ATI ADVISORY

IDEAS TO ACTION IN HEALTHCARE & AGING

Federal and State Policy Waivers: COVID-19

Last Updated: August 24, 2020

Disclaimer: This document provides a summary of selected waivers and actions being taken during the COVID-19 emergency period. For a comprehensive list of all information relating to COVID-19, please refer to CMS updates located at https://www.cms.gov/newsroom

Highlights as of August 24, 2020

What We're Hearing

- CMS is resuming routine inspections of all Medicare and Medicaid certified providers/suppliers that had been put on hold during PHE
- CMS announced that it has imposed >$15M in fines to >3,400 nursing homes during the PHE for noncompliance with infection control requirements and failure to report COVID-19 data
- HHS renewed the COVID-19 PHE declaration until the end of October, thus allowing waivers and regulatory changes to remain active

Medicare FFS Updates

- CMS Analysis of Claims Data: CMS released an update to its COVID-19 data analysis based on Medicare claims data. Updates confirm that COVID-19 is disproportionally affecting vulnerable populations, and that ESRD patients and dual beneficiaries are hospitalized due to COVID-19 at a higher rate than other patient populations.
- Telehealth: CMS is using data collected on telemedicine utilization and its impact on Medicare beneficiaries during the PHE to determine which telemedicine flexibilities should be made permanent

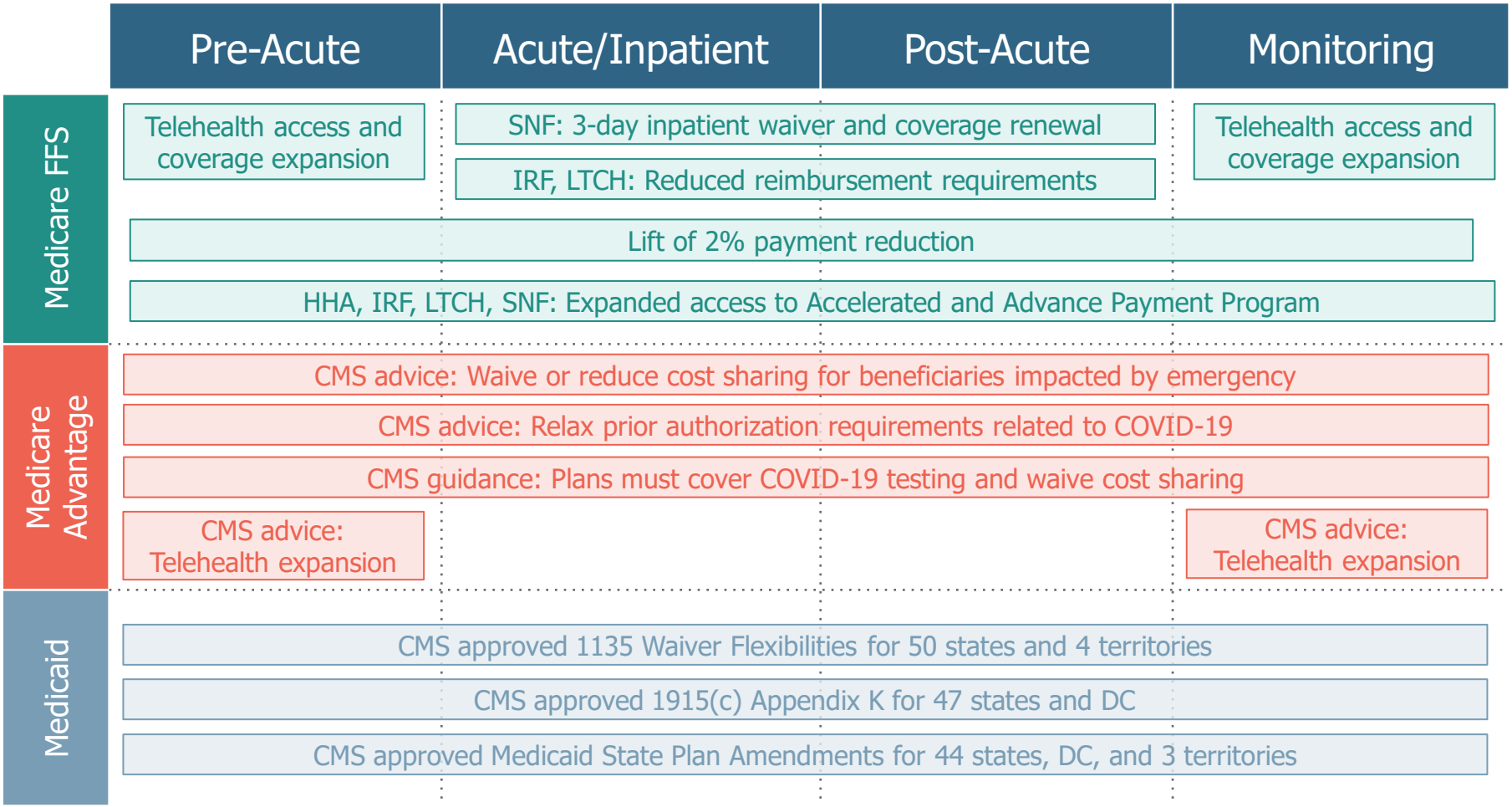
Medicaid Updates

- Medicaid 1135 Waivers: CMS approved flexibility for 50 states and 4 territories to implement core program flexibilities
- 1915(c) Appendix K: CMS approved home and community based (HCBS) flexibility for 47 states and DC
- Medicaid State Plan Amendments: CMS approved amendments to Medicaid State Plans for 44 states, DC, and 3 territories during the emergency period

Medicare Advantage (MA) Updates

- MA organizations may provide smartphones and/or tablets as a supplemental benefit for *primarily health related purposes only* to aid in provision of telehealth or remote access technology services
- CMS will allow MA organizations to make mid-year benefit enhancements that address COVID-19-related issues and needs
- MA organizations may waive or relax prior authorization requirements to increase access to services

New Flexibilities To Increase PAC System Efficiency



Federal Waivers

Federal Waivers in CARES Act Focused on PAC Providers

Section	Description
3703 – *Increasing Medicare Telehealth Flexibilities during Emergency Period*	• Removes the requirement that telehealth services must be delivered by a provider that has seen the patient within the past three years, thus enabling a broader range of providers to deliver these services
3706 – *Use of Telehealth to Conduct Face-to-Face Encounter Prior to Recertification of Eligibility for Hospice Care during Emergency Period*	• Permits hospice physicians and nurse practitioners to utilize telehealth to fulfill the face-to-face encounter requirement for hospice recertifications
3707 – *Encouraging Use of Telecommunications Systems for Home Health Services Furnished during Emergency Period*	• Encourages the use of telehealth technology, including remote patient monitoring, for home health services that are consistent with the patient's plan of care
3708 – *Improving Care Planning for Medicare Home Health Services*	• Allows physician assistants, nurse practitioners, and other providers to certify and order home health services for individuals, as opposed to only the physician having the authority to do so, for the 6-month period following the enactment
3711 – *Increasing Access to Post-Acute Care during Emergency Period*	• Increases access to alternative PAC settings by temporarily waiving the requirements that patients at an IRF must receive at least 15 hours of therapy per week and the LTCH 50% rule, thus allowing LTCHs to maintain their LTCH designation even if more than 50% of cases are less intensive • Temporarily pauses the LTCH site-neutral payment methodology

Source: Coronavirus Aid, Relief, and Economic Security Act, https://assets.documentcloud.org/documents/6819239/FINAL-FINAL-CARES-ACT.pdf

Other Medicare and Medicaid Provisions Affecting PAC Providers in CARES Act

Section	Description
3709 – *Adjustment of Sequestration*	• Lifts the Medicare sequester, a mandatory 2% payment reduction, from May 1 through December 31, 2020 to increase payments to health care providers in Medicare • Extends the Medicare sequester through 2030 instead of the currently stated 2029
3715 – *Providing Home and Community-based Services in Acute Care Hospitals*	• Permits state Medicaid programs to pay for direct support professionals to provide home and community-based care to hospitalized patients, thus aiming to transition the patient out of the hospital and into a home and community-based setting as soon as possible
3811 – *Extension of the Money Follows the Person Rebalancing Demonstration Program*	• Provides additional funding and extends the Money Follows the Person demonstration, a program that helps individuals transition from an institutional care setting to a home and community-based setting, through November 30, 2020
3812 – *Extension of Spousal Impoverishment Protections*	• Extends the Medicaid Spousal Impoverishment Protections program, a program that helps a spouse of an individual who qualifies for nursing home care to live at home in the community, through November 30, 2020 instead of the original end of May 22, 2020

Source: Coronavirus Aid, Relief, and Economic Security Act, https://assets.documentcloud.org/documents/6819239/FINAL-FINAL-CARES-ACT.pdf

CMS Has Issued Blanket Medicare Waivers and Regulatory Changes That Alter SNF Requirements

PAC Setting	Description
Skilled Nursing Facilities (SNF) / Nursing Facilities (NF)	• Permits Medicare to pay for SNF coverage without a 3-day inpatient hospital stay for beneficiaries who are dislocated or affected by the emergency • Grants renewed SNF coverage (up to an additional 100 days) for beneficiaries who had either begun or were in the process of ending their spell of illness by removing the requirement of 60+ days of custodial care at a noninstitutional setting in order for these beneficiaries to start a new benefit period • Relaxes timeframe requirements for Minimum Data Set assessments and transmission • Allows non-SNF buildings to be temporarily certified as and available for use by a SNF to isolate but continue to care for COVID-19 positive residents. Certain conditions of participation and certification requirements will be waived if need to quickly stand up a temporary NF • Permits rooms in a facility not normally used as a resident's room, such as dining rooms and conference rooms, to be used to accommodate beds and residents to provide surge capacity. Must be consistent with state's emergency preparedness or pandemic plan, or as directed by the local/state health department • Relaxes requirements for submission of staffing data through the Payroll-Based Journal system • Allows SNFs to suspend Pre-Admission Screening and Annual Resident Review assessments for new residents for 30 days. After 30 days, newly admitted patients with a mental illness or intellectual disability should receive assessment as soon as resources are available • Grants physicians the ability to delegate any tasks to a physician assistant, nurse practitioner, or clinical nurse specialist. All delegated tasks must continue to be under physician supervision. • Permits physicians to delegate any required physician visit to a nurse practitioner, physician assistant, or clinical nurse specialist (must be licensed and working within state scope) • Permits facility to restrict residents from organizing and participating in in-person resident group meetings

Sources: https://www.cms.gov/files/document/covid19-emergency-declaration-health-care-providers-fact-sheet.pdf, https://www.cms.gov/files/document/covid-long-term-care-facilities.pdf

CMS Has Issued Blanket Medicare Waivers and Regulatory Changes That Alter SNF Requirements

PAC Setting	Description
Skilled Nursing Facilities (SNF) / Nursing Facilities (NF)	• Waives requirement that SNF/NF cannot employ anyone for >4 months unless individual meets specific training and certification requirements. Upholds requirements that facility should only employ nurse aides on a full-time basis for >4 months if individual is competent to provide nursing services and that facility should ensure nurse aides can demonstrate competency in skills necessary to care for residents' needs • Waives requirements for facility to provide for a resident to share room with roommate of choice, provide notice and rationale for changing resident's room, and provide for a resident's refusal to transfer to another room in facility • Allows facility to transfer or discharge residents to another facility solely for the following reasons: 1. Transferring residents with symptoms of respiratory infection or confirmed COVID-19 diagnosis to another facility that agrees to accept and care for resident 2. Transferring residents without symptoms of respiratory infection or confirmed to not have COVID-19 to another facility that agrees to accept and care for residents to prevent them from acquiring COVID-19 3. Transferring residents without symptoms of respiratory infection to another facility that agrees to accept resident to observe for any signs/symptoms of respiratory infection over 14 days ○ Receiving facility must provide writing or verbal confirmation that it will accept the resident and review/use care plans from transferring facility but make any necessary adjustments • Waives requirement for alcohol based hand rub dispensers to be placed around facilities for use by staff and others due to increased need for these in infection control • Waives requirement for quarterly fire drills – these will be replaced by an orientation training program about the current fire plan • Waiving requirements that do not permit temporary walls and barriers between patients

Sources: https://www.cms.gov/files/document/covid19-emergency-declaration-health-care-providers-fact-sheet.pdf, https://www.cms.gov/files/document/covid-long-term-care-facilities.pdf

CMS Has Issued Blanket Medicare Waivers and Regulatory Changes That Alter SNF Requirements

PAC Setting	Description

Skilled Nursing Facilities (SNF) / Nursing Facilities (NF)	• Permits facility to restrict residents from organizing and participating in in-person resident group meetings
	• CMS is narrowing scope of QAPI program by modifying requirements to ensure SNFs focus on infection control and care delivery elements most associated with COVID-19
	• Deadline for nursing assistant to complete at least 12 hours of annual in-service training is postponed until the end of the first full quarter after PHE declaration ends
	• In order to expedite discharge and relocation of residents, CMS is waiving discharge planning requirement that LTC facilities must assist residents and their reps in selecting a PAC provider using data. All other discharge planning requirements are still in place.
	• CMS modifying timeframe requirements to grant LTC facilities 10 working days to provide a resident a copy of their records (when requested) instead of 2 working days
	• CMS modifying timeframe requirements to allow training of paid feeding assistants to be a minimum of 1 hour (instead of normally required 8 hours)
	• CMS waiving specific physical environment requirements to reduce disruption of care and potential exposure/transmission of COVID-19:
	  ◦ Permitting facilities to adjust scheduled inspection, testing, and maintenance frequencies and activities for facility and medical equipment. Inspection, testing, and maintenance must continue for sprinkler system, fire extinguishers, elevators, emergency generator, and construction areas
	  ◦ Permitting providers to utilize spaces not normally deemed appropriate for patient care for temporary patient care or quarantine, including in sleeping rooms lacking an outside window and door

Sources: https://www.cms.gov/files/document/covid19-emergency-declaration-health-care-providers-fact-sheet.pdf, https://www.cms.gov/files/document/covid-long-term-care-facilities.pdf

CMS Has Issued Blanket Medicare Waivers and Regulatory Changes That Alter HHA Requirements

PAC Setting	Description
Home Health Agencies (HHA)	• Waives 42 CFR 484.20(c)(1) to relax timeframe requirements related to OASIS Transmission • Allows MACs to extend the auto-cancellation date of Requests for Anticipated Payment (RAPs) (requests that grant 60% of the episode payment upfront to provider) to ensure the correct processing of home health emergency-related claims • Modifies the "homebound" requirement to permit patient to qualify for Medicare Home Health Benefit if requires skilled services and a physician determines they should not leave home due to a medical contraindication or COVID-19 symptoms • Waives requirement for nurse or other professional to conduct onsite visit every 2 weeks to evaluate if aides are providing care consistent with care plan • Uses enforcement discretion to allow NP, CNS, and PAs to order HH, create and review care plan, and certify HH eligibility • Allows OTs, PTs, and SLPs to perform initial and comprehensive assessments for all therapy patients, regardless of if therapy is service that establishes home health care eligibility. Therapists must work within their state's practice laws and have a RN or other professional complete assessment sections that are beyond their scope. • Deadline for HH aide to complete at least 12 hours of annual in-service training is postponed until the end of the first full quarter after PHE declaration ends • CMS is waiving discharge planning requirement that HHAs must assist patients and their caregivers in selecting a PAC provider by using and sharing data. All other discharge planning requirements should be maintained • CMS is modifying timeframe requirements to grant HHAs 10 business days to provide patient a copy of their medical records (when requested) instead of 4 business days • Deadline for HH RN/PT/OT/SLP to make annual onsite supervisory visit for each HH aide providing services is postponed until 60 days after the PHE declaration ends • CMS is narrowing scope of QAPI program by modifying requirements to ensure HHAs focus on infection control and care delivery elements most associated with COVID-19

Sources: https://www.cms.gov/files/document/covid19-emergency-declaration-health-care-providers-fact-sheet.pdf, https://www.cms.gov/newsroom/fact-sheets/additional-backgroundsweeping-regulatory-changes-help-us-healthcare-system-address-covid-19-patient, https://www.cms.gov/about-cms/emergency-preparedness-response-operations/current-emergencies/coronavirus-waivers

CMS Has Issued Blanket Medicare Waivers and Regulatory Changes That Alter Hospice Requirements

PAC Setting	Description
Hospice	• Waives requirement for nurses or other professionals to conduct onsite visit every 2 weeks to evaluate if aides are providing care consistent with care plan • Waives requirement that hospices must use volunteers, including to provide at least 5% of patient care hours • Extends timeframe for updates to comprehensive assessments from 15 to 21 days • Waives requirement to provide certain non-core services such as physical therapy, occupational therapy, and speech-language pathology • Waives requirement that hospice aides receive 12 hours of in-service training in a 12-month period • Deadline for hospice staff to complete required annual in-service training and education programs is postponed until the end of the first full quarter after PHE declaration ends • Deadline for hospice RN to make annual onsite supervisory visit for each hospice aide providing services is postponed until 60 days after the PHE declaration ends

Sources: https://www.cms.gov/files/document/covid19-emergency-declaration-health-care-providers-fact-sheet.pdf, https://www.cms.gov/newsroom/fact-sheets/additional-backgroundsweeping-regulatory-changes-help-us-healthcare-system-address-covid-19-patient, https://www.cms.gov/files/document/covid-hospices.pdf, https://www.cms.gov/files/document/covid-inpatient-rehab-facilities.pdf

CMS Has Issued Blanket Medicare Waivers and Regulatory Changes That Alter Hospice Requirements

PAC Setting	Description

Hospice	• CMS is narrowing scope of QAPI program by modifying requirements to ensure hospices focus on infection control and care delivery elements most associated with COVID-19
	• CMS waiving specific physical environment requirements (for inpatient hospices) to reduce disruption of care and potential exposure/transmission of COVID-19:
	  ◦ Permitting facilities to adjust scheduled inspection, testing, and maintenance frequencies and activities for facility and medical equipment. Inspection, testing, and maintenance must continue for sprinkler system, fire extinguishers, elevators, emergency generator, and construction areas
	  ◦ Permitting providers to utilize spaces not normally deemed appropriate for patient care for temporary patient care or quarantine, including in sleeping rooms lacking an outside window and door
	• Waives requirement for alcohol based hand rub dispensers to be placed around facilities for use by staff and others due to increased need for these in infection control
	• Waives requirement for quarterly fire drills – these will be replaced by an orientation training program about the current fire plan
	• Waiving requirements that do not permit temporary walls and barriers between patients

Sources: https://www.cms.gov/files/document/covid19-emergency-declaration-health-care-providers-fact-sheet.pdf, https://www.cms.gov/newsroom/fact-sheets/additional-backgroundsweeping-regulatory-changes-help-us-healthcare-system-address-covid-19-patient, https://www.cms.gov/files/document/covid-hospices.pdf, https://www.cms.gov/files/document/covid-inpatient-rehab-facilities.pdf

CMS Has Issued Blanket Medicare Waivers and Regulatory Changes That Alter LTCH Requirements

PAC Setting	Description
Long-Term Care Hospitals (LTCH)	• Excludes patient stays that do not meet the 25-day average length of stay requirement for LTCHs that admit or discharge patients in order to meet the demand of the emergency, and enables these LTCHS to still be paid as LTCHs • LTCH cases admitted during the emergency period will be counted as discharges and paid the LTCH PPS standard Federal rate. • All LTCH cases admitted during the emergency period will be paid the relatively higher LTCH PPS standard Federal rate. Claims received January 27 through April 20, 2020 will be reprocessed to reflect this adjusted rate. • Waives requirement for alcohol based hand rub dispensers to be placed around facilities for use by staff and others due to increased need for these in infection control • Waives requirement for quarterly fire drills – these will be replaced by an orientation training program about the current fire plan • Waiving requirements that do not permit temporary walls and barriers between patients

Sources: https://www.cms.gov/files/document/covid19-emergency-declaration-health-care-providers-fact-sheet.pdf, https://www.cms.gov/newsroom/fact-sheets/additional-backgroundsweeping-regulatory-changes-help-us-healthcare-system-address-covid-19-patient, https://www.cms.gov/about-cms/emergency-preparedness-response-operations/current-emergencies/coronavirus-waivers

CMS Has Issued Blanket Medicare Waivers and Regulatory Changes That Alter IRF Requirements

PAC Setting	Description
Inpatient Rehabilitation Facilities (IRF)	• Allows IRFs to exclude patients from their population when calculating the 60% threshold requirement (each IRF must discharge at least 60% of its patients with 1 of 13 qualifying conditions) to receive payment as an IRF if patients are admitted as a response to the emergency (rule applies to both facilities that are classified as IRFs and those that are attempting to obtain classification) • Removes requirement that physicians must conduct and document post admission evaluations for admitted Medicare patients • Permits freestanding IRFs to work with acute care hospitals under arrangements to provide surge capacity • Grants flexibility if IRFs are having difficulty conducting the required intensive rehabilitation therapy program due to disrupted staffing shifts

Sources: https://www.cms.gov/files/document/covid19-emergency-declaration-health-care-providers-fact-sheet.pdf, https://www.cms.gov/newsroom/fact-sheets/additional-backgroundsweeping-regulatory-changes-help-us-healthcare-system-address-covid-19-patient, https://www.cms.gov/files/document/covid-hospices.pdf, https://www.cms.gov/files/document/covid-inpatient-rehab-facilities.pdf

Survey and Certification in PAC

- CMS has developed a three-pronged survey approach during a three-week period of 3/20/20 – 4/11/20:
  1. Respond to Immediate Jeopardy investigations that pose imminent threat to patient health and safety
  2. Work with CDC to identify areas at risk of COVID-19 spread to ensure providers are compliant with infection control requirements
  3. Roll out a voluntary self-assessment infection control tool to providers
- CMS urges PAC facilities to use the self-assessment tool to ensure they are prepared to prevent the spread of COVID-19
- Facilities will be expected to take corrective actions to close any gaps identified in the survey inspection process
- Standard inspections of PAC facilities and revisit inspections not associated with Immediate Jeopardy will not be conducted during the emergency period
- CMS is suspending enforcement actions for penalties (outside of Immediate Jeopardy) due to lack of revisits to verify compliance

