



Nursing Homes Blanket Waivers Chart

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

On January 31, 2020, HHS Secretary Alex Azar declared a public health emergency due to COVID-19. This declaration covered a 90-day period and has been extended continuously since April 2020. **On January 30, 2023, HHS Secretary Xavier Becerra announced that the PHE will end on May 11, 2023.**

We created this chart to help providers understand what requirements were waived for nursing homes, and what the waivers meant for operations. The chart has been updated to reflect the termination of the public health emergency and what to consider in transitioning from the PHE back to normal operations.

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

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

Previously, there may have been situations in which a blanket waiver was terminated, but a state or an individual nursing home still had need of the waiver, such as nurse aide training and certification. In these instances, CMS approved individual waivers. However, with the end of the COVID-19 PHE, CMS no longer has authority to waive requirements due to COVID-19. All COVID-19 waivers will end and no new waivers can be granted related to COVID-19.

Waiver	What Does it Mean?	What do we need to know about the end-date of this waiver?
Flexibility for Medicare Telehealth Services	CMS has waived the requirements of section 1834(m)(4)(E) of the Social Security Act and 42 CFR § 410.78 (b)(2) to expand the types of health care professionals that can provide telehealth services. If a	These waivers were extended through December 31, 2024 by the Consolidated Appropriations Act of 2023.

	<p>provider is eligible to bill Medicare for their professional services, they can now bill for telehealth services with this waiver. Specifically, this allows physical therapists, occupational therapists, speech language pathologists, and others, to receive payment for Medicare telehealth services.</p>	
	<p>CMS has waived requirements at section 1834(m)(1) of the ACT and 42 CFR § 410.78(a)(3) to allow for audio-only telephone evaluation and management services and behavioral health counseling and educational services, to be billed under a new audio-only billing code. All other telehealth services must be furnished using audio and visual equipment that permits 2-way, real-time communication between the patient and the provider.</p>	
<p>3-Day Prior Hospitalization</p>	<p>CMS has waived the requirement for a 3-day qualifying hospital stay for SNF services. This waiver applies to all beneficiaries everywhere. An individual does not need a 3-day inpatient stay in the hospital to qualify for SNF services. Other requirements for skilled care must still be met.</p>	<p>Effective March 1, 2020 – end of PHE.</p> <p>This waiver will end with the PHE on May 11, 2023.</p> <p>LeadingAge is advocating for elimination of this requirement.</p>
<p>Benefit Period (100 Days)</p>	<p>CMS has waived the requirement for a new benefit period for certain beneficiaries who have recently exhausted their SNF benefit. A beneficiary may qualify for additional</p>	<p>Effective March 1, 2020 – end of PHE.</p> <p>This waiver will end with the PHE on May 11, 2023.</p>

	<p>skilled coverage, beyond 100 days, without beginning a 60-day wellness period. This applies only to beneficiaries whose continued receipt of skilled care is directly related to the PHE emergency. For example, a beneficiary was prevented from beginning or completing SNF services as a direct result of the PHE, or requires continued skilled care as a result of the PHE.</p>	
Reporting MDS	<p>CMS has waived requirements at 42 CFR 483.20 related to timeframe requirements for MDS assessments and transmission. Assessments must still be completed and submitted, but providers have flexibility on the timeframes. (Terminated effective 05/10/2021)</p>	<p>This waiver was terminated effective 05/10/2021.</p>
Staffing Data Submissions	<p>CMS has waived requirements at 42 CFR 483.70(q) for submitting staffing data through the Payroll Based Journal system. Nursing homes are not required to submit staffing data at this time, but we will still need to review the detail and ramifications of Nursing Home Compare. (Terminated effective 06/25/2020)</p>	<p>This waiver was terminated effective 06/25/2020.</p>
Pre-Admission Screening and Annual Resident Review (PASARR)	<p>CMS has waived requirements at 42 CFR 483.20(k) to allow nursing homes to admit new residents without a Level I PASRR screen or Level II PASRR evaluation. Level I screens may be completed after admission. Level II evaluations must be</p>	<p>Effective March 1, 2020 – end of PHE.</p> <p>This waiver will end with the PHE on May 11, 2023.</p>

