



The Missouri Hospital Association advocated with various state and federal agencies to waive requirements that impede hospitals' ability to rapidly respond to the spread of COVID-19. Executive Order 20-04 was issued where the governor granted departments the authority to temporarily waive or suspend any statutory requirement or administrative rule or regulation under the director's purview, upon approval of the Governor's Office. Please consult the relevant agency with questions about processes and specific applications.

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WAIVERS BY TOPIC:

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Agency Responsible	Description of Waiver	Duration of Waiver	Statute or Regulation	Application	Status	Notes
HEALTH CARE WORKERS						
State Waivers						
Board of Healing Arts	Suspension of reciprocity requirements to allow physicians licensed in other states to practice in Missouri	3/31/2020 - 6/15/2020	334.043, RSMo 20 CSR 2150-2.030	Physicians	GRANTED	
Board of Healing Arts	Allows retired/inactive physicians to practice without reapplying for licensure	3/25/2020 - 6/15/2020	334.002.3 and .4, 334.110, RSMo 20 CSR 2150-2.153(9)	Physicians	GRANTED	
Healing Arts/Nursing	Suspension of geographic limits for APRNs	3/26/2020 - 6/15/2020	334.104(5)(b), RSMo 20 CSR 2150-5.100(2)(B) 20 CSR 2200-4.200(2)(B)(2)	APRN	GRANTED	
Healing Arts/Nursing	Suspension of requirement that APRN work under physician supervision for one month	4/2/2020 - 6/15/2020	20 CSR 2150-5.100(2)(C)	APRN	GRANTED	
Healing Arts/Nursing	Suspension of requirements for physician chart review	4/2/2020 - 6/15/2020	334.104.3(9), RSMo 20 CSR 2200-2.200(4)(E)	APRN	GRANTED	Does not waive requirements relating to review of charts involving prescription of controlled substances
Board of Healing Arts	Suspension of geographic limits for assistant physicians	3/31/2020 - 6/15/2020	334.037.2(5)(b), RSMo 334.037.3(1), RSMo 20 CSR 2150-2.240(1)(A) and (B)	Assistant Physicians	GRANTED	
Board of Healing Arts	Suspension of geographic limits for physician assistants	3/31/2020 - 6/15/2020	334.735.9(5)(b), RSMo and 20 CSR 2150-7.135(8)(C)	Physician Assistants	GRANTED	
Board of Healing Arts	Suspension of requirement that PA work under physician supervision for one month	3/31/2020 - 6/15/2020	335.735.13, RSMo and 20 CSR 2150-7.135(7)	Physician Assistants	GRANTED	
Board of Healing Arts	Suspension of requirements for physician chart review for PAs	3/31/2020 - 6/15/2020	335.725.9(8), RSMo and 20 CSR 2150-7.135(10)	Physician Assistants	GRANTED	
Board of Healing Arts	Allows anesthesiologist assistants licensed in other states to practice in Missouri	3/31/2020 - 6/15/2020	334.412, RSMo	Anesthesiologist Assistants	GRANTED	
Board of Healing Arts	Allows inactive or retired AAs to practice without reapplying for licensure	3/31/2020 - 6/15/2020	334.408, 334.410, RSMo and 20 CSR 2150-9.090 and 20 CSR 2150-9.100	Anesthesiologist Assistants	GRANTED	
Board of Healing Arts	Allows perfusionists licensed in other states to practice in Missouri	3/31/2020 - 6/15/2020	20 CSR 2150-8.030	Perfusionists	GRANTED	
Board of Healing Arts	Allows applicants for PT license to submit unofficial transcripts if licensed in another state	4/3/2020 - 6/15/2020	20 CSR 2150-3.010(3)	Physical Therapists	GRANTED	
Board of Healing Arts	Allows physical therapists licensed in other states to practice in Missouri	3/31/2020 - 6/15/2020	334.540, RSMo and 20 CSR 2150-3.040(1)	Physical Therapists	GRANTED	
Board of Healing Arts	Allows physical therapist whose temporary license expires during period of emergency to continue to practice	3/31/2020 - 6/15/2020	20 CSR 2150-3.050(5)(E) and (6)	Physical Therapists	GRANTED	
Board of Healing Arts	Allows inactive or retired physical therapists to practice without reapplying for licensure	3/31/2020-6/15/2020	20 CSR 2150-3.053 20 CSR 2150-3.057 20 CSR 2150-3.066	Physical Therapists	GRANTED	
Board of Healing Arts	Allows physical therapy assistants licensed in other states to practice in Missouri	3/31/2020 - 6/15/2020	334.660, RSMo and 20 CSR 2150-3.120	Physical Therapy Assistants	GRANTED	
Board of Healing Arts	Allows inactive or retired physical therapy assistants to return to practice	3/31/2020 - 6/15/2020	334.685, RSMo 20 CSR 2150-3.153 20 CSR 2150-3.165	Physical Therapy Assistants	GRANTED	
Board of Healing Arts	Allows PTA whose temporary license expires during period of emergency to continue to practice	3/31/2020 - 6/15/2020	20 CSR 2150-3.150(4) and (5)(E)	Physical Therapy Assistants	GRANTED	
DHSS	Extend timeframe for UAP to obtain required classroom time by 90 days	4/2/2020 - 6/15/2020	19 CSR 30-20.125	Unlicensed Assistive Personnel	GRANTED	
Board of Nursing	Allows nurse graduates who graduated on or after 12/16/19 and who have not previously taken the NCLEX and not been denied a license to practice as a graduate nurse pending the results of their first licensing exam or for 180 days after graduation, whichever occurs first	3/23/2020 - 6/15/2020 (waiver covers individuals who graduate before that date)	20 CSR 2200-4.020(1)(G) and 20 CSR 2200-4.020(3)	Nursing students	GRANTED	
Board of Nursing	Extend unexpired temporary permits for an additional 6 months	3/23/2020 - 6/15/2020	20 CSR 2200-4.020(6)	Nurses	GRANTED	