Sources: CMS Memo – Prioritization of Survey Activities, https://www.cms.gov/files/document/qso-20-20-allpdf.pdf-0
CMS Survey Prioritization Fact Sheet, https://www.cms.gov/newsroom/fact-sheets/kirkland-washington-update-and-survey-prioritization-fact-sheet

CMS Expanded Access to Telehealth Services with 1135 Waiver

- Medicare will pay for telehealth visits occurring all over the country, instead of limiting to beneficiaries living in rural locations
- Beneficiaries may receive telehealth visits in any healthcare facility and in their home, thus removing the "originating site" limitations
- Telehealth visits will be reimbursed at the same rate as in-person visits
- Waives requirement that beneficiary must have a prior established relationship with the practitioner who is providing the telehealth services
- Providers may reduce or waive cost-sharing for telehealth visits
- CMS will pay for >80 additional services delivered via telehealth including ED visits and home visits *(see next slide for CPT codes)*
- Removed limitations for number of times that subsequent inpatient visits, subsequent SNF visits, and critical care consults can be provided via telehealth
- Expanded types of health care professionals that can provide and receive payment for telehealth services to include all who are eligible to bill Medicare for their professional services, including PTs, OTs, and SLPs
- Permitting use of *audio-only* equipment to provide telephone evaluation and management services, behavioral health counseling, and educational services

Sources: https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet, https://www.cms.gov/newsroom/fact-sheets/additional-backgroundsweeping-regulatory-changes-help-us-healthcare-system-address-covid-19-patient, https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf

Telehealth CPT Codes

- Following additional services can be provided via telehealth to any new or established Medicare beneficiary during the emergency period:

Service	CPT Codes
Emergency Department Visits, Levels 1-5	99281-99285
Initial and Subsequent Observation and Observation Discharge Day Management	99217-99220; 99224-99226; 99234-99236
Initial hospital care and hospital discharge day management	99221-99223; 99238-99239
Initial nursing facility visits, All levels (Low, Moderate, and High Complexity) and nursing facility discharge day management	99304-99306; 99315-99316
Critical Care Services	99291-99292
Domiciliary, Rest Home, or Custodial Care services	99327-99328; 99334-99337
Home Visits, New and Established Patient, All levels	99341-99345; 99347-99350
Inpatient Neonatal and Pediatric Critical Care, Initial and Subsequent	99468-99473; 99475-99476
Initial and Continuing Intensive Care Services	99477-994780
Care Planning for Patients with Cognitive Impairment	99483
Psychological and Neuropsychological Testing	96130-96133; 96136-96139
Therapy Services, Physical and Occupational Therapy, All levels	97161-97168; 97110, 97112, 97116, 97535, 97750, 97755, 97760, 97761, 92521-92524, 92507
Radiation Treatment Management Services	77427

Complete list of covered telehealth services and corresponding CPT codes during the emergency period can be found here: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes

Source: CMS Physicians and Other Clinicians: Flexibilities to Fight COVID-19, https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf

Telehealth and PAC

- PAC providers may use telehealth to fulfill face-to-face visit requirements for patients in HH, hospice, SNF, and IRF

Home Health Agencies

- HHAs can provide services via telehealth if services are included in care plan and if services do not replace any required in-person visits in care plan

Hospice

- Providers can deliver routine home care via telehealth if feasible and appropriate

Skilled Nursing Facilities

- CMS will pay for initial nursing facility and discharge visits delivered via telehealth

Inpatient Rehabilitation Facilities

- Telehealth may be used to fulfill the requirement for physicians to conduct the required face to-face visits at least 3 days a week

Source: CMS Fact Sheet - Sweeping Regulatory Changes, https://www.cms.gov/newsroom/fact-sheets/additional-backgroundsweeping-regulatory-changes-help-us-healthcare-system-address-covid-19-patient

Expansion of Accelerated and Advance Payment Program

- Expanded to a broader group of Medicare Part A providers and Part B suppliers during the emergency period
- Eligibility requirements for Medicare providers and suppliers include having billed Medicare for claims within past 180 days and to be in good standing
- Qualified providers/suppliers must submit a request to the MAC and payments should be issued within 7 calendar days of request
- Payment amounts differ by provider type – most will be able to request up to 100% for a 3-month period, while specific types of hospitals may request for a 6-month period
- Repayment period is extended to begin 120 days after payment is issued, and timeline varies by provider type
- *As of April 26, CMS approved over 21,000 applications totaling $59.6 billion in payments to Part A providers and approved almost 24,000 applications advancing $40.4 billion in payments to Part B suppliers*
- *As of April 26, CMS will not be accepting any new applications for the Advance Payment Program, and CMS will be reevaluating all pending and new applications for Accelerated Payments*

Sources: https://www.cms.gov/files/document/Accelerated-and-Advanced-Payments-Fact-Sheet.pdf, https://www.cms.gov/newsroom/press-releases/cms-reevaluates-accelerated-payment-program-and-suspends-advance-payment-program

CMS Relaxes Requirements for Hospitals

Hospital Discharge Planning

- CMS waived requirement that a hospital must:
  - inform patient of all PAC facilities available to the patient in the geographic area
  - inform patient of freedom to choose among post-discharge providers/suppliers
  - identify the PAC facilities that have disclosable financial interest in hospital
- Applies to patients discharged home and referred for HHA services, transferred to SNF for post-hospital services, or transferred to IRF or LTCH for specialized hospital services
- Hospitals will discharge patients to *available* PAC facilities instead of providing a comprehensive list of all available facilities and giving patient the option to choose
- Hospitals, psychiatric hospitals, and critical access hospitals must assist patients in selecting a PAC provider by using and sharing data such as HHA, SNF, IRF, and LTCH quality measures and resource use measures (if relevant and applicable)
- CMS is maintaining discharge planning requirements to ensure patient is discharged to appropriate setting with necessary medical information and goals of care

Alternative Locations for Care during Hospital Surges

- Permits non-hospital buildings/space to be used for patient care, screening, and quarantine sites as long as location is approved by the state and consistent with state's emergency preparedness or pandemic plan

Sources: Hospitals: CMS Flexibilities to Fight COVID-19, https://www.cms.gov/files/document/covid-hospitals.pdf, CMS Emergency Declaration Blanket Waivers, https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf

CMS Expands Hospitals' Ability to Offer Swing Beds

- Allows all Medicare enrolled hospitals (except psychiatric and long-term care hospitals) to establish SNF swing beds to provide additional options for hospitals with non-acute care patients who are unable to find placement in a SNF
- In order to qualify for this waiver, hospitals must:
  - Not use SNF swing beds for acute level care
  - Comply with all other hospital conditions of participation and applicable SNF provisions
  - Be consistent with the state's emergency preparedness or pandemic plan
- Hospitals must call the CMS MAC enrollment hotline to add swing bed services and must attest to CMS that:
  - They have made a good faith effort to exhaust all other options
  - There are no SNFs within hospital's catchment area that under normal circumstances would have accepted SNF transfers, but are currently not able to due to COVID-19
  - The hospital meets all waiver eligibility requirements
  - They have a plan to discharge patients as soon as practicable, when a SNF bed becomes available, or when the PHE ends, whichever is earlier

CMS Offers Flexibilities with Medicare Provider Enrollment

- Toll-free hotlines established for all providers and Part A certified providers/suppliers establishing isolation facilities to enroll and receive temporary Medicare billing privileges
- Waives application fee, fingerprint-based criminal background check, and site visit components of screening requirements
- Postpones all revalidation actions
- Allows licensed providers to render services outside of their state of enrollment
- Expedites any pending or new applications from providers
- Allows providers to render telehealth services from their home without reporting their home address on their Medicare enrollment while continuing to bill from their currently enrolled location
- Allows opted-out practitioners to terminate their opt-out status early and enroll in Medicare to provide care to more patients

Source: COVID-19 Medicare Provider Enrollment Relief FAQs, https://www.cms.gov/files/document/provider-enrollment-relief-faqs-covid-19.pdf

CMS Granted Extensions for Medicare Appeals

- Review entities can grant extensions for filing an appeal in FFS, MA, and Part D
- Waived timeliness requirements for requests that require additional information to adjudicate the appeal
- Granted permission to review entities to:
  - Process appeals with incomplete Appointment of Representation forms – communication will only be sent to the beneficiary
  - Process requests for appeal that don't meet the required elements using information that is available
  - Utilize all flexibilities available in the appeal process as if good cause requirements are satisfied

Source: CMS COVID-19 Health Care Providers Fact Sheet, https://www.cms.gov/files/document/covid19-emergency-declaration-health-care-providers-fact-sheet.pdf

CMS Granted Flexibility with Cost Reporting

- Delayed the filing deadline of cost report due dates for the following fiscal year end (FYE) dates:
  - Extended cost report due dates for October and November FYEs will be 6/30/2020
  - Extended cost report due date for FYE 12/31/2019 will be 7/31/2020

Source: CMS Fact Sheets by Provider Type

CMS Expanded Coverage of Ambulance Transport Destinations

- During emergency period, Medicare will cover ambulance transport to any destination that is equipped to treat patient consistent with EMS protocols
- Applies to medically necessary ground ambulance transport
- Covered destinations include:
  - alternative sites determined to be part of a hospital, CAH, or SNF
  - community mental health centers
  - FQHCs
  - physician offices
  - urgent care facilities
  - ASCs
  - beneficiary's home (if discharged from hospital to home to be under quarantine)

Source: CMS Interim Final Rule with Comment Period, https://www.cms.gov/files/document/covid-final-ifc.pdf

CMS Extends Timelines in Interoperability and Patient Access Final Rule

- CMS is granting flexibilities to hospitals by extending the implementation timeline for the admission, discharge, and transfer notification Conditions of Participation by six months
- CMS will not enforce the Patient Access and Provider Directory API requirements for Medicare Advantage, Medicaid, and CHIP until July 1, 2021 – 6 months after their effective date.

Federal Flexibilities for Medicare Advantage Plans

- CMS advised that Medicare Advantage Plans may implement the following changes during the emergency period:
  - Waive or reduce cost-sharing for beneficiaries impacted by emergency
  - Expand coverage of telehealth benefits, including from beneficiary's homes
  - Waive prescription refill limits to ensure pharmacy access
  - Relax restrictions on home or mail delivery of prescription drugs
- CMS is pausing many standard medical review activities, including prior authorization, and reprioritizing audits
- CMS is relaxing many star rating measure requirements, including removing the requirements to submit HEDIS and CAHPS measures
- Medicare Advantage organizations may submit diagnoses for risk adjustment that are from telehealth visits if meet risk adjustment eligibility criteria
- MA organizations operating a Special Needs Plan are granted flexibilities in fulfilling requirements included in their Model of Care

Sources: https://www.cms.gov/files/document/hpms-memo-covid-information-plans.pdf, https://www.cms.gov/files/document/applicability-diagnoses-telehealth-services-risk-adjustment-4102020.pdf

Continued Federal Flexibilities for Medicare Advantage Plans

- CMS is permitting MA organizations to make mid-year benefit enhancements that address COVID-19-related issues and needs (i.e., adding coverage for meal delivery or medical transportation services)
  - Benefits must be provided in connection with COVID-19 outbreak and be provided uniformly
- CMS is relaxing the involuntary disenrollment timeline for:
  - Temporary absence, thus allowing MA enrollees to remain enrolled while temporarily absent from plan service area for longer than 6 months
  - Enrollees who are losing special needs status and cannot recertify SNP eligibility in their plan's approved timeline
- MA organizations permitted to waive or relax prior authorization requirements to increase access to services
- MA organizations may provide smartphones and/or tablets as a supplemental benefit for *primarily health related purposes only* to aid in provision of telehealth or remote access technology services

Sources: https://www.cms.gov/files/document/updated-guidance-ma-and-part-d-plan-sponsors-42120.pdf

MA Plans Must Cover Costs of COVID-19 Testing

- MA Plans must cover and cannot charge cost sharing beginning on or after March 18, 2020 and for the duration of the public health emergency for:
  - clinical laboratory tests for the detection of SARS-CoV-2 or the diagnosis of the virus that causes COVID-19 and the administration of such tests;
  - specified COVID-19 testing-related services
  - COVID-19 vaccines and the administration of such vaccines
- MA Plans may not impose any prior authorization or other utilization management requirements

Source: https://www.cms.gov/files/document/updated-guidance-ma-and-part-d-plan-sponsors-42120.pdf

Federal Actions: Medicaid

- CMS is allowing states to waive certain Medicaid authorities including:
  - Waive prior authorization requirements in FFS programs
  - Allow for out-of-state providers to provide care
  - Suspend certain provider enrollment and revalidation requirements
  - Suspend pre-admission and annual screenings for nursing homes
  - Expand provider qualifications/ increase provider pool
  - Permit payment to HCBS providers when an individual is in a short-term hospital or institutional stay
  - Increase HCBS waiver participants
  - Expand self-direction
  - Allow non-physician practitioners to order home health services and equipment

State Actions

State Actions: Medicaid 1135 Waivers, 1915(c) Appendix K, State Plan Amendments

ST	1135	App K	SPA	ST	1135	App K	SPA	ST	1135	App K	SPA
AK	●●	●	●	MA	●●	●	●	PA	●●	●	●
AL	●●	●	●	MD	●●	●	●	RI	●●	●	●
AR	●●	●	●	ME	●●	●	●	SC	●●	●	●
AZ	●●	●	●	MI	●	●	●	SD	●	●	●
CA	●●	●	●	MN	●●	●	●	TN	●●	●	
CO	●●	●	●	MO	●●	●	●	TX	●●	●	●
CT	●●	●	●	MS	●●	●	●	UT	●●	●	●
DC	●●	●	●	MT	●●	●	●	VA	●●	●	●
DE	●●	●	●	NC	●	●	●	VT	●●		●
FL	●	●		ND	●●	●	●	WA	●●	●	●
GA	●●	●	●	NE	●●	●	●	WV	●●	●	●
HI	●	●	●	NH	●●	●	●	WI	●●	●	●
IA	●●	●	●	NJ	●●			WY	●	●	●
ID	●			NM	●	●	●				
IL	●	●	●	NV	●	●	●	AS			
IN	●●	●		NY	●●	●		GU			●
KS	●	●	●	OH	●●	●	●	MP	●		
KY	●	●	●	OK	●●	●	●	PR	●		●
LA	●●	●	●	OR	●	●●	●	VI	●		●

ATI ADVISORY
IDEAS TO ACTION IN HEALTHCARE & AGING

Sources: https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/federal-disaster-resources/index.html, https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/hcbs/appendix-k/index.html, https://www.medicaid.gov/medicaid/medicaid-state-plan-amendments/index.html?f%5B0%5D=topics%3A691#content

Implementing Full Scope of State Requests

- CMS notes it will work with states separately on requests that exceed the core 1135 provisions (e.g., food, housing)
- CMS is reminding states they can leverage blanket authority to deploy provider flexibilities. Examples include:
  - SNF 3-day waiver
  - SNF new benefit period without completion of 60-day break
  - IRF 60% waiver
  - LTACH exclusion of emergency patients from 25-day calculation
  - HHA relief on OASIS submissions

Medicaid 1135 Waivers

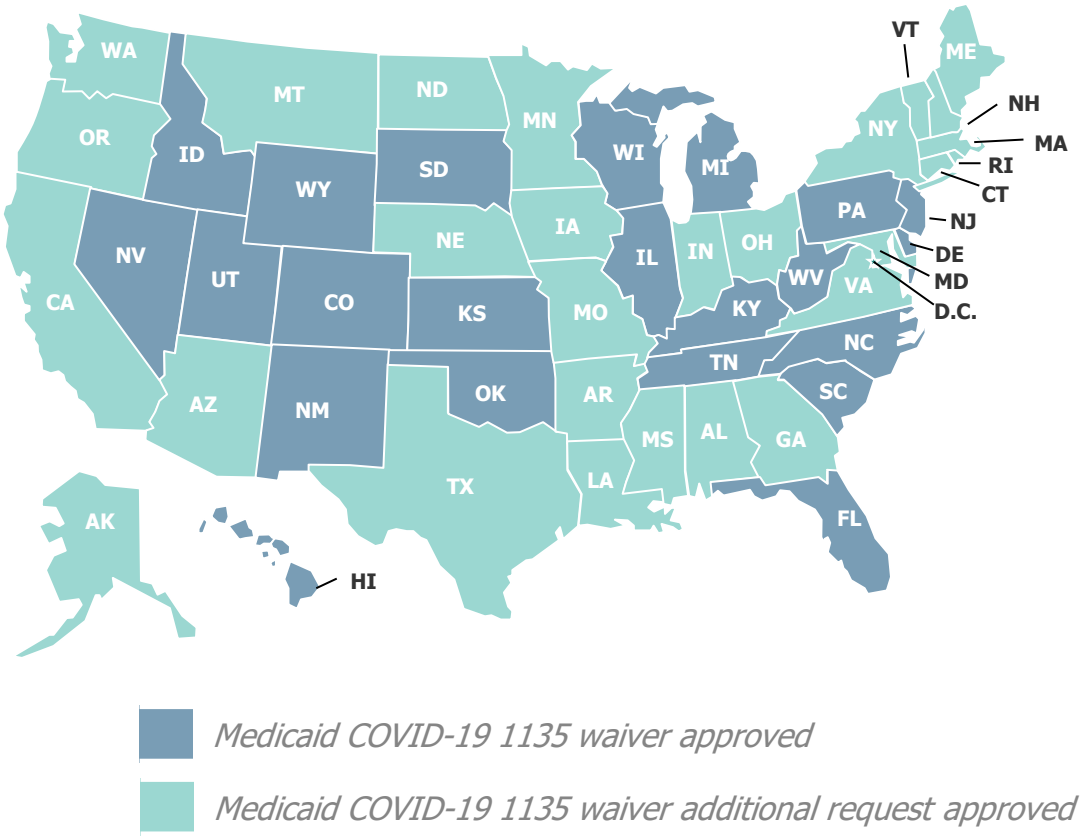
State Actions: Medicaid 1135 Waivers

Previously Profiled

- **Original 1135 waivers** previously approved by CMS: AK, AL, AR, AZ, CA, CNMI*, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, ND, NE, NH, NJ, NM, NC, NV, NY, OH, OK, OR, PA, PR*, RI, SC, SD, TN, TX, VA, VI* VT, WA, WI, WV, WY

Status Update

- **Additional request for 1135 waiver modification approved in** AK, AL, AR, AZ, CA, CT, DC, GA, IA, IN, LA, MA, MD, ME, MN, MO, MS, MT, ND, NE, NH, NY, OH, OR, RI, TX, VA, VT, WA



*Note: US Territories not shown on map

Sources: Medicaid Federal Disaster Resources, https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/federal-disaster-resources/index.html
Medicaid Emergency Preparedness and Response for HCBS 1915(c) Waivers, https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/hcbs/appendix-k/index.html

Summary of Key Attributes of 1135 Waiver Request Approvals

Suspend PASRR	• Waives level 1 and level 2 assessments for 30 days • Treats new admissions like exempted hospital discharges
Suspend FFS PA	• Allows waiver or modification of prior authorization for FFS State Plan benefits, up to 180 days
Extend Existing FFS PA	• Allows previously-approved services to continue with new/renewed prior authorization
Modify State Fair Hearing Timeline	• Allows delay for scheduling fair hearings and issuing fair hearing decisions • Allows managed care enrollees to proceed directly to state fair hearing • Allows enrollees an additional 120 days to request fair hearing
Relax Provider Enrollment	• Allows for out-of-state providers *and* states can rely on other states' Medicaid and/or Medicare screening • Certain screening requirements for non-Medicaid/non-Medicare providers are waived
Allow Alternative Settings	• Allows facilities to be fully reimbursed during emergency evacuation to an unlicensed facility (e.g., temp shelter)
Relax Public Notice Requirement	• Waives State Plan Amendment (SPA) public notification requirements for COVID-19 actions • Allows states to shorten their tribal consultation timeframe

Source: Medicaid Federal Disaster Resources, https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/federal-disaster-resources/index.html

Summary of Medicaid 1135 Waiver Approvals

State	Suspend PASRR	Suspend FFS PA	Extend Existing FFS PA	Modify State Fair Hearing Timeline	Relax Provider Enrollment	Alternative Settings	Waive SPA Public Notice
AK	x	x	x	x	x	x	x
AL	x		x		x		
AR	x	x		x	x		x
AZ	x	x	x		x		
CA		x	x	x	x	x	
CNMI*		x	x	x	x	x	
CO	x	x	x	x	x	x	x
CT		x	x	x	x	x	x
DC	x	x	x		x	x	x
DE	x	x	x	x	x		
FL	x	x		x	x	x	
GA	x	x	x	x	x	x	
HI	x	x		x	x	x	x
IA	x				x	x	
ID	x	x	x		x	x	
IL	x	x	x	x	x	x	
IN	x	x	x	x	x	x	
KS	x	x	x	x	x		

*Note: U.S. territories included in this summary
Source: Medicaid Federal Disaster Resources, https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/federal-disaster-resources/index.html

Summary of Medicaid 1135 Waiver Approvals

State	Suspend PASRR	Suspend FFS PA	Extend Existing FFS PA	Modify State Fair Hearing Timeline	Relax Provider Enrollment	Alternative Settings	Waive SPA Public Notice
KY	x	x		x	x	x	
LA	x		x	x	x	x	
MA	x	x	x	x	x	x	x
MD	x	x	x	x	x	x	x
ME	x	x	x	x	x	x	x
MI		x	x		x	x	x
MN		x		x	x	x	x
MO	x	x	x	x	x	x	x
MS	x	x	x	x	x	x	
MT	x	x	x	x	x	x	x
NC	x	x		x	x	x	
ND	x	x	x	x	x		x
NE	x	x	x	x	x	x	x
NH	x	x	x	x	x	x	
NJ	x	x	x	x	x	x	
NM	x	x	x	x	x		
NV	x		x	x	x	x	x
NY	x	x	x	x	x	x	

