Medicaid COVID-19 & Reform Updates

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Medical Care Advisory Committee
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Department of Health Care Finance
Presentation Overview

• COVID-19 Authorities
  • 1135 Waiver
  • Appendix K
  • FFCR & Eligibility Changes
  • Disaster SPA
  • 1115 Waiver

• Medicaid Reforms
  • FFS Transition
  • Behavioral Health
  • Long Term Care
CMS Tools & Templates

• CMS has launched a dedicated, Medicaid.gov, COVID-19 resource page

• CMS tools include:
  • 1115 Waiver Opportunity and Application Checklist
  • 1135 Waiver Checklist
  • 1915(c) Appendix K Template
  • Medicaid Disaster State Plan Amendment Template

• COVID-19 FAQs for State Medicaid and CHIP Agencies

• COVID-19 FAQs on implementation of Section 6008 of the Families First Coronavirus Response Act
Medicaid Authorities in a Public Health Emergency

• **Section 1135 Waiver Flexibilities**
  • The HHS Secretary is authorized to take certain actions when the President declares a major disaster or an emergency and the HHS Secretary declares a public health emergency.
  • Waivers typically end no later than the termination of the emergency period, or 60 days from the date the waiver or modification is first published unless the Secretary of HHS extends the waiver by notice for additional periods of up to 60 days, up to the end of the emergency period.

• **1915(c) Waiver Appendix K**
  • States may submit Appendix K before or during emergencies to document necessary changes to waiver operations. Appendix K includes actions that states can take under the existing Section 1915(c) authority in order to respond to an emergency.
  • The effective period for an Appendix K may be up to one year.

• **Medicaid State Plan Disaster Relief State Plan Amendments (SPA)**
  • In response to a public health emergency states may revise policies in their Medicaid state plan related to eligibility, enrollment, benefits, premiums and cost sharing, and/or payments.
  • The COVID-19 disaster relief SPA allows states to establish time-limited changes to the state plan during the COVID-19 national emergency. States have the option to align the timeframe for these temporary changes with either the period of the Presidential and Secretarial emergency declarations related to the COVID-19 outbreak (or any renewal thereof) or a shorter timeframe within this period.

• **COVID-19: 1115 Waiver Demonstrations**
  • Section 1115 waiver authority allows the Secretary of HHS to test new approaches in Medicaid not otherwise allowed under current law, provided the demonstrations meet the objectives of the program.
  • Section 1115 demonstration authorities approved are time limited, and will expire no later than 60 days after the end of the public health emergency.
1135 Waiver CMS Approved Provisions

• Prior Authorizations
  • Suspend PA Requirements
  • Extend existing PAs

• Long Term Services and Supports
  • Suspend PASSR (DHCF has the authority but is not implementing at this time)

• Provider Enrollment
  • Waive Application Fees
  • Waive Criminal Background Checks
  • Waive Site Visits
  • Waive In-State Licensure Requirements
  • Waive revalidation deadline
  • Allow out of state providers to deliver services

• SPA Approval Process
  • Allow late Submissions of SPAs backdated to January 1, if needed
  • Waive public notice Requirements

• Allow Service Delivery in unlicensed facilities in emergency
• Fair Hearings
  • Allow more than 120 days (managed care) or 90 days (fee-for-service appeal) to request a state fair hearing
• Authority to extend the District’s Promoting Interoperability Program Year 2019
• Authority to allow Medicaid pay for inmate care needed for more than 24 hours if delivered in the jail/outside of an inpatient setting
1135 Waiver

• Communications
  • 1135 Public Announcement
  • Transmittal 20-14 Provider Enrollment Changes
  • Transmittal 20-15 Prior Authorization Changes
  • Transmittal 20-16 Prior Authorization Changes for Pharmacy

• Approval is effective retroactively to March 1, 2020 and ends upon termination of the public health emergency, including any extensions, according to CMS

• DHCF has the ability to quickly and easily amend or add to the 1135 Waiver
Appendix K CMS Approved Provisions

• Temporary Rate Increases
  • Personal Care Aides & Skilled Nursing (RN/LPN)
    • Enhanced rate of time and ½ for staff working with a person medically quarantined
    • Overtime Pay
    • Reimbursement for cost incurred for hiring staff through a staffing agency
  • Adult Day Health Programs (ADHP)
    • 75% of per diem rate when conducting Wellness checks provided via telemedicine

• Retainer Payments
  • Adult Day Health Programs (ADHP)
    • Retainer Payment at 25% when closed to prevent the spread of COVID-19
  • IDD Day Programs
    • Retainer payments for authorized day program services providers if a participant was unable to attend day program services as a result of the public health emergency
Appendix K CMS Approved Provisions

