

What is allowed?	Impact/further information	Effective Date	Expiration Timeline	Expected End Date (Based on the current extension of the PHE through July 15, 2022.)	Authority for flexibility
Suspension of in-person SNF resident groups	CMS waived the requirements which ensure residents can participate in-person in resident groups. This waiver permitted the facility to restrict in-person meetings during the COVID-19 PHE.	March 1, 2020_	30 days from April 7, 2022 issuance of memo terminating waivers	May 7, 2022_	CMS: Section 1135 blanket waiver
Delegation of physician tasks at SNFs	CMS waived the requirement that prevents a physician from delegating a task when the regulations specify that the physician must perform it personally. This waiver gave physicians the ability to delegate any tasks to a physician assistant, nurse practitioner, or clinical nurse specialist, but specified that any task delegated under this waiver must continue to be under the supervision of the physician.	March 1, 2020_	30 days from April 7, 2022 issuance of memo terminating waivers	May 7, 2022_	CMS: Section 1135 blanket waiver
Delegation of physician visits at SNFs	CMS waived the requirement that all required physician visits be made by the physician personally. The waiver modified this provision to permit physicians to delegate any required physician visit to a nurse practitioner, 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.	March 1, 2020_	30 days from April 7, 2022 issuance of memo terminating waivers	May 7, 2022_	CMS: Section 1135 blanket waiver
Telehealth physician visits rather than in-person visits	CMS waived the requirement for physicians and non-physician practitioners to perform in-person visits for nursing home residents and allow visits to be conducted, as appropriate, via telehealth options.	March 1, 2020_	30 days from April 7, 2022 issuance of memo terminating waivers	May 7, 2022_	CMS: Section 1135 blanket waiver
Waiver of requirement for detailed discharge planning	CMS waived the discharge planning requirement 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. CMS maintained all other discharge planning requirements.	March 1, 2020_	30 days from April 7, 2022 issuance of memo terminating waivers	May 7, 2022_	CMS: Section 1135 blanket waiver
Waiver of requirement for a Quality Assurance and Performance Improvement Program	CMS modified certain requirements which require long-term care facilities to develop, implement, evaluate, and maintain an effective, comprehensive, data-driven QAPI program. This waiver gave providers the ability to focus on adverse events and infection control, and those aspects of care delivery most closely associated with COVID-19 during the PHE.	March 1, 2020_	30 days from April 7, 2022 issuance of memo terminating waivers	May 7, 2022_	CMS: Section 1135 blanket waiver

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Waiver of Certified Nurse Aide training requirements	The waiver for nurse aide certifications lets SNFs and other nursing facilities employ aides for longer than four months without the necessary training and certification requirements during the pandemic. Some waivers will still be allowed, however, in cases where training and testing programs are over capacity.	March 1, 2020_	60 days from April 7, 2022 issuance of memo terminating waivers	June 7, 2022_	CMS: Section 1135 blanket waiver
States can request CMS waivers to modify or expand HCBS eligibility or services, modify or suspend service planning and delivery requirements, and adopt policies to support providers.	The waiver has been used by various states to allow family caregivers to be paid, expand which family member could qualify as a caregiver, expand telehealth accessibility and temporarily raise reimbursement rates.	January 27, 2020 or thereafter	Six months following the end of the PHE, if the state requested CMS approval for this timeline. Otherwise, one year from effective date or no later than one year from the last day of the month in which the President executed the most recent National Emergencies Act declaration. (Currently, that would be February 28, 2023.)	No later than January 15, 2023	CMS: Section 1915 (c) Appendix K waivers
Waiver of requirement for a 3-day prior hospitalization for coverage of a SNF stay	Waives 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.	March 1, 2020_	Generally, end of the PHE, although CMS may terminate an individual waiver at any time. For certain waivers, CMS has authorized grace periods extending beyond the end of the PHE	July 15, 2022 (except for flexibilities for which CMS has authorized a grace period following the end of the PHE)	CMS: Section 1135 blanket waiver
Requirement for Facilities to Report Nursing Home Residents and Staff Infections, Potential Infections, and Deaths Related to COVID-19	Establishes a new requirement for facilities to electronically report information about COVID-19 in a standardized format specified by the Secretary. The report includes, but is not limited to, information on: Suspected and confirmed COVID-19 infections among residents and staff, including residents previously treated for COVID-19; total deaths and COVID-19 deaths among residents and staff; personal protective equipment and hand hygiene supplies in the facility; ventilator capacity and supplies available in the facility; resident beds and census; access to COVID-19 testing while the resident is in the facility; staffing shortages; and other information specified by the Secretary. This information will be used to monitor trends in infection rates and inform public health policies. In addition, facilities are required to provide this information to the Center for Disease Control and Prevention's (CDC) National Healthcare Safety Network.	May 8, 2020_	Generally, the end of the PHE, although CMS may rescind rules at any time.	July 15, 2022_	CMS Interim Final Rule with Comment Period (IFCs)

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LTC COVID-19 testing requirements	Establishes a new requirement for LTC facilities to test their facility residents and staff, including individuals providing services under arrangement and volunteers.	September 2, 2022	Generally, the end of the PHE, although CMS may rescind rules at any time.	July 15, 2022	CMS Interim Final Rule with Comment Period (IFCs)
Continuous coverage requirement	One of the conditions states must meet to qualify for the 6.2 percentage point FMAP increase; until the end of the month the PHE ends, state Medicaid agencies can't disenroll anyone from Medicaid unless they ask to be disenrolled, move out of state, or die.	March 18, 2020	End of the month in which the PHE ends	July 31, 2022, although states have up to 12 months following this date to complete all pending eligibility actions (per CMS guidance) PHE ends	Families First Coronavirus Response Act (FFCRA, P.L. 116-127): Key COVID-19-Related Provisions Affecting Medicaid
Enhanced Federal Medicaid Assistance Percentage (FMAP)	States receive a 6.2 percentage point increase in their regular federal matching rate (FMAP) if they meet certain conditions.	January 1, 2020	End of the quarter in which the PHE ends	September 30, 2022	Families First Coronavirus Response Act (FFCRA, P.L. 116-127): Key COVID-19-Related Provisions Affecting Medicaid

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Expansion of allowable Medicare telehealth practices	<p>The following flexibilities are authorized:</p> <ul style="list-style-type: none"> oAny site in the United States, including a patient's home, will be considered an eligible originating site for the delivery of telehealth services. oFacility fees will not be paid to newly covered originating sites (e.g., patient's home). oEligible telehealth practitioners will continue to include qualified occupational therapists, physical therapists, speech-language therapists, and audiologists. oFederally qualified health centers and rural health clinics may serve as originating or distant sites for the delivery of telehealth services. oProviders will not be required to meet in-person visit requirements in order to deliver mental health services via video or audio-only visit. This applies to all sites of care, including Federally Qualified Health Centers and Rural Health Clinics (except in the case of hospice patients). oCoverage of telehealth services delivered via audio-only format will continue for specific service codes identified by Medicare as being eligible for delivery via audio only. oPractitioners will be able to use telehealth to conduct face-to-face encounters prior to recertification of eligibility for hospice care. 	<p>Originally, March 31, 2020. Extension as of March 15, 2022.</p>	<p>Extension is valid for 151 days beginning on the first day after the end of the PHE</p>	<p>Extension ends after December 13, 2022</p>	<p>Originally allowed under CMS Section 1135 waivers and a CMS Interim Final Rule with Comment Period (IFC); extension under FY2022 Consolidated Appropriations Act (P.L. 117-103)</p>