*Note: U.S. territories included in this summary
Source: Medicaid Federal Disaster Resources, https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/federal-disaster-resources/index.html

Summary of Medicaid 1135 Waiver Approvals

State	Suspend PASRR	Suspend FFS PA	Extend Existing FFS PA	Modify State Fair Hearing Timeline	Relax Provider Enrollment	Alternative Settings	Waive SPA Public Notice
OH	x	x			x	x	x
OK	x	x		x	x	x	
OR	x	x	x	x	x	x	x
PA	x	x	x	x	x	x	
PR*				x	x		
RI	x	x	x	x	x	x	
SC	x		x	x	x	x	x
SD	x			x	x	x	
TN	x				x	x	
TX	x		x	x	x		x
UT	x		x	x	x	x	x
VA	x	x	x	x	x	x	x
VI*		x	x	x	x		
VT	x	x	x	x	x	x	x
WA	x	x		x	x	x	x
WI	x	x	x		x	x	x
WV	x	x	x	x	x	x	x
WY	x	x		x	x	x	

*Note: U.S. territories included in this summary
Source: Medicaid Federal Disaster Resources, https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/federal-disaster-resources/index.html

Summary of Attributes of Additional 1135 Waiver Request Approvals

Waive HCBS Setting Requirements	• Allows HCBS waivers to be provided in settings that have not been determined to meet the home and community-based settings criteria • Applies to circumstances where an individual requires relocation to ensure continuation of services
Waive Signatures Requirement for Person-Centered Service Plan	• Waives requirement for written consent from beneficiary and the providers responsive for implementation of a person-centered service plan • Allows verbal consent as an alternate
Allow PCS Payment to Legally Responsible Adults	• Allows payment for personal care services rendered by a legally responsible individual (which may include legally responsible family caregivers) • State must make a reasonable assessment that caregiver is capable of rendering services
Waive Conflict of Interest Requirements	• Allows state to temporarily authorize reimbursement for HCBS provided by an entity that also provides case management services and/or is responsible for development of person-centered service plan
Modify Deadline for Initial Assessments and Reassessments	• Allows state to modify deadline for conducting initial evaluation of eligibility and initial assessment of need to establish a care plan • Allows state to modify deadline for annual redetermination of eligibility and annual reassessment of need for numerous services
Modify Deadline for Face-to-Face Encounter for Home Health	• Allows state to modify the deadline for the face-to-face encounter required for Home Health services • Encounter does not need to be completed before start of services and may occur at the earliest time, not to exceed 12 months from the start of service

Source: Medicaid Federal Disaster Resources, https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/federal-disaster-resources/index.html

Summary of Medicaid 1135 Waiver Additional Request Approvals

State	Waive HCBS Setting Requirements	Waive Signatures Requirement for Person-Centered Service Plan	Allow PCS Payment to Legally Responsible Adults	Waive Conflict of Interest Requirements	Modify Deadline for Initial Assessments and Reassessments	Modify Deadline for Face-to-Face Encounter for Home Health
AK	x	x	x		x	
AR		x				
AZ		x		x		x
CA	x	x				
CT	x					
DC	x	x			x	
GA			x			
IA					x	
IN	x					
LA		x	x		x	
MA	x					
MD	x	x	x			
ME	x	x				
MN	x	x		x	x	

*Note: U.S. territories included in this summary
Source: Medicaid Federal Disaster Resources, https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/federal-disaster-resources/index.html

Summary of Medicaid 1135 Waiver Additional Request Approvals

State	Waive HCBS Setting Requirements	Waive Signatures Requirement for Person-Centered Service Plan	Allow PCS Payment to Legally Responsible Adults	Waive Conflict of Interest Requirements	Modify Deadline for Initial Assessments and Reassessments	Modify Deadline for Face-to-Face Encounter for Home Health
MO	x	x				
MS		x				
MT		x	x	x	x	
ND		x	x			
NH	x		x			x
NY	x	x			x	
OH		x			x	
OR	x	x		x	x	
RI	x					
TX		x			x	
VT	x	x	x			
WA	x	x		x		x

*Note: U.S. territories included in this summary
Source: Medicaid Federal Disaster Resources, https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/federal-disaster-resources/index.html

1915(c) Appendix K Waivers

State Actions: 1915(c) Appendix K

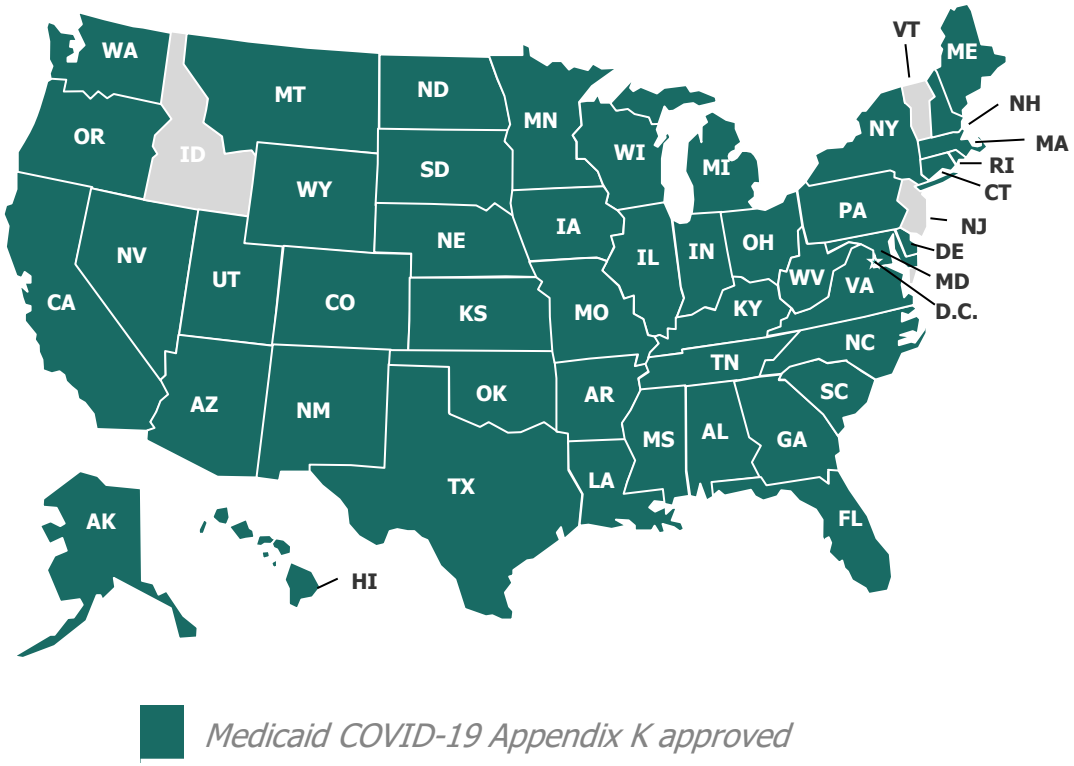
Previously Profiled

- **Appendix Ks** previously approved by CMS: AK, AL, AR, AZ, CA, CO, CT, DC*, DE, FL, GA, HI, IA, IL, IN, KS, KY, LA, MA, MD, ME, MN, MO, MS, MT, NC, ND, NE, NH, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, WA, WI, WV, WY

Status Update

- **No newly approved Appendix Ks**

*Note: US Territories not shown on map



Source: Medicaid Emergency Preparedness and Response for HCBS 1915(c) Waivers, https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/hcbs/appendix-k/index.html

Appendix K: Alabama

The following examples are not exhaustive:

- *Distinct approvals for HCBS for Persons with ID, HCBS Living at Home for Persons with ID (LAH); HCBS for the Elderly and Disabled (EDW), AL Community Transitions (ACT), Independent Living (SAIL), and Technology Assisted (TA) Waivers*
- Benefit Changes
  - Expands eligibility for home-delivered meals' allows two-weeks' worth of meals in certain situations related to food insufficiencies (no more than 2 meals per day) (EDW, ACT)
  - Allows verbal orders for non-prescription specialized medical supplies (ACT, SAIL, TA)
  - Expands vendors able to provide specialize medical supplies (ACT, SAIL, TA, ID, LAH)
  - Allows service caps to be exceed related to residential hab, PCS, adult companion, and respite (ID, LAH)
- Settings
  - Expands settings/suspends requirements that HCBS be provide in the community (ID, LAH)
- Payment Rates
  - Increases payment rates for personal care, homemaker, respite services by 10% and case mgmt. rate by 5.5% to cover additional staffing and PPE supplies (EDW, ACT)
  - Increases monthly rate for specialized medical supplies to account for supply price increases (SAIL)
  - Increases residential hab rate by 19% for all providers to account for increased staff and direct service, excessive overtime pay for direct support personnel to include PPE costs (not to exceed 50%) (ID, LAH)
  - Provides retainer payment for habilitation providers that include personal care (EDW, ACT, ID, LAH)
- Telehealth/Virtual Care
  - Adds telehealth/virtual for case mgmt., PCS with verbal cueing, monthly monitoring, in-home hab, behavioral supports, therapy (specific to waivers)

Source: Medicaid Emergency Preparedness and Response for HCBS 1915(c) Waivers, https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/hcbs/appendix-k/index.html

Appendix K: Alaska

The following examples are not exhaustive:

- *Applies to People with Intellectual and Developmental Disabilities, Alaskans Living Independently, Adults with Physical and Developmental Disabilities, Children with Complex Medical Conditions, and Individualized Supports Waivers*
- Increased cost limits for Individualized Supports Waiver
- Potential to restrict visitors in Residential Habilitation and Residential Supported Living Settings
- Increased respite hours as substitute for other services
- Additional monthly payment for care coordinators in instances of supporting individuals without regular services access
- Additional settings permitted including private homes and telehealth
- Family caregivers payable as direct service workers in some instances
- Telephonic/telehealth level of care evaluations
- Potential for payment rate increase for certain services/providers
- Renewed Person-Centered Service Plan
- Retainer payments up to 30 days when an enrollee is under medical quarantine

Source: Medicaid Emergency Preparedness and Response for HCBS 1915(c) Waivers, https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/hcbs/appendix-k/index.html

Appendix K: Arizona

The following examples are not exhaustive:

- *Applies to Arizona Health Care Cost Containment System (AHCCCS) program*
- Expands settings to alternative locations including hotels, schools, churches, and shelters
- Allows telehealth/remote services for revalidation of person-centered service plan, case management, personal care specific to verbal cueing, in-home habilitation
- Expands home-delivered meals to more individuals and allows additional providers to provide these meals
- Allows up to 30 days of select HCBS in facility/institutional settings
- Provides retainer payments to providers of habilitation or personal care services
- Allows spouses and parents of minor children to provide PCS beyond 40 hours, if the family member is employed/contracted by an AHCCCS-registered direct care service agency
- Restricts in-home visitors

Source: Medicaid Emergency Preparedness and Response for HCBS 1915(c) Waivers, https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/hcbs/appendix-k/index.html

Appendix K: Arkansas

The following examples are not exhaustive:

- *Distinct approvals for Community and Employment Supports (CES), Choices in Home Care, and Living Choices Assisted Living Waivers*
- Focus exclusively on provider payment rates:
  - Providers
    - CES: Supportive living
    - Choices: Adult day health, adult day services, adult family home, attendant care, respite care
    - Living Choices: Nursing services, personal care, attendant care
  - Payment Structure
    - Base supplemental payment to direct care workers based on hours worked/week
    - Tiered payments based on acuity of beneficiaries with COVID19 and receiving treatment
    - Payment may be claimed only in one category

Source: Medicaid Emergency Preparedness and Response for HCBS 1915(c) Waivers, https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/hcbs/appendix-k/index.html

Appendix K: California

The following examples are not exhaustive:

- *Distinct requests for different HCBS waivers (Home and Community-Based Alternatives, Multipurpose Senior Services Program, Developmental Disabilities, Assisted Living Waiver, HIV/AIDS)*
- Multiple waivers:
  - Allow telephonic/virtual care management, F2F and in-home requirements, (re)evaluations
  - Allow for payment of family caregivers/legally responsible individuals
  - Pause certain waiver disenrollments that would otherwise be triggered by longer-term stays in an institution (HCBA waiver) or hospitalizations (ALF waiver)
- Waiver specific:
  - HCBA: Adds payment of family members; allows waiver personal care service providers to provide PCS to individuals receiving services through the state plan (requires retro-enrollment for providers not enrolled); allows certified nurse assistants to provide custodial, in-home care
  - Developmental Disabilities: Expands settings and allows certain services to be provided in the home (e.g., day services, OT/PT/SLP), retainer payments, expanded self-direction

Source: Medicaid Emergency Preparedness and Response for HCBS 1915(c) Waivers, https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/hcbs/appendix-k/index.html

Appendix K: Colorado

The following examples are not exhaustive:

- *Applies to Elderly, Blind and Disabled, Community Mental Health Supports, Supported Living Services, Brain Injury, Spinal Cord Injury, Developmental Disabilities, Children's HCBS, Children with Life Limiting Illness, Children's Extensive Supports, and Children's Habilitation Residential Program Waivers*
- Expanded eligibility for home-delivered meals
- Expanded hours of personal care rendered by a relative of IHSS agencies
- Payment of family members for services including IHSS, personal care, respite
- Expanded caps on non-medical transportation, behavioral health services, therapy limits, respite care
- Virtual care and expanded settings permitted for numerous services, including adult day, day habilitation, various therapies, respite, meals and all F2F activity
- Potential for room and board coverage for respite (e.g., in a hotel)
- Allow State Plan Home Care Agencies and Hospice Agencies to provide skilled and unskilled services/ services outside enrolled specialties
- Expanded provider types for home delivered meals
- Increase FFS payment to all HCBS providers (8-13% enhancement, depending on provider type/program)
- Retainer payments for certain Medicaid providers in absence of ability to provide services

Source: Medicaid Emergency Preparedness and Response for HCBS 1915(c) Waivers, https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/hcbs/appendix-k/index.html

Appendix K: Connecticut

The following examples are not exhaustive:

- *Distinct requests for different HCBS waivers (e.g., Home Care for Elders, Personal Care Assistance, Acquired Brain Injury, Katie Beckett)*
- Most include:
  - Increase in cost limits to avoid institutionalization
  - Payment for family members to render companion services
  - Virtual (re)assessments/waived F2F; virtual case management
  - Substitute lower-level or alternative staff in a service plan
  - Limit in-home visitors
  - Adjust prior auth
- Individual waivers include:
  - Virtual case management, mental health counseling, and adult day health services
  - Add home-delivered meals
  - Allow additional providers to deliver home meals
  - Time and a half pay for companion services and personal care in the event of staffing shortages (>40 hrs)

Source: Medicaid Emergency Preparedness and Response for HCBS 1915(c) Waivers, https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/hcbs/appendix-k/index.html

Appendix K: Delaware

The following examples are not exhaustive:

- *Applies to the DDDS Lifespan Waiver*
- Adds home-delivered meals, coverage of medical supplies and items to include PPE, disinfection supplies, emergency nutrition
- Expands settings to allow certain services in hotel, shelter, church, home of direct care worker, private home
- Suspends the ability for members to have choice of housemates and/or not share a bedroom, to allow DE to isolate COIVD-positive participants together
- Allows payment of family caregivers and relatives of residential habilitation agencies
- Allows flexibility in staffing ratios
- Allows for potential payment rate increase for residential habilitation providers, as well as retainer payments for certain services
- Certain HCBS can be provided in nursing facilities during short term stays
- Limits in-home/ in-setting visitors
- Telehealth/telephonic delivery permitted for case management, certain PCS, in-home habilitation, monthly monitoring, nurse consultation, and behavior consultation

Source: Medicaid Emergency Preparedness and Response for HCBS 1915(c) Waivers, https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/hcbs/appendix-k/index.html

Appendix K: District of Columbia

The following examples are not exhaustive:

- *Applies to the Elderly and Persons with Physical Disabilities (EPD) and Individuals with Intellectual and Development Disabilities (IDD) waivers*
- Expands telehealth coverage (e.g., certain IDD waiver services including in-home supports can exceed cap of 20% total hours provided via telephone/telehealth, up to 100%); allows EPD LOC assessments to be done via video conferencing including Skype, Zoom, Facetime; allows telehealth for case mgmt., in-home habilitation, monitoring
  - Allow payment of 75% for video conferences associated with Adult Day Health Programs
- Extends IDD LOC assessments up to 12 months
- Expands settings of care for certain services in the IDD waiver (e.g., respite, companion services); allows certain HCBS payment for individuals in acute stays
- Allows payment of family caregivers for certain EPD participant-directed services
- Expands which HCBS-approved providers can render IDD companion services
- Increases payment rate to account for overtime, higher labor costs, and working with quarantined individuals; includes retainer payment for certain providers
- Limit visitors

Source: Medicaid Emergency Preparedness and Response for HCBS 1915(c) Waivers, https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/hcbs/appendix-k/index.html

Appendix K: Florida

The following examples are not exhaustive:

- *Distinct approvals for Developmental Disabilities iBudget, Long-term Care, and Model Waiver and Familial Dysautonomia waivers*
- LTC
  - Mandatory closure of adult day health centers and provision of certain services in the individual's home (e.g., homemaker, adult companion, home delivered meals, PCS)
  - Retainer payments for certain adult day health care services
  - Expanded self-direction to include respite and medication administration
  - Allow telephonic case management, PCS with verbal cueing, in-home hab, monitoring
  - Expanded scope of services for waiver providers (e.g., allowing OAA providers to provide adult companion and PCS)
- DD iBudget
  - Expands settings of care to include home, other location in the community
  - Expanded scope of services for waiver providers (e.g., allowing individuals qualified to render residential nursing to also render skilled nursing, respite, personal supports)
  - Allow retainer payments
- Model/Familial Dysautonomia
  - Allow telephonic for case management, in-hom hab, monitoring

Source: Medicaid Emergency Preparedness and Response for HCBS 1915(c) Waivers, https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/hcbs/appendix-k/index.html

Appendix K: Georgia

The following examples are not exhaustive:

- *Distinct approvals for the Elderly and Disabled/Independent Care, and Comprehensive Supports/New Options Waivers*
- Allows adult day services, (enhanced) case management, skilled nursing services, behavior support services, adult PT/OT/SLP, support coordination services, intensive support coordination, supported employment to be delivered via telehealth/telephonic
- Expands service settings to include hotels, shelters, schools, churches, other temporary living situations; room and board is not included
- Community living support, alternative living services, and out of home respite may be provided out of state
- Allows payment of family caregivers for certain services, including those in other states if no family caregivers reside in Georgia
- Potential for rate increases for certain services, and retainer payments for certain providers/services
- Allows for certain HCBS services in acute care or other short-term institutional settings
- Allows certain service limits to be exceeded (e.g., community living supports, community access)

Source: Medicaid Emergency Preparedness and Response for HCBS 1915(c) Waivers, https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/hcbs/appendix-k/index.html

Appendix K: Hawaii

The following examples are not exhaustive:

- *Applies to the Home and Community Based Services for People with Intellectual and Developmental Disabilities Waiver*
- Expanded benefit limits, e.g., private duty nursing, respite
- Expanded settings for adult day health and respite
- Telehealth permitted for services such as adult day health, F2F monitoring/ check-in sessions
- Retainer payments to certain providers including adult day health

Source: Medicaid Emergency Preparedness and Response for HCBS 1915(c) Waivers, https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/hcbs/appendix-k/index.html

Appendix K: Illinois

The following examples are not exhaustive:

- *Applies to Persons who are Elderly Persons with Disabilities; Persons with HIV/AIDS; Persons with Brain Injury; Persons who are Medically Fragile,Technology Dependent; Supportive Living Program; Adults with Developmental Disabilities; Support Waiver for Children and Young Adults with Developmental Disabilities (CSW)Residential Waiver for Children and Young Adults with Developmental Disabilities (CRW)*
- Expands certain cost limits for waiver entry
- Substitutes in-home supports for adult day services
- Expands certain benefits (e.g., respite)
- Allows additional settings/unlicensed sites
- Allows the maximum number of individuals served in a residential hab setting to be exceeded
- Increases payment rates for various services/waivers, e.g., assisted living services to account for temp provision of skilled nursing care; increased flat daily rate to cover increased costs and potentially to accommodate treating patients with COVID-19; increased payment for certain respite services to account for higher workload; increased payment for residential habilitation (Adult DD) to account for increased hours
- Provides retainer payments (e.g., day habilitation agencies, nursing agencies, brain injury rehab)
- Allows some HCBS to provided in hospital settings
- Allows telehealth/telephonic provision of case mgmt., PCS that requires verbal cueing, monitoring

Source: Medicaid Emergency Preparedness and Response for HCBS 1915(c) Waivers, https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/hcbs/appendix-k/index.html

Appendix K: Indiana

The following examples are not exhaustive:

- *Distinct approvals for Aged & Disabled, TBI; Family supports; and Community Integration and Habilitation Waivers*
- A&D, TBI
  - Expands settings to allow nursing facilities and adult day providers to offer respite (room and board not included); allows adult day providers to render services in the home; allows for payment of select HCBS services in facility/institutional settings
  - Allows telephonic/virtual provision of case mgmt., PCS with verbal cueing, in-home hab, monthly monitoring, structured family caregiving, COVID-19 screening
- Family Supports
  - Allow telephonic/virtual case mgmt., PCS with verbal cueing, in-home hab, monthly monitoring, behavior mgmt., PT, OT, ST, music therapy, recl therapy, wellness coordination, caregiver training, and more
  - Waives 40-hour paid caregiver limits
  - Expands settings to include ICFs and homes
  - Expands types of HCBS providers permitted to render respite services
- CIH
  - Waives 40-hour paid caregiver limits for residential habilitation and support
  - Expands settings to include ICFs, day centers, homes
  - Increases payment rates/allows payment for residential habilitation staff to stay overnight in a residence
  - Allow telephonic/virtual case mgmt., PCS with verbal cueing, in-home hab, monthly monitoring, behavior mgmt., PT, OT, ST, music therapy, recl therapy, wellness coordination, caregiver training, and more

