



IHA is working with state and federal leaders to waive certain regulatory requirements so that Illinois hospitals can prioritize high quality, safe care during the COVID 19 pandemic. This resource is intended to serve as a guide for IHA member hospitals and is not intended to serve as an inclusive list of all waivers issued due to the COVID pandemic. All organizations should exercise due care in ensuring regulatory requirements are fulfilled and appropriately complied with.

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For questions about this document, contact the IHA Legal Affairs Department at [legal@team-ih.org](mailto:legal@team-ih.org) or the IHA Health Policy team at [lkovacs@team-ih.org](mailto:lkovacs@team-ih.org).

Federal Granted Waivers and Issued Guidance and Recommendations						
Waiver	Summary	Regulatory Authority	Citation	Category	Notes	
<a href="#">EMTALA</a>	Waived medical screening exam requirements to allow patients to be diverted from the ED to alternate COVID-19 screening sites. Allows hospitals, psychiatric hospitals, and CAHs to screen patients at a location offsite from the hospital's campus to prevent the spread of COVID in according with state emergency preparedness or pandemic plan. <a href="#">See also CMS Memorandum</a>	CMS	42 U.S.C. 1395dd(a); Section 1867(a) of the Social Security Act	EMTALA, Stark, and HIPAA	<a href="#">IHA Section 1135 Waiver Request</a>	
<a href="#">EMTALA - Offsite Screening</a>	Allowed hospitals, psychiatric hospitals, and CAHs to screen patients at a location offsite from the hospital's campus to prevent the spread of COVID in according with state emergency preparedness or pandemic plan.	CMS		EMTALA, Stark, and HIPAA	<a href="#">IHA Section 1135 Waiver Request</a>	
<a href="#">Stark</a>	Waived or modified only to the extent necessary, as determined by the Centers for Medicare & Medicaid Services sanctions under section 1877(g) for self-referral under such conditions and in such circumstances as the Centers for Medicare & Medicaid Services determines appropriate. See also <a href="#">CMS Blanket Waiver</a>	HHS	42 U.S.C. 1877(g)	EMTALA, Stark, and HIPAA	Issued March 30, 2020; effective March 1, 2020	
<a href="#">HIPAA - Encrypted Transmission of PHI</a>	Waived HIPAA requirements relating to encrypted transmission of PHI to allow for phone and text communications.	OCR	45 C.F.R. 164.312(a)(2)(iv); 45 C.F.R. 164.312(e)(2)(ii)	EMTALA, Stark, and HIPAA		
<a href="#">HIPAA - Communication with Family</a>	Waived sanctions and penalties arising from noncompliance with the requirements to obtain a patient's agreement to speak with family members or friends or to honor a patient's request to opt out of the facility directory and patient's right to request privacy restrictions or confidential communications. See also <a href="#">HHS Bulletin</a>	OCR	45 C.F.R. 164.502; 45 C.F.R. 164.510(b); 45 C.F.R. 164.522	EMTALA, Stark, and HIPAA		
<a href="#">HIPAA - Notice of Privacy Practices</a>	Waived sanctions and penalties arising from noncompliance with the requirement to distribute a notice of privacy practices. See also <a href="#">HHS Bulletin</a>	OCR	45 C.F.R. 164.520	EMTALA, Stark, and HIPAA		

<a href="#">Dialysis Home Visits</a>	Waived requirement for periodic monitoring of the patient's home adaptation, including visits to the patient's home by facility personnel.	CMS	42 C.F.R. 494.100(c)(1)(i)	End-Stage Renal Dialysis Facilities	
<a href="#">Special Purpose Renal Dialysis Facility Designation</a>	Authorized the establishment of SPRDFs to address access to care issues due to COVID-19 and the need to mitigate transmission among this vulnerable population.	CMS	42 C.F.R. 494.120	End-Stage Renal Dialysis Facilities	
<a href="#">Dialysis Patient Care Technician Certification</a>	Modified requirement for dialysis PCTs that requires certification under a state certification program or a national commercially available certification program within 18 months of being hired as a dialysis PCT for newly employed patient care technicians.	CMS	42 C.F.R. 494.140(e)(4)	End-Stage Renal Dialysis Facilities	
<a href="#">Transferability of Physician Credentialing</a>	Modified the requirement that all medical staff appointments and credentialing are in accordance with state law, including attending physicians, physician assistants, nurse practitioners, and clinical nurse specialists.	CMS	42 C.F.R. 494.180(c)(1)	End-Stage Renal Dialysis Facilities	
<a href="#">Expanded Availability of Renal Dialysis Services</a>	Waived requirement that dialysis facilities provide services directly on its main premises or on other premises that are contiguous with the main premises, which allows dialysis facilities to provide service to its patients who reside in the nursing homes, long-term care facilities, assisted living facilities and similar types of facilities, as licensed by the state. See <a href="#">IHA's Summary</a> .	CMS	42 C.F.R. 494.180(d)	End-Stage Renal Dialysis Facilities	Issued May 11, 2020
<a href="#">Home Dialysis Machine Designation</a>	The ESRD Conditions for Coverage (CFCs) do not explicitly require that each home dialysis patient have their own designated home dialysis machine. The dialysis facility is required to follow FDA labeling and manufacturer's directions for use to ensure appropriate operation of the dialysis machine and ancillary equipment. Dialysis machines must be properly cleaned and disinfected to minimize the risk of infection based on the requirements at 42 CFR §494.30 Condition: Infection Control if used to treat multiple patients.	CMS	42 C.F.R. 494.30	End-Stage Renal Dialysis Facilities	
<a href="#">Training Program and Periodic Audit for ESRD Facilities</a>	Waived requirement related to the condition on Water & Dialysate Quality, specifically that on-time periodic audits for operators of the water/dialysate equipment are waived to allow for flexibilities.	CMS	42 C.F.R. 494.40(a)	End-Stage Renal Dialysis Facilities	

<a href="#">ESRD Facility Equipment Maintenance &amp; Fire Safety Inspections</a>	Waived requirement for on-time preventive maintenance of dialysis machines and ancillary dialysis equipment.	CMS	42 C.F.R. 494.60(b)	End-Stage Renal Dialysis Facilities	
<a href="#">ESRD Facility Emergency Preparedness</a>	Waived requirements that ESRD facilities to demonstrate as part of their Emergency Preparedness Training and Testing Program, that staff can demonstrate that, at a minimum, its patient care staff maintains current CPR certification.	CMS	42 C.F.R. 494.62(d)(1)(iv)	End-Stage Renal Dialysis Facilities	
<a href="#">Ability to Delay ESRD Patient Assessments</a>	Waived requirement related to the frequency of assessments for patients admitted to the dialysis facility and the "on-time" requirements for the initial and follow up comprehensive assessments.	CMS	42 C.F.R. 494.80(b)	End-Stage Renal Dialysis Facilities	
<a href="#">ESRD Facility Time Period for Initiation of Care Planning</a>	Modified requirement that dialysis facilities implement the initial plan of care within the latter of 30 calendar days after admission to the dialysis facility or 13 outpatient hemodialysis sessions beginning with the first outpatient dialysis session.	CMS	42 C.F.R. 494.90(b)(2)	End-Stage Renal Dialysis Facilities	
<a href="#">ESRD Facility Monthly Physician Visits</a>	Modified the requirement that ESRD dialysis facilities ensure that all dialysis patients are seen by a physician, nurse practitioner, clinical nurse specialist, or physician's assistant providing ESRD care at least monthly, and periodically while the hemodialysis patient is receiving in-facility dialysis.	CMS	42 C.F.R. 494.90(b)(4)	End-Stage Renal Dialysis Facilities	
<a href="#">Classification of Billing Procedures</a>	ESRD facilities may temporarily furnish renal dialysis services to ESRD beneficiaries in the SNF/NF instead of the offsite ESRD facility. The in-center dialysis center should bill Medicare using Condition Code 71 (Full care unit. Billing for a patient who received staff-assisted dialysis services in a hospital or renal dialysis facility).	CMS		End-Stage Renal Dialysis Facilities	
<a href="#">Medical Staff</a>	Waived requirements to allow for physicians whose privileges will expire to continue practicing at the hospital or CAH and for new physicians to be able to practice in the hospital or CAH before full medical staff/governing body review and approval.	CMS	42 C.F.R. 482.22(a); 42 C.F.R. 485.627(a)	Healthcare Workers	<a href="#">IHA Section 1135 Waiver Request</a>
<a href="#">CAH Personnel Qualifications</a>	Waived personnel qualifications for CNS, NP and PA.	CMS	42 C.F.R. 485.604(a)(2); 42 C.F.R. 485.604(b)(1)-(3); 42 C.F.R. 485.604(c)(1)-(3)	Healthcare Workers	

