psychotherapy, patient education, and group psychotherapy – that are delivered in temporary expansion locations, including patients’ homes, to ensure access to necessary services and maintain continuity of care and for purposes of infection control. When the patient is registered as an outpatient, PHP services furnished by CMHC staff in that location are considered to be furnished in the CMHC. Counselors and other employed CMHC staff may furnish these services to the beneficiary, either through telecommunications technology or in-person, in a temporary expansion location, which may include the beneficiary’s home, so long as it has been made an expanded CMHC. The CMHC may bill for these services as CMHC outpatient services, as long as they are medically necessary and meet all requirements described by the HCPCS code, and as long as the service is furnished in an expanded CMHC.	https://www.cms.gov/files/document/covid-medicare-and-medicaid-ifc2.pdf
Federal Blanket Waiver	CMS Issued on 4/30/2020	Outpatient Hospital Services at Alternate Locations / Hospitals Without Walls	Interim Final Rule	Allows payment for outpatient hospital services, such as wound care, drug administration, and behavioral health services, that are delivered in temporary expansion locations. Allowing certain provider-based hospital outpatient departments that relocate from on- to off-campus, or from one off-campus location to another, to request a temporary exception to continue to be paid at the full OPPS rate, rather than the reduced site-neutral rate. Hospitals also may relocate outpatient departments to more than one off-campus location, or partially relocate off-campus while still furnishing care at the original site.	https://www.cms.gov/files/document/covid-medicare-and-medicaid-ifc2.pdf



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Federal Blanket Waiver	CMS Issued on 4/30/2020	ADT Notification CoPs (Medicare)	1135 Blanket Waiver	Admission, discharge, and transfer (ADT) notification Conditions of Participation (CoPs): The policies in the CMS Interoperability and Patient Access final rule have varied implementation dates. CMS is extending the implementation timeline for the ADT notification Conditions of Participation (CoPs) by an additional six months. In light of COVID-19, with this change, the new CoPs at 42 CFR Parts 482 and 485 will now be effective 12 months after the final rule is published in the Federal Register.	https://www.cms.gov/files/document/covid-hospitals.pdf
Federal Blanket Waiver	CMS Issued on 4/30/2020	Hospital Value Based Purchasing Program	Interim Final Rule	Extraordinary Circumstances Exceptions policy under the Hospital Value-based Purchasing (VBP) Program to allow us to grant an exception to hospitals affected by an extraordinary circumstance without a request form, and we are granting exceptions under our updated policy to all hospitals participating in the Hospital VBP Program.	https://www.cms.gov/files/document/covid-medicare-and-medicaid-ifc2.pdf
Federal Blanket Waiver	CMS Issued on 4/30/2020	Quality Payment Program	Interim Final Rule	CMS is delaying by 1 year the implementation of certain qualified clinical data registry measure approval criteria under the Quality Payment Program's Merit-based Incentive Payment System.	https://www.cms.gov/files/document/covid-medicare-and-medicaid-ifc2.pdf



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Federal Blanket Waiver	CMS Issued on 4/30/2020	Medicare-Dependent, Small Rural Hospitals / Hospitals Without Walls	Blanket 1135	**Hospitals Classified as Medicare-Dependent, Small Rural Hospitals (MDHs): For hospitals classified as MDHs prior to the PHE, CMS is waiving the eligibility requirement at 42 CFR § 412.108(a)(1)(ii) that the hospital has 100 or fewer beds during the cost reporting period, and the eligibility requirement at 42 CFR § 412.108(a)(1)(iv)(C) that at least 60 percent of the hospital's inpatient days or discharges were attributable to individuals entitled to Medicare Part A benefits during the specified hospital cost reporting periods. CMS is waiving these requirements for the duration of the PHE to allow these hospitals to meet the needs of the communities they serve during the PHE, such as to provide for increased capacity and promote appropriate cohorting of COVID19 patients. MACs will resume their standard practice for evaluation of all eligibility requirements after the conclusion of the PHE period.	https://www.cms.gov/files/document/covid-hospitals.pdf
Federal Blanket Waiver	CMS Issued on 4/30/2020	Sole Community Hospitals / Hospitals Without Walls	Blanket 1135	Hospitals Classified as Sole Community Hospitals (SCHs): CMS is waiving certain eligibility requirements at 42 CFR § 412.92(a) for hospitals classified as SCHs prior to the PHE. Specifically, CMS is waiving the distance requirements at paragraphs (a), (a)(1), (a)(2), and (a)(3) of 42 CFR § 412.92, and is also waiving the "market share" and bed requirements (as applicable) at 42 CFR § 412.92(a)(1)(i) and (ii). CMS is waiving these requirements for the duration of the PHE to allow these hospitals to meet the needs of the communities they serve during the PHE, such as to provide for increased capacity and promote appropriate cohorting of COVID-19 patients. MACs will resume their standard practice for evaluation of all eligibility requirements after the conclusion of the PHE period.	https://www.cms.gov/files/document/covid-hospitals.pdf



