

COVID-19 Section 1115(a) Demonstration Application Template

The State of New Jersey, Department of Human Services proposes emergency relief as an affected state, through the use of section 1115(a) demonstration authority as outlined in the Social Security Act (the Act), to address the multi-faceted effects of the novel coronavirus (COVID-19) on the state's Medicaid program.

I. DEMONSTRATION GOAL AND OBJECTIVES

Effective retroactively to March 1, 2020, the State of New Jersey, seeks section 1115(a) demonstration authority to operate its Medicaid program without regard to the specific statutory or regulatory provisions (or related policy guidance) described below, in order to furnish medical assistance in a manner intended to protect, to the greatest extent possible, the health, safety, and welfare of individuals and providers who may be affected by COVID-19.

II. DEMONSTRATION PROJECT FEATURES

- A. Eligible Individuals:** The following populations will be eligible under this demonstration. To the extent coverage of a particular service is available for a particular beneficiary under the State plan, such coverage will be provided under the State plan and not under demonstration authority.

| Check to Apply | Population |
|----------------|---|
| | Current title XIX State plan beneficiaries |
| X | Current section 1115(a)(2) expenditure population(s) eligible for/enrolled in the following existing section 1115 demonstrations: <u>CHIP members who would otherwise have been disenrolled</u> |

- B. Benefits:** The state will provide the following benefits and services to individuals eligible under this demonstration. To the extent coverage of a particular service is available for a particular beneficiary under the State plan, such coverage will be provided under the State plan and not under demonstration authority.

| Check to Apply | Services |
|----------------|--|
| | Current title XIX State plan benefits |
| X | Others as described here: <u>Title XXI state plan benefits</u> |

C. Cost-sharing

| Check to Apply | Cost-Sharing Description |
|----------------|---|
| X | There will be no premium, enrollment fee, or similar charge, or cost-sharing (including copayments and deductibles) required of individuals who will be enrolled in this demonstration that varies from the state's current state plan. |
| | Other as described here: <i>[state to insert description]</i> |

D. Delivery System:

| Check to Apply | Delivery System Description |
|----------------|--|
| X | The health care delivery system for the provision of services under this demonstration will be implemented in the same manner as under the state's current state plan. |
| | Other as described here: <i>[state to insert description]</i> |

III. EXPENDITURE AND ENROLLMENT PROJECTIONS

A. Enrollment and Enrollment Impact.

- i. State projects that approximately 172,418 individuals as described in section II will be eligible for the period of the demonstration. The overall impact of this

section 1115 demonstration is that these individuals, for the period of the demonstration, will continue to receive HCBS or coverage through this demonstration to address the COVID-19 public health emergency.

B. Expenditure Projection.

The state projects that the total aggregate expenditures under this section 1115 demonstration is \$77 million.

In light of the unprecedented emergency circumstances associated with the COVID-19 pandemic and consistent with the President’s proclamation that the COVID-19 outbreak constitutes a national emergency consistent with section 1135 of the Act, and the time-limited nature of demonstrations that would be approved under this opportunity, the Department will not require States to submit budget neutrality calculations for section 1115 demonstration projects designed to combat and respond to the spread of COVID-19. In general, CMS has determined that the costs to the Federal Government are likely to have otherwise been incurred and allowable. States will still be required to track expenditures and should evaluate the connection between and cost effectiveness of those expenditures and the state’s response to the public health emergency in their evaluations of demonstrations approved under this opportunity.

IV. APPLICABLE TITLE XIX AUTHORITIES

The state is proposing to apply the flexibilities granted under this demonstration opportunity to the populations identified in section II.A above.

| Check to Apply | Program |
|----------------|--|
| | Medicaid state plan |
| | Section 1915(c) of the Social Security Act (“HCBS waiver”). Provide applicable waiver numbers below: |
| | Section 1115(a) of the Social Security Act (i.e., existing, approved state demonstration projects). Provide applicable demonstration name/population name below: |
| X | Other: <u>CHIP State Plan</u> |

V. WAIVERS AND EXPENDITURE AUTHORITIES

A non-exhaustive list of waiver and expenditure authorities available under this section 1115 demonstration opportunity has been provided below. States have the flexibility to request additional waivers and expenditure authorities as necessary to operate their programs to address COVID-19. If additional waivers or expenditure authorities are desired, please identify the authority needed where indicated below and include a justification for how the authority is needed to assist the state in meeting its goals and objectives for this demonstration. States may include attachments as necessary. Note: while we will endeavor to review all state requests for demonstrations to combat COVID-19 on an expedited timeframe, dispositions will be made on a state-by-state basis, and requests for waivers or expenditure authorities in addition to those identified on this template may delay our consideration of the state’s request.