• Temporarily allow the following services to be conducted electronically, in accordance with HIPAA requirements:
  • the ISP development and review
  • Service Coordinators to monitor services through a minimum of monthly contact
  • Case managers to conduct person-centered service plan (PCSP) initial and annual meetings
  • In-Home and Community Support, Companion, and Behavioral Support services
  • Level of Care (LOC) assessments
  • Training on a person’s Individual Support Plan (ISP), Health Management Care Plan, Behavior Support Plan, Individual Program Plan (IPP), Personal Emergency Preparedness Plan (PEP), Nutrition, Specialized Dining Techniques, Transfer and Mobility Procedures, Seizure Disorders/Protocols, Medication/Sides Effects, etc.
  • Support broker visits
  • Adult Day Health Program (ADHP) services
• Services My Way
  • Temporarily allow payment for participant-directed services provided by family members of EPD waiver beneficiaries currently enrolled in the Services My Way
  • Temporarily modify provider qualifications to extend the CPR and First Aid training and certification deadline for Service My Way participant-directed workers (PDWs) with current CPR and First Aid

• Level of Care
  • Temporarily allow Liberty to conduct LOC assessments via video/phone
  • Initial request for LOC assessment and request for re-assessment will not require physician or APRN authorization for the duration of the emergency period.
IDD Appendix K CMS Approved Provisions

- Services may exceed 20% limitation of telehealth up to 100%
- Temporarily expand settings for companion & respite services
- Modify provider qualifications
- Modify process for level of care evaluations
- Modify person-centered plan development
- Modify incident reporting
- Postpone agency certification reviews
- Allow staffing ratios to be modified
- Participants that require hospitalization due to a diagnosis of COVID19 may receive residential habilitation and/or in-home and companion services in a hospital setting up to 30 days
Appendix K

• Communications
  • Appendix K Public Announcement
  • Transmittal 20-19 Temporary Enhanced Reimbursement Rates for HHA and ADHP Services Due to COVID-19
  • LTCA Informational Bulletins
    o temporarily suspend routine face-to-face visits by nurses, case managers, and other providers or vendor staff
    o permit telephonic assessments and service planning meetings
    o temporarily suspend Medicaid-specific monitoring and oversight survey activities occurring on-site

• Approval is effective retroactively to March 11, 2020 through March 10th, 2021

• DHCF intends to amend Appendix K related to ADHP services to match disaster SPA (see slides 17 & 18)
Federal Legislation - Families First Coronavirus Response Act (Public Law 116-127)

• Section 6008 of the Families First Coronavirus Response Act provides for a possible 6.2 percent increase in the FMAP

• This increase will be retroactive to January 1, 2020 and will continue through the end of the quarter in which the public health emergency for COVID-19 ends.

• Medicaid agencies are eligible for the increased FMAP as long as they adhere to the conditions outlined in the Families First Coronavirus Response Act
Federal Legislation - conditions outlined in the Families First Coronavirus Response Act

• These requirements became effective on March 18, 2020.
  a. Maintain eligibility standards, methodologies, or procedures that are no more restrictive than what the state had in place as of January 1, 2020 (maintenance of effort requirement).
  b. Not charge premiums that exceed those that were in place as of January 1, 2020
  c. Cover, without impositions of any cost sharing, testing, services and treatments—including vaccines, specialized equipment, and therapies—related to COVID-19.
  d. Not terminate individuals from Medicaid if such individuals were enrolled in the program as of the date of the beginning of the emergency period, or becomes enrolled during the emergency period, unless the individual voluntarily terminates eligibility or is no longer a resident of the state (continuous coverage requirement).
States may increase the level of assistance provided to a beneficiary who experiences a change in circumstances, such as moving the individual to another eligibility group which provides additional benefits, states may not reduce benefits for any beneficiary enrolled in Medicaid on or after March 18, 2020, through the end of the month in which the emergency period ends, and still qualify for increased FMAP.
Enrollment & Eligibility Changes LTC

• DHCF will not effectuate any adverse actions terminating or reducing Medicaid eligibility or benefits.

