



COVID-19 CMS Update October 16, 2020



COVID-19 Public Health Emergency

- The Secretary of HHS may, under section 319 of the Public Health Service (PHS) Act, determine that: a) a disease or disorder presents a public health emergency (PHE); or b) that a public health emergency, including significant outbreaks of infectious disease or bioterrorist attacks, otherwise exists.
- PHE declarations last for the duration of the emergency or up to 90 days, at which time they must be renewed by the Secretary.
- The Secretary first declared a PHE related to COVID-19 effective January 27, 2020. On April 21, 2020 it was renewed with an effective date of April 26, 2020. The PHE was renewed again on July 23, 2020, with an effective date of July 25, 2020, and again on October 2, 2020, with an effective date of October 23, 2020.
- Subsequent references and discussion are for this federal PHE unless specified.

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Supporting State Response Efforts

- Even prior to the President's declaration of a national public health emergency (PHE), CMCS deployed our Disaster Relief Toolkit and began technical assistance to help states ready their response efforts.
- To streamline this process, CMS developed tools and checklists to speed state applications and approvals for various flexibilities specific to the pandemic
 - 1135 Waiver Checklist
 - Medicaid Disaster SPA Template
 - Reissued a CHIP Disaster SPA Template
 - 1115 Demonstration SMDL and Checklist
 - Pre-populated Appendix K (tailored to state needs during COVID-19 PHE)
 - Pre-populated 438.6(c) Templates for Managed Care Directed Payments

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State Approvals to Date

To date, CMCS has received over **600** submission from states seeking flexibility to respond to COVID-19. Of those submissions, CMS has approved:

- ✓ **128** 1135 Waivers
- ✓ **143** 1915 Appendix Ks
- ✓ **129** Medicaid Disaster SPAs
- ✓ **46** CHIP Disaster SPAs
- ✓ **33** 1115 Demonstration Actions
- ✓ **45** Emergency IT Funding Requests
- ✓ **51** Regulatory Authority Concurrence Letters

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How have States used these flexibilities?

We have focused our available authorities on HCBS providers and beneficiaries by authorizing states to:

- Allow family caregivers or legally responsible individuals to render personal care services (1135, Appendix K)
- Provide enhanced payments to direct care workers based on hours worked and acuity of beneficiaries who are receiving treatment for COVID-19 (Medicaid Disaster SPA, Appendix K)
- Implement extensive telehealth expansions as well as expansions in the type of providers that can order home health services (Medicaid Disaster SPA)
- Waive the ongoing collection of beneficiary premiums and to extend the deadlines for families to response to renewal requests (CHIP Disaster SPA)
- Streamline enrollment into Long-Term Care Services and Supports (LTSS) programs (1135), and increase reimbursement for certain HCBS providers in order to maintain capacity (1115, Appendix K)
- Collect electronic signatures for changes to a consumer's care plan or a person-centered plan

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Guidance to States

- Recognizing that states need timely updates, CMS has worked to issue regular guidance on a regular and rapid cycle, including:
 - Five batches of general FAQs
 - Two sets of FAQs on legislative actions (e.g., FFCRA and CARES)
 - Guidance on operationalizing the new optional testing group
 - Flexibility and guidance on leveraging managed care plan partners during COVID-19
 - Frequent all-state calls
 - Toolkit to support expansion of telehealth services
 - Regulatory changes to support broader deployment of testing services
 - Guidance on reimbursement strategies to prevent the spread of COVID in nursing facilities

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Key Dates for Termination of Conditions for COVID-19 Enhanced FMAP

6.2 percentage point increase for FMAP is effective January 1, 2020 and expires the last day of the calendar quarter in which the PHE ends.

FFCRA 6008 (b) Conditions for 6.2 percentage point increase for FMAP	Termination Date
Maintenance of Effort (standards, methodologies, procedures) - 6008 (b)(1) of FFCRA	Expires the <u>last day of the calendar quarter</u> in which the PHE ends.
Premium Restrictions - 6008 (b)(2) of FFCRA	Expires the <u>last day of the calendar quarter</u> in which the PHE ends.
Continuous Coverage - 6008 (b)(3) of FFCRA	Expires the <u>last day of the month</u> in which the PHE ends.
Coverage of, and Cost sharing Exemption for, COVID-19-related Testing and Treatment - 6008 (b)(4) of FFCRA	Expires the <u>last day of the calendar quarter</u> in which the PHE ends.

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Key Dates for Termination of COVID-19 Flexibilities

Authority / Provision	Effective Date	Termination Date
Medicaid Disaster SPA	March 1, 2020 or any later date elected by state	Expires at the end of PHE or any earlier approved date elected by state
CHIP Disaster SPA	Start of state or federally declared emergency	Expires at the end of PHE or at state discretion before end of PHE
Appendix K	Jan 27, 2020 or any later date elected by state	Expires one year from the effective date or any earlier approved date elected by the state. However, end dates cannot extend beyond one year from the last day of the month in which the President signed the proclamation of a national emergency (March 31, 2021).
Medicaid & CHIP 1135 Waiver	March 1, 2020	Expires at the end of PHE
1135 COVID Demo	March 1, 2020 or any later date elected by state	Expires no later than 60 days after end of PHE
Emergency IT Funding	Date of state's emergency IT funding request letter	There is no termination date for this authority, and it is not tied to PHE. Existing regulation further requires that the state submit an APD within 90 days of state's emergency IT request letter. The formal approval of scope, timeline and funding is accomplished through the APD process.
FMAP – 6.2% Enhancement	January 1, 2020	Expires the last day of the calendar quarter in which the PHE ends. (States must adhere to the 6008(b) of FFCRA).
Continuous Coverage Tied to 6.2% Enhanced FMAP	March 18, 2020	Expires the last day of the month in which the PHE ends
Optional COVID Testing Group	March 18, 2020	Expires at the end of PHE. No FMAP is available for testing or testing-related services provided for those in COVID-19 testing group after the PHE ends.

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Looking Ahead

- CMS is committed to working with states through the public health emergency and beyond. To support these efforts, CMS plans to:
 - Update the Medicaid and CHIP Disaster Relief Toolkit to reflect lessons learned and include elements specific to public health emergencies,
 - Update and integrate FAQs, checklists and templates, and
 - Provide guidance on state strategies and planning on unwinding COVID authorities once the public health emergency has ended.

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Questions?



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