Missouri Board of Respiratory Care	Waives certain provisions of application for licensure - NBRC verification will be obtained via website by the board; license verification from other states will be accepted via email; fingerprinting requirements are waived.	4/7/2020 - 6/15/2020	20 CSR 2255-2.010	Respiratory Care Practitioners	GRANTED	
Missouri Board of Respiratory Care	Individuals whose license has been expired/lapsed for less than four (4) years may submit reinstatement renewal forms via email with renewal and delinquent fees being collected at a later date.	4/7/2020 - 6/15/2020	20 CSR 2255-2.060	Respiratory Care Practitioners	GRANTED	
Department of Insurance and Commerce/Professional Registration	6 month extension of all health care professional licenses for period of 6 months and suspension of all renewal requirements for board certification, BNDD registration, BLS, ACLS or PALS		Various	Licensed health care professionals	PENDING	
Board of Healing Arts/Nursing	Suspend requirement for physician to be present every 2 weeks for APRNs providing services that include the diagnosis and initiation of treatment for acutely or chronically ill or injures patients		20 CSR 2200-4.200(4)(F)	APRN	PENDING	
Federal Waivers						

CMS	Waiving requirements that CRNA be under supervision of a physician/allows CRNA to practice to fullest extent of license, so long as not inconsistent with state's emergency plan	3/1/2020 through the end of the federal emergency declaration	482.52(a)(5), 485.639(c) and 416.42(b)(2)	CRNA	GRANTED
CMS	Suspend requirement to designate in writing personnel qualified to perform respiratory care procedures/supervision requirements. Allows HCW to practice at fullest extent of license	3/1/2020 through the end of the federal emergency declaration	482.57(b)(1)	Respiratory Care	GRANTED
CMS	Waiving minimum personnel qualifications for clinical nurse specialists, nurse practitioners and physician assistants	3/1/2020 through the end of the federal emergency declaration	485.604(a)(2), 485.604(b)(1)-(3) and 485.604(c)(1)-(3)	Clinical Nurse Specialists	GRANTED
CMS	Relax protocols between teaching physicians and residents in teaching hospitals	3/1/2020 through the end of the federal emergency declaration		Physicians/Residents	GRANTED
CMS	Allow extension of existing and granting of new privileges without full review and approval	3/1/2020 through the end of the federal emergency declaration	42 CFR 482.22(a)(1)-(4)	Medical Staff	GRANTED

Agency Responsible	Description of Waiver	Duration of Waiver	Statute or Regulation	Application	Status	Notes
HOSPITAL LICENSURE/CONDITIONS OF PARTICIPATION						
State Waivers						
DHSS	Ability to place patients in nonlicensed care sites	3/20/2020 - 6/15/2020	19 CSR 30-20.015(2)	All Hospitals	GRANTED	
DHSS	Suspension of construction standards for off-campus care sites	3/20/2020 - 6/15/2020	19 CSR 30-20.030	All Hospitals	GRANTED	Notify DHSS of existence of and location of site
DHSS	Use of LTC units beds for acute patients	3/20/2020 - 6/15/2020	19 CSR 30-20.050	All Hospitals	GRANTED	
DHSS	Suspension of rule on visiting hours in LTC units	3/19/2020 - 6/15/2020	19 CSR 30-20.050(2)(C)	All Hospitals	GRANTED	
DHSS	Suspend requirement to provide notice of rights and responsibilities for individuals in LTC unit	3/20/2020 - 6/15/2020	19 CSR 30-20.050(8)(B)	All Hospitals	GRANTED	
DHSS	Suspend requirements to provide notice of services available in LTC unit	3/20/2020 - 6/15/2020	19 CSR 30-20.050(8)(C)	All Hospitals	GRANTED	
DHSS	Allows hospitals to exceed licensed bed capacity and use medical surge beds for intensive care	3/20/2020 - 6/15/2020	19 CSR 30-20.015(5)	All Hospitals	GRANTED	
DHSS	Waiver of transfer/dishcharge standards in LTC units	3/20/2020 - 6/15/2020	19 CSR 30-20.050(8)(E)	All Hospitals	GRANTED	
DHSS	6 month extension of all hospital licenses expiring during declared emergency	3/20/2020 - 6/15/2020	19 CSR 30-20.015(5)	All Hospitals	GRANTED	
DHSS	Suspension of diversion rules	3/19/2020 - 6/15/2020	19 CSR 30-20.092	Hospitals/EMS	GRANTED	
DHSS	Suspension of all routine hospital survey activity and on-site investigations of hospitals, except for surveys authorized by CMS	4/2/2020 - 6/15/2020	197.100, 197.080; RSMo; 19 CSR 30-20.015(8)(A)	All Hospitals	GRANTED	Will conduct surveys only as necessary to address public health and safety/address immediate jeopardy situations (authority from CMS)
DHSS	Grants an additional 90 days to renew trauma, stroke and STEMI designations	4/2/2020 - 6/15/2020	19 CSR 30-40.420(2)(A) 19 CSR 30-40.720(2)(A) and (B) 19 CSR 30-40.750(2)(A) and (B)	Trauma, stroke and STEMI centers	GRANTED	
DHSS	Suspends requirements relating to designation reviews for trauma centers	4/2/2020 - 6/15/2020	19 CSR 30-40.420(2)(G) 19 CSR 30-40.420(2)(J)	Trauma centers	GRANTED	
DHSS	Suspends requirements relating to designation reviews for stroke centers	4/2/2020 - 6/15/2020	19 CSR 30-40.720(2)(D)2 19 CSR 39-40.720(2)(F) and (G)	Stroke centers	GRANTED	
DHSS	Suspends requirements relating to designation reviews for STEMI centers	4/2/2020 - 6/15/2020	19 CSR 30-40.750(2)(D)2 19 CSR 30-40.750(2)(F) and (G)	STEMI centers	GRANTED	
DHSS	Extends trauma, stroke or STEMI designation obtained through alternate designation process until private certifying organization can conduct review	4/2/2020 - 6/15/2020	19 CSR 30-40.420(3) 19 CSR 30-40.720(3) 19 CSR 30-40.750(3)	Trauma, stroke and STEMI centers	GRANTED	