<a href="#">CAH Staff Licensure</a>	Waived licensure, certification and registration requirements deferring to state law.	CMS	42 C.F.R. 485.608(d)	Healthcare Workers	
<a href="#">Teaching Physician Protocols</a>	Relaxed protocols between teaching physicians and residents in teaching hospitals.	CMS		Healthcare Workers	
<a href="#">Healthcare Professional Licensure Requirements</a>	Waived in state licensure requirements for physicians and other healthcare professionals to the state allowed by state law.	CMS		Healthcare Workers	
<a href="#">Scope of Practice - Diagnostic Tests</a>	Allowed a nurse practitioner, clinical nurse specialist, physician assistant, or a certified nurse-midwife to order, furnish directly, and supervise the performance of COVID-19 related diagnostic tests, subject to applicable scope of practice state laws, during the PHE. See <a href="#">IHA's Summary</a>	HHS	42 C.F.R. 410.32	Healthcare Workers	See pages 20-23 of Interim Final Rule with Comment Period (IFC)
<a href="#">Scope of Practice - Therapy</a>	Allowed an occupational therapy assistant or physical therapy assistant to furnish "maintenance therapy" services during the PHE. See <a href="#">IHA's Summary</a>	HHS	42 C.F.R. 410.59(a); 42 C.F.R. 410.60(a)	Healthcare Workers	See pages 23-25 of Interim Final Rule with Comment Period (IFC)
<a href="#">Scope of Practice - Student Documentation</a>	Allowed qualified clinicians to review and verify, rather than re-document, notes in the medical record made by physicians, residents, nurses, and students (including students in therapy or other clinical disciplines), or other members of the medical team during the PHE. See <a href="#">IHA's Summary</a>	HHS		Healthcare Workers	See pages 25-26 of Interim Final Rule with Comment Period (IFC)
<a href="#">Scope of Practice - Pharmacists</a>	Allowed pharmacists to work with a physician or other qualified non-physician practitioner (NPP) to provide assessment and special collection services, under the supervision of the billing physician or NPP, if the service is not reimbursed under the Medicare Part D benefit during the PHE. See <a href="#">IHA's Summary</a>	HHS		Healthcare Workers	See pages 26-27 of Interim Final Rule with Comment Period (IFC)
<a href="#">License Requirements</a>	Waived or modified only to the extent necessary, as determined by the Centers for Medicare & Medicaid Services requirements that physicians or other health care professionals hold licenses in the State in which they provide services, if they have an equivalent license from another state.	HHS		Healthcare Workers	
<a href="#">Annual Hospice Training</a>	Modified the requirement that hospices annually assess the skills and competence of all individuals furnishing care and provide in-service training and education programs where required.	CMS	42 C.F.R. 418.100(g)(3)	Home Health/Hospice	

<a href="#">Hospice Comprehensive Assessments</a>	Waived certain requirements for hospice related to update of comprehensive assessments of patients.	CMS	42 C.F.R. 418.54	Home Health/Hospice	<a href="#">IHA Section 1135 Waiver Request</a>
<a href="#">Home Health &amp; Hospice QAPI Program</a>	Modified the requirement that providers to develop, implement, evaluate, and maintain an effective, ongoing, hospice/HHA-wide, data-driven QAPI program and specifically narrowing the scope to concentrate on infection control issues. See <a href="#">IHA's Summary</a>	CMS	42 C.F.R. 418.58; 42 C.F.R. 484.65	Home Health/Hospice	Issued April 30, 2020
<a href="#">Non-Core Services</a>	Waived requirements for hospices to provide certain non-core hospice services during the national emergency.	CMS	42 C.F.R. 418.72	Home Health/Hospice	
<a href="#">Hospice Aide Competency Tests</a>	Temporarily modified requirements for hospice aide competency tests on certain patient-specific tasks. Instead of observing aides with actual patients, hospices may utilize "pseudo patients," such as a computer-based mannequin device. See <a href="#">IHA's Summary</a>	CMS	42 C.F.R. 418.76(c)(1)	Home Health/Hospice	Issued April 10, 2020
<a href="#">Annual Hospice In-Service Training</a>	Waived requirements that hospices must assure each hospice aide received 12 hours of in-service training in a 12-month period, allowing both aides and the registered nurses overseeing in-service training with more time to devote to direct patient care. See <a href="#">IHA's Summary</a>	CMS	42 C.F.R. 418.76(d)	Home Health/Hospice	Issued April 10, 2020
<a href="#">Hospice Aide Supervision</a>	Waived onsite visits for hospice aide supervision. See <a href="#">IHA's Summary</a>	CMS	42 C.F.R. 418.76(h)	Home Health/Hospice	Issued April 10, 2020
<a href="#">Training and Assessment of Home Health &amp; Hospice Aides</a>	Waived requirement that a registered nurse, or in the case of an HHA 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. See <a href="#">IHA's Summary</a>	CMS	42 C.F.R. 418.76(h)(2); 42 C.F.R. 484.80(h)(1)(iii)	Home Health/Hospice	Issued April 30, 2020
<a href="#">Hospice Volunteers</a>	Waived requirement that hospice are required to use volunteers.	CMS	42 C.F.R. 418.78(e)	Home Health/Hospice	
<a href="#">Home Health Clinical Records</a>	Extended deadline for providing patients with a copy of their medical record at no cost during the next visit or within four business days (when requested by the patient). The deadline is now 10 business days. See <a href="#">IHA's Summary</a>	CMS	42 C.F.R. 484.110(e)	Home Health/Hospice	Issued April 30, 2020
<a href="#">Home Health Consultation Requirement</a>	Suspended requirement for face-to-face physician consultation for transfer to home health.	CMS	42 C.F.R. 484.55	Home Health/Hospice	

<a href="#">Home Health Initial Assessments</a>	Waived requirements to allow home health agencies to perform Medicare-covered initial assessments and determine patients' homebound status remotely or by record review.	CMS	42 C.F.R. 484.55(a)	Home Health/Hospice	
<a href="#">Home Health Discharge Planning</a>	Waived requirements 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. See <a href="#">IHA's Summary</a>	CMS	42 C.F.R. 484.58(a)	Home Health/Hospice	Issued April 30, 2020
<a href="#">Annual Home Health Aide In Service Training</a>	Modified the requirement that home health agencies must assure that each home health aide receives 12 hours of in service training in a 12 month period. See <a href="#">IHA's Summary</a>	CMS	42 C.F.R. 484.80(d)	Home Health/Hospice	Issued April 30, 2020
<a href="#">Home Health Agency Aide Supervision</a>	Waived onsite visits for home health agency aide supervision.	CMS	42 C.F.R. 484.80(h)	Home Health/Hospice	
<a href="#">Requests for Anticipated Payment</a>	Allowed Medicare Administrative Contractors to extend the auto-cancellation date of RAPs during emergencies.	CMS		Home Health/Hospice	
<a href="#">Home Health Reporting</a>	Extended the deadline to complete comprehensive assessment from 5 to 30 days and waives the 30 day OASIS submission requirement.	CMS		Home Health/Hospice	
<a href="#">OT, PT, SLPs Initial and Comprehensive Assessments</a>	Waived requirement that OTs, PTs, or SLPs 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. Instead OTs, PTs, or SLPs may perform these assessments for all patients receiving therapy services as part of the plan of care, to the extent permitted under state law. See <a href="#">IHA's Summary</a>	CMS	42 C.F.R. 484.55(a)(2); 42 C.F.R. 484.55(b)(3)	Home Health/Hospice	Issued May 11, 2020; See additional <a href="#">IHA Summary</a>

<a href="#">Reporting Under the Home Health Value-Based Purchasing Model for CY 2020 During the PHE</a>	Aligned Home Health Value-Based Purchasing (HHVBP) Model data submission requirements for home health agencies (HHAs) with any exceptions or extensions allowed for the Home Health Quality Reporting Program (HHQRP) during the Public Health Emergency (PHE) for COVID-19. See <a href="#">IHA's Summary</a>	HHS	Section 1115A of the Social Security Act and finalized in the CY 2016 HH PPS final rule (80 FR 68624)	Home Health/Hospice	See pages 15 -19 of Interim Final Rule with Comment Period (IFC)
<a href="#">Care Planning for Medicaid Home Health Services</a>	Implemented the CARES Act home health provisions, which allows NPs, CNSs, and PAs to order home health services for Medicaid beneficiaries. See <a href="#">IHA's Summary</a>	HHS	Section 3708 of the CARES Act; Section 1814(a)(2)(C) of the Social Security Act; 42 C.F.R. 440.70(a)(2) and (3)	Home Health/Hospice	Begins on page 145 of Interim Final Rule with Comment Period (IFC)
<a href="#">Modification to Medicare Provider Enrollment Provision Concerning Certification of Home Health Services</a>	Codified Section 3708 of the CARES Act, which authorizes nurse practitioners (NPs), clinical nurse specialists (CNSs), and physician assistants (PAs) to certify the need for home health services. See <a href="#">IHA's Summary</a>	HHS	Section 1866(j)(1)(A) of the Social Security Act; Section 3708 of CARES Act; 42 C.F.R. 424.507(b)(1)	Home Health/Hospice	Begins on page 170 of Interim Final Rule with Comment Period (IFC)
<a href="#">Care Planning for Medicare Home Health Services</a>	Allowed for nurse practitioners (NPs), certified nurse specialists (CNSs), physician assistants (PAs) to practice to the top of their state licensure to order and certify patient eligibility for Medicare home health services, as well as establish and periodically review the requisite home health plan of care – tasks previously only allowable by a physician. See <a href="#">IHA's Summary</a>	HHS	Section 3708 of the CARES Act; Sections 1814(a), 1814(a)(2)(C), 1835(a), 1835(a)(2)(A)(ii), 1861(m), 1861(o)(2), 1861(kk), and 1895(c) of the Social Security Act	Home Health/Hospice	See pages 77-79 of Interim Final Rule with Comment Period (IFC)
<a href="#">Repetitive, Scheduled Non-Emergent Ambulance Transfer Prior Authorization Model</a>	CMS is offering ambulance suppliers in the model states the option of pausing their participation for the duration of the public health emergency. Ambulance suppliers in the model states do not have to do anything for the pause to go into effect.	CMS		Hospital License & COPs	Issued May 15, 2020