Source: Medicaid Emergency Preparedness and Response for HCBS 1915(c) Waivers, https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/hcbs/appendix-k/index.html

Appendix K: Iowa

The following examples are not exhaustive:

- *Applies to the Iowa Children's Mental Health Waiver; Iowa HCBS AIDS Waiver; Iowa HCBS Elderly Waiver; Iowa HCBS Intellectual Disabilities Waiver; Iowa HCBS Waiver for Persons w/Physical Disabilities; Iowa HCBS - Brain Injury (BI)Waiver; Iowa HCBS Health and Disability Waiver*
- Expands respite
- Adds home-delivered meals (excluding the CMH waiver) and telehealth/telephonic opportunities for services including case management, in-home habilitation, monitoring
- Allows for expanded settings, e.g., direct care providers' homes, allowing direct care providers to move into a member's home, allowing HCBS in certain facilities
- Providers retainer payments for select services excluding the CMH waiver (e.g., adult day care, consumer directed attendant care)
- Expands self-direction to include home-delivered meals, companion, and homemaker services
- Limits in-home visitors

Source: Medicaid Emergency Preparedness and Response for HCBS 1915(c) Waivers, https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/hcbs/appendix-k/index.html

Appendix K: Kansas

The following examples are not exhaustive:

- *Applies to Autism; Brain Injury, Frail Elderly, Intellectual & Developmental Disability; Physical Disability; Serious Emotional Disturbance; and Technology Assisted Waivers*
- Modifies targeting criteria requirement such that individuals do not need to receive one service every 30 days but rather, must require monitoring at least monthly
- Allows personal care and respite services to be provided to more than one individual at a time and in a group setting
- Adds telephonic/telehealth coverage for case management, verbal cueing personal care, in-home habilitation, monthly monitoring and day program services; allows telehealth for eval and assessments
- Adds home-delivered meals, medical supplies/equipment/appliances, and assistive technology
- Expands settings to allow day support services in any location including hotels, homes, crisis housing; allow respite in facilities, hotels, crisis housing, assisted living, group home settings, individual residence (room and board excluded)
- Modifies provider enrollment requirements to allow relatives to render services as a direct worker prior to background check; suspends certain training requirements; suspends conflict of interest mitigation for family provision of personal care
- Allows MCOs to pay for personal care services (including family members) in lieu of specialized medical care, if no specialized provider is available
- Waives check in/out EVV requirements for services in temp settings or by temp staff
- Limits in-home visitors

Source: Medicaid Emergency Preparedness and Response for HCBS 1915(c) Waivers, https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/hcbs/appendix-k/index.html

Appendix K: Kentucky

The following examples are not exhaustive:

- *Applies to Acquired Brain Injury, Acquired Brain Injury Long Term Care, Supports for Community Living, Michelle P Waiver, Home and Community Based Waiver, and Model II Waivers*
- Exceed service caps and limitations for services including personal care, companion care, respite, home delivered meals, nursing supports, case management services
- Expand respite settings of care
- Allow telephonic/telehealth for adult day training, adult day health, personal assistance/community living supports
- Allow adult day training and adult day health services in the home
- Allow Medicaid-approved adult day health care providers to provide home-delivered meals and in-home nursing services *and* allow any enrolled waiver provider to provide home-delivered meals
- Remote level-of-care evaluations and person-centered service planning
- Increase pay in specific geographic regions
- Retainer payments for habilitation and PCS when an agency has been directed to close and the provider cannot enter an enrollee's home or provide telehealth

Source: Medicaid Emergency Preparedness and Response for HCBS 1915(c) Waivers, https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/hcbs/appendix-k/index.html

Appendix K: Louisiana

The following examples are not exhaustive:

- *Distinct approvals for Adult Day Health Care; Communities Choices; Coordinated System of Care; and New Opportunities, Residential Options, Children's Choice, Supports Waivers*
- Multiple waivers included
  - LOC evaluations extended
  - Increased provider rates and potential for retainer payments, for select providers and services
  - Limit visitors
  - Allow telehealth/telephonic delivery, e.g., case management, monthly monitoring, PCS that requires verbal curing, monitored in-home caregiving, independent living
  - Expand settings, allow for exceeding service limits
  - Allow family members to provide certain services
  - Adds up to two home-delivered meals per day (adult day)
  - Expands assistive technology benefit including PERS and certain DME (adult day)
  - Personal assistance services (PAS) can be provided out-of-state (adult day)

Source: Medicaid Emergency Preparedness and Response for HCBS 1915(c) Waivers, https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/hcbs/appendix-k/index.html

Appendix K: Maine

The following examples are not exhaustive:

- *Applies to HCBS for Brain Injury, HCBS for Elderly and Adults with Disabilities, HCBS for Adults with Other Related Conditions, HCBS for Adults with ID or ASD, and Support Services for Adults with ID or ASD*
- Increases services
  - Elderly and Adults with Disabilities: e.g., PCS hours, respite, and care coordination: +20%; assistive technology devices; increased meals to 2/day; remove certain budget caps/exclude certain services from budget caps
  - All other waivers: e.g., increased home supports hours, continued reimbursement even with few direct support hours, increased assistive technology transmission, modified respite and care coordination
- Adds "emergency quarantine services" for COVID-19+ (paid at $27.72/hour) and adult foster care "shared living" (paid at 75% for each participant with 2 served; 60% with 3 served)
- Allows alternative settings (hotels, shelters, churches) and telehealth for select services
- Allows relatives/spouses to provide personal supports and attendant care
- Increases payment rates by 10% to account for overtime, premium payment to ensure sufficient workforce, infection control supplies, other unanticipated costs (select services and waivers)
- Limits visitors

Source: Medicaid Emergency Preparedness and Response for HCBS 1915(c) Waivers, https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/hcbs/appendix-k/index.html

Appendix K: Maryland

The following examples are not exhaustive:

- *Distinct approvals for Family Supports, Community Supports, and Community Pathways; and, Children with Autism Spectrum Disorder; Adults with Brain Injury; Home and Community Based Options; Model Waiver for Fragile Children (Model Waiver); and Medical Day Care Services Waivers*
- Examples across the waivers include:
  - Allows cost limits to be exceeded; limits targeting criteria
  - Expands certain services including shared supports hours, meaningful day services, environmental modifications, respite care, individual support services, adult life planning, and other services
  - Allows additional individuals to be served in community living settings
  - Expands settings to include hotels, schools, churches, alternative facilities, homes
  - Allows for out-of-state provision in surrounding states
  - Increases payment rates for certain services/providers supporting individuals positive for COVID; includes retainer payments for certain providers
  - Allows telephonic delivery of case mgmt., PCS with verbal cueing, in-home hab, monthly monitoring, and other services e.g., community development, personal supports, nursing services
  - Allows payment of family caregivers for select services

Source: Medicaid Emergency Preparedness and Response for HCBS 1915(c) Waivers, https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/hcbs/appendix-k/index.html

Appendix K: Massachusetts

The following examples are not exhaustive:

- *Applies to Frail Elder (FEW), Traumatic Brain Injury (TBI), MFP – Community Living (MFP-CL), MFP – Residential Supports (MFP-RS), Acquired Brain Injury with Residential Habilitation (ABI-RH), Acquired Brain Injury Non-residential Habilitation (ABI-N) Community Living (DDS-CL), Intensive Supports (DDS-IS), Adult Supports (DDS-AS), Children's Autism Spectrum Disorder*
- Expands certain eligibility criteria (MFP-CL, ABI-N, Autism Spectrum Disorder) and expands cap for certain services (e.g., respite, in-home hours for certain waivers)
- Allows services to be provided in the home or alternative settings, and allows intensive supports waiver services to be provided out-of-state
- Expands provider supply by extending licensure that would otherwise expire, allows licensed Special Education teachers to qualify as a therapist for certain autism services
- Increases payment rates for increased daytime staffing needs and complexity of services; allows complexity payment in FEW for willingness to treat, PPE, and PPE training; includes retainer payment
- Allows telephonic/telehealth for PCS with verbal cueing, in-home hab, monthly monitoring, adult companion, dementia coaching, day services, home health aide, homemaker, peer supports, and numerous others
- Adds coverage of assistive technology to facility telehealth (tablets, smart phones, laptops); adds home-delivered meals in all waivers and up to federally-allowed max

Source: Medicaid Emergency Preparedness and Response for HCBS 1915(c) Waivers, https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/hcbs/appendix-k/index.html

Appendix K: Minnesota

The following examples are not exhaustive:

- *Applies to Brain Injury, Community Alternative Care, Community Access for Disability Inclusion, Development Disabilities, and Elderly Waivers*
- (Re)assessments can occur via telephone or other remote methods rather than F2F
- Virtual case management

Source: Medicaid Emergency Preparedness and Response for HCBS 1915(c) Waivers, https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/hcbs/appendix-k/index.html

Appendix K: Mississippi

The following examples are not exhaustive:

- *Distinct approvals for Independent Living Waiver, Elderly and Disabled Waiver, Assisted Living Waiver, TBI/Spinal Cord Injury*
- General flexibilities across all or multiple waivers include:
  - Add home-delivered meals, up to 2 meals per day, 7 days per week (one hot meal)
  - Expands institutional respite up to 90 days, with limited room and board
  - Provide specialized medical equipment and supplies, including PPE as appropriate to the "individual client"
  - Allow non-legally responsible family members, as well as personal care provider agencies, to provide PCS; non-legally responsible family members can provide in-home respite
  - Potential to increase payment to certain providers/for certain services
  - Any F2F can be completed telephonically; allows telehealth/telephonic for case management, monthly monitoring, in-home respite supervision, some personal care
  - Limits in-home visitors
  - Flexible provider (re)certification

Source: Medicaid Emergency Preparedness and Response for HCBS 1915(c) Waivers, https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/hcbs/appendix-k/index.html

Appendix K: Missouri

The following examples are not exhaustive:

- *Distinct approvals for Aged and Disabled, Adult Day Care, Independent Living; Comprehensive, Community Support, Partnership for Hope, Children with Developmental Disabilities; AIDS; and Medically Fragile Adults*
- AD, ADC, IL
  - Allows benefit caps exceeded, allows services not prior authorized by the state to be delivered, and allows flexible provision of personal care services (also, AIDS and Medically Fragile waivers)
  - Expands settings for respite to include any setting necessary, room and board not included; also allows adult day care providers to render respite services
  - Allows payment to family members (also, AIDS and Medically Fragile waivers)
  - Allows telephonic/telehealth case mgmt., personal care with verbal cueing, monthly monitoring (also, AIDS waiver; Medically Fragile also includes all F2F requirements)
  - Adds up to 2 meals per day, with a waiver of nutritional requirements if needed
- Comprehensive, Community Support, Partnership for Hope, Children with DD
  - Expands service cap for self-directed personal assistant service
  - Expands settings for out-of-home respite, temporary residential services, prevocational services
  - Allows payment to family members
  - Allows telephonic/telehealth personal care with verbal cueing, in-home hab, monthly monitoring, F2F reqs except for transportation and environmental accessibility
  - Adds meals in lieu of paid staff

Source: Medicaid Emergency Preparedness and Response for HCBS 1915(c) Waivers, https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/hcbs/appendix-k/index.html

Appendix K: Montana

The following examples are not exhaustive:

- *Montana Big Sky HCBS, Montana HCBS for Individuals with Developmental Disabilities, Montana Behavioral Health Severe Disabling Mental Illness HCBS*
- Expands service caps for respite, companion, personal assistance services, non-medical transportation, and homemaker (waiver specific)
- Adds mental health group home service to the BH HCBS waiver, to allow mental health centers to render services without becoming an HCBS provider
- Expands settings to include the home or alternative setting (e.g., hotel)
- Allows payment of family members for multiple services
- Allows providers to purchase items from nontraditional vendors (specialized equipment and supplies)
- Allows payment of certain HCBS services when an individual is temporarily institutionalized
- Provides retain payments for habilitation services that include personal care
- Allows telehealth provision of case mgmt., PCS with verbal cueing, in-home habilitation, monthly monitoring

Source: Medicaid Emergency Preparedness and Response for HCBS 1915(c) Waivers, https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/hcbs/appendix-k/index.html

Appendix K: Nebraska

The following examples are not exhaustive:

- *Distinct waivers for Aged and Adults and Children with Disabilities, Developmental Disabilities Day Services for Adults, Comprehensive Developmental Disabilities Services, and Traumatic Brain Injury*
- Aged/Adults/Children with Disabilities (some TBI)
  - Allows respite cap to be exceeded by 14 days and expands non-medical transportation
  - Expands settings to allow hotels, shelters, schools, churches, local health depts; allows ALF to be provided in SNF *or* ALF (no room and board) (+TBI)
  - Telephonic/telehealth allowed for initial LOC assessments and delays reassessments (+TBI)
  - Payment rates to be raised up to 15% (+TBI)
- Development Disabilities
  - Allows respite cap to be exceeded, waives the independent living cap, supported family living cap
  - Expands settings to include residential settings (e.g., homes, shelters)
  - Payment rates to be raised up to 15% for overtime, additional infection control supplies, service costs; allows retainer payments
  - Allows out of state coverage for Comprehensive DD waiver
  - Delays LOC reassessments
  - Allows telephonic case mgmt, PCS with verbal cueing, in-home hab, monthly monitoring

Source: Medicaid Emergency Preparedness and Response for HCBS 1915(c) Waivers, https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/hcbs/appendix-k/index.html

Appendix K: Nevada

The following examples are not exhaustive:

- *Applies to Individuals with Intellectual and Developmental Disabilities, Frail Elderly, and Persons with Physical Disabilities*
- Increases NEMT benefit; and behavioral consultation, training, and intervention benefit
- Expands available settings to include the home (day habilitation, pre-vocational, career planning, supported employment, adult day care)
- Allows payment to family caregivers for select services
- Waives certain licensure and background checks for providers
- Allows telehealth/telephonic delivery/completion of LOC (re)evaluations, case management, personal care using verbal cueing, in-home habilitation, adult day care
- Extends LOC re-evaluations
- Allows payment for direct care services when a patient is in an acute care hospital (excluding room and board)
- Provides retainer payments for certain services/providers

Source: Medicaid Emergency Preparedness and Response for HCBS 1915(c) Waivers, https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/hcbs/appendix-k/index.html

Appendix K: New Hampshire

The following examples are not exhaustive:

- *Applies to In Home Support, Developmental Disabilities, Acquired Brain Disorder, Choices for Independence for Elderly and Chronically Ill*
- Cost limits and caps removed or increased for certain benefits (e.g., respite, community transition services including transportation and therapeutic recreation services)
- Expands settings (motel, hotel, church, shelter, unlicensed homes) and allows HCBS provided in facilities
- Provide retainer payments for habilitation and personal care services
- Allows telehealth/telephonic provision of case mgmt., PCS with verbal cueing, residential habilitation, day habilitation, community support services, supported employment, participant directed and managed services, monthly monitoring, consultation, specialty services
- Staffing: allows staffing ratios to be adjusted, waives certain provider (re)enrollment requirements

Source: Medicaid Emergency Preparedness and Response for HCBS 1915(c) Waivers, https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/hcbs/appendix-k/index.html

Appendix K: New Mexico

The following examples are not exhaustive:

- *Applies to Developmental Disabilities, Mi Via ICF/IDD, and Medically Fragile Waivers*
- Exceed service limits for assistive technology to allow remote care, supported living, and suspend certain prior auth reqs
- Expand available settings of care to include telehealth/telephonic for adult PT/OT/SLP, behavioral support consultation, case management, private duty nursing
- Allow community customized supports, community direct support to be provided in the home
- Allow home health agencies to hire relatives, friends, parents at the home health aide rate
- Remote supervision by registered nurse permitted
- Allow for HCBS services to be paid in acute care hospitals or short-term institutional stays when necessary supports are not available in those settings
- Retainer payments for certain personal care services (e.g., home health aides, homemaker, day habilitation)

Source: Medicaid Emergency Preparedness and Response for HCBS 1915(c) Waivers, https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/hcbs/appendix-k/index.html

Appendix K: New York

The following examples are not exhaustive:

- *Applies to Office for People with Developmental Disabilities (OPWDD) Comprehesnive HCBS Waiver*
- Allow remote delivery of various services including day habilitation, community habilitation, prevocational services
- Expands settings to include private home, hotel
- Allow out-of-state service access (adjacent states)
- Allow telephonic in place of F2F
- Limits visitors
- Increases payment rates to certain providers and certain settings, and to allow for purchase of PPE
- Provider retainer payment when utilization drops below 80% of the avg monthly rate

Source: Medicaid Emergency Preparedness and Response for HCBS 1915(c) Waivers, https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/hcbs/appendix-k/index.html

Appendix K: North Carolina

The following examples are not exhaustive:

- *Distinct requests for different HCBS waivers (Innovations, TBI, CAP/Children, & CAP/DA)*
- Multiple waivers:
  - Expand eligibility by increasing cost limits/exceeding annual cost neutrality
  - Allow service hours beyond what is in care plan
  - Permit out of home/out of state respite (NCI, TBI)
  - Expand settings to hotel, shelter, church, direct care worker home, individual's home
  - Allows flexibility for relatives to provide select services
  - Allows up to 30 consecutive days of select HCBS in facility/institutional settings
  - Provides retainer payments to habilitation and personal care direct care workers
  - Waives care coordination F2F requirements
- CAP Waivers:
  - Coverage of goods and services (e.g., disinfectant wipes, hand sanitizer, supplies not otherwise in the State Plan for CNAs/ assistants to distinguish from infected members)
  - Expanded services and service limits (e.g., assistive tech, home adaptation)
  - Coverage of one lunch meal via Uber Eats, DoorDash, Grub Hub, or similar (DA)

Source: Medicaid Emergency Preparedness and Response for HCBS 1915(c) Waivers, https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/hcbs/appendix-k/index.html

Appendix K: North Dakota

The following examples are not exhaustive:

- *Distinct approvals for Developmental Disabilities Traditional IID/DD, Medicaid Waiver for Home and Community Based Services, Medically Fragile Children, Children's Hospice, & Autism Spectrum Disorder (ASD) birth through 13*
- Examples include:
  - Expands service limits, specific to each waiver (increased meals, in-home support hours for medically fragile children, increased respite for children's hospice)
  - Waives certain setting requirements including allowing the number of individuals in a setting exceed limits (e.g., adult foster care), removes "live alone" requirement for supervision services
  - Expands settings to include churches, schools, shelters; allows respite care to be provided in SNF (for Medicaid HCBS waiver)
  - Allows out-of-state coverage
  - Allows a legal guardian, family member to receive payment for services including homemaker, respite, chore, supervision, companionship, prevocational, day hab
  - Telephonic/telehealth allowed broadly, including for case management, some PCS, in-home habilitation, monthly monitoring, companionship to reduce social isolation, behavioral consultation, infant development
  - Potential increased payment for supervision services, some retainer payment

Source: Medicaid Emergency Preparedness and Response for HCBS 1915(c) Waivers, https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/hcbs/appendix-k/index.html

Appendix K: Ohio

The following examples are not exhaustive:

- *Distinct approvals for Individual Options, Level One, and Self-Empowered Life Funding Waiver (SELF); and, Assisted Living, Ohio Home Care Waiver, My Care Ohio, PASSPORT waivers*
- IO, L1, SELF
  - Waives limits for residential and community respite (all three)
  - Waives service limits for homemaker personal care, participated directed HPC (IO)
  - Combines budget limits for residential and non-residential services (L1)
  - Expands settings (participant's home, extended family home, congregate residential setting, hotel, shelter, other)
  - Allows individuals to access services via SPA or waiver based on provider availability
  - Permits telephonic/virtual case mgmt., in-home hab, monitoring
  - Allows family members to render services
- AL, OHCW, MCO, PASSPORT
  - Allows delivery of bulk meals not to exceed 2/day
  - Expands settings (participant's home, unlicensed settings but room and board not covered)
  - Permits telephonic/virtual F2F, case mgmt., PCS with verbal cueing, monitoring
  - Limits visitors
  - Allows family members to render services

Source: Medicaid Emergency Preparedness and Response for HCBS 1915(c) Waivers, https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/hcbs/appendix-k/index.html

Appendix K: Oklahoma

The following examples are not exhaustive:

- *Distinct requests for different HCBS waivers (ADvantage, In Home Supports (adults), In Home Supports (children), Medically Fragile, Community, & Homeward Bound Waivers)*
- Multiple waivers:
  - Expand service limits including home delivered meals, nursing facility respite
  - Expand settings (e.g., adult day permitted in the home or a hotel; allow individuals to receive waiver services in another state)
  - Extends benefit approvals (e.g., PT/OT/SLP)
  - Allow family members to render personal care services
  - Relax provider (re)enrollment requirements
  - Video/telehealth/telephonic allowed for (re)assessment, direct nursing services, PT/OT/SLP, site monitoring, monthly monitoring, case mgmt
  - Allow certain HCBS payment when an individual is in a short-term stay (e.g., PCS
  - Retainer payments for certain providers (e.g., select PCS, daily living supports, companion services)
  - Limited expansion in self-direction
  - Limit visitors

Source: Medicaid Emergency Preparedness and Response for HCBS 1915(c) Waivers, https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/hcbs/appendix-k/index.html

Appendix K: Oregon

The following examples are not exhaustive:

- *Distinct requests for Aging and People with Disabilities; and, Children's HCBS, Adults' HCBS, Medically Involved Children's (MICW), Medically Fragile (Hospital) Model, Behavioral (ICF/IDD) Model Waiver*
- APD
  - Allows case mgmt. in any setting
  - Waives case manager classification reqs
  - Extends existing level of care (LOC) evaluations and allows LOC completion via telehealth
- Other Waivers
  - Expands providers permitted to render certain services
  - Allows Employment Path site visits to be provided by phone, email, or other communication methods
  - Extends LOC evaluations and allows LOC completion via telehealth
  - Increases payment rates for direct nursing services and allows retainer payments for certain services

Source: Medicaid Emergency Preparedness and Response for HCBS 1915(c) Waivers, https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/hcbs/appendix-k/index.html

Appendix K: Pennsylvania

The following examples are not exhaustive:

- *Distinct requests for different HCBS waivers (e.g., Community Living, Adult Autism, Community Health Choices)*
- Examples include:
  - Exceed service limits (e.g., adult daily living, residential habilitation, life sharing and supported living, respite, community participant support)
  - Expand services into new settings (e.g., respite provided in any setting with room and board included in the fee schedule rate; community participant support in the home
  - Use of telehealth (e.g., companion, in-home and community support via remote/tele-support, remote F2F and reassessments, remote comprehensive needs assessment, remote support coordinator monitoring)
  - Payment of family members/ legally responsible individuals for certain services
  - Exceed staffing ratios (e.g., Residential Habilitation, Life Sharing and Supported Living; Community Participation Support)
  - Potential for increased payment rates and retainer payments for certain providers
  - Potential for suspended/delayed incident reporting
  - Payment of certain HCBS services while in the hospital

Source: Medicaid Emergency Preparedness and Response for HCBS 1915(c) Waivers, https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/hcbs/appendix-k/index.html

Appendix K: Rhode Island

The following examples are not exhaustive:

- *Applies to Rhode Island's Comprehensive Demonstration*
- Suspend in-person planning meetings and allow telehealth approaches
- Postpone level-of-care reassessments for LTSS and allow via telehealth for initial assessments
- Postpone service plan reviews (person-centered care plans)

Source: Medicaid Emergency Preparedness and Response for HCBS 1915(c) Waivers, https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/hcbs/appendix-k/index.html

Appendix K: South Carolina

The following examples are not exhaustive:

- *Distinct approvals for Medically Complex Children; Intellectually Disabled and Related Disabilities, Community Supports, Head and Spinal Cord Injury; Community Choices, HIV/AIDS, Mechanical Ventilator Dependent*
- Medically Complex Children
  - Allows RN Care Coordination, certain F2F meetings to occur telephonically
  - Limits visitors
- ID/RD, CS, HASCI
  - Expands services, e.g., allows excess respite and PCS to supplant closure or diversion from day programs/adult day health care; doubles case mgmt. limits to 20 hours
  - Expands settings for certain services to include residential settings
  - Allows telephonic case mgmt., in-home hab, monthly monitoring, F2F reqs
  - Allows up to 2 meals/day for ADHC recipients
- CC, HIV/AIDS, MVD
  - Allow up to 1 additional meal/day, 1 additional case of nutritional supps/month, and waives physician certification of nutritional supps
  - Expands settings for ADHC to include a participant's home
  - Limit visitors

Source: Medicaid Emergency Preparedness and Response for HCBS 1915(c) Waivers, https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/hcbs/appendix-k/index.html

Appendix K: South Dakota

The following examples are not exhaustive:

- *Distinct approvals for CHOICES and Home and Community-Based Options and Person-Centered Excellence (HOPE) Waivers)*
- Examples across the two waivers include:
  - Extend respite benefit beyond 30 days (HOPE)
  - Expanded settings for respite, adult day, adult companion (remote), and assisted living, *and* room and board included for facility-based respite
  - Alternative settings for habilitation to include hotels, schools, shelters, churches
  - Flexible provider enrollment/recertification
  - Allow family members to be paid to render services (HOPE)
  - Physician direction for nursing and nutritional supplement waived (HOPE)
  - Limited in-home visitors
  - Telehealth/telephonic permitted for case management, PCS requiring verbal cueing, monthly monitoring, F2F evaluations/meetings
  - Provide retainer payments to agencies that provide day services and residential services (CHOICES)

Source: Medicaid Emergency Preparedness and Response for HCBS 1915(c) Waivers, https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/hcbs/appendix-k/index.html

Appendix K: Tennessee

The following examples are not exhaustive:

- *Applies to Statewide HCBS (Statewide), Comprehensive Aggregate Cap HCBS (CAC) and Self-Determination Waivers*
- Excludes rate increases from an eligible individual's total cost limit (Statewide and Self-Determination)
- Expands settings for supportive services (e.g., residential habilitation services, therapy) to include alternatives such as group homes, churches, community centers; allows up to 14 days of out-of-state provision of residential habilitation
- Eases provider (re)enrollment processes
- Increases provider rates to account for increased staffing, overtime, PPE, hazard pay
  - 10% increase for residential services
  - 30% increase for personal assistance and nursing services (to equalize with CHOICES and ECF) to allow for more competitive rates
  - Per diem add-on for providers serving COVID-19+ individuals ($5/hour additional)
- Telehealth/virtual/telephonic service delivery permitted for LOC assessments, case mgmt., monthly monitoring, nutrition services, OT/PT/SLP, behavioral services, and other
- Allows personal, behavioral, and communication supports in acute care hospital or short-term institutional stay
- Adds enabling technology to support independence in the home (e.g., remote interaction/monitoring

Source: Medicaid Emergency Preparedness and Response for HCBS 1915(c) Waivers, https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/hcbs/appendix-k/index.html

Appendix K: Utah

The following examples are not exhaustive:

- *Applies to Utah Community Supports Waiver; Aging Waiver; Acquired Brain Injury Waiver; Physical Disabilities Waiver; New Choices Waiver; Medically Complex Children's Waiver; Technology Dependent Waiver*
- Waives facility LOS requirements for HCBS services (discharge due to COVID)
- Expands certain benefits (e.g., overnight respite up to 30 consecutive days, removes limit on community meal option and permits restaurant delivery/Uber Eats-type services
- Expands settings to include hotel, shelter, church, home of direct care worker; allows respite in ICFs and SNFs
- Allows NEMT through non-enrolled providers (e.g., Uber, Lyft)
- Allow hazard payment for direct care services; allow increased rates for non-direct care
- Provide retainer payments
- Allow HCBS to be provided during acute stays
- Allow telehealth/telephonic delivery of case mgmt, certain PCS, in-home hab, monthly monitoring, companion services, support living, day supports, social and emotional support, other services
- Provides payment of family caregivers

Source: Medicaid Emergency Preparedness and Response for HCBS 1915(c) Waivers, https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/hcbs/appendix-k/index.html

Appendix K: Virginia

The following examples are not exhaustive:

- *Applies to CCC+, Family and Individual Supports, Community Living, Building Independence Waivers*
- Allows personal care and respite, and companion aides hired by an agency to provide services prior to receiving the 40-hr training
- Allows monthly monitoring when services are furnished less than monthly
- Limits visitors
- Allows telephonic case mgmt., monthly monitoring; virtual F2F
- Allow spouses and parents of minor children to provide PCS

Source: Medicaid Emergency Preparedness and Response for HCBS 1915(c) Waivers, https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/hcbs/appendix-k/index.html

Appendix K: Washington

The following examples are not exhaustive:

- *Distinct requests for different HCBS waivers (e.g., Residential Support, COPES, Individual and Family Services)*
- Examples include:
  - Exceed service limits (e.g., skilled nursing, adult day, transportation, home-delivered meals, community supports, respite)
  - Expand benefits (e.g., transportation
  - Flexibility to modify who is responsible for (re)assessments and (re)assessment timing
  - Potential to increase payment rates ("add-on COVID-19 rate")
  - Telehealth/remote opportunities (e.g., person-centered planning, assessments)
  - Expand service provision to emergency sites including hotels, churches, homes of direct care workers
  - Potential for delayed incident reporting

Source: Medicaid Emergency Preparedness and Response for HCBS 1915(c) Waivers, https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/hcbs/appendix-k/index.html

Appendix K: West Virginia

The following examples are not exhaustive:

- *Distinct requests for different HCBS waivers (e.g., Intellectual/Developmental Disability, Aged and Disabled Disability Waiver)*
- Examples include:
  - Exceed service limits (e.g., respite, person-centered supports, personal attendant, direct care services)
  - Expanded settings (e.g., out-of-home respite)
  - Payment of legally responsible individuals if primary caregiver is unable to provide services/supports (e.g., personal attendants, direct care staff)
  - Telehealth/remote opportunities (e.g., (re)assessments, person-centered monitoring, F2F case management, behavioral supports)
  - Retainer payments for agencies that provide day services
  - Payment of personal attendants during acute care hospital stays

Source: Medicaid Emergency Preparedness and Response for HCBS 1915(c) Waivers, https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/hcbs/appendix-k/index.html

Appendix K: Wisconsin

The following examples are not exhaustive:

- *Specific to the Children's Long-Term Support Waiver*
- Allows spouses, parents, family caregivers, legally responsible individuals to receive payment
- Provides retainer payments for habilitation services specific to personal care
- Suspends all disenrollments from the program
- Allows telehealth/telephonic delivery of case mgmt., PCS with verbal cueing, in-home habilitation, monitoring, and all waiver services that can be provided with the same functional equivalency of F2F services
- Adds home-delivered meals, less than a full nutritional regimen
- Limits visitors

Source: Medicaid Emergency Preparedness and Response for HCBS 1915(c) Waivers, https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/hcbs/appendix-k/index.html

Appendix K: Wyoming

The following examples are not exhaustive:

- *Applies to Supports Waiver and Comprehensive Waiver*
- Expands school services including respite, child habilitation, individual habilitation, and companion services
- Allows community support services to be provided in the home
- Modifies provider qualifications to suspend certain background and recertification reqs
- Allows for payment of HCBS in hospitals (adult day, community living, companion, personal care)
- Limits in-home visitors
- Allows for telephonic/telehealth provision of case management and monthly monitoring

Source: Medicaid Emergency Preparedness and Response for HCBS 1915(c) Waivers, https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/hcbs/appendix-k/index.html

Medicaid State Plan Amendments

State Actions: State Plan Amendment (SPA)

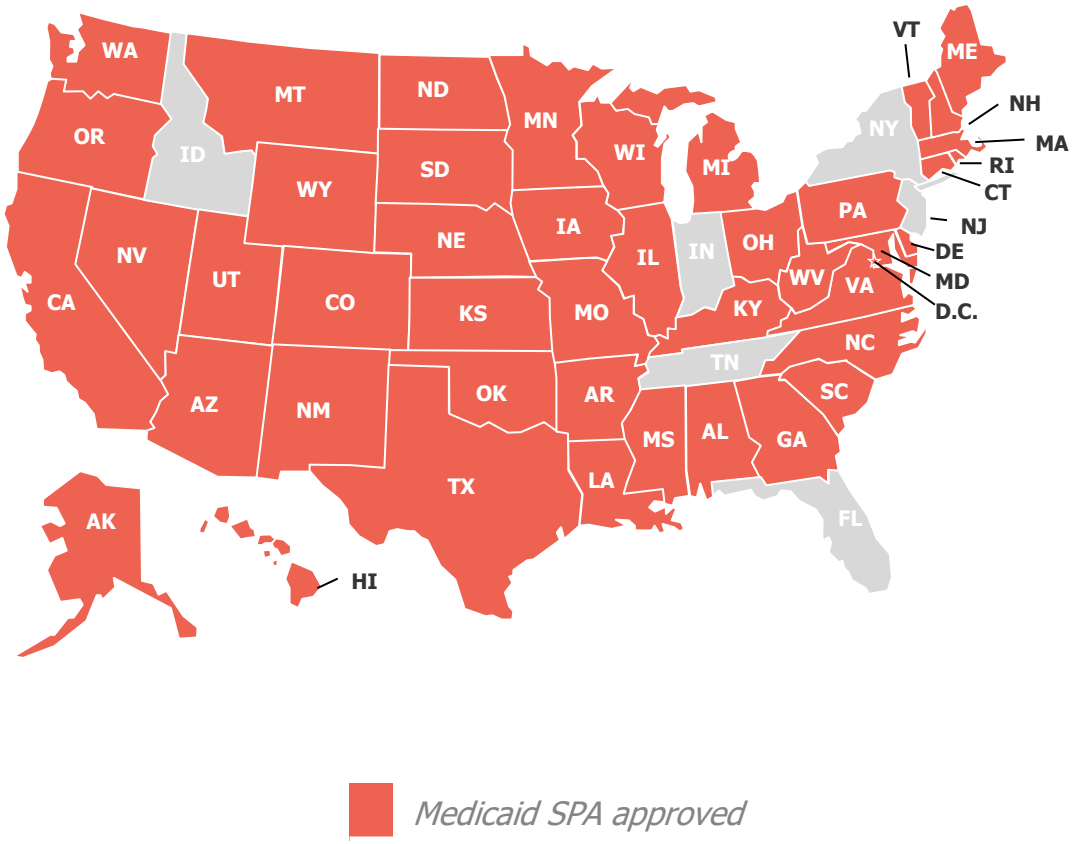
Previously Profiled

- **SPAs previously approved** by CMS: AK, AL, AR, AZ, CA, CO, DC, DE, GA, GU*, HI, IA, IL, KS, KY, LA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NM, NV, OH, OK, OR, PA, PR*, RI, SC, SD, TX, UT, VA, VI*, VT, WA, WI, WY

Status Update

- **SPAs newly approved** in CT, MA, WV
- **SPAs newly updated** in AZ, IA, MN, NC, NH, NM, OK, OR

*Note: US Territories not shown on map



Source: Medicaid State Plan Amendments, https://www.medicaid.gov/medicaid/medicaid-state-plan-amendments/index.html?f%5B0%5D=topics%3A691#content

SPA: Alabama *(updated 6/16/2020)*

SPA Category	Summary
Effective Dates	3/1/2020 – end of disaster declaration
Eligibility	• Expands coverage to uninsured individuals for COVID-19 testing, effective 3/18/20
Premiums and Cost Sharing	• Suspends Medicaid copayments for all items and services for all eligibility groups during disaster period
Benefits – General & Drug	• Removes requirement for prior authorizations for service destinations and non-emergency services for ambulances
Benefits – Telehealth	• Allows physicians and other licensed practitioners to perform evaluation and management services, therapies, and other medically necessary services as appropriate using telephone communications
Payments – General	• Increases payment rates uniformly by a $20 per diem add on payment for all nursing homes • Approves additional cleaning fee reimbursement for Medicaid proportion of actual costs incurred for facilities with COVID-positive patients or staff • Approves 20% payment increase in per diem rates for hospital IP stays for patients with a COVID diagnosis • *Allows dental offices to bill code D1999 (unspecified preventive procedure) and be reimbursed at $20 to account for cost of additional PPE

**new as of 6/16/20*

Source: Medicaid State Plan Amendments, https://www.medicaid.gov/medicaid/medicaid-state-plan-amendments/index.html?f%5B0%5D=topics%3A691#content

SPA: Alaska *(updated 6/3/2020)*

SPA Category	Summary
Effective Dates	3/01/2020 – end of disaster declaration
Eligibility	• Provides Medicaid coverage to non-residents who otherwise meet eligibility requirements and are in the state temporarily. AK will work with individual's home state to prevent duplicate coverage • Extends reasonable opportunity period for non-citizens
Premiums and Cost Sharing	• Cost-sharing waived for: testing services (including in vitro diagnostic products), testing-related services, and treatments for COVID-19, including vaccines, specialized equipment and therapies • Enrollment fees, premiums, and similar charges suspended for Qualified Working Disabled eligibility category
Benefits – General & Drug	• Allows provision of Community First Choice Personal Care services to recipient in acute care hospital as long as services are identified in POC, address needs not met by hospital, are not duplicative of services that hospital is required to provide, ensure smooth transitions between hospital and HCBS settings, and preserve individual's functional abilities • Allows students who have completed all required coursework except practicum and/or internship hours to practice as unlicensed mental health professionals • Waives requirement for providers to be certified in First Aid and CPR • Expands provisions regarding pharmacists under OLP benefit to allow service provision and reimbursement for qualified and enrolled State Licensed Pharmacists practicing within authorized scope practice • Makes exceptions to Preferred Drug List if drug shortages occur • Assures that all benefit additions/adjustments are available to individuals receiving services under Alternative Benefit Plans and comply with applicable statutory requirements • Permits claims for medications with days' supply up to 68 days unless medication is on 90-day list - then 90 days is permitted

Source: Medicaid State Plan Amendments, https://www.medicaid.gov/medicaid/medicaid-state-plan-amendments/index.html?f%5B0%5D=topics%3A691#content

SPA: Alaska *(updated 6/3/2020)* (continued)

SPA Category	Summary
Benefits – General & Drug	• Permits claims for medications with days' supply up to 68 days unless medication is on 90-day list - then 90 days is permitted • Waives requirement for return of unused unit dose medications dispensed to an LTC facility due to infection control considerations • Allows professional dispensing fee to be reimbursed no more than every 14 days per individual at $15.86 for pharmacies located on road system and $23.78 for pharmacies not located on road system. Will reimburse shipping regardless of location of pharmacy or beneficiary • Allows pricing methodology for covered OP drugs dispensed by retail-based pharmacy to be bypassed when medication's acquisition cost exceeds standard "lesser of" payment methodology logic through petitioning at point of sale • *Allows licensed practitioners operating within their scope of practice to order lab, radiology, and HH services • *Allows lab services to be delivered outside an office, or similar facility other than a hospital OP department/clinic, when meeting state's provider qualifications
Payments – General	• Modifies reimbursement of ILP and LTSS Targeted Case Management to reflect a per episode rate equal to existing monthly rate • *Allows reimbursement of lab services ordered by licensed practitioners operating within their scope of practice

**new as of 6/3/20*

Source: Medicaid State Plan Amendments, https://www.medicaid.gov/medicaid/medicaid-state-plan-amendments/index.html?f%5B0%5D=topics%3A691#content

SPA: Arizona *(updated 8/04/2020)*

SPA Category	Summary
Effective Dates	3/1/2020 – end of disaster declaration
Eligibility	• Rescinds temporary election of coverage of uninsured individuals for COVID-19 testing, effective 4/1/20
Enrollment	• Adopts a total of 12 months continuous eligibility for children under age 19 regardless of changes in circumstances
Premiums and Cost Sharing	• Suspends enrollment fees, copays, and premium requirements for all beneficiaries
Benefits – General & Drug	• Expands prior authorization for medications via automatic renewal • Makes exceptions to Preferred Drug List if drug shortages occur • Allows physicians and other licensed practitioners to order Medicaid HH services • Assures that all benefit additions/adjustments comply with requirements and are available to individuals receiving services under Alternative Benefit Plans
Payments – General	• Approves interim payments to hospitals in amounts equal to 80% of actual distribution to each hospital for service period of 7/1/2018 - 6/30/2019. Final payment amounts will be calculated for 7/1/2019 - 6/30/2020 and will be distributed no later than 6/30/2021 • *Approves lump sum payments to registered providers at all in-state NFs, ICF/IIDs, and Veteran's Homes who provide nursing facility services with FFS Medicaid utilization during the PHE. Payment will be a uniform dollar increase amount of $30 per bed day and will be based on provider's actual Medicaid bed days from 10/1/19-12/31/19 based on FFS claims.
Other	• Allows payment for reserved bed to be made if absence does not exceed 30 days per contract year

**new as of 8/04/20*

Source: Medicaid State Plan Amendments, https://www.medicaid.gov/medicaid/medicaid-state-plan-amendments/index.html?f%5B0%5D=topics%3A691#content

SPA: California

SPA Category	Summary
Effective Dates	3/1/2020 – end of disaster declaration
Eligibility	• Extends coverage to uninsured individuals for COVID-19 testing during emergency period • Expands eligibility by disregarding income up to 138% FPL for Individuals Eligible for but not Receiving Cash Assistance and Age and Disability Poverty Level groups
Enrollment	• Allows Hospital Presumptive Eligibility for following eligibility groups: Individuals Eligible for but not Receiving Cash Assistance, Individuals Receiving HCBS, Optional State Supplement Beneficiaries, PACE Enrollees, Age and Disability Poverty Level, Work Incentives/BBA, and uninsured COVID testing group • Allows 2 PE periods in a 12-month period for noted eligibility groups
Premiums and Cost Sharing	• Cost-sharing waived for: testing services (including in vitro diagnostic products), testing-related services, and treatments for COVID-19, including vaccines, specialized equipment and therapies • Suspends enrollment fees, premiums, and similar charges for Optional Targeted Low-Income Children and Work Incentives/BBA groups
Benefits – General & Drug	• Allows physicians and other licensed practitioners to order Medicaid HH services • Modifies rehab services benefit in Drug Medi-Cal State Plan to expand individual counseling visits to include visits focused on short-term problems and their relationship to substance use • Removes utilization controls on covered benefits • Assures that all benefit additions/adjustments comply with requirements and are available to individuals receiving services under Alternative Benefit Plans • Removes six-prescription per calendar month limitation on covered OP drugs • Non-legend acetaminophen-containing drugs, non-legend cough, and cold drugs that are covered OP drugs will be included in pharmacy benefit • Providers may dispense up to a 100-day supply at one time for all covered OP drugs • Expands prior authorization for medications via automatic renewal

Source: Medicaid State Plan Amendments, https://www.medicaid.gov/medicaid/medicaid-state-plan-amendments/index.html?f%5B0%5D=topics%3A691#content

SPA: California (continued)