Federal Waivers						
CMS	Physical Environment: Suspend Physical Environment CoPs to allow for alternate care sites (testing and care)	3/1/2020 through the end of the federal emergency declaration	42 CFR 482.41 and 485.623	Hospitals/CAH	GRANTED	Location must be approved by DHSS
CMS	Sterile Compounding: Allow face masks used during sterile compounding to be reused throughout a continuous work shift	3/1/2020 through the end of the federal emergency declaration	42 CFR 482.25(b)(1) and 485.635(a)(3) for CAHs	Hospitals/CAHs	GRANTED	
CMS	Verbal Orders: Flexibility in the use of verbal orders related to verbal orders where read-back verification is required, but authentication may occur later than 48 hours	3/1/2020 through the end of the federal emergency declaration	42 CFR 482.23(c)(3)(i), 42 CFR 482.24(c)(2) and (3) and 42 CFR 485.635(d)(3) for CAHs	Hospitals/CAHs	GRANTED	
CMS	Medical Records: Suspend certain requirement relating to medical record department, content, retention and 30-day completion requirements	3/1/2020 through the end of the federal emergency declaration	42 CFR 482.24(a)-(c) and 482.24(c)(4)(viii)	Hospitals	GRANTED	
CMS	Patient Rights: Relaxation of timeframe to providing a copy of patient's medical record	3/1/2020 through the end of the federal emergency declaration	482.13(d)(2)	Hospitals	GRANTED	
CMS	Patient Rights: Suspend patient rights requirements relating to visitor policies and procedures and seclusion	3/1/2020 through the end of the federal emergency declaration	42 CFR 482.13(h) and (e)(1)(ii)	Hospitals	GRANTED	
CMS	CAH Status: Waives 25-bed limit and 96-hour average length of stay for CAHs	3/1/2020 through the end of the federal emergency declaration	42 CFR 485.62	CAHs	GRANTED	
CMS	Care of Acute Care in Excluded Units: Allows hospitals to place acute care patients in excluded distinct part units if such beds are appropriate for acute care. IPPS hospitals should bill accordingly and document in the medical record that patient is there for capacity issues relating to emergency.	3/1/2020 through the end of the federal emergency declaration		Hospitals	GRANTED	
CMS	Care of Excluded IPU in Acute Care Units: Allows hospitals to relocate inpatients from excluded distinct part psychiatric unit to acute beds if beds and staff are appropriate for safe care. IPPS hospitals should bill for inpatient psychiatric services and document in the medical record that patient is in acute bed due to capacity or other exigent circumstances relating to emergency.	3/1/2020 through the end of the federal emergency declaration		Hospitals	GRANTED	
CMS	Care of Excluded IRU in Acute Care Units: 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. Hospitals should bill for rehab services under the IRF PPS and document in the medical record that patient is in acute bed due to capacity or other exigent circumstances relating to emergency. Also waives the 60 percent rule for IRF's for patients admitted solely to respond to the emergency.	3/1/2020 through the end of the federal emergency declaration		Hospitals	GRANTED	
CMS	Long Term Care Acute Hospitals: May exclude patients stays from the 25-day average LOS requirement for patients admitted and discharged to meet emergency demands	3/1/2020 through the end of the federal emergency declaration		LTACHs	GRANTED	

CMS	Inpatient Rehabilitation Facilities: May exclude 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	3/1/2020 through the end of the federal emergency declaration		IRF	GRANTED	
CMS	Occupational Mix Survey: Extending the deadline from July 1 to August 3. Hospitals should contact their MAC or CMS if they will have difficulty meeting the deadline.	3/1/2020 through the end of the federal emergency declaration		Hospitals	GRANTED	
CMS	Reporting Requirements: Waiver of reporting death in ICU in soft restraints unless directly causing death	3/1/2020 through the end of the federal emergency declaration	42 CFR 482.13(g)(1)(i)-(ii)	Hospitals	GRANTED	
CMS	Allows use of pre-printed and electronic standing orders and protocols for patient orders	3/1/2020 through the end of the federal emergency declaration	42 CFR 482.24(c)(3)	Hospitals	GRANTED	
CMS	Discharge Planning: Waives certain detailed requirements for post-acute care discharge	3/1/2020 through the end of the federal emergency declaration	42 CFR 482.43(c)-All; 482.43(a)(8), 482.61(e), 485.642(a)(8)	Hospitals/CAH	GRANTED	
CMS	Physician Services: Waiver of requirement that Medicare patients be under care of a physician, so long as not inconsistent with state's emergency plan	3/1/2020 through the end of the federal emergency declaration	42 CFR 482.12(c)(1)-(2) and (c)(4)	Hospitals	GRANTED	
CMS	Utilization Review: Suspends entire UR CoP, so long as not inconsistent with state's emergency plan	3/1/2020 through the end of the federal emergency declaration	42 CFR 482.1(a)(3) and 482.30	Hospitals	GRANTED	
CMS	Emergency Services: Waives requirement for written policies for evaluating emergencies at surge sites, so long as not inconsistent with state's emergency plan	3/1/2020 through the end of the federal emergency declaration	42 CFR 482.12(f)(3)	Hospitals	GRANTED	