<a href="#">Ambulance Signature Requirements</a>	With respect to ambulance transports where CMS' regulations otherwise require a physician, or, in lieu of that, certain non-physician personnel, to sign and certify that the need for the non-emergency ambulance transport is medically necessary, for claims with dates of service during the COVID-19 public health emergency, absent indications of potential fraud or abuse, CMS is not reviewing for compliance with such signature requirements.	CMS	Hospital License & COPs	Issued May 15, 2020	
<a href="#">Verbal Orders</a>	Waived requirements to allow for additional flexibilities related to verbal orders where readback verification is still required but authentication may occur later than 48 hours. This will allow for more efficient treatment of patients in a surge situation.	CMS	42 C.F.R. 482.23(c)(3)(i); 42 C.F.R. 482.24(c)(2) and (3); 42 C.F.R. 485.635(d)(3)	Hospital License & COPs	<a href="#">IHA Section 1135 Waiver Request</a>
<a href="#">Sterile Compounding</a>	Waived requirements 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 which will help with the impending shortage of medications.	CMS	42 C.F.R. 482.25(b)(1); 42 C.F.R. 485.635(a)(3)	Hospital License & COPs	<a href="#">IHA Section 1135 Waiver Request</a>
<a href="#">Alcohol-based Hand-Rub Dispensers</a>	Waived 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. See <a href="#">IHA's Summary</a>	CMS	2012 LSC, Sections 18/19.3.2.6; 42 C.F.R. 485.623(c)(5); 42 C.F.R. 418.110(d)(4); 42 C.F.R. 483.470(j)(5)(ii); 42 C.F.R. 483.90(a)(4)	Hospital License & COPs	Issued May 11, 2020
<a href="#">Temporary Construction</a>	Waived requirements that would otherwise not permit temporary walls and barriers between patients. See <a href="#">IHA's Summary</a>	CMS	2012 LSC, Sections 18/19.3.3.2	Hospital License & COPs	Issued May 11, 2020
<a href="#">Fire Drills</a>	Due to the inadvisability of quarterly fire drills that move and mass staff together, CMS is permitting 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. See <a href="#">IHA's Summary</a>	CMS	2012 LSC, Sections 18/19.7.1.6	Hospital License & COPs	Issued May 11, 2020

<a href="#">Care for Patients in Extended Neoplastic Disease Care Hospitals</a>	Allows 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.	CMS	42 C.F.R. 412.22(i)	Hospital License & COPs	
<a href="#">Supporting Care for Patients in LTCHs</a>	Waived LTCH requirement that a LTCH admits or discharges patients in order to meet the demands of the emergency from the 25 day average length of stay requirement.	CMS	42 C.F.R. 412.23(e)(2)	Hospital License & COPs	
<a href="#">Inpatient Rehabilitation Facility - Intensity of Therapy Requirement</a>	Waived requirement that payment generally requires that patient of an inpatient rehabilitation facility receive at least 15 hours of therapy per week. ("3 Hour Rule"). See <a href="#">IHA's Summary</a>	CMS	42 C.F.R. 412.622(a)(3)(ii)	Hospital License & COPs	Issued April 22, 2020
<a href="#">Utilization Review</a>	Suspended entire UR CoP, so long as not inconsistent with state's emergency plan.	CMS	42 C.F.R. 482.1(a)(3) and 482.30	Hospital License & COPs	
<a href="#">Patient Rights Relating to Medical Record</a>	Relaxed timeframe to providing a copy of patient's medical record.	CMS	42 C.F.R. 482.13(d)(2)	Hospital License & COPs	
<a href="#">ICU Death Reporting Requirements</a>	Waived the requirements that hospitals to report patients in an intensive care unit whose death is caused by their disease process but who required soft wrist restraints to prevent pulling tubes/IVs may be reported later than close of business next business day. Due to current hospital surge, CMS waived this requirement to ensure hospitals are focusing on increased care demands and patient care.	CMS	42 C.F.R. 482.13(g)(1)(i)-(ii)	Hospital License & COPs	<a href="#">IHA Section 1135 Waiver Request</a>
<a href="#">Patient Rights Relating to Visitor Policies</a>	Suspended patient rights requirements relating to visitor policies and procedures and seclusion.	CMS	42 C.F.R. 482.13(h) and (e)(1)(ii)	Hospital License & COPs	<a href="#">IHA Section 1135 Waiver Request</a>
<a href="#">Emergency Preparedness</a>	Waived certain requirements for emergency preparedness plans and policies at surge sites and communication plans.	CMS	42 C.F.R. 482.15(b); 42 C.F.R. 485.625(b); 42 C.F.R. 482.15(c)(1)-(5); 42 C.F.R. 485.625(c)(1)-(5)	Hospital License & COPs	
<a href="#">Quality Assessment and Performance Improvement Program</a>	Suspended certain QAPI requirements related to scope, incorporation and priority setting for program activities and integration (hospitals part of healthcare system).	CMS	42 C.F.R. 482.21(a)-(d) and (f); 42 C.F.R. 485.641(a), (b) and (d)	Hospital License & COPs	

<a href="#">Nursing Services</a>	Suspended nursing care plan requirements and requirement for policies and procedures for nurse presence at outpatient departments.	CMS	42 C.F.R. 482.23(b)(4) and (7); 42 C.F.R. 485.635(d)(4)	Hospital License & COPS	
<a href="#">Medical Records Timing</a>	Waived requirements related to medical records to allow flexibility in completion of medical records within 30 days following discharge and for CAHs that all medical records must be promptly completed. This flexibility will allow clinicians to focus on the patient care at the bedside during the pandemic.	CMS	42 C.F.R. 482.24(c)(4)(viii); 42 C.F.R. 485.638(a)(4)(iii); 42 C.F.R. 482.24(a)-(c)	Hospital License & COPS	<a href="#">IHA Section 1135 Waiver Request</a>
<a href="#">Food and Dietics Services</a>	Suspended requirement to have current therapeutic diet manual approved by dietician and medical staff at surge sites.	CMS	42 C.F.R. 482.28(b)	Hospital License & COPS	
<a href="#">Temporary Expansion Sites</a>	Authorized transfer to any destination able to treat patients including alternate care sites and other health care facilities. 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.	CMS	42 C.F.R. 482.41; 42 C.F.R. 485.623	Hospital License & COPS	
<a href="#">Detailed Information Sharing for Discharge Planning for Hospitals and CAHs</a>	Waived the requirement to provide detailed information regarding discharge planning.	CMS	42 C.F.R. 482.43(a)(8); 42 C.F.R. 482.61(e); 42 C.F.R. 485.642(a)(8)	Hospital License & COPS	<a href="#">IHA Section 1135 Waiver Request</a>
<a href="#">Limiting Detailed Discharge Planning for Hospitals</a>	Waived all the requirements and subparts 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	42 C.F.R. 482.43(c)	Hospital License & COPS	<a href="#">IHA Section 1135 Waiver Request</a>
<a href="#">Anesthesia Services</a>	Waived requirements for CRNA to be under physician supervision as determined by physician and CRNA.	CMS	42 C.F.R. 482.52(a)(5); 42 C.F.R. 485.639(c)(2); 42 C.F.R. 416.42(b)(2)	Hospital License & COPS	
<a href="#">CAH Status and Location</a>	Waived requirement that CAHs be located in a rural area or area being treated as being rural, allowing the CAH flexibility in the establishment of surge site locations, and waived requirement regarding CAH's off-site campus and co-location requirements, allowing the CAH flexibility in establishing temporary off-site locations.	CMS	42 C.F.R. 485.610(b); 42 C.F.R. 485.610(e)	Hospital License & COPS	