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Federal Blanket Waiver	CMS Issued on 4/30/2020	IRF Surge Patients	Interim Final Rule	<p>Waives certain requirements for qualifying “surge patients” who will be paid an IRF prospective payment system (PPS) rate when they are treated in a freestanding IRF in a qualifying area. The rule outlines specific parameters, including local surge criteria, for when this waiver applies and gives guidance on documentation and billing. The following requirements will be waived effective March 1, 2020, for these patients, including those who do not require traditional IRF services:</p> <ul style="list-style-type: none"> ◦Pre-admission screenings ◦Clinical supervision by a rehabilitation physician, including visits at least three days per week; ◦Oversight by an interdisciplinary team; ◦A plan of care; and ◦Active and ongoing therapeutic intervention of multiple therapy disciplines. <p>modifying the IRF coverage and classification requirements for freestanding IRF hospitals to exclude patients admitted solely to relieve acute care hospital capacity in a state (or region, as applicable) that is experiencing a surge during the PHE.</p>	https://www.cms.gov/files/document/covid-medicare-and-medicaid-ifc2.pdf
Federal Blanket Waiver	CMS Issued on 4/30/2020	DME Payment Rates	Interim Final Rule	<p>CMS is revising § 414.210 to provide increased fee schedule amounts for certain durable medical equipment and enteral nutrients, supplies, and equipment as part of implementation of section 3712 of the CARES Act, in certain areas starting on March 6, 2020, and for the duration of the PHE for the COVID-19 pandemic.</p>	https://www.cms.gov/files/document/covid-medicare-and-medicaid-ifc2.pdf
Federal Blanket Waiver	CMS Issued on 4/30/2020	Transfer of Health Information Quality Measures	Interim Final Rule	<p>We are delaying the compliance date by which IRFs, LTCH, and HHAs must collect and report data on two Transfer of Health (TOH) Information quality measures and certain Standardized Patient Assessment Data Elements (SPADEs) adopted for the IRF QRP, LTCH QRP, and HH QRP.</p>	https://www.cms.gov/files/document/covid-medicare-and-medicaid-ifc2.pdf



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Federal Blanket Waiver	CMS Issued on 4/30/2020	Separate Billing and Segregation of Funds for Abortion Services	Interim Final Rule	CMS is delaying by 60 days the date when individual market qualified health plan (QHP) issuers must be in compliance with the separate billing policy for non-Hyde abortion services. Under this 60-day delay, individual market QHP issuers must comply with the separate billing policy beginning on or before the QHP issuer's first billing cycle following August 26, 2020.	https://www.cms.gov/files/document/covid-medicare-and-medicaid-ifc2.pdf
Federal Blanket Waiver	CMS Issued on 4/30/2020	RHCs and FQHCs Telehealth	Interim Final Rule	Formalizes the Coronavirus Aid, Relief, and Economic Security (CARES) Act provision that authorizes payment for Medicare telehealth services provided by rural health clinics and federally qualified health clinics acting as distant sites.	https://www.cms.gov/files/document/covid-medicare-and-medicaid-ifc2.pdf
Federal Blanket Waiver	CMS Issued on 4/30/2020	Opioid Treatment Plans via Audio or Audio/Video	Interim Final Rule	CMS's bundled payment program for opioid treatment plans includes add-on payments for performing periodic assessments of treatments and services. CMS will now permit these assessments to be performed either by two-way audio/video technology, or by audio only.	https://www.cms.gov/files/document/covid-medicare-and-medicaid-ifc2.pdf
Federal Blanket Waiver	CMS Issued on 4/30/2020	Teaching Hospitals FTE Residents	Interim Final Rule	Allows teaching hospitals to claim under their fulltime equivalent resident count those residents that it sends to another hospital during the emergency associated with COVID-19, and not penalizing hospitals without teaching programs that accept these residents;	https://www.cms.gov/files/document/covid-medicare-and-medicaid-ifc2.pdf
Federal Blanket Waiver	CMS Issued on 4/30/2020	ASCs Medical Staff Privileges	Interim Final Rule	Waives a requirement for ambulatory surgery centers to periodically reappraise medical staff privileges during the COVID-19 emergency declaration. This will allow physicians and other practitioners whose privileges are expiring to continue taking care of patients.	https://www.cms.gov/files/document/covid-medicare-and-medicaid-ifc2.pdf
Federal Blanket Waiver	CMS Issued on 4/30/2020	Teaching Hospital Beds	Interim Final Rule	Allows teaching hospitals to increase their number of temporary beds without facing reduced indirect medical education payments	https://www.cms.gov/files/document/covid-medicare-and-medicaid-ifc2.pdf