CMS	Emergency Preparedness: Waives certain requirements for emergency preparedness plans and policies at surge sites and communication plans	3/1/2020 through the end of the federal emergency declaration	42 CFR 482.15(b); 485.625(b) and 482.15(c)(1)-(5) and 485.625(c)(1)-(5)	Hospitals/CAH	GRANTED	
CMS	QAPI: Suspends certain QAPI requirements related to scope, incorporation and priority setting for program activities and integration (hospitals part of healthcare system)	3/1/2020 through the end of the federal emergency declaration	42 CFR 482.21(a)-(d) and (f) and 485.641(a), (b) and (d)	Hospitals/CAH	GRANTED	
CMS	Nursing Services: Suspends nursing care plan requirements and requirement for policies and procedures for nurse presence at outpatient departments	3/1/2020 through the end of the federal emergency declaration	42 CFR 482.23(b)(4) and (7) 485.635 (d)(4)	Hospitals/CAH	GRANTED	
CMS	Food and Diets: Suspends requirement to have current therapeutic diet manual approved by dietician and medical staff at surge sites	3/1/2020 through the end of the federal emergency declaration	42 CFR 482.28(b)		GRANTED	
CMS	Patient Self Determination Act (Advanced Directives): Providing information on advanced directive policies	3/1/2020 through the end of the federal emergency declaration	1902(a)(58), 1902(w)(1)(A), 1852, 1866(f), 42 CFR 489.102	Hospitals/CAH	GRANTED	
CMS	Telemedicine: Waives certain telemedicine requirements	3/1/2020 through the end of the federal emergency declaration	42 CFR 482.12(A)(8)(9) and 485.616(c)	Hospitals/CAH	GRANTED	
CMS	Anesthesia Services: Waives requirements for CRNA to be under physician supervision as determined by physician and CRNA	3/1/2020 through the end of the federal emergency declaration	42 CFR 482.52(a)(5) and 485.639(c)(2)	Hospitals/CAH	GRANTED	
CMS	Respiratory Care Services: Waives certain policy and supervisory requirements related to personnel qualified to perform respiratory care procedures	3/1/2020 through the end of the federal emergency declaration	42 CFR 482.57(b)(1)	Hospitals	GRANTED	
CMS	CAH Personnel Qualifications: waives personnel qualifications for CNS, NP and PA	3/1/2020 through the end of the federal emergency declaration	42 CFR 485.604(a)(2), 485.604(b)(1)-(3), 485.604(c)(1)-(3)	CAHs	GRANTED	
CMS	CAH Staff Licensure: Waives licensure, certification and registration requirements deferring to state law	3/1/2020 through the end of the federal emergency declaration	42 CFR 485.608(d)	CAHs	GRANTED	
CMS	Relief from 3-day rule for swing bed status-	3/1/2020 through the end of the federal emergency declaration	42 CFR 409.30	Swing Bed Hospitals	GRANTED	<i>Confirmed by CMS in a letter to the National Rural Health Association</i>
CMS	Waives requirement that physician be physically present for services in CAH, but must be available through telephone or email	3/1/2020 through the end of the federal emergency declaration	42 CFR 485.631(b)(2)	CAHs	GRANTED	
CMS	Waives requirement that NP, PA or certified nurse-midwife be available at least 50% of the time RHC or FQHC operates	3/1/2020 through the end of the federal emergency declaration	42 CFR 491.8(a)(6)	RHCs, FQHCs	GRANTED	<i>Does not waive requirement that physician, NP, PA, certified nurse-midwife, CSW or clinical psychologist be available to furnish care at all times of operation</i>

Agency Responsible	Description of Waiver	Duration of Waiver	Statute or Regulation	Application	Status	Notes
EMTALA						
CMS	Waive medical screening exam requirements to allow patients to be diverted from the ED to alternate COVID-19 screening sites	3/1/2020 through the end of the federal emergency declaration	42 USC 1395dd(a)/Section 1867(a) of the SSA	All hospitals	GRANTED	Appropriate MSE to be provided at alternate site
CMS	Suspend definition of appropriate transfer to allow transfer to lower level of care		42 USC 1395dd(c)(2)	All hospitals	PENDING	
STARK LAW						
CMS	Physician Self Referral Law -STARK Law	3/1/2020 through the end of the federal emergency declaration	1877(g)	Hospitals/Physicians	GRANTED	
HIPAA						
OCR	Waive HIPAA requirements relating to encrypted transmission of PHI to allow for phone and text communications	3/17/2020 through the end of the federal emergency declaration	45 CFR 164.312(a)(2)(iv) and 45 CFR 164.312(e)(2)(ii)	All providers	OCR exercising enforcement discretion	
OCR	Waive HIPAA privacy requirements to allow providers to communicate with individuals connected to PUIs or infected individuals	3/15/2020 - ? The bulletin says the waiver is only good for 72 hours, but advocates are seeking clarification. OCR likely exercising enforcement discretion.	45 CFR and 164.502(a) and 164.510(b)	Hospitals	GRANTED	Applies to hospitals that have implemented disaster protocols
OCR	Suspend requirement to provide HIPAA Notice of Privacy Practices	3/15/2020 - ? The bulletin says the waiver is only good for 72 hours, but advocates are seeking clarification. OCR likely exercising enforcement discretion.	45 CFR 164.520	Hospitals	GRANTED	
DHSS	Allow hospitals to notify first responders of possible COVID-19 exposure, whether patient is admitted or not	4/13/2020 - 6/15/2020	19 CSR 20-20.090(2)	Hospitals	GRANTED	

Agency Responsible	Description of Waiver	Duration of Waiver	Statute or Regulation	Application	Status	Notes
TELEMEDICINE/TELEHEALTH						
State Waivers						