	completed within 30 days of admission.	
Physical Environment	<p>CMS has waived requirements at 42 CFR 483.90 to allow a non-SNF building to be temporarily certified and used as a SNF for purposes of isolating/cohorting COVID-19 positive residents. CMS has also waived certain certification requirements to allow for the quick stand-up of a nursing home for temporary COVID-19 isolation and treatment if the state determines necessary. (Terminated effective 06/06/2022)</p>	These waivers were terminated effective June 6, 2022.
	<p>CMS has waived requirements at 42 CFR 483.90 to allow for rooms and spaces that were not previously a resident room to be used as a resident room or care space to accommodate surge capacity. This could include dining rooms, conference rooms, activity rooms, etc. provided the resident can be kept safe and comfortable. Rooms must meet other applicable requirements of participation and cannot be inconsistent with the state's emergency preparedness or pandemic plan, or with state or local health department guidance. (Terminated effective 06/06/2022)</p>	
Resident Groups	<p>CMS has waived requirements at 42 CFR 483.10(f)(5) that ensure a resident's right to participate in resident groups. Nursing homes may restrict in-person meetings during the PHE due to recommendations</p>	This waiver was terminated effective May 7, 2022.

	<p>of social distancing and limiting groups to no more than 10. (Terminated effective 05/07/2022)</p>	
<p>Training and Certification of Nurse Aides</p>	<p>CMS has waived requirements at 42 CFR 483.35(d), with the exception of 42 CFR 483.35(d)(1)(i). Nursing homes may employ as nurse aides for more than 4 months on a full-time basis individuals who have not completed and/or are not full-time employees in a state-approved training and competency evaluation program, provided the individual is competent to provide nursing and nursing related services. Nursing homes may also employ individuals for whom there has been a continuous 24-month period during which the individual did not perform nursing or nursing related services for monetary compensation without requiring this individual to complete a new competency and evaluation training program, provided this individual is competent to perform nursing and nursing related services. (Terminated effective 06/06/2022)</p>	<p>This waiver was terminated effective June 6, 2022.</p> <p>In some cases, CMS granted additional, time-limited waivers where training and testing backlogs prevented TNAs from completing certification. These waivers will end on the date specified at the time of approval or on May 11, 2023 with the termination of the PHE, whichever comes FIRST.</p> <p>Individuals working as nurse aides under these waivers have 4 months from the date of termination of the waiver / end of the PHE to complete all required training and certification requirements.</p>
<p>Physician Visits in SNFs/NFs</p>	<p>CMS has waived requirements at 42 CFR 483.30 that requires in-person physician visits. Physicians and non-physician practitioners may conduct visits via telehealth options as appropriate. (Terminated effective 05/07/2022)</p>	<p>This waiver was terminated effective May 7, 2022.</p>

<p>Resident Roommates and Groupings</p>	<p>CMS has waived requirements at 42 CFR 483.10(e) (5), (6) (terminated effective 05/10/2021), and (7) related to residents’ rights to choose roommates, be notified in writing in advance of a change in roommates, and to refuse transfer to another room within the facility. These requirements are waived for the purpose of grouping and cohorting residents who are symptomatic, asymptomatic, and confirmed negative/positive in response to COVID-19.</p>	<p>The waiver at 42 CFR 483.10(e)(6) regarding notice of room or roommate changes was terminated effective 05/10/2021.</p> <p>Waivers at 42 CFR 483.10(e)(5) and (7) will end with the PHE on May 11, 2023.</p>
<p>Resident Transfer and Discharge</p>	<p>CMS has waived requirements at 42 CFR 483.10(c)(5) (terminated effective 05/10/2021); 483.15(c)(3), (c)(4)(ii) (terminated effective 05/10/2021), (c)(5)(i) and (iv), (c)(9), and (d); and 483.21(a)(1)(i), (a)(2)(i), and (b)(2)(i) (terminated effective 05/10/2021) (with some exceptions) related to advance notice of transfer and discharge and timely completion of baseline and comprehensive care plans. These requirements are waived only under the following circumstances:</p> <ul style="list-style-type: none"> • A resident with COVID-19 symptoms or a confirmed COVID-19 diagnosis is being transferred to a facility designated for the care of such residents; • A resident with no symptoms who has been confirmed not to have COVID-19 is being transferred to a facility 	<p>The waivers at 42 CFR 483.10(c)(5); 483.15(c)(4)(ii); and 483.21(a)(1)(i), (a)(2)(i), and (b)(2)(i) were terminated effective 05/10/2021.</p> <p>Waivers at 42 CFR 483.15(c)(3), (c)(5)(i) and (iv), (c)(9), and (d) will end with the PHE on May 11, 2023.</p>