• Practically speaking, this means that:
  • Waiver beneficiaries with an assessment indicating unmet level of care will not be terminated from the waiver and will not receive any notice of termination. Such notice will be issued subsequent to the termination of the PHE declaration;
  • Waiver or state plan beneficiaries assessed to require fewer hours of PCA services than they currently use will not have their hours reduced and will not receive a notice of same. Notices issued to this effect between March 18, 2020 and April 2, 2020 are being rescinded. Such notice will be issued subsequent to the termination of the PHE declaration;
  • Case managers for beneficiaries experiencing either of the above scenarios should pay attention to a note in the assessment details to this effect. PCSPs should be created, submitted and approved in accordance with existing service levels in these cases; and
  • Assessments confirming level of care, current service levels, or authorizing an increase in services will all be implemented according to normal process
**Enrollment & Eligibility Changes**

Effective: March 11, 2020 through 60 days after the Public Health Emergency declaration ends

<table>
<thead>
<tr>
<th>Medicaid</th>
<th>Alliance</th>
<th>ICP</th>
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<tbody>
<tr>
<td><strong>Current Beneficiaries</strong></td>
<td>• Eligibility automatically extended</td>
<td>• Eligibility automatically extended</td>
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<td></td>
<td>• Requirement to report changes is waived</td>
<td>• No face-to-face interview</td>
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<tr>
<td><strong>New Enrollees (MAGI)</strong></td>
<td>• Will allow self-attestation of verification requirements except U.S. citizenship and eligible immigration status</td>
<td>• Face-to-face application is waived</td>
</tr>
<tr>
<td><strong>New Enrollees (Non-MAGI)</strong></td>
<td>• Will allow self-attestation of verification requirements except</td>
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<td></td>
<td>• U.S. citizenship and eligible immigration status</td>
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<td></td>
<td>• Level of care determinations for LTCSS</td>
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Administrative/Operational Changes:
- DHCF may exercise extended time to make eligibility determinations if needed to ensure continuity of all essential operations
- DHCF is not required to act on any changes in circumstance that might affect eligibility
Enrollment & Eligibility

• Communications
  • DHS & MCOs Completed Robo-calls/Texts Related to Extensions
  • LTCA Issued Informational Bulletin to Providers
  • Published FAQ Related to Eligibility Policy Changes
  • Published Eligibility Policy Change Transmittal

• CMS Concurrence Request
  • Authority to delay renewals/extend eligibility period
  • Allow self-attestation of verification requirements except citizenship/immigration for all and medical-related criteria for non-MAGI
  • Allow extended time for all eligibility determinations
  • Waive requirement that individuals report changes in circumstance during the eligibility period
  • Waive requirement to act on any changes in circumstances during the eligibility period

• Currently updating eligibility verification plan
Disaster SPA – Not Yet Submitted to CMS

• Adult Day Health Program (ADHP)
  • Temporarily expand 1915(I) HCBS Adult Day Health Program (AHDP) services to include the following services
    • Wellness checks provided via telemedicine
    • Therapeutic activities conducted individually or in groups via telemedicine
    • Nursing services conducted individually via telemedicine
    • Meal or food delivery to the beneficiary’s permanent or temporary residence

• Personal Care Aides & Skilled Nursing (RN/LPN)
  • Temporarily allow Liberty to conduct LOC assessments via video/phone
  • Initial request for LOC assessment and request for re-assessment will not require physician or APRN authorization for the duration of the emergency period.

• My Health GPS
  • Allow providers to complete the required initial/annual biopsychosocial assessment via telemedicine
  • Eliminate acuity tiers, face-to-face requirements, and update care team staffing requirements.
Disaster SPA Rate Increases – Not Yet Submitted

- **Personal Care Aides & Skilled Nursing (RN/LPN)**
  - Enhanced rate of time and ½ for staff working with a person medically quarantined
  - Overtime Pay
  - Reimbursement for cost incurred for hiring staff thru a staffing agency

- **Adult Day Health Programs (ADHP)**
  - 75% of per diem rate when conducting Wellness checks provided via telemedicine
  - 100% of the FFS per diem rate to providers who 1) conduct a wellness check; and 2) provide one additional service in the same day

- **Nursing Homes**
  - Increase reimbursement by 20% to all facility rate components

- **COVID-19 Testing**
  - Increase reimbursement of laboratory services related to the diagnostic testing of COVID-19 up to Medicare rate.