DCI	Waives enforcement against carriers who reimburse telehealth providers licensed in another state; strongly encourages carriers to authorize out-of-network telehealth services	3/26/2020 - 6/15/2020	376.1900, 191.1145.3, 376.1900.8	Insurance carriers	Issued	Education only; does not have force or effect of law
Healing Arts	Suspends licensure reciprocity requirements	3/25/2020 - 6/15/2020	334.108.1 and .4, RSMo and 20 CSR 2150-2.030	Physicians	GRANTED	Allows physicians licensed outside Missouri to provide telehealth services in the state
Governor/Healing Arts/MHD	Allow telephone consult to constitute exam	3/18/2020 - 6/15/2020	Section. 191.1146, 334.108, 376.1900, 208.670	Telehealth providers	GRANTED	
Board of Healing Arts/Nursing	Waive requirement that APRN provide telemedicine outside geographic area only in rural areas of need		Sect. 335.175	Telehealth providers	PENDING	
Board of Healing Arts/Nursing	Allow APRN to provide telemedicine without presence of physician		20 CSR 2200-4.200(4)(F)	APRN	PENDING	
Governor	Suspend requirement for health staff to be present at originating site		Sect. 191.1145	Telehealth providers	PENDING	
Federal Waivers						
CMS	Allows telemedicine to be provided through an agreement with an off-site hospital	3/1/2020 through the end of the federal emergency declaration	482.12(a)(8)-(9) and 485.616(c) for CAHs	Medicare providers	GRANTED	
CMS	Allows all health care professionals who can bill Medicare for professional services to receive telehealth reimbursement for distant site services	3/1/2020 through the end of the federal emergency declaration	410.78(b)(2)	Medicare providers	GRANTED	
CMS	Allows use of audio only equipment for designated codes for audio-only telephone evaluation and management services, and behavioral health counseling and educational services	3/1/2020 through the end of the federal emergency declaration	410.78(a)(3)	Medicare providers	GRANTED	Codes can be found at https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes
OCR	Allow use of non-standard audio and visual technology to provide telehealth services	3/17/2020 through the end of the federal emergency declaration		Medicare providers		OCR exercising enforcement discretion
	Additional Resources:					
	Medicare Telemedicine Health Care Provider Fact Sheet					
	General Provider Telehealth and Telemedicine Toolkit					
	Long-Term Care Nursing Homes Telehealth and Telemedicine Toolkit					
	ESRD Provider Telehealth and Telemedicine Toolkit					
	Medicare Telehealth FAQs					
	Temporary Telehealth Guidelines					
	FAQs on Availability and Usage of Telehealth Services Through Private Health Insurance Coverage in Response to Coronavirus Disease 2019 (COVID-19)					

Agency Responsible	Description of Waiver	Duration of Waiver	Statute or Regulation	Application	Status	Notes
PHARMACY						
State Waivers						
BNDD	Allows for set up and operation of temporary health care facilities without a registration	3/31/2020 - 6/15/2020	195.030.6, RSMo	Pharmacies	GRANTED	
BNDD	Allows pharmacies to dispense an emergency supply of controlled substances to a patient if original dispensing pharmacy is closed or unable to fill the prescription due to the State of Emergency	3/31/2020 - 6/15/2020	Section 195.060, RSMo	Pharmacies	GRANTED	May dispense 14-day supply; must make good faith efforts to verify prescription and that originally dispensing pharmacy is closed
BNDD	Extends deadline for annual inventories due during declared emergency by 120 days	3/31/2020 - 6/15/2020	19 CSR 30-1.042(3)	Pharmacies	GRANTED	
Board of Pharmacy	Waives licensure requirements for pharmacists, technicians and pharmacies licensed in other states	3/23/20 - 5/15/20	338.020, 338.013 and 338.220, RSMo	Pharmacists, Technicians and Pharmacies	GRANTED	
Board of Pharmacy	Allows pharmacies to dispense an emergency supply of medication if original dispensing pharmacy is closed or unable to fill the prescription due to the State of Emergency	3/20/2020 - 6/15/2020	338.200.1(2), RSMo	Pharmacies	GRANTED	Does not apply to controlled substances; must make good faith effort to verify the prescription
Board of Pharmacy	Allows pharmacies to dispense up to 30-day supply of emergency medication during the State of Emergency	3/20/2020 - 6/15/2020	338.200.2(1)	Pharmacies	GRANTED	Use smallest unit of use available for medications that exceed a 30-day supply
Board of Pharmacy	Allows pharmacy tech or intern to dispense when pharmacist is not physically present due to emergency if certain conditions are met	3/20/2020 - 6/15/2020	20 CSR 2220-2.010(1)(A)	Pharmacies	GRANTED	Medication must have been previously verified and approved by pharmacist; dispensing necessary for patient safety or to provide emergency relief; and dispensing without pharmacist's presence has been approved by pharmacist in advance
Board of Pharmacy	Allows pharmacist to use technology to remotely verify final product if certain conditions are met	3/20/2020 - 6/15/2020	20 CSR 2220-2.010(1)(B)	Pharmacies	GRANTED	Physical verification cannot be promptly performed by pharmacist; prompt dispensing is in the best interest of patient health/safety; technology is sufficient to properly verify product and tech or intern is supervised in compliance with proposed rule 20 CSR 2220-2.710 published 3/16/20
