



CMS Termination of Selected Emergency Blanket Waiver Flexibilities Effective May 7, 2022

On April 7, 2022, the Centers for Medicare and Medicaid Services (CMS) [announced the termination of selected emergency declaration blanket waivers](#) that were enacted under section 1135 of the Social Security Act to assist long-term care facilities with COVID-19.

Effective May 7, 2022, the following flexibilities expire, and providers must return to compliance with the reinstated requirements in accordance applicable federal regulations:

- Resident Groups - 42 CFR §483.10(f)(5) - 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.
- Physician Delegation of Tasks in SNFs - 42 CFR §483.30(e)(4) - 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.
- Physician Visits - 42 CFR §483.30(c)(3) - CMS waived the requirement that all required physician visits (not already exempted in §483.30(c)(4) and (f)) must 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.
- Physician Visits in Skilled Nursing Facilities/Nursing Facilities - 42 CFR §483.30 - 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.
- Quality Assurance and Performance Improvement (QAPI) – 42 CFR §483.75(b)–(d) and (e)(3) - 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.
- Detailed Information Sharing for Discharge Planning for Long-Term Care (LTC) Facilities - 42 CFR §483.21(c)(1)(viii) - 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.
- Clinical Records - 42 CFR §483.10(g)(2)(ii) - CMS modified the requirement which requires long-term care (LTC) facilities to provide a resident a copy of their records within two working days (when requested by the resident).

Questions? Please contact Health Facilities Licensing & Certification at dhcs.hflc@alaska.gov.