<a href="#">Community Mental Health Center QAPI</a>	Modified the requirement for CMHC's quality assessment and performance improvement, specifically providing flexibility to use the 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). See <a href="#">IHA's Summary</a>	CMS	42 C.F.R. 485.917(a)-(d)	Hospital License & COPs	Issued April 30, 2020
<a href="#">Community Mental Health Center Provision of Services</a>	Waived requirements that prohibit 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. See <a href="#">IHA's Summary</a>	CMS	42 C.F.R. 485.918(b)(1)(iii)	Hospital License & COPs	Issued April 30, 2020
<a href="#">Community Mental Health Center 40% Rule</a>	Waived requirements that CMHC provides at least 40 percent of its items and services to individuals who are not eligible for Medicare benefits. See <a href="#">IHA's Summary</a>	CMS	42 C.F.R. 485.918(b)(1)(v)	Hospital License & COPs	Issued April 30, 2020
<a href="#">Comprehensive Care for Joint Replacement Model</a>	Modified the appeal timeline for the CJR model performance year 3 final and performance year 4 initial reconciliation reports for participant hospitals.	CMS	42 C.F.R. 510.310(a)(1)-(2)	Hospital License & COPs	
<a href="#">Temporary Expansion Locations</a>	Waived requirement that RHCs and FQHCs be independently considered for Medicare approval if services are furnished in more than one permanent location. 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. See <a href="#">IHA's Summary</a>	CMS	42 CFR §491.5(a)(3)(iii)	Hospital License & COPs	Issued April 22, 2020
<a href="#">Physicians Services</a>	Waived requirement that Medicare patients be under care of a physician, so long as not inconsistent with state's emergency plan.	CMS	42 CFR 482.12(c)(1)-(2) and (c)(4)	Hospital License & COPs	
<a href="#">Appraisal of Emergencies at Off Campus Hospital Departments</a>	Waived requirement for written policies for evaluating emergencies at surge sites, so long as not inconsistent with state's emergency plan.	CMS	42 CFR 482.12(f)(3)	Hospital License & COPs	
<a href="#">Standing Orders and Protocols</a>	Allowed use of pre-printed and electronic standing orders and protocols for patient orders.	CMS	42 CFR 482.24(c)(3)	Hospital License & COPs	

<a href="#">Documentation Requirements for Transfer to Post-Acute</a>	Relaxed documentation requirements for transfers to post-acute care.	CMS	42 CFR 482.43(a)(8), (c)(1), (c)(2) and (c)(3), 482.61(e) and 485.642(a)(8) for CAHs	Hospital License & COPs	Note CMS is maintaining the requirement that patients be discharged to an appropriate setting with necessary medical information and goals of care per 482.43(a)(1)-(7) and (b)
<a href="#">Respiratory Care Services</a>	Waived certain policy and supervisory requirements, including but not limited to the requirement to designate in writing the personnel qualified to perform respiratory care procedures.	CMS	42 CFR 482.57(b)(1)	Hospital License & COPs	
<a href="#">ASC Medical Staff</a>	Waived the requirement that medical staff privileges must be periodically reappraised, and the scope of procedures performed in the ASC must be periodically reviewed. See <a href="#">IHA's Summary</a>	CMS	45 C.F.R. 416.45(b)	Hospital License & COPs	Issued April 30, 2020
<a href="#">Flexibility in Patient Self Determination Act Requirements (Advance Directives)</a>	Waived requirements for hospitals and CAHs to provide information about its advance directive policies to patients. We are waiving this requirement to allow for staff to more efficiently deliver care to a larger number of patients. This would not apply to the requirements at §482.13(a) for hospitals and at §485.608(a) for CAHs to receive information about the presence of a policy regarding the facility's recognition of advanced directives.	CMS	Section 1902(a)(58) and 1902(w)(1)(A) for Medicaid; Section 1852(i) for Medicare Advantage; Section 1866(f) and 42 CFR 489.102 for Medicare	Hospital License & COPs	<a href="#">IHA Section 1135 Waiver Request</a>
<a href="#">Occupational Mix Survey</a>	Extended the deadline from July 1 to August 3. Hospitals should contact their MAC or CMS if they will have difficulty meeting the deadline.	CMS		Hospital License & COPs	
<a href="#">Inpatient Rehabilitation Facilities</a>	Permitted exclusion from freestanding hospital or Distinct Part Unit the inpatient population for purposes of calculating applicable thresholds to receive payment as an IRF-60-Day Threshold.	CMS		Hospital License & COPs	
<a href="#">CAH Length of Stay</a>	Waived the requirements that Critical Access Hospitals limit the number of beds to 25, and that the length of stay be limited to 96 hours. See also <a href="#">CMS Fact Sheet</a>	CMS	42 C.F.R. 485.620	Hospital License & COPs	
<a href="#">FQHC and RHC Staffing Requirement</a>	Waived requirements that a nurse practitioner, physician assistant, or certified nurse-midwife be available to furnish patient care services at least 50 percent of the time. See <a href="#">IHA's Summary</a>	CMS	42 C.F.R. 491.8(a)(6)	Hospital License & COPs	Issued April 30, 2020; See additional <a href="#">IHA Summary</a>

<a href="#">Acute Care in Excluded Distinct Part Units/Non-PPS Hospitals</a>	Allowed hospitals to place acute care patients in excluded distinct part units if such beds are appropriate for acute care. This allows hospitals to flex their space to use it more efficiently, which can be important for patient isolation. See also <a href="#">CMS Fact Sheet</a>	CMS		Hospital License & COPs	
<a href="#">Psychiatric Patients in Acute Care Units</a>	Allowed hospitals to relocate inpatients from excluded distinct part psychiatric unit to acute beds if beds and staff are appropriate for safe care. See also <a href="#">CMS Fact Sheet</a>	CMS		Hospital License & COPs	
<a href="#">Rehabilitation Patients in Acute Care Units</a>	Allows hospitals to relocate patients from excluded distinct part inpatient rehabilitation unit to acute beds if beds are appropriate for such patients and they continue to receive intensive rehab services. Also waived the 60 percent rule for IRF's for patients admitted solely to respond to the emergency. See also <a href="#">CMS Fact Sheet</a>	CMS		Hospital License & COPs	
<a href="#">LTCH Length of Stay</a>	Permitted hospitals to exclude patients stays from the 25-day average LOS requirement for patients admitted and discharged to meet emergency demands. See also <a href="#">CMS Fact Sheet</a>	CMS		Hospital License & COPs	
<a href="#">Hospitals Classified as Medicare-Dependent, Small Rural Hospitals</a>	Waived the eligibility requirement that the hospital has 100 or fewer beds during the cost reporting period, and the eligibility requirement 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. See <a href="#">IHA's Summary</a>	CMS	42 C.F.R. 412.108(a)(1)(ii); 42 C.F.R. 412.108(a)(1)(iv)(c)	Hospital License & COPs	Issued May 11, 2020
<a href="#">Hospitals Classified as Sole Community Hospitals</a>	Waived certain requirements for hospitals classified as SCHs prior to the PHE including the distance requirements and the "market share" and bed requirements. See <a href="#">IHA's Summary</a>	CMS	42 C.F.R. 412.92(a)	Hospital License & COPs	Issued May 11, 2020
<a href="#">Hospitals to Offer Swing Beds</a>	Waived requirements to allow hospitals to establish skilled nursing facility swing beds payable under the SNF 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 <a href="#">IHA's Summary</a>	CMS	42 C.F.R. 482.58	Hospital License & COPs	Issued May 11, 2020
<a href="#">CAH Physician Responsibilities</a>	Waived requirement that CAHs must have a physician physically present to provide medical direction, consultation, and supervision for the services provided in the CAH. See <a href="#">IHA's Summary</a>	CMS	42 C.F.R. 485.631(b)(2)	Hospital License & COPs	Issued April 10, 2020

<a href="#">FOHC and RHC Physician Supervision</a>	Modified 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. See <a href="#">JHA's Summary</a>	CMS	42 C.F.R. 491.8(b)(1)	Hospital License & COPS	Issued April 10, 2020
<a href="#">Additional Flexibility under the Teaching Physician Regulations</a>	Expanded on flexibilities that were offered to teaching physicians and residents in the March 31, 2020 IFC, to allow that, on an interim basis for the duration of the PHE for the COVID-19 pandemic, a teaching physician may not only direct the care furnished by residents remotely, but also review the services provided with the resident, during or immediately after the visit, remotely through virtual means via audio/video real time communications technology. See <a href="#">JHA's Summary</a>	HHS	Section 1842(b) of the Social Security Act; 42 C.F.R. 415.174	Hospital License & COPS	Begins on page 130 of Interim Final Rule with Comment Period (IFC)
<a href="#">Basic Health Program Blueprint Revisions</a>	Allowed state to submit a revised Blueprint that makes temporary changes to the BHP to respond to the PHE for COVID-19, with the option for states to make such changes retroactive to the start of the PHE. See <a href="#">JHA's Summary</a>	HHS	42 C.F.R. 600.100; 42 C.F.R. 600.125; Section 1331 of PPACA	Hospital License & COPS	Begins on page 150 of Interim Final Rule with Comment Period (IFC)
<a href="#">Merit-based Incentive Payment System (MIPS) Qualified Clinical Data Registry</a>	Delayed the implementation of the completion of the QCDR measure testing policy and the collection of data on QCDR measures for 1 year. Beginning with the 2022 performance year, CMS will require all QCDR measures to be fully developed and tested prior to submitting the measure and QCDRs are required to collect data on a QCDR measure prior to submitting the measure for CMS consideration during the selfnomination period. See <a href="#">JHA's Summary</a>	HHS	42 C.F.R. 414.1400(b)(3)(v)(C) and (D)	Hospital License & COPS	Begins on page 151 of Interim Final Rule with Comment Period (IFC)
<a href="#">Application of Certain National Coverage Determination and Local Coverage Determination Requirements during the PHE</a>	Clarified that the agency did not waive the medical necessity requirements and reminds physicians, practitioners, and suppliers that most items and services must be reasonable and necessary for the diagnosis and treatment of an illness, or injury, or to improve the functioning of a malformed body member to be paid under Part A and Part B of Medicare. See <a href="#">JHA's Summary</a>	HHS		Hospital License & COPS	Begins on page 157 of Interim Final Rule with Comment Period (IFC)
<a href="#">Delay in the Compliance Date of Certain Reporting Requirements Adopted for IRFs, LTCHs, HHs, and SNFs</a>	Outlined the numerous new quality measures that IRFs, LTCHs, HHAs, and SNFs are required to begin collecting with discharges on or after October 1, 2020. Due to the COVID-19 PHE, CMS is delaying the collection of data on these measures beginning with discharges on October 1 of the year that is at least 1 full fiscal year after the end of the COVID-19 PHE. See <a href="#">JHA's Summary</a>	HHS		Hospital License & COPS	Begins on page 159 of Interim Final Rule with Comment Period (IFC)