	<p>designated for the care of such residents to prevent COVID-19 transmission;</p> <ul style="list-style-type: none"> • A resident whose COVID-19 status is unknown is being transferred to a facility designated for the care of such individuals to observe for the development of symptoms over a period of 14 days. • The receiving facility must confirm verbally or in writing that they agree to accept the resident. If confirmed verbally, the transferring facility must document the date, time, and the person from the receiving facility who communicated the agreement. <p>Nursing homes must provide written notice of transfer/discharge and complete care plans as soon as practicable. Nursing homes are responsible for ensuring that all transfers/discharges are conducted in a safe and orderly manner that protects the health and safety of residents.</p>	
Physician Services	<p>CMS has waived requirements at 42 CFR 483.30(c)(3) and 42 CFR 483.30(e)(4) to allow physicians to delegate tasks, including physician visits, to a physician assistant, nurse practitioner, or clinical nurse specialist who meets the applicable definition in 42 CFR 491.2. Delegated tasks must continue to be under the supervision of the physician</p>	<p>This waiver was terminated effective May 7, 2022.</p>

	<p>and this waiver does not apply when delegation is prohibited by state law or the facility's own policy.</p> <p>(Terminated effective 05/07/2022)</p>	
<p>Quality Assurance and Performance Improvement (QAPI)</p>	<p>CMS has modified 42 CFR 483.75(b)–(d) and §(3) to narrow the scope of the QAPI program to focus on adverse events and infection control. The waiver allows a skilled nursing facility to concentrate on these areas other than clinical care, quality of life and resident choice. Note that this waiver modifies only the scope of the QAPI program and all other elements (feedback, data systems and monitoring; systematic analysis and systemic action; performance improvement activities; and governance and leadership) must be active and functioning, and providers must be prepared to demonstrate compliance with other requirements under this section.</p> <p>(Terminated effective 05/07/2022)</p>	<p>This waiver was terminated effective May 7, 2022.</p>
<p>In-Service Training</p>	<p>CMS has modified requirements at 42 CFR 483.95(g)(1) that requires CNAs to complete 12 hours of in-service training annually. The deadline to complete these hours has been extended to the end of the first full quarter after the PHE ends. Note that this does not waive requirements for all training for nurse aides and other staff. Providers must still maintain a training program for all new</p>	<p>This waiver was terminated effective June 6, 2022.</p> <p>CMS had previously stated that the deadline to complete in-servicing requirements would be extended to the end of the first full quarter after the PHE ends. However, this waiver is being terminated under different circumstances, ahead of the end of the PHE.</p>

	<p>and existing hires that includes the required topics listed in §483.95. (Terminated effective 06/06/2022)</p>	<p>As such, CMS has confirmed that providers will have 12 months from the termination of the waiver (until June 2023) to complete the required 12 hours of annual in-service training.</p>
<p>Detailed Information Sharing for Discharge Planning</p>	<p>CMS has waived requirements at §483.21(c)(1)(viii) that requires the sharing of detailed information during discharge planning to post-acute care, including providing patients and caregivers with data that includes standardized patient assessment data, quality measures, and data on resource utilization.</p> <p>CMS has also waived requirements for hospitals §484.58(a) waived so that they will not be sharing quality data and resource use information with patients, caregivers, and their representatives at discharge for post-acute care settings. (Terminated effective 05/07/2022)</p>	<p>This waiver was terminated effective May 7, 2022.</p>
<p>Clinical Records</p>	<p>CMS has modified requirements at 42 CFR §483.10(g)(2)(ii) to allow providers up to 10 working days to provide patients/residents with requested copies of medical records, rather than 2 working days. (Terminated effective 05/07/2022)</p>	<p>This waiver was terminated effective May 7, 2022.</p>
<p>Paid Feeding Assistants</p>	<p>CMS has modified requirements at 42 CFR §§ 483.60(h)(1)(i) and 483.160(a)</p>	<p>This waiver was terminated effective June 6, 2022.</p>