- **ICF/IID**
  - Increase reimbursement rates by a 15% increase to the Direct Service cost center
  - Results in increases in other components of the per-diem rate including all other healthcare services, administration, active treatment, and Stevie Sellows cost centers.
Disaster SPA

• Communications
  • Transmittal 20-17 DC Nursing Facilities COVID-19 Enhanced Rates
  • Transmittal 20-18 ICFIID COVID-19 Enhanced Rates
  • Transmittal 20-19 Temporary Enhanced Reimbursement Rates for HHA and ADHP Services Due to COVID-19
  • LTCA Informational Bulletins

• Approval is effective retroactively to March 11, 2020 through the end of the federal Public Health Emergency
Amending 1115 Behavioral Health Waiver
- Request Extension of deadlines submitted to Project Officer
  - Evaluation Design
  - Monitoring Protocol
  - Q1 Qualitative Reporting
  - Mandatory In-Person Reporting
  - SPAs for Non-IMD Services
- Waive Maintenance of Effort Requirements

Disaster 1115 Waiver
- ADHP Retainer Payments
Other Actions and Communication

- Published Transmittal Adding COVID-19 Testing to the Fee Schedule
  - Published new transmittal with additional testing codes
- Issued Informational Bulletin to MCOs & PBM
  - Allow beneficiary to request an extended supply of prescriptions
- Published Transmittal Authorizing Emergency Pharmacy Dispensing
- Published Notice: Public Charge Rule FAQs with COVID-19 Information
Other Actions and Communication

- Published Provider FAQ
- Published Beneficiary FAQ
- Published Telemedicine Transmittals & Information
  - Allowing home as an originating site
  - Allowing phone only telemedicine during PHE
  - Guidance on waiver of potential penalties for HIPAA
  - Telemedicine Guide and Telemedicine Product Table
  - DC Medicaid Coding for Telemedicine and Coronavirus (COVID-19)
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• Medicaid Reforms
  • FFS Transition
  • Behavioral Health
  • Long Term Care
Primary Goals for FFS Transformation

1. More coordinated care: transition FFS Medicaid population to managed care

2. Increased access to care: require universal contracting for key providers (acute care hospitals and FQHCs)

3. More value over volume: increase expectations for value-based purchasing through managed care
Fee-for-Service Transition

• Managed Care Contracts Effective October 1, 2020
• 1932(a) State Plan Amendment to be submitted to CMS in Summer
• Universal contracting provisions currently under discussion
• Beneficiary outreach planned for late Summer
• Year 1 transition populations
  • Aged and disabled adults, largely those receiving SSI (~15,000 individuals)
    • Excludes beneficiaries who are dually eligible for Medicare, those who require an institutional level of long-term care, and the medically needy spend down population
  • Non-disabled adults currently opting out of managed care (~4,000 individuals)
Primary Goals for Behavioral Health Transformation

1. Cover a broader continuum of Medicaid behavioral health treatment for individuals with serious mental illness (SMI)/serious emotional disturbance (SED) or a substance use disorder (SUD)

2. Advance the goals of the District Opioid Strategic Plan by improving outcomes for individuals with Opioid Use Disorder and other SUDs

3. Support Medicaid’s movement towards more integrated medical and behavioral health care to better coordinate prevention and treatment
# 1115 Behavioral Health Waiver Transformation Services

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<tr>
<th>Services</th>
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<tr>
<td>IMD Services</td>
<td>January 2020</td>
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<tr>
<td>Clubhouse Services</td>
<td>January 2020</td>
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<tr>
<td>Recovery Support Services (RSS)</td>
<td>January 2020</td>
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<td>Psychologists/Other BH Providers</td>
<td>January 2020</td>
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<tr>
<td>Eliminate $1 Co-Pay for MAT</td>
<td>January 2020</td>
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<tr>
<td>Supported Employment – SMI</td>
<td>February 2020</td>
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<tr>
<td>Supported Employment – SUD</td>
<td>March 2020</td>
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<tr>
<td>Trauma Informed Care</td>
<td>March 2020</td>
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<tr>
<td>Crisis Stabilization (CPEP, Psych Crisis Stabilization Beds, Mobile Crisis and Support Services)</td>
<td>June 2020</td>
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<tr>
<td>Transition Planning Services</td>
<td>September 2020</td>
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Primary Goals for LTC Reform

1. Integrate acute and long-term care for the highest-need beneficiaries in DC Medicaid

2. Align with other FFS program efforts

3. Better align Medicare and Medicaid for duals
LTC Reforms Timeline

• EPD Waiver
  • Originally planned to implement changes July 1, 2020.
  • Delayed until after the end of the Public Health Emergency

• Dual Eligible Special Needs Plan (D-SNP)
  • Originally planned to implement a Highly Integrated Dual Eligible Special Needs Plan (HIDE-SNP) January 1, 2021
  • HIDE SNP delayed until January 1, 2022
  • DHCF will continue to have D-SNPs in 2021, however, the Medicare Advantage plans will not be responsible for Medicaid services

• Program of All-Inclusive Care for the Elderly (PACE)
  • Updates to proposed regulations and issuance of RFP proceed as scheduled barring any changes