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Federal Blanket Waiver	CMS Issued on 4/30/2020	Rural Health Clinic Payments	Interim Final Rule	Allows hospital systems that include rural health clinics to increase their bed capacity without affecting the rural health clinic's payments.	https://www.cms.gov/files/document/covid-medicare-and-medicaid-ifc2.pdf
Federal Blanket Waiver	CMS Issued on 4/30/2020	IPFs Teaching Status	Interim Final Rule	Allows inpatient psychiatric facilities to admit more patients without facing reduced teaching status payments.	https://www.cms.gov/files/document/covid-medicare-and-medicaid-ifc2.pdf
Federal Blanket Waiver	CMS Issued on 4/30/2020	IRFs Teaching Status	Interim Final Rule	Allows IRFs to admit more patients without facing reduced teaching status payments.	https://www.cms.gov/files/document/covid-medicare-and-medicaid-ifc2.pdf
Federal Blanket Waiver	CMS Issued on 4/30/2020	ACOs Financial Methodology	Interim Final Rule	Makes adjustments to the ACO financial methodology to account for COVID-19. This includes mitigating losses proportional the number of months in the calendar year affected by the emergency, which began in January 2020. These adjustments also will exclude from shared savings calculations Part A and B payment amounts for an episode of care for treatment of COVID-19, triggered by an inpatient service.	https://www.cms.gov/files/document/covid-medicare-and-medicaid-ifc2.pdf
Federal Blanket Waiver	CMS Issued on 4/30/2020	Medicare Shared Savings Program Primary Care Services	Interim Final Rule	CMS is revising § 425.400 to expand the definition of primary care services used in the Shared Savings Program beneficiary assignment methodology for the performance year starting on January 1, 2020, and for any subsequent performance year that starts during the PHE for the COVID-19 pandemic, as defined in § 400.200, which includes any subsequent renewals. Includes in the definition of primary care services used to determine beneficiary assignment codes that represent remotely provided primary care services, including virtual check-ins, e-visits and telephonic E/M services.	https://www.cms.gov/files/document/covid-medicare-and-medicaid-ifc2.pdf



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Federal Blanket Waiver	CMS Issued on 4/30/2020	SPADE Data Reporting	Interim Final Rule	Data reporting for new transfer of health information measures, and certain standardized patient assessment data elements (SPADEs) were scheduled to begin on Oct. 1, 2020 for long-term care hospitals (LTCHs), IRFs and skilled nursing facilities (SNFs), and Jan. 1, 2021 for home health agencies. CMS is now delaying the reporting of these data to either one full fiscal year (IRFs, SNFs and LTCHs), or one full calendar year (HH agencies) after the end of the COVID-19 public health emergency. In addition, CMS is granting a reporting exception for measures specific to HH value-based purchasing (VBP) demonstration program.	https://www.cms.gov/files/document/covid-medicare-and-medicaid-ifc2.pdf
Federal Blanket Waiver	CMS Issued on 4/30/2020	Medicaid Laboratory Services	Interim Final Rule	CMS is revising the extraordinary circumstances exception policy to allow CMS to grant an exception to hospitals located in an entire region or locale without a request and CMS is codifying the updated policy at § 412.165(c). This change is permanent. CMS says that these changes help the hospital VBP extraordinary circumstances exception (ECE) policy align better with other CMS programs.	https://www.cms.gov/files/document/covid-medicare-and-medicaid-ifc2.pdf
Federal Blanket Waiver	CMS Issued on 4/30/2020	LTC Facility Reporting Requirements	Interim Final Rule	CMS is revising § 483.80 to establish explicit reporting requirements for long-term care (LTC) facilities to report information related to COVID-19 cases among facility residents and staff. These reporting requirements are applicable on the effective date of this IFC.	https://www.cms.gov/files/document/covid-medicare-and-medicaid-ifc2.pdf
Federal Blanket Waiver	CMS Issued on 4/30/2020	MIPS QCDR Measure Approval Criteria	Interim Final Rule	CMS is delaying completion of the implementation of the Merit-based Incentive Payment System (MIPS) Qualified Clinical Data Registry (QCDR) measure testing policy by 1 year. Beginning with the 2022 performance period, all QCDR measures must be fully developed and tested, with complete testing results at the clinician level, prior to submitting the QCDR measure at the time of self-nomination.	https://www.cms.gov/files/document/covid-medicare-and-medicaid-ifc2.pdf