	<p>regarding required training for paid feeding assistants. The timeframe requirement for these training courses has been reduced from 8 hours to 1 hour. Note that the required contents of the training have not been waived. Training programs must still cover the required topics described at §483.160(a)(1)-(8). Additionally, paid feeding assistants must still work under the supervision of a registered nurse (RN) or licensed practical nurse (LPN). (Terminated effective 06/06/2022)</p>	
Director of Food and Nutrition Services	<p>CMS has modified requirements at §483.60(a)(1) and 483.60(a)(2) regarding specialized training of dietitians and individuals designated as directors of food and nutrition services. These requirements were effective through the Requirements of Participation final rule with an implementation date of November 2021. CMS is waiving these requirements due to the difficulty of enrolling in, attending, or completing certification programs during the PHE.</p>	Effective November 26, 2021 – end of PHE.
Inspection, Testing, and Maintenance under Physical Environment	<p>CMS has modified requirements at §483.90 to the extent necessary to permit nursing homes to adjust scheduled inspection, testing and maintenance frequencies and activities for facility and medical equipment. (Terminated effective 06/06/2022)</p>	These waivers were terminated effective June 6, 2022.
	<p>CMS has modified requirements at</p>	

	<p>§483.90(a)(1)(i) and (b) to the extent necessary to permit the nursing homes to adjust scheduled ITM frequencies and activities required by the Life Safety Code (LSC) and Health Care Facilities Code (HCFC). The following LSC and HCFC ITM are considered critical are not included in this waiver:</p> <ul style="list-style-type: none"> ● Sprinkler system monthly electric motor driven and weekly diesel engine driven fire pump testing. ● Portable fire extinguisher monthly inspection. ● Elevators with firefighters' emergency operations monthly testing. ● Emergency generator 30 continuous minute monthly testing and associated transfer switch monthly testing. ● Means of egress daily inspection in areas that have undergone construction, repair, alterations or additions to ensure its ability to be used instantly in case of emergency. <p>(Terminated effective 06/06/2022)</p>	
	<p>CMS will permit a waiver of outside window and outside door requirements at §483.90(a)(7) to permit nursing homes to utilize facility and non-facility space that is not normally used for patient care to be utilized for temporary patient care or quarantine.</p> <p>(Terminated effective 06/06/2022)</p>	

<p>Life Safety Code</p>	<p>Alcohol-Based Hand Rub: CMS has waived prescriptive requirements around the placement of alcohol-based hand rub dispensers. Note that alcohol-based hand rubs must continue to be placed and stored in a manner that prevents accidental ingestion and considers the increased fire risk associated with containers over 5 gallons (refer to 2012 LSC, sections 18/19.3.2.6).</p>	<p>With the <u>exception of alcohol-based hand rub</u>, these waivers were terminated effective June 6, 2022.</p> <p>The Alcohol-Based Hand Rub waiver will end with the PHE on May 11, 2023.</p>
	<p>Fire Drills: CMS has waived the requirement for a quarterly fire drill due to safety and social distancing concerns associated with the congregation of staff during fire drills. Instead, CMS will permit a documented orientation training program related to the current fire plan. Recall that facility conditions, including physical environment and operations, may have changed as your organization responds to COVID-19. Your fire plan should address these changes. Staff should be instructed on current duties, life safety procedures, and fire protection devices in their assigned area (refer to 2012 LSC, sections 18/19.7.1.6). (Terminated effective 06/06/2022)</p>	
	<p>Temporary Construction: CMS has waived requirements that would otherwise prohibit temporary walls and barriers between patients. Note that these temporary barriers may be in use as environmental controls or physical</p>	

	environment modifications in response to COVID-19 (refer to 2012 LSC, sections 18/19.3.3.2). (Terminated effective 06/06/2022)	
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