Board of Pharmacy	Pharmacies engaged in sterile compounding may accept Aseptic Technique Skill Assessment results from another pharmacy for the same staff member	3/20/2020 - 6/15/2020	20 CSR 2220-2.200(10)(B)	Pharmacies	GRANTED	Ensure techs are trained on proper technique
Board of Pharmacy	Allows for Class-J shared services without a permit if necessary to prevent interruptions in patient care	3/20/2020 - 6/15/2020	20 CSR 2220-2.650	Pharmacies	GRANTED	Must comply with 20 CSR 222-2.650 except: common database and written contract not required
Board of Pharmacy	Allows use of technicians and interns to assist with non-dispensing from off-site location	3/20/2020 - 6/15/2020	20 CSR 2220-6.055(6)	Pharmacies	GRANTED	
Board of Pharmacy	Allows technicians and interns to perform remote data entry from home or off-site location	3/20/2020 - 6/15/2020	20 CSR 2220-2.700(1) 20 CSR 2220-6.055(6)	Pharmacies	GRANTED	Must comply with proposed rule 20 CSR 2220-2.725 published 3/16/20
Board of Pharmacy	Allow distribution of compound preparations b hospital pharmacies without patient-specific prescription to treat COVID-19 patients or assist other hospitals unable to provide the compounding services	4/13/2020 - 6/15/2020	20 CSR 2220-2.400(12)	Pharmacies	GRANTED	

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EMS/FIRST RESPONDERS						
State Waivers						
DHSS	Allows EMS to develop approved protocols to triage 911 calls and prioritize transport	3/19/2020 - 6/15/2020	19 CSR 30-40.309(2)(B)	EMS	GRANTED	
DHSS	Allows hospitals to deviate from diversion plans to more effectively move patients to alternate care sites	3/19/2020 - 6/15/2020	19 CSR 30-20.092	Hospitals	GRANTED	
DHSS	Allows DHSS and LPHAs to notify public safety agencies, including 911 dispatch, EMS, law enforcement and fire protection of the address of individuals known to be under a request or order for quarantine.	3/25/2020 - 6/15/2020	192.067, RSMo and 19 CSR 20-20.020(10)	EMS	GRANTED	
DHSS	Allows hospitals to notify first responders of potential exposure to COVID-19, regardless of whether the individual has been admitted to the hospital	4/14/2020 - 6/15/2020	19 CSR 20-20.090(2)	EMS	GRANTED	
DHSS	Grants ambulance services an additional 90 days after conclusion of emergency to apply for license renewal	4/29/2020 - 6/15/2020	19 CSR 30-40.308(1)(A) 19 CSR 30-40.309(1)(A)	EMS	GRANTED	
DHSS	Suspends inspections of ambulance services and extends licensure through state of emergency	4/29/2020 - 6/15/2020	19 CSR 30-40.308(1)(C) 19 CSR 30-40.309(1)(C) and (D)	EMS	GRANTED	
DHSS	Grants EMS agencies providing ALS an additional 90 days after conclusion of emergency to apply for license renewal; suspends licensure inspections	4/29/2020 - 6/15/2020	19 CSR 30-40.333	EMS	GRANTED	
DHSS	Grants EMS training entities an additional 90 days after conclusion of emergency to renew license; suspends inspections of training entities during state of emergency	4/29/2020 - 6/15/2020	19 CSR 30-40.331	EMS	GRANTED	
Federal Waivers						
CMS	Authorizes transfer to any destination able to treat patients including alternate care sites and other health care facilities	3/1/2020 through the end of the federal emergency declaration		Hospitals/EMS	GRANTED	
PATIENT TRANSFERS TO POST ACUTE CARE						
Federal Waivers						
CMS	Relax documentation requirements for transfers to post acute care	3/1/2020 through the end of the federal emergency declaration	42 CFR 482.43(a)(8), (c)(1), (c)(2) and (c)(3), 482.61(e) and 485.642(a)(8) for CAHs	Hospitals/Post acute Providers	GRANTED	<i>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)</i>
CMS	Suspend requirement for face-to-face physician consultation for transfer to home health	3/1/2020 through the end of the federal emergency declaration	42 CFR 484.55	Hospitals/Home Health	GRANTED	
CMS	Waiver of PASSR Level I and II screenings	3/1/2020 through the end of the federal emergency declaration		Hospitals/LTC	GRANTED	Follow process outlined by DHSS
CMS	Waives the requirement for a 3-day admission prior to transfer of patient to SNF.	3/1/2020 through the end of the federal emergency declaration	SSA Section 1812(f)	Hospitals/LTC	GRANTED	
CMS	Suspend requirement for 3-day admission prior to transfer to LTC or CAH swing bed		42 CFR 409.30	CAHs	PENDING	

Agency Responsible	Description of Waiver	Duration of Waiver	Statute or Regulation	Application	Status	Notes
MEDICAID						
State Waivers						
DSS MO HealthNet	Extends Medicaid eligibility for 90 days to those who test positive for COVID-19 and meet income requirements	3/25/2020 - 6/15/2020	208.065, 208.990.2, and 208.990.3 RSMo	Medicaid providers	GRANTED	
DSS MO HealthNet	Allows MMAC to expedite Medicaid provider enrollment	3/1/2020 through the end of the federal emergency declaration	13 CSR 65-2.020(5) and 13 CSR 65-2.020(9)	Medicaid providers	GRANTED	
DSS MO HealthNet	Medicaid coverage extended for elective tubal ligations rescheduled due to COVID-19	3/25/2020 - 6/15/2020		Medicaid providers	GRANTED	
DSS MO HealthNet	Suspends requirement to maintain pharmacy signature log	3/20/2020 - 6/15/2020	13.11.B of the MOHealthNet Pharmacy Provider Manual	Medicaid providers	GRANTED	
DSS MO HealthNet	Waives several requirements of the Private Duty Nursing Program (RN reviews, provider qualifications and certifications, plan of care updates)	3/13/2020 - 6/15/2020		Medicaid providers	GRANTED	