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Federal Blanket Waiver	CMS Issued on 4/30/2020	IRF Quality Reporting Program	Interim Final Rule	CMS is revising the compliance date for the IRF QRP to October 1st of the year that is at least one full fiscal year after the end of the PHE.	https://www.cms.gov/files/document/covid-medicare-and-medicaid-ifc2.pdf
Federal Blanket Waiver	CMS Issued on 4/30/2020	LTCH Quality Reporting Program	Interim Final Rule	CMS is revising the compliance date for the LTCH QRP to October 1st of the year that is at least one full fiscal year after the end of the PHE.	https://www.cms.gov/files/document/covid-medicare-and-medicaid-ifc2.pdf
Federal Blanket Waiver	CMS Issued on 4/30/2020	HH Quality Reporting Program	Interim Final Rule	CMS is revising the compliance date for the HH QRP to January 1st of the year that is at least one full calendar year after the end of the PHE. This change is applicable on the effective date of this IFC.	https://www.cms.gov/files/document/covid-medicare-and-medicaid-ifc2.pdf
Federal Blanket Waiver	CMS Issued on 4/30/2020	SNF Quality Reporting Program	Interim Final Rule	We are revising the compliance date for the SNF QRP to October 1st of the year that is at least two full fiscal years after the end of the PHE. This change is applicable on the effective date of this IFC.	https://www.cms.gov/files/document/covid-medicare-and-medicaid-ifc2.pdf
Federal Blanket Waiver	CMS Issued on 4/30/2020	Signature Requirements for Part B Drugs and DME	1135 Blanket Waiver	CMS is not enforcing signature and proof of delivery requirements for Part B drugs and Durable Medical Equipment when a signature cannot be obtained because of the inability to collect signatures. 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.	https://www.cms.gov/files/document/covid-hospitals.pdf
Federal Blanket Waiver	CMS Issued on 4/30/2020	Cost Reporting	1135 Blanket Waiver	CMS is delaying the filing deadline of certain cost report due dates due to the COVID-19 outbreak. We are currently authorizing delay for the following fiscal year end (FYE) dates. CMS will delay the filing deadline of FYE 10/31/2019 cost reports due by March 31, 2020 and FYE 11/30/2019 cost reports due by April 30, 2020. The extended cost report due dates for these October and November FYEs will be June 30, 2020. CMS will also delay the filing deadline of the FYE 12/31/2019 cost reports due by May 31, 2020. The extended cost report due date for FYE 12/31/2019 will be July 31, 2020.	https://www.cms.gov/files/document/covid-hospitals.pdf



Source	Status	Waiver Short Title	Type of Authority	Waiver Description	Link
Federal Blanket Waiver	CMS Issued on 4/30/2020	Specific Life-Safety Code (Hospitals and CAHs) / Hospitals Without Walls	1135 Blanket Waiver	<p>CMS is waiving and modifying particular waivers under 42 CFR §418.110(d) for inpatient hospice: - Alcohol-based Hand-Rub (ABHR) Dispensers: We are waiving the prescriptive requirements for the placement of alcohol based hand rub (ABHR) dispensers for use by staff and others due to the need for the increased use of ABHR in infection control. However, ABHRs contain ethyl alcohol, which is considered a flammable liquid, and there are restrictions on the storage and location of the containers. This includes restricting access by certain patient/resident population to prevent accidental ingestion. Due to the increased fire risk for bulk containers (over five gallons) those will still need to be stored in a protected hazardous materials area.</p> <p>Refer to: 2012 LSC, sections 18/19.3.2.6. In addition, facilities should continue to protect ABHR dispensers against inappropriate use as required by 42 CFR §418.110(d)(4) for inpatient hospice. -Fire Drills: Due to the inadvisability of quarterly fire drills that move and mass staff together, we will instead permit a documented orientation training program related to the current fire plan, which considers current facility conditions. The training will instruct employees, including existing, new or temporary employees, on their current duties, life safety procedures and the fire protection devices in their assigned area. Refer to: 2012 LSC, sections 18/19.7.1.6. - Temporary Construction: CMS is waiving requirements that would otherwise not permit temporary walls and barriers between patients. Refer to: 2012 LSC, sections 18/19.3.3.2.</p>	https://www.cms.gov/files/document/covid-hospices.pdf