<a href="#">Update to the Hospital Value-Based Purchasing (VBP) Program Extraordinary Circumstance Exception Policy</a>	<p>Updated the ECE policy to include the ability to grant exceptions to hospitals located in entire regions without a request, rather than individual hospitals submitting requests. See <a href="#">IHA's Summary</a></p>	HHS	42 C.F.R. 412.165(c)	Hospital License & COPS	<p>Begins on page 164 of Interim Final Rule with Comment Period (IFC)</p>
<a href="#">Furnishing Hospital Outpatient Services in Temporary Expansion Locations of a Hospital or a CMHC</a>	<p>Permitted hospital and CMHC staff to furnish certain outpatient therapy, counseling, and educational services to a beneficiary in their home or other temporary expansion location using telecommunications technology if the beneficiary is registered as a hospital outpatient; hospitals can furnish clinical services in a patient's home and bill and be paid for these services if the patient is registered as an outpatient; hospital may bill the originating site facility fee for the delivery of a professional service via telehealth to a patient registered as an outpatient. See <a href="#">IHA's Summary</a></p>	HHS	<p>42 C.F.R. 413.65; 42 C.F.R. 482.41; 42 C.F.R. 485.623; 42 C.F.R. 410.27; 42 C.F.R. 485.918</p>	Hospital License & COPS	<p>Begins on page 46 of Interim Final Rule with Comment Period (IFC)</p>
<a href="#">Medical Education</a>	<p>Allowed a hospital's available bed count to be the same as it was on the day before the PHE was declared for purposes of calculating the indirect medical education (IME) adjustment. See <a href="#">IHA's Summary</a></p>	HHS	<p>42 C.F.R. 482.41; 42 C.F.R. 485.623; 42 C.F.R. 413.65; 42 C.F.R. 413.78; 42 C.F.R. 412.105; 42 C.F.R. 412.624</p>	Hospital License & COPS	<p>Begins on page 69 of Interim Final Rule with Comment Period (IFC)</p>
<a href="#">Modification of IRF Coverage and Classification Requirements for Freestanding IRF Hospitals for the PHE</a>	<p>Addressed amendments to certain regulatory requirements made in order to waive the requirement to complete a postadmission physician evaluation during the COVID-19 PHE for care furnished to patients admitted to freestanding IRF hospitals (identified as those facilities with the last 4 digits of their Medicare provider numbers between 3025 through 3099). See <a href="#">IHA's Summary</a></p>	HHS	<p>Section 1862(a)(1) of the Social Security Act; 42 C.F.R. 412.622(a)(3)-(5)</p>	Hospital License & COPS	<p>Begins on page 80 of Interim Final Rule with Comment Period (IFC)</p>
<a href="#">CARES Act Waiver of the "3-Hour Rule"</a>	<p>Made a technical change to rescind provisions of the previous IFC published on March 31, 2020 because provisions of the CARES Act that were implemented later supersede the previous guidance. See <a href="#">IHA's Summary</a></p>	HHS	<p>42 C.F.R. 412.622(a)(3)(ii); Section 3711(a) of the CARES Act</p>	Hospital License & COPS	<p>Begins on page 80 of Interim Final Rule with Comment Period (IFC)</p>
<a href="#">Modified Requirements for Ordering COVID-19 Diagnostic Laboratory Tests</a>	<p>Temporarily eliminated the requirement that the treating physician or NPP order a covered diagnostic laboratory test for COVID-19 or for influenza virus or a similar respiratory condition. During the PHE, any healthcare professional authorized under state law to do so can order such tests, and they will be covered by Medicare. See <a href="#">IHA's Summary</a></p>	HHS	42 C.F.R. 410.32(a)	Hospital License & COPS	<p>See pages 27-31 of Interim Final Rule with Comment Period (IFC)</p>

<a href="#">Treatment of Certain Relocating Provider-Based Departments During the PHE</a>	Temporarily expanded the “extraordinary circumstances relocation policy” to include on-campus provider-based departments that relocate off-campus during the PHE in order to address the COVID-19 pandemic. See <a href="#">IHA's Summary</a>	HHS	42 C.F.R. 419.48(a)(2)	Hospital License & COPS	See pages 33-43 of Interim Final Rule with Comment Period (IFC)
<a href="#">Conditions of Participation</a>	Waived or modified only to the extent necessary, as determined by the Centers for Medicare & Medicaid Services certain conditions of participation, certification requirements, program participation or similar requirements.	HHS		Hospital License & COPS	
<a href="#">Rural Health Clinics</a>	Changed the period of time used to determine the number of beds in a hospital for purposes of determining which provider-based RHCs are subject to the national per-visit payment limit. See <a href="#">IHA's Summary</a>	HHS		Hospital License & COPS	
<a href="#">Physical Environment</a>	Waived requirements under the Medicare COPS 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.	CMS	42 C.F.R. 482.41; 42 C.F.R. 485.623; 42 C.F.R. 483.90; 42 C.F.R. 418.110(c)(2)(iv); 42 C.F.R. 483.470(e)(11)(i) and (j); 42 C.F.R. 418.110(d)(6)	Hospital License & COPS; Long Term Care, Skilled Nursing Facilities, Nursing Facilities	<a href="#">IHA Section 1135 Waiver Request</a>
<a href="#">Intermediate Care Facility for Individuals with Intellectual Disabilities - Suspension of Community Outings</a>	Waived the requirements that clients have the opportunity to participate in social, religious, and community group activities. The federal and/or state emergency restrictions will dictate the level of restriction from the community based on whether it is for social, religious or medical purposes. See <a href="#">IHA's Summary</a>	CMS	42 CFR §483.420(a)(11)	Long Term Care, Skilled Nursing Facilities, Nursing Facilities	Issued April 22, 2020
<a href="#">Intermediate Care Facility for Individuals with Intellectual Disabilities - Staffing Flexibilities</a>	Waived the requirements that the facility to provide sufficient Direct Support Staff (DSS) so that Direct Care Staff (DCS) are not required to perform support services that interfere with direct client care. DSS perform activities such as cleaning of the facility, cooking and laundry services. DSC perform activities such as teaching clients appropriate hygiene, budgeting, or effective communication and socialization skills. During the time of this waiver, DCS may be needed to conduct some of the activities normally performed by the DSS. This will allow facilities to adjust staffing patterns, while maintaining the minimum staffing ratios required at §483.430(d)(3). See <a href="#">IHA's Summary</a>	CMS	42 CFR §483.430(c)(4)	Long Term Care, Skilled Nursing Facilities, Nursing Facilities	Issued April 22, 2020