A. Section 1115(a)(1) Waivers and Provisions Not Otherwise Applicable under 1115(a)(2)

The state is requesting the below waivers pursuant to section 1115(a)(1) of the Act, applicable for beneficiaries under the demonstration who derive their coverage from the relevant State plan. With respect to beneficiaries under the demonstration who derive their coverage from an expenditure authority under section 1115(a)(2) of the Act, the below requirements are identified as not applicable. Please check all that apply.

| Check to Waive | Provision(s) to be Waived | Description/Purpose of Waiver |
|----------------|--|---|
| | Section 1902(a)(1) | To permit the state to target services on a geographic basis that is less than statewide. |
| | Section 1902(a)(8), (a)(10)(B), and/or (a)(17) | To permit the state to vary the amount, duration, and scope of services based on population needs; to provide different services to different beneficiaries in the same eligibility group, or different services to beneficiaries in the categorically needy and medically needy groups; and to allow states to triage access to long-term services and supports based on highest need. |
| [check box] | [insert here the statutory section of the Social Security Act] | [insert here the description/purpose of waiver] |
| [check box] | [insert here the statutory section of the Social Security Act] | [insert here the description/purpose of waiver] |
| [check box] | [insert here the statutory section of the Social Security Act] | [insert here the description/purpose of waiver] |

| Check to Waive | Provision(s) to be Waived | Description/Purpose of Waiver |
|----------------|--|---|
| [check box] | [insert here the statutory section of the Social Security Act] | [insert here the description/purpose of waiver] |

B. Expenditure Authority

Pursuant to section 1115(a)(2) of the Act, the state is requesting that the expenditures listed below be regarded as expenditures under the state plan.

Note: Checking the appropriate box(es) will allow the state to claim federal financial participation for expenditures that otherwise would be ineligible for federal match.

| Check to Request Expenditure | Description/Purpose of Expenditure Authority |
|------------------------------|---|
| | Allow for self-attestation or alternative verification of individuals' eligibility (income/assets) and level of care to qualify for long-term care services and supports. |
| | Long-term care services and supports for impacted individuals even if services are not timely updated in the plan of care, or are delivered in alternative settings. |
| | Ability to pay higher rates for HCBS providers in order to maintain capacity. |
| | The ability to make retainer payments to certain habilitation and personal care providers to maintain capacity during the emergency. For example, adult day sites have closed in many states due to isolation orders, and may go out of business and not be available to provide necessary services and supports post-pandemic |
| | Allow states to modify eligibility criteria for long-term services and supports. |
| | The ability to reduce or delay the need for states to conduct functional assessments to determine level of care for beneficiaries needing LTSS. |
| X | <u>Other: Allow State to claim Federal Financial Participation (FFP) for beneficiaries in State's stand-alone Children's Health Insurance Program (CHIP) who remained eligible during the PHE due to the state's implementation of a continuous eligibility policy.¹ The population covered by this application are CHIP beneficiaries who would have been disenrolled but for NJ's decision to allow continuous eligibility during the PHE. They have remained in the CHIP program for the duration of the PHE.</u> |

¹As outlined in SHO# 22-001 RE: Promoting Continuity of Coverage and Distributing Eligibility and Enrollment Workload in Medicaid, the Children's Health Insurance Program (CHIP), and Basic Health Program (BHP) Upon Conclusion of the COVID-19 Public Health Emergency, <https://www.medicaid.gov/federal-policy-guidance/downloads/sho22001.pdf>.

| Check to Request Expenditure | Description/Purpose of Expenditure Authority |
|------------------------------|---|
| | <u>and will continue to be eligible until unwinding activities re-evaluate their status. It does not include the population of CHIP beneficiaries who a) remained eligible during the PHE or b) remained enrolled under NJ's 2014 Continuous Eligibility SPA or 2020 Disaster SPA. The remaining beneficiaries (those not covered by the above SPAs and who did not successfully complete eligibility renewals during the PHE) are the members covered by this application.</u> |
| [check box] | Other: [insert here the description/purpose of the expenditure authority being requested] |
| [check box] | Other: [insert here the description/purpose of the expenditure authority being requested] |

VI. Public Notice

Pursuant to 42 CFR 431.416(g), the state is exempt from conducting a state public notice and input process as set forth in 42 CFR 431.408 to expedite a decision on this section 1115 demonstration that addresses the COVID-19 public health emergency.

VII. Evaluation Indicators and Additional Application Requirements

- A. Evaluation Hypothesis.** The demonstration will test whether and how the waivers and expenditure authorities affected the state’s response to the public health emergency, and how they affected coverage and expenditures.
- B. Final Report. This report will consolidate demonstration monitoring and evaluation requirements.** No later than one year after the end of this demonstration addressing the COVID-19 public health emergency, the state will be required to submit a consolidated monitoring and evaluation report to CMS to describe the effectiveness of this program in addressing the COVID-19 public health emergency. States will be required to track expenditures, and should evaluate the connection between and cost effectiveness of those expenditures and the state’s response to the public health emergency in their evaluations of demonstrations approved under this opportunity. Furthermore, states will be required to comply with reporting requirements set forth in 42 CFR 431.420 and 431.428, such as information on demonstration implementation, progress made, lessons learned, and best practices for similar situations. States will be required to track separately all expenditures associated with this demonstration, including but not limited to administrative costs and program expenditures, in accordance with instructions provided by CMS. CMS will provide additional guidance on the evaluation design, as well as on the requirements, content, structure, and submittal of the report.