DSS MO HealthNet	MO HealthNet to auto-approve CT chest scans with COVID-19 diagnosis; all approvals will be valid for 90 days	3/1/2020 - 6/15/2020		Medicaid providers	GRANTED	
DSS MO HealthNet	Registered Behavioral Technicians may provide ABA services if they meet all requirements but certification test.	3/20/2020 - 6/15/2020		Medicaid providers	GRANTED	
DSS MO HealthNet	Additional albuterol inhalers added as preferred products	3/20/2020 - 6/15/2020		Medicaid providers	GRANTED	
DSS MO HealthNet	Teledentistry services authorized for patients at home	3/23/2020 - 6/15/2020		Medicaid providers	GRANTED	
DSS MO HealthNet	MO HealthNet to reimburse multi-function ventilators during COVID-19 emergency	3/23/2020 - 6/15/2020		Medicaid providers	GRANTED	
DSS MO HealthNet	Telehealth: 1) Waiver of the requirement that physicians must have an established relationship with the patient for telehealth; 2) Waiving the co-payment for any services provided by means of telehealth; 3) Telephone contacts may be used for telehealth services; 4) Providers quarantined or working from alternate sites or facilities may bill telehealth services; 5) MO HealthNet will reimburse out of state providers for telehealth if licensed in the state of residence. Providers must still be enrolled as MHD providers through Missouri Medicaid Audit and Compliance (MMAC) to be reimbursed for telehealth services.	3/23/2020 - 6/15/2020		Medicaid providers	GRANTED	
Federal Waivers						
Congress	No termination of Medicaid benefits unless requested by the beneficiary or he/she ceases to be a Missouri resident	4/1/2020 through the end of the federal emergency declaration	Families First Coronavirus Response Act	Medicaid providers	GRANTED	
CMS	Temporarily suspends Medicaid fee-for-service prior authorization requirements	3/1/2020 through the end of the federal emergency declaration	42 CFR 440.230(d)	Medicaid providers	GRANTED	
CMS	Extend pre-existing authorizations previously received by beneficiaries	3/1/2020 through the end of the federal emergency declaration		Medicaid providers	GRANTED	
CMS	Allows facilities, including NFs, ICF/DDs, PRTFs and hospitals NFs to be reimbursed for services rendered to an unlicensed facility	3/1/2020 through the end of the federal emergency declaration		Medicaid providers	GRANTED	
CMS	Suspends pre-admission screening and annual resident review (PASRR) Level I and II assessments	3/1/2020 through the end of the federal emergency declaration		Medicaid providers	GRANTED	
CMS	Delays scheduling of Medicaid fair hearings and issuance of fair hearing decisions	3/1/2020 through the end of the federal emergency declaration		Medicaid providers	GRANTED	
CMS	Modifies timeframe for managed care enrollees to exercise appeal rights	3/1/2020 through the end of the federal emergency declaration		Medicaid providers	GRANTED	
CMS	Authorizes Medicaid reimbursement of out-of-state providers	3/1/2020 through the end of the federal emergency declaration		Medicaid providers	GRANTED	
CMS	Screening requirements under 1135(b)(1) and (b)(2) waived to temporarily enroll providers enrolled with another SMA or Medicare	3/1/2020 through the end of the federal emergency declaration	42 CFR 455.460, 455.434, 455.432, 455.412	Medicaid providers	GRANTED	
CMS	Cease revalidation of providers including CHIP	3/1/2020 through the end of the federal emergency declaration		Medicaid providers	GRANTED	

Agency Responsible	Description of Waiver	Duration of Waiver	Statute or Regulation	Application	Status	Notes
REIMBURSEMENT						
State Waivers						
DCI	Adopt federal actions relating to coverage for COVID testing and treatment			Insurers	PENDING	
DCI	Bar insurers from imposing prior authorization for COVID testing			Insurers	PENDING	
DCI	Ensure updated provider directories			Insurers	PENDING	
DSS Mo HealthNet	Direct MCOs to adhere to state policy directives, expedite provider enrollment and minimize administrative review processes		NA	Insurers	PENDING	
Federal Waivers						
CMS	Allow FQHCs and RHCs to bill their PPS rate		CARES Act	FQHCs/RHCs	GRANTED	
CMS	Waive in-state licensure requirements for physicians and other healthcare professionals to the state allowed by state law	3/1/2020 through the end of the federal emergency declaration		Healthcare professionals	GRANTED	
CMS	Providers enrolled in Medicare and Medicaid and licensed in another state may be paid for providing care in Missouri.	3/1/2020 through the end of the federal emergency declaration		Medicare and Medicaid providers	GRANTED	
CMS	Waiver of prior authorization for FFS. Also allows for extension of pre-existing authorizations.	3/1/2020 through the end of the federal emergency declaration		Medicaid providers	GRANTED	<i>Note: this does not remove state licensure restrictions, which must be waived by the provider's respective licensing board.</i>

Agency Responsible	Description of Waiver	Duration of Waiver	Statute or Regulation	Application	Status	Notes
HOME HEALTH AND HOSPICE						
State Waivers						
DHSS	Suspends home health inspections and investigations, except as necessary to maintain public health/IJ situations	3/27/2020 - 6/15/2020	19 CSR 30-26.010(2)(E) & (H)	Home Health	GRANTED	
DHSS	Suspends hospice inspections and investigations, except as necessary to maintain public health/IJ situations	3/27/2020 - 6/15/2020	19 CSR 30.35.030(2)	Hospice	GRANTED	