<a href="#">Intermediate Care Facility for Individuals with Intellectual Disabilities - Suspend Mandatory Training Requirements</a>	Waived the requirements related to routine staff training programs unrelated to the public health emergency. See <a href="#">IHA's Summary</a>	CMS	42 CFR §483.430(e)(1)	Long Term Care, Skilled Nursing Facilities, Nursing Facilities	Issued April 22, 2020
<a href="#">Intermediate Care Facility for Individuals with Intellectual Disabilities -Modification of Adult Training Programs and Active Treatment</a>	Waived those components of beneficiaries' active treatment programs and training that would violate current state and local requirements for social distancing, staying at home, and traveling for essential services only. See <a href="#">IHA's Summary</a>	CMS	42 CFR §483.440(a)(1)	Long Term Care, Skilled Nursing Facilities, Nursing Facilities	Issued April 22, 2020
<a href="#">Modification of 60 Day Limit for Substitute Billing Arrangements</a>	Modified the 60-day limit 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. See <a href="#">IHA's Summary</a>	CMS	Section 1842(b)(6)(D)(iii) of the Social Security Act	Long Term Care, Skilled Nursing Facilities, Nursing Facilities	Issued April 22, 2020
<a href="#">Resident Transfer and Discharge</a>	Waived requirements to allow a long term care (LTC) facility to transfer or discharge residents to another LTC facility solely for the following cohorting purposes: 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.	CMS	42 C.F.R. 483.10(c)(5); 42 C.F.R. 483.15(c)(3), (c)(4)(ii), (c)(5) (i) and (iv), (c)(9), and (d); 42 C.F.R. 483.21(a)(1)(i), (a)(2) (i), and (b)(2)(i)	Long Term Care, Skilled Nursing Facilities, Nursing Facilities	
<a href="#">Resident Roomates and Grouping</a>	Waived a facility's requirements 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.	CMS	42 C.F.R. 483.10(e)(5), (6), and (7)	Long Term Care, Skilled Nursing Facilities, Nursing Facilities	
<a href="#">Resident Groups</a>	Waived requirements for residents to have the right to participate in person in resident groups.	CMS	42 C.F.R. 483.10(f)(5)	Long Term Care, Skilled Nursing Facilities, Nursing Facilities	

<a href="#">Long Term Care Clinical Records</a>	Modified the requirement that long term care facilities provide a resident a copy of their records within 10 working days (when requested by a resident). See <a href="#">IHA's Summary</a>	CMS	42 C.F.R. 483.10(g)(2)(ii)	Long Term Care, Skilled Nursing Facilities, Nursing Facilities	Issued April 30, 2020
<a href="#">SNF Pre-Admission Screening and Annual Resident Review</a>	Waived requirements related to PASARR for nursing home residents who may also have a mental illness or intellectual disability.	CMS	42 C.F.R. 483.20(k)	Long Term Care, Skilled Nursing Facilities, Nursing Facilities	
<a href="#">LTC Facility Information Sharing for Discharge Planning</a>	Waived the discharge planning requirement that 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. See <a href="#">IHA's Summary</a>	CMS	42 C.F.R. 483.21(c)(1)(viii)	Long Term Care, Skilled Nursing Facilities, Nursing Facilities	Issued April 30, 2020
<a href="#">Physician Visits in SNFs/NFs</a>	Waived requirement that all required physician visits must be made by the physician personally; instead, allow visits to be conducted, as appropriate, via telehealth options.	CMS	42 C.F.R. 483.30	Long Term Care, Skilled Nursing Facilities, Nursing Facilities	
<a href="#">Nurse Aid Training</a>	Waived requirements that SNF and NF may not employ anyone for longer than 4 months unless they met the training and certification requirements.	CMS	42 C.F.R. 483.35(d)	Long Term Care, Skilled Nursing Facilities, Nursing Facilities	
<a href="#">SNF Staffing Data Submission</a>	Waived requirements to provide relief to long term care facilities on the requirements for submitting data through the payroll based journal system.	CMS	42 C.F.R. 483.70(q)	Long Term Care, Skilled Nursing Facilities, Nursing Facilities	
<a href="#">Long Term Care QAPI Program</a>	Modified certain requirements that long term care facilities develop, implement, evaluate, and maintain an effective, comprehensive, data driven QAPI program. See <a href="#">IHA's Summary</a>	CMS	42 C.F.R. 483.75	Long Term Care, Skilled Nursing Facilities, Nursing Facilities	Issued April 30, 2020
<a href="#">Nursing Home Reporting of Suspected/Confirmed COVID Cases</a>	Regulations to be issued that require notification of the CDC through the National Health Safety Network system about residents or staff with suspected or confirmed COVID-19, residents with severe respiratory infection resulting in hospitalization or death, or ≥ 3 residents or staff with new-onset respiratory symptoms within 72 hours of each other.	CMS	42 C.F.R. 483.80	Long Term Care, Skilled Nursing Facilities, Nursing Facilities	Guidance Issued
<a href="#">SNF and NF In Service Training</a>	Modified the nurse aide training requirements for SNFs and NFs, which requires the nursing assistant to receive at least 12 hours of in-service training annually. See <a href="#">IHA's Summary</a>	CMS	42 C.F.R. 483.95(g)(1)	Long Term Care, Skilled Nursing Facilities, Nursing Facilities	Issued April 30, 2020

<a href="#">Long Term Care Hospitals - Site Neutral Payment Rate Provision</a>	Waived section 1886(m)(6) of the Social Security Act relating to certain site neutral payment rate provisions for long-term care hospitals (LTCHs).	CMS	Section 1886(m)(6) of the Social Security Act	Long Term Care, Skilled Nursing Facilities, Nursing Facilities	
<a href="#">Site Neutral Payment Rate</a>	Waived the payment adjustment for LTCHs that do not have a discharge payment percentage for the period that is at least 50% during the PHE. Waived the application of the site neutral payment rate for those LTCH admissions that are in response to the PHE and occur during the PHE. See <a href="#">IHA's Summary</a>	CMS	Section 3711(b)(1) and (2) of CARES Act	Long Term Care, Skilled Nursing Facilities, Nursing Facilities	Issued April 22, 2020
<a href="#">Nursing Home Notification to Residents</a>	Regulations to be issued that require facilities to notify its residents and their representatives to keep them informed of the conditions.	CMS		Long Term Care, Skilled Nursing Facilities, Nursing Facilities	Guidance Issued
<a href="#">SNF Timeframe Requirements for Assessments and Transmission</a>	Waived timeframe requirements for Minimum Data Set assessments and transmission.	CMS	42 C.F.R. 483.20	Long Term Care, Skilled Nursing Facilities, Nursing Facilities	
<a href="#">SNF 3-Day Admission</a>	Waived the requirement for a 3-day admission prior to transfer of patient to SNF.	CMS	Section 1812(f) of the Social Security Act	Long Term Care, Skilled Nursing Facilities, Nursing Facilities	
<a href="#">Long Term Care Facility Physician Visits</a>	Waived the requirement that all required physician visits must be made by the physician personally and modified this provision to permit physicians to delegate any required physician visit to a nurse practitioner, physician assistant, or clinical nurse specialist. See <a href="#">IHA's Summary</a>	CMS	42 C.F.R. 483.30(c)(3)	Long Term Care, Skilled Nursing Facilities, Nursing Facilities	Issued April 10, 2020
<a href="#">Long Term Care Paid Feeding Assistants</a>	Modified the requirements for training of paid feed assistants from a minimum of 8 hours to a minimum of 1 hour in length. See <a href="#">IHA's Summary</a>	CMS	42 C.F.R. 483.60(h)(1)(i); 42 C.F.R. 483.160(a)	Long Term Care, Skilled Nursing Facilities, Nursing Facilities	Issued May 11, 2020
<a href="#">PASRR Assessment Suspension</a>	Suspended pre-admission screening and annual screening and annual resident review (PASARR) Level 1 and Level II Assessments for 30 days.	CMS	Section 1919(e)(7) of the Social Security Act; 42 C.F.R. 483.106(b)(4)	Long Term Care, Skilled Nursing Facilities, Nursing Facilities	
<a href="#">SNF Physician Delegation of Tasks</a>	Waived the requirement that prevents a physician from delegating a task when the regulations specify that the physician must perform it personally to give physicians the ability to delegate any tasks to a physician assistant, nurse practitioner, or clinical nurse specialist. See <a href="#">IHA's Summary</a>	CMS	42 C.F.R. 483.30(e)(4)	Long Term Care, Skilled Nursing Facilities, Nursing Facilities	Issued April 10, 2020

<a href="#">Requirement for Facilities to Report Nursing Home Residents and Staff Infections, Potential Infections, and Deaths Related to COVID-19</a>	Established explicit reporting requirements for confirmed or suspected cases of COVID-19 in long term care facilities to support surveillance efforts. See <a href="#">IHA's Summary</a>	HHS	42 C.F.R. 483.80	Long Term Care, Skilled Nursing Facilities, Nursing Facilities	Begins on page 178 of Interim Final Rule with Comment Period (IFC)
<a href="#">Medicaid FFS Prior Authorization</a>	Temporarily suspended Medicaid fee for service prior authorization requirements.	CMS	42 C.F.R. 440.230(d)	Medicare/Medicaid	
<a href="#">Medicaid Benefits</a>	No termination of Medicaid benefits unless requested by the beneficiary or he/she ceases to be a state resident.	CMS	Family First Coronavirus Response Act	Medicare/Medicaid	
<a href="#">Extending Pre-Existing Authorization</a>	Extended pre-existing authorizations previously received by beneficiaries.	CMS	Section 1135(b)(1)(C) of the Social Security Act	Medicare/Medicaid	
<a href="#">Payments for Medicare Advantage Out of Network Providers</a>	Waived or modified only to the extent necessary, as determined by the Centers for Medicare & Medicaid Services limitations on payments under section 1851(i) of the 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.	CMS		Medicare/Medicaid	
<a href="#">Medicare Quality Reporting</a>	Permitted exceptions from reporting requirements and extensions for clinicians and providers participating in Medicare quality reporting programs with respect to upcoming measure reporting and data submission for those programs. For those programs with data submission deadlines in April and May 2020, submission of those data will be optional, based on the facility's choice to report. In addition, no data reflecting services provided January 1, 2020 through June 30, 2020 will be used in CMS's calculations for the Medicare quality reporting and value-based purchasing programs. This is being done to reduce the data collection and reporting burden on providers responding to the COVID-19 pandemic.	CMS		Medicare/Medicaid	
<a href="#">State Hearings and Appeals</a>	Waived requirements for state fair hearings and appeals to delay scheduling for additional period of time.	CMS	42 C.F.R. 431.221(d); 42 C.F.R. 438.408(f)(1)	Medicare/Medicaid	

<a href="#">Payment of Claims from Out of State Providers Not Enrolled in a State Medicaid Agency or Medicare</a>	<p>Waived the following screening requirements under 1135(b)(1) and (b)(2) of the Act, so the state may provisionally, temporarily enroll the providers for the duration of the public health emergency: 1. Payment of the application fee; 2. Criminal background checks associated with Fingerprint-based Criminal Background Checks; 3. Site visits 4. In-state/territory licensure requirements.</p>	<p>CMS</p>	<p>Section 1135(b)(1) and (b)(2) of the Social Security Act; 42 C.F.R. 455.460; 42 C.F.R. 455.434; 42 C.F.R. 455.432; 42 C.F.R. 455.412</p>	<p>Medicare/Medicaid</p>
<a href="#">Payment of Claims from Out of State Providers Enrolled in a State Medicaid Agency or Medicare, But Not Enrolled in Illinois Medicaid</a>	<p>Illinois may, for the duration of the public health emergency, reimburse out-of-state providers for multiple instances of care to multiple participants, so long as 1) The item or service is furnished by an institutional provider, individual practitioner, or pharmacy at an out-of-state/territory practice location– i.e., located outside the geographical boundaries of the reimbursing state/territory’s Medicaid plan, 2. The National Provider Identifier (NPI) of the furnishing provider is represented on the claim, 3. The furnishing provider is enrolled and in an “approved” status in Medicare or in another state/territory’s Medicaid plan, 4. The claim represents services furnished.</p>	<p>CMS</p>	<p>Section 1135(b)(2) of the Social Security Act</p>	<p>Medicare/Medicaid</p>
<a href="#">Temporary Provider Enrollment for Providers Enrolled in a SMA or Medicare</a>	<p>Permitted Illinois to temporarily enroll providers who are enrolled with another state medicad agencies or Medicare for the duration of the public health emergency.</p>	<p>CMS</p>		<p>Medicare/Medicaid</p>
<a href="#">Temporary Provider Enrollment for Providers Not Enrolled in a SMA or Medicare</a>	<p>Permitted Illinois to temporarily enroll providers who are not currently enrolled with another SMA or Medicare so long as Illinois meets certain requirements.</p>	<p>CMS</p>		<p>Medicare/Medicaid</p>
<a href="#">Temporary Provider Enrollment for Providers Not Enrolled in a SMA or Medicare</a>	<p>Temporarily waived requirement for revalidation of providers who are located in Illinois or are otherwise directly impacted by the emergency.</p>	<p>CMS</p>		<p>Medicare/Medicaid</p>
<a href="#">Medicare Provider Enrollment</a>	<p>Expedited enrollment services: Establish a toll-free hotline for non-certified Part B suppliers, physicians and nonphysician practitioners to enroll and receive temporary Medicare billing privilege; Waive the following screening requirements (Application Fee - 42 C.F.R 424.514, Criminal background checks associated with FCBC - 42 C.F.R 424.518, Site visits - 42 C.F.R 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.</p>	<p>CMS</p>		<p>Medicare/Medicaid</p>

<a href="#">Medicare Appeals</a>	Medicare appeals in Fee for Service, MA and Part D: 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 forms but communicating only to the beneficiary; Process requests for appeal that don't meet the required elements using information that is available; Utilizing all flexibilities available in the appeal process as if good cause requirements are satisfied. See also <a href="#">CMS Fact Sheet</a>	CMS	Medicare/Medicaid		
<a href="#">Payment of Out of State Licensed Providers</a>	Providers enrolled in Medicare and Medicaid and licensed in another state may be paid for providing care in Illinois.	CMS	Medicare/Medicaid		
<a href="#">Medicare Advantage Out of Network Visits</a>	Under 42 CFR Section 422.100(m) during a disaster, Medicare Advantage plans must cover out-of-network visits; waive gatekeeper referrals; provide in-network cost sharing to patients who visit out-of-network facilities; and make these changes effective immediately (rather than after 30 days).	CMS Memo to Medicare Advantage Plans Informing them of their Obligations	42 C.F.R. 422.100(m)	Medicare/Medicaid	
<a href="#">Medicare/ Medicaid Reimbursement</a>	Modified deadlines and timetables and for the performance of required activities, but only to the extent necessary, as determined by the Centers for Medicare & Medicaid Services, to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in the Medicare, Medicaid and CHIP programs and to ensure that health care providers that furnish such items and services in good faith, but are unable to comply with one or more of these requirements as a result of the COVID-19 pandemic, may be reimbursed for such items and services and exempted from sanctions for such noncompliance, absent any determination of fraud or abuse.	HHS	42 U.S.C. § 1320b-5	Medicare/Medicaid	
<a href="#">COVID-19 Serology Testing</a>	Authorized COVID-19 serology tests fall under the Medicare benefit category of diagnostic laboratory test and are eligible to be covered by the Medicare program. See <a href="#">IHA's Summary</a>	HHS	Sections 1861(s)(3) and 1862(a)(1)(A) of the Social Security Act	Medicare/Medicaid	Begins on page 168 of Interim Final Rule with Comment Period (IFC)
<a href="#">Medicare Shared Savings Program</a>	Due to the lack of predicatability for Accountable Care Organizations regarding the impact of COVID-19 on future expenditures and revenue, CMS modified the Shared Savings Program policies. See <a href="#">IHA's Summary</a>	HHS	42 C.F.R. 425.221; 42 C.F.R. 425.220; 42 C.F.R. 425.224; 42 C.F.R. 425.210; 42 C.F.R. 425.200	Medicare/Medicaid	See page 127 of Interim Final Rule with Comment Period (IFC)

<a href="#">Flexibility for Medicaid Laboratory Services</a>	Amended certain regulations relating to limitations and conditions on Medicaid coverage of laboratory tests and X-rays in order to permit flexibility for coverage of COVID-19 tests in accordance with – Section 6004(a) of the Families First Coronavirus Response Act (FFCRA), as amended by the CARES Act, added a new mandatory benefit in the Medicaid statute that, for any portion of the COVID-19 emergency period, Medicaid coverage must include in vitro diagnostic products and serological antibody tests. See <a href="#">IHA's Summary</a>	HHS	Section 6004(a) of Families First Coronavirus Response Act; 1905(a)(3)(B) of the Social Security Act; Section 3717 of CARES Act; 42 C.F.R. 440.30	Medicare/Medicaid	See page 141 of Interim Final Rule with Comment Period (IFC)
<a href="#">Public Charge Rule</a>	Any treatment or preventive services related to COVID-19 will not negatively affect any individual as part of a future Public Charge analysis.	CIS		Other	
<a href="#">Cost Report Filing Deadlines</a>	Delayed 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.	CMS		Other	Issued May 15, 2020
<a href="#">IRS 990 Forms</a>	Delayed filing dates for IRS Form 990s and other forms.	IRS	<a href="#">Notice 2020-23</a>	Other	See <a href="#">EO Newsletter, Issued April 14, 2020</a>
<a href="#">Durable Medical Equipment Contractors</a>	When Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) is lost, destroyed, irreparably damaged, or otherwise rendered unusable, contractors 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.	CMS		Pharmacy	
<a href="#">Physicians and Prescribers</a>	DEA-registered practitioners in all areas of the United States may issue prescriptions for all schedule II-V controlled substances to patients for whom they have not conducted an in-person medical evaluation.	DEA		Pharmacy	
<a href="#">Durable Medical Equipment Interim Pricing in the CARES Act</a>	CMS detailed that section 3712 of the CARES Act revises the fee schedule amounts for certain DME and enteral nutrients, supplies, and equipment furnished in non-competitive bidding areas (CBAs), other than former CBAs, through the duration of the COVID-19 PHE. See <a href="#">IHA's Summary</a>	HHS	Section 3712 of the CARES Act; 42 C.F.R. 414.210(g)(9)(iii)	Pharmacy	Begins on page 69 of Interim Final Rule with Comment Period (IFC)

