Experts identify which PHE flexibilities should stay in order to advance equitable, person-centered care.

<table>
<thead>
<tr>
<th>Classification</th>
<th>Description</th>
<th>Status</th>
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</thead>
<tbody>
<tr>
<td><strong>Permanent</strong></td>
<td>Should be made permanent</td>
<td>![Checkmark]</td>
</tr>
<tr>
<td><strong>Promising</strong></td>
<td>Could be made permanent with modifications</td>
<td>![Question Mark]</td>
</tr>
<tr>
<td><strong>Temporary</strong></td>
<td>Could be ended and/or used in the future</td>
<td>![Bandage]</td>
</tr>
<tr>
<td><strong>Paused</strong></td>
<td>Should not be made permanent</td>
<td>![Pause]</td>
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</tbody>
</table>
RECOMMENDATION:
Permanent Flexibilities for Medicare

- Allow reimbursement for:
  - Telehealth in urban areas
  - Any location the patient prefers, including their home and telephone visits
  - Non MDs to provide telehealth
- Waive three-day requirement for nursing home stays
RECOMMENDATION: Permanent Flexibilities for Medicaid

- Expand waivers for state LTSS and HCBS telehealth
- Expand telehealth to include telephone-only
- Expedite requirements for out-of-state clinicians to provide and receive payment for LTSS
- Expand the number/types of clinicians who can order and provide LTSS/HCBS
- Institute/expand opportunities for “self-directed” HCBS like transportation, home-delivered meals, and paid family caregiving
### RECOMMENDATION: Promising Flexibilities for Medicare & Medicaid

**Medicare**
- Establish equal payment for select telehealth and in-person visits
- Reimburse clinicians practicing across state lines
- Make telehealth services eligible for risk adjustment under Medicare Advantage
- Allow physicians to delegate tasks and visits to nonphysicians in nursing homes

**Medicaid**
- Establish less restrictive income/asset rules for those most likely to use LTSS
**RECOMMENDATION:**
Temporary Flexibilities for Medicare & Medicaid

**Medicare**
- Allow Medicare Advantage to enhance benefits midyear
- Waive physician supervision of certified registered nurse anesthetists at discretion of setting
- Reduce physician supervision of nurse practitioners in select settings

**Medicaid**
- Increase payment for home and community-based services
- Provide retainer payments to LTSS providers

Temporary
NONE:
• Experts did not identify any public health emergency flexibilities that should be paused or permanently end.
How to Use the *Roadmap for Policymakers*

- Policymakers can use this *Roadmap* as an actionable tool to inform policy decision-making and strengthen both Medicare and Medicaid.