SPA Category	Summary
Benefits – Telehealth	• Allows face-to-face requirement for State Plan benefits/services to be provided via telehealth regardless of originating or distant site
Payments – General	• Increases payments uniformly by 10% of current per diem rates to SNFs and ICF/DDs (excluding state-owned SNFs or ICFs) • Approved payment for clinical lab COVID related procedure codes equal to Medicare payment for equivalent services (effective for dates of service on or after 3/1/20) • Allows IHSS Individual Provider Rate to include payment for PTO related to COVID sick leave benefits from 4/2/20-12/31/20 (or end of PHE if sooner) • Increases interim rates by 100% for the Drug Medi-Cal and Specialty Mental Health programs • Newly added Clinical lab COVID-19 diagnostic testing procedures codes will be exempt from 10% payment reductions in Welfare and Institutions Code section • Add Associate Clinical Social Worker and Associate Marriage and Family Therapist as billable provider types for FQHCs and RHCs
Payments – Telehealth	• Reimburse face-to-face visits provided via telehealth at PPS rate for FQHC/RHCs or All Inclusive Rate for Tribal 638 Clinics for new or established patients irrespective of date of last visit • Reimburse communication technology-based services (that do not meet face-to-face criteria) for 5 minutes or more between FQHC/RHC/Tribal 638 Clinic practitioner and new or established patient with HCPCS code G0071 at Medicare reimbursement rate • Suspends requirements for "face-to-face" contact and treat non-face-to-face contacts as equivalent to face-to-face contacts for these provisions • Reimburses ancillary costs associated with telehealth originating site for Drug Medi-Cal services only

Source: Medicaid State Plan Amendments, https://www.medicaid.gov/medicaid/medicaid-state-plan-amendments/index.html?f%5B0%5D=topics%3A691#content

SPA: Colorado *(updated 5/20/2020)*

SPA Category	Summary
Effective Dates	3/1/2020 – end of disaster declaration
Eligibility	• Expands coverage to uninsured individuals for COVID-19 testing
Premiums and Cost Sharing	• Cost-sharing waived for: testing services (including in vitro diagnostic products), testing-related services, and treatments for COVID-19, including vaccines, specialized equipment and therapies • Premiums waived for: Buy-In programs for Working Adults with Disabilities and Children with Disabilities
Benefits – General & Drug	• Authorizes targeted case management service providers to increase, supplement, exceed, or provide additional authorization of units and correlating payments to all LTC case management entities including transitional services for individuals needing community placement due to COVID-19 • Assures that all benefit additions/adjustments are available to individuals receiving services under Alternative Benefit Plans • *Authorizes licensed Pharmacists to order and administer COVID tests that are authorized by FDA and in compliance with all regulations • *Allows NPs and clinical nurse specialists to order HH services, establish and review plan of care for HH services, and certify/recertify that patient is eligible for Medicaid HH services • *Authorizes Non-Emergent Medical Transportation services to non-enrolled locations if these locations have been identified as alternative care or surge locations set up in response to COVID • *Expands prior authorization for medications via automatic renewal • *Makes exceptions to Preferred Drug List if drug shortages occur

**new as of 5/20/20*

Source: Medicaid State Plan Amendments, https://www.medicaid.gov/medicaid/medicaid-state-plan-amendments/index.html?f%5B0%5D=topics%3A691#content

SPA: Colorado *(updated 5/20/2020)* (continued)

SPA Category	Summary
Benefits – Telehealth*	• Allows Medicaid members to receive telemedicine services and providers to bill for telemedicine services with no restrictions (including visual component restriction) • Allows Medicaid members to receive telemedicine services from qualified professional without first establishing a relationship through face-to-face visit • Waives requirement that health care professionals delivering telemedicine services must be licensed in CO so long as they have equivalent licensing in another state
Payments – General	• Approves 8% payment rate increase for SNFs and ICF/IIDs facing atypical staffing shortages, effective 4/1/20-6/30/20. Payments may be used to purchase materials/ equipment to prevent spread of COVID, temporary increased staffing costs, and/or increased on-boarding costs to hire new staff • Amends allowable healthcare costs for nursing facility cost reports to accommodate salaries, taxes, and benefits for unlicensed workers performing healthcare tasks from 4/1/20-6/30/20 • *For inpatient hospital services, allows inappropriate level of care days to be covered and paid at a rate equal to the estimated adjusted State-wide average rate per patient-day paid for services provided in SNFs
Other	• If any Medicaid nursing facility payments for state FY exceed applicable FFS upper payment limit, state will take corrective action as determined by CMS

**new as of 5/20/20*

Source: Medicaid State Plan Amendments, https://www.medicaid.gov/medicaid/medicaid-state-plan-amendments/index.html?f%5B0%5D=topics%3A691#content

SPA: Connecticut

SPA Category	Summary
Effective Dates	3/1/2020 – end of disaster declaration
Eligibility	• Extends coverage to uninsured individuals for COVID-19 testing
Benefits – General & Drug	• HCBS: removes 6-hour per week limit for homemaker services, allows relatives to provide companion services, and removes cost limit for Assistive Technology • Community First Choice Program: expands coverage to add option of agency-based Personal Care Attendants; suspends certifications, face-to-face visit requirements, and hour limits of services; expands coverage of home-delivered meals; provides qualification flexibility for managing supports/services for a person with a disability • Allows NPs, clinical nurse specialists, and PAs to issue orders and certification for HH services and perform face-to-face encounters • Covers lab tests (including self-collected tests authorized by the FDA for home use) • Allows individual and group day services to be provided as specialized add-on services to qualifying individuals in any appropriate setting • Assures that all benefit additions/adjustments comply with reqs. and are available to all appropriate individuals • Authorizes a 90-day supply of medication other than controlled substance medications • Relaxes early refill policy by decreasing percentage to 80% for what needs to be used before refill
Benefits – Telehealth	• Removes requirement for in-person assessments if member receives a HIPAA-compliant virtual assessment through a HIPAA-compliant virtual system
Payments – General	• Adds HCPCS codes and updates fee schedules for COVID testing • Increases base payment for IP hospital discharges paid under the DRG methodology by 20% for every discharge with a diagnosis code specific to COVID on the claim (effective for discharges from 4/1/20-6/30/20) • Increases payment rates to private ICF/IIDs by $49.10 per day (effective 4/1-6/30/20) • Increases payment rates by 10% for all nursing facilities (effective 3/1-4/30/20) • Increases payment rates for personal care services, shelf-stable meals, emergency meal delivery, nurse health coaches, and certain other specified services and providers
Payments – Telehealth	• Allows services delivered through audio-visual telehealth to be paid at same rate as equivalent in-person services • Allows all services that state covers when provided via audio-only to be paid at same rate as comparable in-person services • Adds codes to fee schedules for audio-only evaluation and management services and behavioral health services

Source: Medicaid State Plan Amendments, https://www.medicaid.gov/medicaid/medicaid-state-plan-amendments/index.html?f%5B0%5D=topics%3A691#content

SPA: Delaware

SPA Category	Summary
Effective Dates	3/1/2020 – end of disaster declaration
Premiums and Cost Sharing	• Suspends all copayments for all beneficiaries effective 3/26/20 • Suspends enrollment fees, premiums, and similar charges for all beneficiaries
Benefits – Drug	• Increases emergency fill policy from 72 hours to 14 days • Removes quantity limits on Nebulizer solutions and inhalers • Expands prior authorization for medications via automatic renewal • Makes exceptions to Preferred Drug List if drug shortages occur
Benefits – Telehealth	• Allows telehealth services to be delivered using interactive communication (preferred method), telephonic services, store and forward, and remote patient monitoring
Payments – Telehealth	• Authorizes payment for telephonic services, store and forward, and remote patient monitoring, in addition to already reimbursable interactive telecommunication services • Reimburses providers for provision of telehealth in same manner that providers are reimbursed for face-to-face services • Adds COVID Virtual Healthcare Expansion Fee Schedule for DMAP FFS providers

Source: Medicaid State Plan Amendments, https://www.medicaid.gov/medicaid/medicaid-state-plan-amendments/index.html?f%5B0%5D=topics%3A691#content

SPA: District of Columbia

SPA Category	Summary
Effective Dates	3/11/2020 – end of disaster declaration
Benefits – General & Drug	• Expands HCBS Adult Day Health Program (ADHP) services to include wellness checks, remote therapeutic activities, and remote nursing services when provided via video conferencing or telephone, and meal/food delivery to beneficiary's residence • Assures that all benefit additions/adjustments comply with requirements and are available to individuals receiving services under Alternative Benefit Plans • Adjusts day supply limits to allow and reimburse for dispensing of 90-day supply of maintenance medications • Makes exceptions to Preferred Drug List if drug shortages occur
Benefits – Telehealth	• Allows HCBS eligibility evaluations and face-to-face independent assessments to be provided via telehealth

Payments – General	• Increases reimbursement to:
	  • Nursing facilities by 20% for all facility rate components
	  • ICF/IIDs by 15% to Direct Service cost center
	  • HHAs for personal care aide services (requirements/rates vary)
	  • HHAs for skilled nursing and private duty nursing services (requirements/rates vary)
	• Increases Medicaid reimbursement of lab services related to COVID diagnostic tests from 80% to 100% of Medicare rate

Payments – Telehealth	• Allows payments equal to 75% of FFS per diem rate to ADHPs for wellness checks provided via telehealth • Allows payments equal to 100% of FFS per diem rate to ADHP providers who conduct wellness checks and provide remote therapeutic activities, remote nursing services, or meal/food delivery in the same day
Other	• Removes need for physician or APRN authorization for LTCSS initial assessments and reassessments requests • Modifies *My Health GPS* program to eliminate acuity tiers and face-to-face requirements, and to update care team staffing requirements • Establishes new quarterly reimbursement rate of $304.98 to *My Health GPS* providers • Delays implementation of *My Health GPS* pay-for-performance and quality reporting requirements until FY2022

Source: Medicaid State Plan Amendments, https://www.medicaid.gov/medicaid/medicaid-state-plan-amendments/index.html?f%5B0%5D=topics%3A691#content

SPA: Georgia

SPA Category	Summary
Effective Dates	3/1/2020 – end of disaster declaration
Premiums and Cost Sharing	• Suspends all copayments for individuals covered by Medicaid
Benefits – General & Drug	• Makes exceptions to Preferred Drug List if drug shortages occur
Benefits – Telehealth	• Permits store and forward/asynchronous telehealth and services provided by telephone for Medicaid payment • Allows clinical psychologists and clinical social workers to bill and receive payment for individual psychotherapy via a telecommunications system, including medical evaluation and management services

Payments – General	• Makes periodic interim payments to SNFs during disaster period
	  • Provider will be required to complete letter of agreement to receive interim payments
	  • Weekly interim payment = total payments for 3-month period prior to emergency declaration divided by # of paid weeks within 3-month period
	  • Reconciliation period will mirror number of weeks that provider received interim payments

Source: Medicaid State Plan Amendments, https://www.medicaid.gov/medicaid/medicaid-state-plan-amendments/index.html?f%5B0%5D=topics%3A691#content

SPA: Hawaii

SPA Category	Summary
Effective Dates	3/1/2020 – end of disaster declaration
Payments – General	• Amends language in SPA to allow number of reserved bed days (per recipient and calendar year) to exceed 24 days *only* if a prior approval request is submitted, reviewed, and approved by Medicaid agency's medical consultant

Source: Medicaid State Plan Amendments, https://www.medicaid.gov/medicaid/medicaid-state-plan-amendments/index.html?f%5B0%5D=topics%3A691#content

SPA: Iowa *(updated 7/20/2020)*

SPA Category	Summary
Effective Dates	3/1/2020 – end of disaster declaration
Eligibility	• Expands coverage to uninsured individuals for COVID-19 testing • Maintains resident status for all individuals who are absent from IA due to disaster but intend to return to IA
Enrollment	• Allows hospitals to make PE determinations for: Individuals Eligible For But Not Receiving Cash Assistance, Individuals in Institutions Eligible Under a Special Income Level, and Medicaid for Employed People with Disabilities groups. Limits to 1 PE period within 12-month period.
Premiums and Cost Sharing	• Suspends all cost sharing for all services and all beneficiaries • Suspends enrollment fees, premiums, and similar charges for all beneficiaries
Benefits – General & Drug	• Adds Home-Delivered Meals, Companion Services, Homemaker Services as HSBS benefits. Allows these services to replace habilitation services that are unavailable if there is a provider shortage due to PHE • Assures that all benefit additions/adjustments comply with requirements • Individuals receiving services under ABPs will not receive these newly added/adjusted benefits
Benefits – Telehealth	• Allows following services to be provided via telehealth in home setting: case management, habilitation, monthly monitoring, 1915 eligibility evaluations/reevaluations, independent assessments/reassessments of need, completion of person center service planning meetings • Allows telehealth services to be provided for all Medicaid-covered benefits regardless of recipient's location

**new as of 7/20/20*

Source: Medicaid State Plan Amendments, https://www.medicaid.gov/medicaid/medicaid-state-plan-amendments/index.html?f%5B0%5D=topics%3A691#content

SPA: Iowa *(updated 7/20/2020)* (continued)

SPA Category	Summary

Payments – General	• Newly added benefits will be paid using published fee schedules
	• *Approves COVID-19 Relief Rate (CRR) payments to nursing facilities that either have a designated isolation unit for treatment of COVID or are entirely designated for treatment of COVID (effective 3/13 through end of emergency period)
	  • *CRR payments of $300 per day will be made to eligible facilities for each enrollee residing in designated COVID isolation unit/facility who is discharging from hospital to nursing facility, is pending test results for COVID, or has a positive COVID diagnosis
	  • *CRR payments are in addition to already established nursing facility per diem rates and will be made as claims are processed

Other	• Adds electronic method of signing off on required documents for 1915 program • Makes following changes to HCBS: may be provided in facility settings if individual is quarantined at facility or is appropriate placement location due to COVID, allows direct care provider's home to be authorized setting, allows direct care providers to move into member's homes, lifts existing limitation on 5 person homes to allow providers to consolidate members into homes • Restricts ability for HCBS individuals to have visitors at any time to minimize spread of infection • Authorizes case management entities to provide direct services when case management entity is only willing and qualified entity to perform independent assessment and develop person-centered service plan

**new as of 7/20/20*

Source: Medicaid State Plan Amendments, https://www.medicaid.gov/medicaid/medicaid-state-plan-amendments/index.html?f%5B0%5D=topics%3A691#content

SPA: Illinois

SPA Category	Summary
Effective Dates	3/1/2020 – end of disaster declaration
Eligibility	• Expands coverage to uninsured individuals for COVID-19 testing • Eliminates resource tests to determine eligibility for Aged, Blind, and Disabled group, Ticket to Work group, and Medicare Savings Program individuals
Enrollment	• Adds Presumptive Eligibility for MAGI adults • Changes limit on Presumptive Eligibility for children and pregnant women to 2 times per calendar year
Premiums and Cost Sharing	• Premiums suspended for Ticket to Work program enrollees
Benefits – Drug	• Expands prior authorization for medications via automatic renewal • Makes exceptions to Preferred Drug List if drug shortages occur
Benefits – Telehealth	• Virtual check-in visit and e-visit codes and rates added to fee schedule. FQHCs, RHCs, Encounter Rate Clinics, and Critical Clinic providers may bill these codes at newly added rates
Payments – General	• Facility per diem rates uniformly increased by 20% for licensed ICF/DD and MC/DD facilities (effective 3/17/20)
Payments – Telehealth	• Rates published for approved telehealth services (effective 3/9/20)

Source: Medicaid State Plan Amendments, https://www.medicaid.gov/medicaid/medicaid-state-plan-amendments/index.html?f%5B0%5D=topics%3A691#content

SPA: Kansas *(updated 6/11/2020)*

SPA Category	Summary
Effective Dates	3/1/2020 – end of disaster declaration
Enrollment	• Increases number of PE periods from 1 to 2 during 12-month period for Parent or Caretaker Relatives, Former Foster Care, Pregnant Women, and Children • Increases number of PE periods for pregnant women from 1 per pregnancy to 2 per pregnancy • Allows qualified entities to make PE determinations for Parent or Caretaker Relatives, Former Foster Care, Pregnant Women, and Children
Premiums and Cost Sharing	• Cost-sharing waived for: testing services (including in vitro diagnostic products), testing-related services, and treatments for COVID-19, including vaccines, specialized equipment and therapies
Benefits – Drug	• Approves up to 90-days' supply for drugs considered "maintenance" drugs • Expands prior authorization for medications via automatic renewal • Increases professional dispensing fee by $0.50 per prescription • Makes exceptions to Preferred Drug List if drug shortages occur
Payments – General*	• Authorizes supplemental payment of $20 per day per Medicaid eligible resident to all Medicaid licensed Nursing Facilities and/or Nursing Facilities for Mental Health, effective retroactively to 3/13/20 and expires after 120 days or until end of disaster period (whichever is first)

**new as of 6/11/20*

Source: Medicaid State Plan Amendments, https://www.medicaid.gov/medicaid/medicaid-state-plan-amendments/index.html?f%5B0%5D=topics%3A691#content

SPA: Kentucky *(updated 6/22/2020)*

SPA Category	Summary
Effective Dates	*3/1/2020 – end of disaster declaration 4/1/2020 – end of disaster declaration
Enrollment*	• Allows hospitals to make PE determinations for several additional optional groups • Waives hospital performance standards during disaster period only • Permits KY to cover and make PE determinations for several optional groups if they meet other non-financial eligibility requirements including residency • Allows individuals 2 PE periods per calendar year
Premiums & Cost Sharing*	• Waives all copays during disaster period
Benefits – General & Drug*	• Assures that all benefit additions/adjustments are made available to individuals receiving services under Alternative Benefit Plans • Expands prior authorization for medications via automatic renewal • Makes exceptions to Preferred Drug List if drug shortages occur
Benefits – Telehealth*	• Allows telehealth for all services within scope of practice
Payments – General	• Providing per diem add on rate of $270 for nursing facility providers for each resident with a positive COVID-19 diagnosis and/or who meets criteria for ICD code U07.1
Payments – Telehealth*	• Authorizes reimbursement for telehealth services to be based on current fee schedules for face-to-face visits
Other	• Increase number of bed hold days that nursing facilities are reimbursed for from 14 to 30 days • Allow hospitals to bill for administrative days – reimbursement will be based on same pay as swing bed day

**new as of 6/22/20*

Source: Medicaid State Plan Amendments, https://www.medicaid.gov/medicaid/medicaid-state-plan-amendments/index.html?f%5B0%5D=topics%3A691#content

SPA: Louisiana

SPA Category	Summary
Effective Dates	3/1/2020 – end of disaster declaration
Eligibility	• Expands coverage to uninsured individuals for COVID-19 testing • Maintains resident status for all individuals who are absent from but intend to return to LA • Extends reasonable opportunity period for non-citizens
Premiums and Cost Sharing	• Suspends all cost sharing
Benefits – General	• Extends all prior authorization by automatic renewal for: any medically necessary surgical procedures, Pediatric Day Health Center, physician administered drugs, DME, HH and hospice services, therapies • Provides multiple flexibilities for Long Term Personal Care Services • Allows Pediatric Day Health Care services to be provided in home if center is closed due to the PHE
Benefits – Drug	• Expands prior authorization for medications via automatic renewal • Makes exceptions to Preferred Drug List if drug shortages occur
Benefits – Telehealth	• Suspends all face-to-face requirements for all services
Payments	• Increases payment for privately owned/operated NF leave of absence days from 10% to 100% of per diem; $12 increase to daily per diem rate paid • Pay Intermediate Care Facilities for individuals with intellectual disabilities beyond 45 leave of absence days • Reimburse ambulance service providers who provide services without transport under physician supervision

Source: Medicaid State Plan Amendments, https://www.medicaid.gov/medicaid/medicaid-state-plan-amendments/index.html?f%5B0%5D=topics%3A691#content

SPA: Maine

SPA Category	Summary
Effective Dates	3/1/2020 – end of disaster declaration
Eligibility	• Expands coverage to uninsured individuals for COVID-19 testing • Maintains resident status for all individuals who are absent from but intend to return to ME
Premiums and Cost Sharing	• Copayments waived for: pharmacy, hospital, medical supplies and equipment, HH services, medical imaging, lab, rural health clinics, psychology, mental health clinic, substance abuse treatment facility, private duty nursing and personal care services • Enrollment fees, premiums, and similar charges suspended for all beneficiaries
Benefits – General	• Adds benefit for non-CDC COVID lab test • Assures that all benefit additions/adjustments comply with requirements and are available to individuals receiving services under Alternative Benefit Plans
Benefits – Drug	• Makes exceptions to Preferred Drug List if drug shortages occur
Benefits – Telehealth	• Telephonic E/M services are not billed if clinician orders that member needs follow-up office visit, but are considered part of subsequent office visit. If telephonic service follows office visit that occurred within past 7 days for same diagnosis, it is considered part of previous office visit and is not separately billable. CPT codes for related services are included.
Payments	• $10M supplemental pool allocated for COVID among private acute care non-critical access hospitals and CAHs. Pool will be allocated in proportion to 2016 MMIS distribution of MaineCare payments for IP and OP services. • Private Non-Medical Institution Reimbursement for Substance Abuse Treatment Facilities increased uniformly by 23.9% (effective 3/1/20) • Private Non-Medical Institution Reimbursement for Child Care Facilities increased uniformly by 17.2% (effective 6/1/20)
Payments – Telehealth	• Facility rates published for approved telehealth services.