<a href="#">Take Home Medication Limits</a>	Allows states and provider to request exceptions to SAMHSA's limits on amounts of take-home medication for treatment of opioid use disorder.	SAMHSA		Pharmacy	
<a href="#">FQHC and RHC Billing Rate</a>	Allows FQHCs and RHC's to bill their PPS rate.	CMS	CARES Act	Reimbursement	
<a href="#">FFS Prior Authorization</a>	Waived prior authorization for FFS; also allows for extension of pre-existing authorization.	CMS		Reimbursement	
<a href="#">Reimbursement for Services at Alternative Care Sites</a>	Allows facilities, including NFs, ICF/DDs, PRTFs and hospitals NFs to be reimbursed for services rendered to an unlicensed facility.	CMS		Reimbursement	
<a href="#">Separate Billing and Segregation of Funds for Abortion Services</a>	Delayed the implementation of the separate billing policy for qualified health plans (QHPs) for 60 days from the effective date included in the "Patient Protection and Affordable Care Act; Exchange Program Integrity" final rule. See <a href="#">IHA's Summary</a>	HHS	45 C.F.R. 156.280(e)(2)(ii)	Reimbursement	Begins on page 172 of Interim Final Rule with Comment Period (IFC)
<a href="#">Payment for COVID-19 Specimen Collection to Physicians, Nonphysician Practitioners and Hospitals</a>	Established that, for the duration of the COVID-19 public health emergency, providers may furnish such services for both new and established patients. This amends the current billing rules that require providers to have an established relationship with a patient before clinical staff can furnish such services. See <a href="#">IHA's Summary</a>	HHS	Sections 1833(h)(3) and 1834A(b)(5) of the Social Security Act; Section 6002(a) of Families First Coronavirus Response Act	Reimbursement	Begins on page 184 of Interim Final Rule with Comment Period (IFC)
<a href="#">Payment for Audio-Only Telephone Evaluation and Management Services</a>	Established new relative value units (RVUs) (i.e. higher reimbursement rates) for the telephone E/M services based on crosswalks to the most analogous office /outpatient E/M codes. See <a href="#">IHA's Summary</a>	HHS	Section 1135(b)(8) of the Social Security Act; Section 3703 of CARES Act; 42 C.F.R. 410.78	Reimbursement	See discussion on bottom of page 139 of Interim Final Rule with Comment Period (IFC)
<a href="#">Payment for Remote Physiologic Monitoring (RPM) Services Furnished During the COVID-19 PHE</a>	Implemented a policy that will now allow RPM monitoring services to be reported to Medicare for periods of time fewer than 16 days of 30 days, (but no less than 2 days). See <a href="#">IHA's Summary</a>	HHS		Reimbursement	See page 192 of Interim Final Rule with Comment Period (IFC)

<a href="#">General Considerations for Re-Starting Non-Emergent Care</a>	<p>In coordination with State and local public health officials, evaluate the incidence and trends for COVID-19 in the area where re-starting in-person care is being considered. Evaluate the necessity of the care based on clinical needs. Providers should prioritize surgical/procedural care and high-complexity chronic disease management; however, select preventive services may also be highly necessary. Consider establishing Non-COVID Care (NCC) zones that would screen all patients for symptoms of COVID-19, including temperature checks. Staff would be routinely screened as would others who will work in the facility (physicians, nurses, housekeeping, delivery and all people who would enter the area). Sufficient resources should be available to the facility across phases of care, including PPE, healthy workforce, facilities, supplies, testing capacity, and post-acute care, without jeopardizing surge capacity.</p>	<p>CMS</p>	<p>Re-Opening</p>	<p>Recommendation Issued</p>
<a href="#">PPE Considerations for Re-Starting Non-Emergent Care</a>	<p>Consistent with CDC's recommendations for universal source control, CMS recommends that healthcare providers and staff wear surgical facemasks at all times. Procedures on the mucous membranes including the respiratory tract, with a higher risk of aerosol transmission, should be done with great caution, and staff should utilize appropriate respiratory protection such as N95 masks and face shields. Patients should wear a cloth face covering that can be bought or made at home if they do not already possess surgical masks. Every effort should be made to conserve personal protective equipment.</p>	<p>CMS</p>	<p>Re-Opening</p>	<p>Recommendation Issued</p>
<a href="#">Workforce Considerations for Re-Starting Non-Emergent Care</a>	<p>Staff should be routinely screened for symptoms of COVID -19 and if symptomatic, they should be tested and quarantined. Staff who will be working in these NCC zones should be limited to working in these areas and not rotate into "COVID-19 Care zones" (e.g., they should not have rounds in the hospital and then come to an NCC facility). Staffing levels in the community must remain adequate to cover a potential surge in COVID-19 cases.</p>	<p>CMS</p>	<p>Re-Opening</p>	<p>Recommendation Issued</p>
<a href="#">Facility Considerations for Re-Starting Non-Emergent Care</a>	<p>In a region with a current low incidence rate, when a facility makes the determination to provide inperson, non-emergent care, the facility should create areas of NCC which have in place steps to reduce risk of COVID-19 exposure and transmission; these areas should be separate from other facilities to the degrees possible (i.e., separate building, or designated rooms or floor with a separate entrance and minimal crossover with COVID-19 areas). Within the facility, administrative and engineering controls should be established to facilitate social distancing, such as minimizing time in waiting areas, spacing chairs at least 6 feet apart, and maintaining low patient volumes. Visitors should be prohibited but if they are necessary for an aspect of patient care, they should be pre-screened in the same way as patients.</p>	<p>CMS</p>	<p>Re-Opening</p>	<p>Recommendation Issued</p>

<a href="#">Sanitation Protocol Considerations for Re-Starting Non-Emergent Care</a>	Ensure that there is an established plan for thorough cleaning and disinfection prior to using spaces or facilities for patients with non-COVID-19 care needs. Ensure that equipment such as anesthesia machines used for COVID-19 patients are thoroughly decontaminated, following CDC guidelines.	CMS		Re-Opening	Recommendation Issued
<a href="#">Supply Considerations for Re-Starting Non-Emergent Care</a>	Adequate supplies of equipment, medication and supplies must be ensured, and not detract for the community ability to respond to a potential surge.	CMS		Re-Opening	Recommendation Issued
<a href="#">Testing Considerations for Re-Starting Non-Emergent Care</a>	All patients must be screened for potential symptoms of COVID-19 prior to entering the NCC facility, and staff must be routinely screened for potential symptoms as noted above. When adequate testing capability is established, patients should be screened by laboratory testing before care, and staff working in these facilities should be regularly screened by laboratory test as well.	CMS		Re-Opening	Recommendation Issued
<a href="#">Audio-Only Telehealth For Certain Services</a>	Allows use of audio only equipment for designated codes for audio-only telephone evaluation and management services, and behavioral health counseling and educational services. See <a href="#">IHA's Summary</a>	CMS	42 C.F.R. 410.78(a)(3)	Telehealth	Issued April 30, 2020
<a href="#">Telehealth Reimbursement</a>	Allows all healthcare professionals who can bill Medicare for professional services to receive telehealth reimbursement for distant site services. See <a href="#">IHA's Summary</a>	CMS	42 C.F.R. 410.78(b)(2)	Telehealth	Issued April 30, 2020
<a href="#">Telemedicine for Increased Access</a>	Waived certain telemedicine requirements to allow telemedicine to be provided through an agreement with an offsite hospital.	CMS	42 C.F.R. 482.12(a)(8)-(9); 42 C.F.R. 485.616(c)	Telehealth	
<a href="#">Non-Standard Telehealth Technology</a>	Allow use of non-standard audio and visual technology to provide telehealth services.	CMS		Telehealth	OCR exercising enforcement discretion, content last review on March 30, 2020
<a href="#">Time Used for Level Selection for Office/Outpatient Evaluation and Management CMS-5531-IFC 10 Services Furnished Via Medicare Telehealth</a>	Clarified that the times to use for level selection are those listed in the CPT code descriptors. See <a href="#">IHA's Summary</a>	HHS		Telehealth	See page 182 of Interim Final Rule with Comment Period (IFC)

<a href="#">Opioid Treatment Programs – Furnishing Periodic Assessments via Communication</a>	<p>Allowed OTPs to furnish periodic assessment via two-way interactive audio-visual communication technology or audio-only telephone calls, if the beneficiary lacks access to audio-video community technology, during the PHE. See <a href="#">IHA's Summary</a></p>	HHS	<p>42 C.F.R. 410.67(b)(3) and (4); 42 C.F.R. 410.67(b)(7)</p>	Telehealth	<p>See pages 32-33 of Interim Final Rule with Comment Period (IFC)</p>
<a href="#">Updating the Medicare Telehealth List</a>	<p>For the duration of the public health emergency, it will now use a sub-regulatory process to modify the services included on the Medicare telehealth list. See <a href="#">IHA's Summary</a></p>	HHS	42 C.F.R. 410.78(f)	Telehealth	<p>See the discussion beginning at the bottom of page 182 of the Interim Final Rule with Comment Period (IFC)</p>
<a href="#">Telehealth Communication Compliance with HIPAA</a>	<p>OCR will exercise its enforcement discretion and will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency; allow use of non-standard audio and visual technology to provide telehealth services. See also <a href="#">HHS OCR Bulletin</a>.</p>	HHS		Telehealth	