DHSS	Allows APRNs and PAs to order home health services at the residence of patients, including writing and signing treatment plans	4/9/2020 - 6/15/2020	19 CSR 30-26.010(1)(A)	Home Health	GRANTED	
DHSS	Allows APRNs and PAs to serve as attending physician in hospice setting	4/9/2020 - 6/15/2020	19 CSR 30-35.010(1)(A)(1)	Hospice	GRANTED	
DHSS	Waives requirements for hospice programs to provide dementia-specific training to employees	4/22/2020 - 6/15/2020	19 CSR 30-35.010(2)(M)18(XIII)	Hospice	GRANTED	
DHSS	Waives requirement for home health agencies to provide dementia-specific training until the conclusion of the state of emergency	4/22/2020 - 6/15/2020	19 CSR 30-26.010(1)(B)	Home Health	GRANTED	
Federal Waivers						
CMS	Suspend requirement for face-to-face physician consultation for transfer to home health	3/1/2020 through the end of the federal emergency declaration	42 CFR 484.55	Home Health	GRANTED	
CMS	Waives onsite visits for aide supervision	3/1/2020 through the end of the federal emergency declaration	42 CFR 484.80(h) and 42 CFR 418.76(h)	Home Health and Hospice	GRANTED	Virtual supervision encouraged to meet requirements of 484.80(h)(1)
CMS	Allows OTs to perform initial and comprehensive assessments	3/1/2020 through the end of the federal emergency declaration	42 CFR 484.55(a)(2) and (b)(3)	Home Health	GRANTED	Approved by MO HealthNet effective 3/13
CMS	Postpones deadline for aide training	3/1/2020 through the end of the federal emergency declaration	42 CFR 484.80(d)	Home Health	GRANTED	
CMS	Allows MACs to extend the auto-cancellation date of RAPS during emergencies	3/1/2020 through the end of the federal emergency declaration		Home Health	GRANTED	
CMS	Extends deadline to complete comprehensive assessment from 5 to 30 days and waives the 30-day OASIS submission requirement	3/1/2020 through the end of the federal emergency declaration		Home Health	GRANTED	
CMS	Waives certain discharge planning requirements	3/1/2020 through the end of the federal emergency declaration	42 CFR 484.54(a)	Home Health	GRANTED	
CMS	Extends deadline for providing copies of patient records	3/1/2020 through the end of the federal emergency declaration	42 CFR 484.11(e)	Home Health	GRANTED	
CMS	Postpones completion of aide supervisory visits by RN or other skilled professionals	3/1/2020 through the end of the federal emergency declaration	42 CFR 484.80(h)(1)(iii) and 42 CFR 418.76(h)(2)	Home Health and Hospice	GRANTED	
CMS	Narrows scope of QAPI programs to focus on infection control	3/1/2020 through the end of the federal emergency declaration	42 CFR 484.65 and 42 CFR 418.58	Home Health and Hospice	GRANTED	
CMS	Waives volunteer requirements	3/1/2020 through the end of the federal emergency declaration	42 CFR 418.7(e)	Hospice	GRANTED	
CMS	Extends timeframe for updating comprehensive assessment from 15 to 21 days	3/1/2020 through the end of the federal emergency declaration	42 CFR 418.54	Hospice	GRANTED	
CMS	Waives requirement to provide certain non-core services	3/1/2020 through the end of the federal emergency declaration	42 CFR 418.72	Hospice	GRANTED	
CMS	Allows use of pseudo patients for hospice aide competency testing	3/1/2020 through the end of the federal emergency declaration	42 CFR 418.76(c)(1)	Hospice	GRANTED	
CMS	Waives requirement for 12 hours of in-service training for hospice aides	3/1/2020 through the end of the federal emergency declaration	42 CFR 418.76(d)	Hospice	GRANTED	
CMS	Postpones deadline for annual competency assessments and in-service training	3/1/2020 through the end of the federal emergency declaration	42 CFR 418.100(g)(3)	Hospice	GRANTED	
OTHER STANDARDS						
State Waivers						
DHSS	Extends deadline for annual licensure survey to August 1	3/27/2020 - 6/15/2020	192.230, RSMo and 19 CSR 10-33.030(1)	Hospitals	GRANTED	
DHSS	Requires all COVID-19 test results to be reported to DHSS, not the local public health agency	3/21/2020 - 6/15/2020	19 CSR 20-20.020(1), (6) and (8)	All providers testing for COVID-19	GRANTED	
DHSS	Relieves hospital of requirement to report negative COVID-19 test results when testing is conducted by outside laboratory; only lab must make the report	4/2/2020 - 6/15/2020	19 CSR 20-20.020(6)	Hospitals/Labs	GRANTED	
DHSS	Authorizes establishment of temporary emergency child care facilities	3/20/2020 - 6/15/2020		Child care providers	GRANTED	Guidance Document
DMH	Alleviates requirements for conducting admission assessment within 72 hours for individuals with SUD receiving resident support or within first 3 outpatient visits, along with signature requirements on crisis prevention plan	4/23/2020 - 6/15/2020	9 CSR 10-7.030(2)(B) and (4)(A)(5) 9 CSR 30-3.100(6)(A)2	SUD treatment providers	GRANTED	
DMH	Suspends requirement for initial comprehensive assessment and initial treatment plan by a community psychiatric rehabilitation program	4/23/2020 - 6/15/2020	9 CSR 30-4.035(3) and (5)	Community psychiatric rehabilitation programs	GRANTED	
DOR	Suspends requirement for dual income tax reporting for Missouri residents working in other states		143.181, RSMo	Employers/Tax Payers	PENDING	
Federal Waivers						
CMS	Waives requirement to provide patients information about advance directives	3/1/2020 through the end of the federal emergency declaration	SSA Sections 1902(a)(58) and 489.102 (Medicare), 1902(w)(1)(A) (Medicaid), 1852(i) (Medicare Advantage)	Hospitals/CAHS	GRANTED	