Source: Medicaid State Plan Amendments, https://www.medicaid.gov/medicaid/medicaid-state-plan-amendments/index.html?f%5B0%5D=topics%3A691#content

SPA: Maryland

SPA Category	Summary
Effective Dates	3/1/2020 – end of disaster declaration
Premiums and Cost Sharing	• Cost-sharing waived for: testing services (including in vitro diagnostic products), testing-related services, and treatments for COVID-19, including vaccines, specialized equipment and therapies • Enrollment fees, premiums, and similar charges suspended for TWWIIA Basic Group and targeted low-income children
Benefits – General*	• Physicians and other licensed practitioners allowed to prescribe Medicaid HH services • Expands Remote Patient Monitoring (RPM) to cover all conditions capable of monitoring via RPM • Removes qualifying medical event requirement in order to qualify for RPM • Suspends prior authorization requirement for RPM • Waives following components for Community First Choice program providers: results of criminal background check, requirement for family member providing services to be CPR trained, and basic health screen and PPD skin test as condition of employment • Assures that all benefit additions/adjustments are available to individuals receiving services under Alternative Benefit Plans
Benefits – Telehealth*	• Permits face-to-face services to be delivered telephonically when appropriate by somatic, behavioral health, and developmental disabilities providers
Payments – General*	• Permits state to pay for non-emergency transportation services directly or to pay enhanced fee above rates negotiated by local jurisdictions

**new as of 5/04/20*

Source: Medicaid State Plan Amendments, https://www.medicaid.gov/medicaid/medicaid-state-plan-amendments/index.html?f%5B0%5D=topics%3A691#content

SPA: Massachusetts *(updated 8/18/2020)*

SPA Category	Summary
Effective Dates	3/1/2020 – end of disaster declaration
Enrollment*	• Allows hospitals to make PE determinations for individuals aged 65 and over who are seeking eligibility in the Age and Disability-Related Poverty Level group and meet the financial requirements of having income below 100% FPL and resources that do not exceed $2K (for individual) or $3K (for couple) • Allows for up to 2 hospital PE periods in a 12-month period for all eligible individuals beginning with effective data of coverage of initial PE period
Premiums & Cost Sharing*	• Eliminates copays on acute IP hospital stays for all members • Cost-sharing waived for: testing services (including in vitro diagnostic products), testing-related services, and treatments for COVID-19, including vaccines, specialized equipment and therapies
Payments – General	• Applied Behavior Analysis, Children and Behavioral Health Initiative, Psychologist, Substance Use Disorder Clinic, and Early Intervention service rates will temporarily receive a 10% rate increase based on projected increase in costs of operating during emergency period (effective 4/16/20) – rate increases will end no later than the end of PHE • Early Intervention service rates will temporarily receive a 7.55% rate increase in the month of June in addition to the 10% temporary rate
Benefits – General & Drug	• Expands prior authorization for medications via automatic renewal • Makes exceptions to Preferred Drug List if drug shortages occur

Payments – General	• Makes payment adjustments to professional dispensing fee when medications are delivered to individual's residence (effective 4/28)
	  • Equal to lesser of provider's customary charge for delivery OR $8 and will be made only when agency is primary payer
	  • Added for a provider no more than once per individual per day regardless of number of medications delivered to that individual
	  • Not applicable if individual resides in an institutional setting

**new as of 8/18/20*

Source: Medicaid State Plan Amendments, https://www.medicaid.gov/medicaid/medicaid-state-plan-amendments/index.html?f%5B0%5D=topics%3A691#content

SPA: Michigan

SPA Category	Summary
Effective Dates	3/1/2020 – end of disaster declaration
Premiums & Cost Sharing	• Cost-sharing waived for: testing services (including in vitro diagnostic products), testing-related services, and treatments for COVID-19, including vaccines, specialized equipment and therapies
Benefits – General & Drug	• Waives quantity limits for DME and medical supplies • Allows physicians and other licensed practitioners to order Medicaid HH services • Suspends requirements for medical verification transportation for beneficiaries that require special non-emergency medical transportation, round trip and mileage rates that are more than the FFS fee schedule, and transportation reimbursement requests for medical care outside beneficiary's community when comparable care is available locally • Suspends requirement for written order for non-emergency interfacility ambulance transfers and ambulance transportation to beneficiary's place of residence after hospital discharge • Covers tests used to diagnose or detect COVID antibodies • Assures that all benefit additions/adjustments comply with requirements and are available to individuals receiving services under Alternative Benefit Plans • Overrides point-of-sale edits to allow early refills of prescriptions • Expands prior authorization for medications via automatic renewal
Benefits – Telehealth	• Suspends face-to-face requirements for State Plan benefits and services that can be provided via telehealth (including telephonic services) regardless of originating or distant site • Allows in-person assessments to be done through telehealth or telephonically instead of face-to-face • Allows physicians and other licensed practitioners to perform evaluation and management services, therapies, and other medically necessary services as appropriate utilizing telephone communication

Source: Medicaid State Plan Amendments, https://www.medicaid.gov/medicaid/medicaid-state-plan-amendments/index.html?f%5B0%5D=topics%3A691#content

SPA: Michigan (continued)

SPA Category	Summary
Payments – General	• Provides supplemental payment of $2.00/hour to self-employed providers and $2.24/hour to agency employed providers of personal care services and behavioral health treatment behavior technician services for in-person care (effective 4/1/20) • Provides $5,000/bed payment to Nursing Facility COVID-19 Regional Hubs during the first month and a supplemental payment of $200/beneficiary per day after the first month (effective 4/16/20)
Other	• Allows licensed RNs and practical nurses to order COVID lab testing without being required to enroll as participating providers • Extends person-centered services plans and amendments through end of disaster period for personal care services, behavioral health treatment, peer-delivered/operated support services, and targeted case management • Extends cost reporting deadlines for long term care facilities for cost reporting periods ending between 12/31/19 and 4/30/20 to no more than 1 year after end of disaster period

Source: Medicaid State Plan Amendments, https://www.medicaid.gov/medicaid/medicaid-state-plan-amendments/index.html?f%5B0%5D=topics%3A691#content

SPA: Minnesota *(updated 7/15/2020)*

SPA Category	Summary
Effective Dates	3/13/2020 – end of disaster declaration 3/19/2020 – end of disaster declaration
Eligibility	• Expands coverage to uninsured individuals for COVID-19 testing (effective 5/01) • Adopts less restrictive income methodologies for certain eligibility groups to relieve adverse economic impacts of COVID: disregards income and assets (retained following the month of receipt and/or disaster period) from payments made by state, local, or tribal governments
Premiums and Cost Sharing	• Cost-sharing waived for: testing services (including in vitro diagnostic products), testing-related services, and treatments for COVID-19, including vaccines, specialized equipment and therapies • Suspend disenrollment for failure to pay premiums for employed/disabled group
Benefits – General & Drug	• Allows 90-day refills without prior authorization for certain maintenance drugs • Assures that all benefit additions/adjustments are available to individuals receiving services under Alternative Benefit Plans
Benefits – Telehealth	• Permitted via telehealth (including telephone): PCA and PCA Choices services, home health care, substance use disorder services, rehab services, group therapy, targeted case management • Allows originating site to be patient's home • Lifts in-person and visit frequency requirements/limits • Allows specific rehabilitative providers to provide telehealth services • Allows FQHCs, RHCs, and IHS and 638 providers that are providing services eligible for encounter payment to provide services via telehealth as if they were in-person encounters • Permits required home visits to be conducted remotely using telephonic or other electronic means for qualified professionals supervising persons receiving PCA choice services • *Allows face-to-face contacts required by qualified providers for Early Intensive Development and Behavioral Intervention services to occur via telehealth (including communication by telephone only) (effective 4/30)

**new as of 7/15/20*

Source: Medicaid State Plan Amendments, https://www.medicaid.gov/medicaid/medicaid-state-plan-amendments/index.html?f%5B0%5D=topics%3A691#content

SPA: Mississippi *(updated 6/30/2020)*

SPA Category	Summary
Effective Dates	3/1/2020 – end of disaster declaration
Premiums and Cost Sharing*	• Cost-sharing waived for: testing services (including in vitro diagnostic products), testing-related services, and treatments for COVID-19, including vaccines, specialized equipment and therapies
Benefits – Telehealth	• Accepts beneficiary's residence as originating site without prior approval by DOM • Approves additional emergency telehealth originating and distant site providers • Removes video requirement and allows emergency telehealth services to be provided by telephonic audio only • Allows beneficiary to use personal telephonic land line in addition to cell phone, computer, tablet, or other web camera-enabled device to receive care from distant-site provider • Waives requirement for telepresenter to be present when beneficiary receives services in the home
Payments – Telehealth	• FFS rates published for additional emergency telehealth services • RHCs and FQHCs reimbursed as distant site provider and will be paid: PPS rate for any services within their scope of services or a rate based on state fee schedule for any services not within their scope of services • No originating site fee will be paid when originating site is beneficiary's residence or another location that is not a MS Medicaid provider • Providers acting as both telehealth distant and originating site provider will be reimbursed either the originating or distant site FFS rate but not both

**new as of 6/30/20*

Source: Medicaid State Plan Amendments, https://www.medicaid.gov/medicaid/medicaid-state-plan-amendments/index.html?f%5B0%5D=topics%3A691#content

SPA: Missouri *(updated 6/17/2020)*

SPA Category	Summary
Effective Dates	3/1/2020 – end of disaster declaration
Enrollment	• Adopts a total of 12 months CE for children under age 19 regardless of changes in circumstances
Premiums and Cost Sharing	• Cost-sharing waived for: testing services (including in vitro diagnostic products), testing-related services, and treatments for COVID-19, including vaccines, specialized equipment and therapies • If premium obligation is not met during disaster period, coverage will not be discontinued for TWWIIA Basic Coverage and Medical Improvement Groups (note: premium obligation is *not* waived) • *Suspends Medicaid copayments for all items and services for all eligibility groups

Benefits – General & Drug	• Makes exceptions to Preferred Drug List if drug shortages occur
	• *Allows licensed pharmacists practicing within their scope of practice to:
	  • order, collect specimens, conduct tests, interpret tests, and administer vaccines for diagnosis, treatment, and prevention of COVID
	  • administer any prescribed injectable covered outpatient drug
	• *Allows advanced practice RNs and PAs to order HH services, establish and periodically review plan of care for HH services, and certify and recertify that patient is eligible for HH services
	• *Allows providers to deliver any necessary personal care tasks even if not listed in plan of care
	• *Authorizes nurse supervisory visits to be provided via telehealth if appropriate
	• *Allows authorized nurse visits to be performed by graduate nurses
	• *Assures that all benefit additions/adjustments comply with requirements

Payments – General*	• Allows total monthly payments made on behalf of an individual to exceed 60% and for an individual eligible for advanced personal care to exceed 100% of average monthly statewide cost for care in nursing institution based on specific requirements
Other*	• Allows all evaluations, assessments, and person centered care plan meeting to be conducted via telephone • Allows reevaluations and reassessments of care plans to be extended for up to 1 year • Permits family members who do not live in same residence or who are not legally responsible to provide services when no other caregiver is available - must be employed/contracted by Medicaid HCBS provider • Suspends training requirements for personal care and advanced personal care aides

**new as of 6/17/20*

Source: Medicaid State Plan Amendments, https://www.medicaid.gov/medicaid/medicaid-state-plan-amendments/index.html?f%5B0%5D=topics%3A691#content

SPA: Montana

SPA Category	Summary
Effective Dates	3/1/2020 – end of disaster declaration
Eligibility	• Expands coverage to uninsured individuals for COVID-19 testing
Benefits – General & Drug	• Changes refill "too-soon" edit for drugs dispensed for both 34- and 90-day refills to allow for refills at 50% (thus allowing refills at 17 and 45 days, respectively) • Expands prior authorization for medications via automatic renewal • Makes exceptions to Preferred Drug List if drug shortages occur
Benefits – Telehealth	• All Medicaid covered services delivered via telehealth are reimbursable as long as they are: medically necessary and clinically appropriate to be delivered via telehealth, in line with MT Medicaid provider manual, and not required to be delivered face-to-face in the MT Medicaid provider manual • Allows telehealth to be provided via secure portal messaging, secure instant messaging, telephone conversations, and audio-visual conversations • Providers must maintain same level of confidentiality/security as traditional office visits and follow same consent and patient information protocol as in-person visits
Payments – General	• Approves supplemental payments to SNFs and Intermediate Care Service Facilities of $40 per day per Medicaid member effective for dates of payment of 3/1/20-6/30/20. MT will not claim FFP for any amounts exceeding applicable upper payment limit

Source: Medicaid State Plan Amendments, https://www.medicaid.gov/medicaid/medicaid-state-plan-amendments/index.html?f%5B0%5D=topics%3A691#content

SPA: Nebraska *(updated 6/18/2020)*

SPA Category	Summary
Effective Dates	3/1/2020 – end of disaster declaration
Eligibility	• Maintains resident status for all individuals who are absent from but intend to return to NE • Extends reasonable opportunity period for non-citizens
Enrollment	• Expands ability of qualified entities for determining Presumptive Eligibility for pregnant women only to now determine PE for parent/caretaker relatives, former foster care children, and children under age 19
Premiums & Cost Sharing*	• Cost-sharing waived for: testing services (including in vitro diagnostic products), testing-related services, and treatments for COVID-19, including vaccines, specialized equipment and therapies • Suspends premiums for Work Incentives and Transitional Medical Assistance eligibility groups • Suspends all cost sharing for all eligibility groups (effective 5/1/20)
Benefits – General & Drug*	• Allows NPs, PAs, Clinical Nurse Specialists, and Nurse Midwives to order Medicaid HH services and certify plans of care • Increases bed hold days for nursing facilities up to 90 days combined for therapeutic and hospital leave only if sending facility does not temporarily fill resident's bed
Benefits – Telehealth	• Permits reimbursement (if have existing relationship) for telephonic E&M for beneficiaries who: are actively experiencing mild symptoms of COVID but have not yet sought treatment, need routine f/u and have no COVID symptoms, and require behavioral health assessment and management. Services must be rendered by physician, NP, or PA actively enrolled in Nebraska Medicaid • Outlines services permitted to be provided via telehealth for HH, hospice, lactation counseling services, tobacco cessation counseling, pediatric feeding disorder outpatient therapy, and community support • Permits teledentistry for reevaluations and post-operative visits
Payments – General	• Adds 3 new COVID-19-related codes and rates not currently on fee schedule
Payments – Telehealth	• Indian Health Services, Tribal Clinics, and Urban Indian Health Centers may bill encounter rate for telehealth services that would've been billed for non-telehealth encounter if provider or client is within facility walls • FQHCs and RHCs may bill encounter rate for core services provided via telehealth • *Adds codes and authorizes payment rates for added teledentistry services

**new as of 6/18/20*

Source: Medicaid State Plan Amendments, https://www.medicaid.gov/medicaid/medicaid-state-plan-amendments/index.html?f%5B0%5D=topics%3A691#content

SPA: Nevada

SPA Category	Summary
Effective Dates	3/1/2020 – end of disaster declaration
Eligibility	• Extends coverage to uninsured individuals for COVID-19 testing during emergency period • Maintains resident status for all individuals who are absent from but intend to return to NV
Benefits – General & Drug	• Assures that all benefit additions/adjustments comply with requirements and are available to individuals receiving services under Alternative Benefit Plans • Makes certain requirements exempt to implement lab benefit flexibilities
Payments – General	• Allows for 100% Medicaid reimbursement in accordance with Medicare reimbursement for COVID lab testing procedure codes

Source: Medicaid State Plan Amendments, https://www.medicaid.gov/medicaid/medicaid-state-plan-amendments/index.html?f%5B0%5D=topics%3A691#content

SPA: New Hampshire *(updated 7/15/2020)*

SPA Category	Summary
Effective Dates	*3/01/2020 – end of disaster declaration 3/18/2020 – end of disaster declaration
Eligibility	• Expands coverage to uninsured individuals for COVID-19 testing
Enrollment	• Allows hospitals to make PE determinations for uninsured COVID testing group
Premiums & Cost Sharing	• Cost-sharing waived for: testing services (including in vitro diagnostic products), testing-related services, and treatments for COVID-19, including vaccines, specialized equipment and therapies
Benefits – General & Drug*	• Allows Lab and X-Ray testing orders services to be provided in non-office settings • Recognizes pharmacists as licensed practitioners for the purposes of providing Medicaid covered services of COVID testing and vaccine administration (once available) • Assures that all benefit additions/adjustments comply with requirements and are available to individuals receiving services under Alternative Benefit Plans
Payments – General*	• Payment for services provided by licensed pharmacists will be made to the affiliated billing provider, effective until the end of the PHE

**new as of 7/15/20*

Source: Medicaid State Plan Amendments, https://www.medicaid.gov/medicaid/medicaid-state-plan-amendments/index.html?f%5B0%5D=topics%3A691#content

SPA: New Mexico *(updated 8/04/2020)*

SPA Category	Summary
Effective Dates	3/1/2020 – end of disaster declaration 4/1/2020 – end of disaster declaration
Eligibility	• Expands coverage to uninsured individuals for COVID-19 testing
Enrollment	• Defines qualified entities for determining Presumptive Eligibility - includes entities with specific authorizations, specific elementary/secondary schools, specific health facilities, correctional facilities, and others • Qualified entities can determine PE for specific MAGI eligibility groups • Limits 1 PE period per 12 months and 1 PE period per pregnancy • Accepts self-attestation for residency/citizenship when determining PE • Allows hospitals to make PE determinations for uninsured COVID testing group. Limited to 1 PE period for disaster duration
Premiums and Cost Sharing	• Does not assess copays to Medicaid beneficiaries • Does not intend to impose copays for COVID-related services
Payments – General	• Approves 50% payment rate increase to DRG provider-specific rates and pass-through rates for ICU inpatient hospital stays • Approves 12.4% payment rate increase to DRG provider-specific rates and pass-through rates for all other inpatient hospital stays • Advances distribution of Disproportionate Share Hospital payments for remainder of state FY 2020 • Increases payments to nursing facilities – uniformly increases payment rates by 30% for COVID positive Medicaid patients (as identified by COVID diagnosis code) • Implements targeted access supplemental payments for Safety Net Care Pool hospitals – these are one-time payments that must be within applicable FFS upper payment limits • *Uniformly increases payment rates by 12.4% to inpatient hospital stays that are not reimbursed on a DRG basis (effective 4/1/20-6/30/20)

**new as of 8/04/20*

Source: Medicaid State Plan Amendments, https://www.medicaid.gov/medicaid/medicaid-state-plan-amendments/index.html?f%5B0%5D=topics%3A691#content

SPA: North Carolina *(updated 8/18/2020)*

SPA Category	Summary
Effective Dates	3/1/2020 – end of disaster declaration
Eligibility*	• Maintains resident status for all individuals who are absent from NC due to disaster but intend to return to NC • Extends reasonable opportunity period for non-citizens
Premiums and Cost Sharing	• Cost-sharing waived for: testing services (including in vitro diagnostic products), testing-related services, and treatments for COVID-19, including vaccines, specialized equipment and therapies • Suspends enrollment fees and monthly premiums for Health Care for Workers with Disabilities program
Benefits – General & Drug*	• Suspends requirements on multiple benefits in terms of reassessments, training, and visit/hour limits • Assures that all benefit additions/adjustments comply with requirements • Makes exceptions to Preferred Drug List if drug shortages occur • Adds $1.50 fee to pharmacy claim if prescription is mailed to beneficiary • Adds $3 fee to pharmacy claim if prescription is delivered to beneficiary/their designee via courier-type delivery
Payments – General	• Uniformly increases payment rates by 5% to: SNFs, Adult Care Homes, CDSAs, local Health Departments, HH Providers, Veteran Home Nursing Facilities, Tribal SNFs, and Outpatient Specialized Therapy Programs • Additionally increases rates for Medicaid providers who are experiencing a disproportionate impact due to COVID: specified SNFs will receive $86.64 increase to 4/1/2020 per diem base rates and $561 PPD for each Medicaid resident testing positive for COVID during treatment period • Any Medicaid-enrolled provider may request interim payment – if approved, will receive 2 months' payment at historical average monthly Medicaid payment based on Jan. and Feb. 2020. CAHs eligible to receive up to 125% of historical payment amount. • *Uniformly increases payment rates by 10% for SNFs, PCS providers, HH providers, Veteran Home Nursing Facilities, and Tsali Tribal SNF (effective 4/1/20) • *Uniformly increases payment rates by 5% for all Medicaid programs that did not receive initial 5% increase *Provides reimbursement for therapeutic leave to PRTFs, Nursing Facilities, and ICFs for the Mentally Retarded when patient is hospitalized or if absent from facility at their family's home
Payments – Telehealth	• Telehealth will be paid at same rate as face-to-face visits for relevant service • Increases telephonic rates to 80% of comparable telehealth/face-to-face code rates • Incorporate ancillary cost associated with telehealth originating site into FFS rates

**new as of 8/18/20*

Source: Medicaid State Plan Amendments, https://www.medicaid.gov/medicaid/medicaid-state-plan-amendments/index.html?f%5B0%5D=topics%3A691#content

SPA: Ohio

SPA Category	Summary
Effective Dates	3/1/2020 – end of disaster declaration
Eligibility	• Extends reasonable opportunity period for non-citizens
Enrollment	• Extends PE to individuals in institutions who are eligible under special income level • Allows Ohio Department of Medicaid to make PE determinations for following MAGI covered groups: Parents and Other Caretaker Relatives, Pregnant Women, Infants and Children under Age 19, Adult Group - Individuals below 133% of FPL, and Former Foster Care Children • No more than 1 PE period per pregnancy and no more than 1 period within 12-month period for all other groups
Premiums and Cost Sharing	• Suspends all cost sharing
Benefits – General & Drug	• Will reimburse health care isolation centers (HCICs) to provide COVID-related care for individuals that cannot safely remain at home and/or are discharged from hospitals - reimbursement will use tiered system aligned with individual's care needs and rates will be calculated on per diem basis • Suspends limits on private-duty nursing post-hospital benefit and HH services per day and per week • Allows physicians and other licensed practitioners to order Medicaid HH services • Assures that all benefit additions/adjustments comply with requirements and are available to individuals receiving services under Alternative Benefit Plans • Expands prior authorization for medications via automatic renewal

Source: Medicaid State Plan Amendments, https://www.medicaid.gov/medicaid/medicaid-state-plan-amendments/index.html?f%5B0%5D=topics%3A691#content

SPA: Ohio (continued)

SPA Category	Summary
Benefits – Telehealth	• Authorizes use of telehealth to meet in-person or face-to-face requirements for any state plan service or assessment
Payments – General	• Sets maximum payment amounts for lab specimen collection and diagnostic testing for COVID at 100% of Ohio Medicare rate • Reimburses HCICs using tiered, per diem flat rates intended to match reimbursement with level of COVID-related need • Increases limits to number of bed hold days NF residents and individuals in ICF/IIDs may receive from 30 to 60 days per calendar year
Payments – Telehealth	• Added billing code for telehealth originating site fee
Other	• Designates COVID quarantine or isolation levels of care as categorical qualification for pre-admission screening for HCICs • Suspends state plan staffing requirements for NF ventilator weaning to allow a trained respiratory care professional/therapist instead of RN

Source: Medicaid State Plan Amendments, https://www.medicaid.gov/medicaid/medicaid-state-plan-amendments/index.html?f%5B0%5D=topics%3A691#content

SPA: Oklahoma *(updated 8/18/2020)*

SPA Category	Summary
Effective Dates	3/1/2020 – end of disaster declaration
Enrollment	• Adopts total of 12 months continuous eligibility for children under age 19 regardless of changes in circumstances
Premiums and Cost Sharing	• Cost-sharing waived for: testing services (including in vitro diagnostic products), testing-related services, and treatments for COVID-19, including vaccines, specialized equipment and therapies
Benefits – General & Drug	• Allows independently contracted licensed psychologists to serve SoonerCare adults for crisis intervention services only • Expands prior authorization for medications via automatic renewal • Changes 34-day supply prescription quantity limit to allow for a 90-day supply • *Allows COVID tests conducted in non-office settings, such as mobile test sites, to be covered services • *Assures that all benefit additions/adjustments comply with requirements
Payments – General	• Payment for crisis intervention services provided by independently contracted psychologists follows previously published fee schedule rates set in 2018 • Rural/independent Medicaid-enrolled hospitals may request interim payment – if approved, will receive 2 months' payment at historical average monthly Medicaid payment based on months of January and February 2020. CAHs eligible to receive up to 125% of historical payment amount. • Private duty nursing providers will receive increase from $32 to $40/hour for overtime – only applicable for treating patients with tracheostomies or who are ventilator dependent
Other	• Waives CY 2019 penalties for Potentially Preventable Readmissions program. • Increases number of therapeutic leave days in SNFs from 7 to 10 days and in ICF/IIDs from 60 to 70 days. Waives provision that payments for therapeutic leave days can not exceed maximum of 14 consecutive days per absence for ICF/IIDs

**new as of 8/18/20*

Source: Medicaid State Plan Amendments, https://www.medicaid.gov/medicaid/medicaid-state-plan-amendments/index.html?f%5B0%5D=topics%3A691#content

SPA: Oregon *(updated 8/04/2020)*

SPA Category	Summary
Effective Dates	3/1/2020 – end of disaster declaration (time limited changes to HCBS Option)
Eligibility	• Maintains resident status for all individuals who are absent from but intend to return to OR
Enrollment	• Designates contracted Community Partner organizations as qualified entities to make PE determinations for several MAGI populations. Individuals are limited to 2 PE determinations within 12-month period
Benefits – General & Drug	• Allows tests for diagnosing or detecting COVID antibodies conducted in non-office settings (such as parking lots) to be covered services • Covers lab processing of self-collected test systems that FDA has authorized for home use for diagnosing or detecting COVID antibodies • Assures that all benefit additions/adjustments comply with requirements and are available to individuals receiving services under Alternative Benefit Plans • Expands prior authorization for medications via automatic renewal • Makes exceptions to Preferred Drug List if drug shortages occur • Allows drug day supply limits to be waived to reduce exposure risk and allows early refills when appropriate for 2-week reserve supply
Benefits – Telehealth	• Allows following services to be provided via telehealth in lieu of face to face visits: needs-based eligibility criteria evaluations and re-evaluations; person-centered service plan development and completion; Home-Based Habilitation, HCBS Behavioral Habilitation, and Psychosocial Rehabilitation Services
Payments – General	• *Increases reimbursement for ambulance treat-in-place services from $54.45 to $420.62 to match rate of HCPCS code for higher level of service due to these services becoming more complex and time-consuming and requiring more PPE • *Permits retainer payments for 3 episodes of 30 days to agency-operated attendant care and Adult Day Services providers for the provision of attendant care services to maintain capacity during the PHE. Payments will not exceed a specified cap and will not be paid to agencies as a lump sum. Providers must meet several requirements in order to receive payments.

**new as of 8/04/20*

Source: Medicaid State Plan Amendments, https://www.medicaid.gov/medicaid/medicaid-state-plan-amendments/index.html?f%5B0%5D=topics%3A691#content

SPA: Oregon *(updated 8/04/2020)* (continued)

SPA Category	Summary
Payments – General (continued)	• Reimburses all mental health and substance use disorder residential treatment providers for costs of maintaining service capacity - will be limited by 2019 average Medicaid occupancy • Provides enhanced PPS rate and supplemental payments to Tribal 638 and Indian Health programs • Increases payments rates by 10% for NFs, ALFs, and residential care facilities • Offers interim stability payments to eligible providers that apply - payment amount will be based on average monthly billing in CY 2019 • Authorizes newly created COVID-19 diagnostic test codes to be paid at 100% of Medicare • Temporarily increases payment rates for independent RNs, LPNs, and agency LPNs to match current rate paid for agency RNs at $62/hour
Payments – Telehealth	• New telehealth benefits will be paid using published fee schedules, effective 3/1/20 • Authorizes payments for telehealth services of case management and assessment, person-centered service planning and monitoring; Habilitation; and Psychosocial rehabilitation • *Authorizes payments equal to non facility rate to providers using POS 2 code for telehealth regardless of entity type

Other	• Person-Centered Service Planning & Delivery:
	  • E-signatures will be added as a method to sign and indicate approval of ISP – verbal consent is not an approved substitution
	  • Must contact individual regarding expiring PSCP to verify that current plan is acceptable. Services can start while waiting for signature.
	  • Revisions for service needs related to COVID impact will be updated within 60 days
	• HCBS in IP Settings:
	  • Temporarily allow payment for provision of Home-Based Habilitation, HCBS Behavioral Habilitation, and Psychosocial Rehabilitation services to eligible individuals in IP setting
	  • Service can only be delivered in alternate setting for up to 30 days

**new as of 8/04/20*

Source: Medicaid State Plan Amendments, https://www.medicaid.gov/medicaid/medicaid-state-plan-amendments/index.html?f%5B0%5D=topics%3A691#content

SPA: Pennsylvania

SPA Category	Summary
Effective Dates	3/1/2020 – end of disaster declaration
Eligibility	• Maintains resident status for all individuals who are absent from but intend to return to PA
Enrollment	• Conducts redeterminations of eligibility for individuals excepted from MAGI-based financial methodologies every 12 months
Premiums and Cost Sharing	• Cost-sharing waived for: testing services (including in vitro diagnostic products), testing-related services, and treatments for COVID-19, including vaccines, specialized equipment and therapies
Benefits – General & Drug	• Allows physicians and other licensed practitioners to order Medicaid HH services • Suspends medical evaluations for coverage eligibility and annual reassessments for target support management services for individuals with an intellectual disability or autism • Suspends periodic reassessments and 6-month reviews for targeted case management services for individuals with serious mental illness • Assures that all benefit additions/adjustments comply with requirements and are available to individuals receiving services under Alternative Benefit Plans • Adjusts current limit of 34-day limit supply or 100 units (whichever is greater) to allow up to 90-day supplies for covered OP medications • Expands coverage to all beneficiaries 21+ years old for OP drugs when used for symptomatic relief of cough and colds
Other	• Extends timing for Cost Reconciliation and Settlement submission to CMS for school-based service providers from 12 to 15 months • Grants payment to Nursing Facilities for additional COVID-19 Therapeutic Leave Days (paid at facility's per diem rate)

Source: Medicaid State Plan Amendments, https://www.medicaid.gov/medicaid/medicaid-state-plan-amendments/index.html?f%5B0%5D=topics%3A691#content

SPA: Puerto Rico

SPA Category	Summary
Effective Dates	3/1/2020 – end of disaster declaration
Eligibility	• Expands coverage to uninsured individuals for COVID-19 testing • Assets or resource tests not applied to determine Medicaid eligibility for Aged, Blind, and Disabled Categorically Needy group and all Medically Needy groups • Maintains resident status for all individuals who are absent from but intend to return to PR
Premiums and Cost Sharing	• Cost-sharing waived for: testing services (including in vitro diagnostic products), testing-related services, and treatments for COVID-19, including vaccines, specialized equipment and therapies
Benefits – General	• Assures all benefit changes are available to individuals receiving services under Alternative Benefit Plans
Benefits – Telehealth	• Telehealth permitted for telemedicine and teledentistry • Physicians permitted to conduct reassessments and provide care via telehealth as appropriate

Source: Medicaid State Plan Amendments, https://www.medicaid.gov/medicaid/medicaid-state-plan-amendments/index.html?f%5B0%5D=topics%3A691#content

SPA: Rhode Island *(updated 5/13/2020)*

SPA Category	Summary
Effective Dates	3/1/2020 – end of disaster declaration *4/1/2020 – end of disaster declaration
Eligibility	• Expands coverage to uninsured individuals for COVID-19 testing • Maintains resident status for all individuals who are absent from RI due to disaster but intend to return to RI • Extends reasonable opportunity period for non-citizens
Enrollment	• Adopts a total of 12 months continuous eligibility for children under age 19 regardless of changes in circumstances
Benefits – General & Drug	• Expands prior authorization for medications via automatic renewal • Makes exceptions to Preferred Drug List if drug shortages occur • *Adds Emergency Case Management benefit for Medicaid beneficiaries who meet at least one risk-based criteria (such as residing in homeless shelter or being at risk for homelessness) and at least one health-based criteria (such as mental health/substance use need, complex physical health need, or recent hospitalization). Will be provided to eligible beneficiaries by homeless shelters and homeless service agencies. • *Assures that all benefit additions/adjustments comply with requirements and are available to individuals receiving services under Alternative Benefit Plans
Payments – General	• Uniformly increases payment rates by 10% for nursing facility direct and indirect care services. Effective through 6/30/20 or upon termination of PHE (whichever comes first) • *Emergency Case Management benefit paid using published fee schedule
Post-Eligibility Treatment of Income	• Extends Home Maintenance of Need Allowance for more than 6 months to institutionalized individuals who have great need due to COVID. Individuals are eligible if they were institutionalized less than 6 months as of 3/1/20 or unable to discharge home in 6 months or less due to COVID restrictions. Continued for duration of stay in facility or until end of disaster period.

**new as of 5/13/20*

Source: Medicaid State Plan Amendments, https://www.medicaid.gov/medicaid/medicaid-state-plan-amendments/index.html?f%5B0%5D=topics%3A691#content

SPA: South Carolina

SPA Category	Summary
Effective Dates	3/18/2020 – end of disaster declaration
Eligibility	• Expands coverage to uninsured individuals for COVID-19 testing

Source: Medicaid State Plan Amendments, https://www.medicaid.gov/medicaid/medicaid-state-plan-amendments/index.html?f%5B0%5D=topics%3A691#content

SPA: South Dakota

SPA Category	Summary
Effective Dates	3/1/2020 – end of disaster declaration
Premiums and Cost Sharing	• Cost-sharing waived for: testing services (including in vitro diagnostic products), testing-related services, and treatments for COVID-19, including vaccines, specialized equipment and therapies
Benefits – General	• Suspends face-to-face requirements for community mental health centers

Source: Medicaid State Plan Amendments, https://www.medicaid.gov/medicaid/medicaid-state-plan-amendments/index.html?f%5B0%5D=topics%3A691#content

SPA: Texas

SPA Category	Summary
Effective Dates	4/1/2020 – end of disaster declaration
Payments – General	• Supplements payment rates to nursing facilities by increasing the direct care staff average hourly wage by $2/hour • Increases payments in the Supplies and Dietary service categories by 50% so they are equal to the Medicare reimbursement rate

Source: Medicaid State Plan Amendments, https://www.medicaid.gov/medicaid/medicaid-state-plan-amendments/index.html?f%5B0%5D=topics%3A691#content

SPA: Utah *(updated 6/5/2020)*

SPA Category	Summary
Effective Dates	*3/1/2020 – end of disaster declaration 3/18/2020 – end of disaster declaration
Eligibility	• Expands coverage to uninsured individuals for COVID-19 testing
Enrollment	• Adds uninsured COVID testing group as a Hospital Presumptive Eligibility group and allows for unlimited PE periods for this group only
Premiums and Cost Sharing	• Cost-sharing waived for: testing services (including in vitro diagnostic products), testing-related services, and treatments for COVID-19, including vaccines, specialized equipment and therapies
Benefits – General & Drug*	• Covers tests for diagnosing or detecting COVID antibodies conducted in non-office settings • Covers lab processing of self-collected test systems that FDA has authorized for home use for diagnosing or detecting COVID antibodies • Increases bed hold/therapeutic absence days for nursing facilities and ICF/IIDs to 60 days per calendar quarter • Assures that all benefit additions/adjustments comply with requirements

**new as of 6/5/20*

Source: Medicaid State Plan Amendments, https://www.medicaid.gov/medicaid/medicaid-state-plan-amendments/index.html?f%5B0%5D=topics%3A691#content

SPA: Vermont

SPA Category	Summary
Effective Dates	3/1/2020 – end of disaster declaration
Premiums & Cost Sharing	• Suspends copayments for OP hospital visits and medications used to treat COVID symptoms
Benefits – General & Drug	• Removes 9-hour per week service delivery minimum for substance use disorder services and intensive outpatient treatment services • Assures that all benefit additions/adjustments comply with requirements and are available to individuals receiving services under Alternative Benefit Plans • Expands prior authorization for medications via automatic renewal • Makes exceptions to Preferred Drug List if drug shortages occur

Source: Medicaid State Plan Amendments, https://www.medicaid.gov/medicaid/medicaid-state-plan-amendments/index.html?f%5B0%5D=topics%3A691#content

SPA: Virginia

SPA Category	Summary
Effective Dates	3/12/2020 – end of disaster declaration
Eligibility	• Maintains resident status for all individuals who are absent from VA due to disaster but intend to return to VA
Benefits – Drug	• Covers maximum of 90-day supply for all drugs excluding Schedule II drugs • Suspends refill "too soon" edits for all drugs prescribed for 34 days or less. Drugs dispensed for 90 days will be subject to a 75% refill "too-soon" edit • Makes exceptions to Preferred Drug List if drug shortages occur
Payments – General	• Increases payments to nursing facilities and specialized care providers with payment of $20 per person per day • Updates dental fee schedule to add tele-dentistry codes

Source: Medicaid State Plan Amendments, https://www.medicaid.gov/medicaid/medicaid-state-plan-amendments/index.html?f%5B0%5D=topics%3A691#content

SPA: West Virginia

SPA Category	Summary
Effective Dates	3/1/2020 – end of disaster declaration
Eligibility	• Extends coverage to uninsured individuals for COVID-19 testing • Maintains resident status for all individuals who are absent from WV due to disaster but intend to return to WV • Provides Medicaid coverage to individuals who are not WV residents but are quarantined while caring for family members due to illness and unable to return to home state
Premiums and Cost Sharing	• Suspends all cost sharing for individuals covered by Medicaid for duration of PHE (excludes non-COVID pharmacy benefits) • Suspends enrollment fees, premiums, and similar charges for all beneficiaries
Benefits – General & Drug	• Allows physicians and other licensed practitioners to order Medicaid HH services • Assures that all benefit additions/adjustments comply with requirements and are available to individuals receiving services under Alternative Benefit Plans • Allows early refill and up to 90-day supply of non-controlled maintenance medications • Makes exceptions to Preferred Drug List if drug shortages occur
Benefits – Telehealth	• Considers FQHC and RHS core provider services provided via telehealth as encounters. Non-core provider services are paid as FFS at the rate in previous SPA
Payments – General	• Increases payment rates for nursing home services by $20 per pt. per day in non-public facilities • Increases payment for ICF services by $10 per day (effective 3/1/20-6/30/20) • Uniformly increases payment rates by 20% for behavioral health and PRTF services, 10% for ambulance services, and 15% for dental services (effective 3/1/20-6/30/20) • Allows for reimbursement for >6 non-medical bed hold days per year in nursing home settings • Modifies current ICF rate-setting methodology to provide an add-on to facility rates to account for increased cost of staff time while day programs are closed • Will reimburse $238 per day for days awaiting placement in IP hospitals for members who cannot be discharged to home or another care setting due to need for isolation or continued care
Payments – Telehealth	• Allows for reimbursement for telephone visits at the same rate as telehealth video visits • Allows all dental providers to be reimbursed at the FFS rate for teledentistry screening (effective 4/1/20)

Source: Medicaid State Plan Amendments, https://www.medicaid.gov/medicaid/medicaid-state-plan-amendments/index.html?f%5B0%5D=topics%3A691#content

SPA: Wisconsin *(updated 6/30/2020)*

SPA Category	Summary
Effective Dates	3/1/2020 – end of disaster declaration *5/1/2020 – end of disaster declaration
Eligibility	• Extends reasonable opportunity period for non-citizens
Enrollment	• Allows hospitals to make PE determinations for ABD Medically Needy group
Premiums & Cost Sharing	• Suspends premiums for Work Incentives eligibility group
Benefits – General & Drug	• Allows licensed practitioners, including NPs and PAs, to order HH services • Makes exceptions to Preferred Drug List if drug shortages occur • Expands prior authorization for medications via automatic renewal
Payments – General*	• Increases max supplemental disproportionate share hospital (DSH) payment to qualifying hospitals for the state FY to $8,665,592 (does not increase total supplement DSH payment funding pool)

**new as of 6/30/20*

Source: Medicaid State Plan Amendments, https://www.medicaid.gov/medicaid/medicaid-state-plan-amendments/index.html?f%5B0%5D=topics%3A691#content

Appendix

Toll-free MAC Hotlines

MAC	Hotline	Hours of Operation
CGS Administrators, LLC (CGS)	1-855-769-9920	7:00 AM – 4:00 PM CT
First Coast Service Options Inc. (FCSO)	1-855-247-8428	8:30 AM – 4:00 PM ET
National Government Services (NGS)	1-888-802-3898	8:00 AM – 4:00 PM CT
National Supplier Clearinghouse (NSC)	1-866-238-9652	9:00 AM – 5:00 PM ET
Novitas Solutions, Inc.	1-855-247-8428	8:30 AM – 4:00 PM ET
Noridian Healthcare Solutions	1-866-575-4067	8:00 AM – 6:00 PM CT
Palmetto GBA	1-833-820-6138	8:30 AM – 5:00 PM ET
Wisconsin Physician Services (WPS)	1-844-209-2567	7:00 AM – 4:00 PM CT

All non-practitioners are required to submit initial enrollments and information changes via the CMS-855/PECOS but this will be expedited by your MAC: https://www.cms.gov/Medicare/Medicare-Contracting/Medicare-Administrative-Contractors/Downloads/MACs-by-State-June-2019.pdf

References

References

- CMS 1135 Waiver Approvals: https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/federal-disaster-resources/index.html
- Appendix K details: https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/hcbs/appendix-k/index.html
- Federal and SSA Survey: https://www.cms.gov/files/document/qso-20-20-all.pdf
- Provider enrollment relief FAQs: https://www.cms.gov/files/document/provider-enrollment-relief-faqs-covid-19.pdf
- CARES Act: https://assets.documentcloud.org/documents/6819239/FINAL-FINAL-CARES-ACT.pdf
- CMS Blanket Waivers: https://www.cms.gov/files/document/covid19-emergency-declaration-health-care-providers-fact-sheet.pdf
- CMS Coronavirus Waivers: https://www.cms.gov/about-cms/emergency-preparedness-response-operations/current-emergencies/coronavirus-waivers
- CMS Fact Sheet – Sweeping Regulatory Changes to Address Patient Surge: https://www.cms.gov/newsroom/fact-sheets/additional-backgroundsweeping-regulatory-changes-help-us-healthcare-system-address-covid-19-patient
- CMS Memo to MA Organizations and Part D Plans, https://www.cms.gov/files/document/hpms-memo-covid-information-plans.pdf
- CMS Interim Final Rule with Comment Period, https://www.cms.gov/files/document/covid-final-ifc.pdf

References

- Telehealth expansion details: https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet
- Nursing Home Telehealth Toolkit: https://www.cms.gov/files/document/covid-19-nursing-home-telehealth-toolkit.pdf
- Nursing Home Best Practices Toolkit: https://www.cms.gov/files/document/covid-toolkit-states-mitigate-covid-19-nursing-homes.pdf
- CMS Memo – Prioritization of Survey Activities, https://www.cms.gov/files/document/qso-20-20-allpdf.pdf-0
- CMS Survey Prioritization Fact Sheet, https://www.cms.gov/newsroom/fact-sheets/kirkland-washington-update-and-survey-prioritization-fact-sheet
- Complete list of Covered Telehealth Services / CPT Codes: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes
- CMS Workforce Toolkit: https://asprtracie.hhs.gov/Workforce-Virtual-Toolkit

CMS Fact Sheets by Provider Type

- Long Term Care Facilities: https://www.cms.gov/files/document/covid-long-term-care-facilities.pdf
- Hospice: https://www.cms.gov/files/document/covid-hospices.pdf
- Inpatient Rehab Facilities: https://www.cms.gov/files/document/covid-inpatient-rehab-facilities.pdf
- Home Health Agencies: https://www.cms.gov/files/document/covid-home-health-agencies.pdf
- Long Term Care Hospitals: https://www.cms.gov/files/document/covid-long-term-care-hospitals.pdf
- Physicians and Other Clinicians: https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf