

Centers for Medicare & Medicaid Services
COVID-19 Medicaid & CHIP All State Call
October 12, 2021

3:00 pm ET

Coordinator: Welcome and thank you for standing by. At this time all participants are in a listen-only mode until the question and answer portion of today's call. During that time, if you would like to ask a question, please press star 1.

Today's conference is being recorded. If you have any objections, you may disconnect at this time. I would now like to turn the meeting over to Jackie Glaze. You may begin.

Jackie Glaze: Thank you and good afternoon, everyone, and welcome to today's all state call. We have a couple of topics to cover on today's call. But before we get into those, I want to give a couple of announcements.

First, I want to flag that NAMD and CMCS will be in a concurrent webinar for the state Medicaid directors to learn more about the 2021 Medicaid and CHIP scorecard.

If you joined today's COVID-19 all state call and meant to join the 2021 scorecard for the all state Medicaid directors, please let us know via the Q&A box and we will direct you to the correct contact.

Secondly I want to provide an update on the deadline for the next quarterly HCBS spending plan and narrative. We're very pleased to report that every state Section 9817 spending plan has been reviewed. At this point your state has received a partial or conditional approval or a request for additional information.

Thank you for your intensive efforts over the last few months to create your initial plan and gather stakeholder input on how this increase in federal financial participation will make a difference to individuals receiving home and community-based services.

You are aware that the deadline for submitting your quarterly HCBS spending plan and narrative is quickly approaching. The state Medicaid director letter, SMD Number 21003, requires states to submit the quarterly projected spending plan 75 days prior to the beginning of the federal fiscal quarter, beginning with the quarter that starts on October 1, 2021, and until the state's funds in an amount equivalent to the enhanced FMAP received by the state have been expended.

For the quarter beginning January 1, 2022, the deadline would have been October 18. Given that CMS has just recently approved many of your initial plans and provided feedback to you about needed revisions, we are extending the October 18 quarterly report deadline by two weeks until November 1, 2021.

Keep in mind that you may update your spending plans through subsequent quarterly spending plan submissions also.

If you have any questions, you may contact (Jennifer Boden) or send an email to the dedicated 9817 mailbox. The mailbox address is 8cbsincreasedfmap -- all one word – at cms dot hhs dot gov.

Leading into today's all state call topics as you're all aware, just a couple of weeks ago FDA authorized, and CDC recommended, a single booster dose of the Pfizer BioNTech vaccine six months after the initial two dose series for

individuals 65 years of age or older, those with underlying medical conditions and those at increased risk for COVID-19 based on their occupation or institutional setting.

This is in addition to a previous action by FDA and CDC allowing for an additional dose of the Pfizer BioNTech and Moderna COVID-19 vaccines for certain immunocompromised individuals.

CMS continues to partner with our CDC colleagues to keep abreast of current vaccine recommendations, including for booster shots and to understand how those recommendations apply to Medicaid beneficiaries.

A shared goal in CMS, CDC and across our state partners is ensuring that individuals receiving Medicaid funded home and community-based services have timely access to COVID-19 vaccines, including boosters.

These individuals could be living in or receiving services in a variety of settings, including their own homes or congregate settings like group homes or assisted living facilities.

CMS and CDC have been collaborating to ensure that states and HCBS providers understand the various mechanisms through which vaccines can be administered, including beneficiaries traveling to pharmacies or health care providers to receive the shot or through partnerships between congregate care, residential or day programs and with pharmacies who come onsite to administer vaccines to a group of people.

CMS and CDC remain committed to providing you with updated information on COVID-19 vaccines and encourage you to be in collaboration with your

state HCBS operating agencies, provider networks and stakeholder groups to implement efficiencies in vaccine administration.

In the meantime for more information on these vaccinations, ways to establish vaccination clinics in congregate care settings and the continuing partnership with pharmacies can be found at CDC's Web site and in the link provided in the call invite.

We are also working to update our Medicaid vaccine toolkit with this information and hope to have it posted in the near future and stand ready to help answer any questions that states may have.

Moving forward, the FDA is planning to meet this Thursday, October 14, to discuss Moderna's EUA request for boosters for those over age 18 and on Friday, October 15, to request Johnson & Johnson's EUA request for boosters for those over the age of 18.

The ACIP and CDC will then take up these items during their meeting on October 20 and 21. On October 26, the FDA will meet to discuss Pfizer's EUA request for the use of COVID-19 vaccines for children aged 5 through 11 years of age. The ACIP meeting will follow on November 2 and 3.

To that end, I'm very pleased to introduce our speakers today who will provide information on CDC's ongoing work to deliver COVID-19 vaccines to those in long-term care settings and provide updates on their Work 2 Plan for upcoming pediatric vaccinations.

First up today, Elizabeth Mothershed, who is the Deputy Associate Director for State Strategy in the Division of Healthcare Quality Promotion at CDC

and a member of CDC's COVID Vaccine Task Force, will present on vaccine access in long-term care settings.

At the end of our call today, Dr. Kevin Chatham-Stephens, who is the pediatric vaccine planning and implementation lead for CDC's Vaccine Task Force and the lead at CDC's Children's Preparedness Unit, will join us to provide an overview of CDC's plans for pediatric vaccinations.

In between the two vaccine presentations, Sarah Lichtman Spector from our Children and Adult Health Programs Group will provide an update on the coverage for Afghan evacuees. And we will open up the lines after that to take your questions.

So we will also ask that you log in to the webinar for the presentations and also the Q&A session if you haven't already logged in at that time.

So with that, I will turn it over to Elizabeth to begin her presentation.
Elizabeth?

Elizabeth Mothershed: Thank you so much, Jackie, for that very nice introduction. And I think you really framed what I'm going to speak about very well.

I am representing CDC's Vaccine Task Force on the Pharmacy in Long-Term Care Partnership section.

So next slide, please. So I'd like to first start off with just some of our key messages. Our goal is to continue to protect those who are disproportionately affected by COVID-19, especially residents in long-term care settings, including all types of long-term care settings, nursing homes, assisted living, residential care, group homes and senior housing in addition to others.

Our aim is really to ensure that all residents and clients of long-term care settings that request assistance accessing COVID-19 vaccine will receive the support that they need.

Next slide, please. And so the approach that we have laid out on our Web site really provides maximum flexibility for these different settings and the needs of their residents, clients and staff, which we know varies across and within the different settings.

So for those residents and clients who are willing and able to leave a facility or home, they may find that the quickest access to the COVID-19 vaccine is in their local community through a retail pharmacy or other vaccination provider.

For other settings an onsite clinic may be the best fit for their residents. And we know that many long-term care settings are already connected with an established pharmacy partner. But if not, they can get connected or request a clinic through the state or local immunization program or through contacting [vaccines.gov](https://www.vaccines.gov).

If a long-term care setting is having trouble connecting with a pharmacy, we encourage them to contact the state or local immunization program as that first line safety net. And those points of contact are also indicated on the CDC long-term care Web site.

Next slide, please. So this is the Web site - oh, I apologize. That ended up in yellow and not blue. I hope you can read that link at the top. But a few weeks ago, we launched the long-term care vaccine access Web site. And we continue to update and enhance the information.

For example we've added pages, including frequently asked questions for long-term care settings. We're also continuing to update best practices as we hear about them from the state and local immunization programs. And for long-term care organizations about ways that they are facilitating vaccine access for long-term care settings.

One example of these frequently asked questions addresses managing expectations for how long it may take to coordinate an onsite clinic based on pharmacy staff availability or the health department's ability to schedule clinics.

Another sort of best practice that we've heard is using available support systems within your state to identify and reach long-term care settings. And these include Medicaid programs, nursing associations, senior care organizations or local chapters of long-term care organizations, even licensing and certification organizations.

So in addition to the immunization programs, long-term care settings can always contact [vaccines.gov](https://www.vaccines.gov) Web site. And that contact information, as well as contact information for pharmacy partners, are on CDC's long-term care Web site.

Next slide, please. Another important enhancement that I wanted to bring to your attention that was recently added is based on our ongoing collaboration with ACO and CMS partners and that includes a link to ACO's Web site listing examples of long-term care settings.

Of course, as we all recognize, the term long-term care is meant to be broad and inclusive and not include only settings like nursing homes but also

assisted living, senior housing, residential settings for people with disabilities and day programs.

And please note that this list on the ACO Web site is not exhaustive and that the same type of setting may be referred to differently across state to state or from community to community.

But hopefully, most residents and clients and staff within long-term care settings will be able to see themselves in this list of examples. It's on CDC's Web site and this is the link you see here to the ACO's Web site.

Next slide, please. Further, I just wanted to mention and recognize that not all persons needing access to COVID-19 vaccination are in what we might consider long-term care or residential setting. In fact most adults who are eligible and should receive booster vaccination (and primary series), for example, are at home or living in the community.

And of those, many people cannot easily leave their home. So I wanted to share this screenshot. It's just one example of other CDC pages that address special populations. And both CDC, ACO, CMS provide guidance and resources for people considered homebound and for many others as far as people who may have mental health or other disabilities that may make it challenging to go to a vaccination site.

Links to resources again, [vaccines.gov](https://www.vaccines.gov) or the CDC info help line are included on CDC's Web site as well as the link to dial disability information and access lines and the elder care locator online. All of those resources are available on CDC's Web site.

Next slide. So how is CDC continuing to support COVID-19 vaccinations for long-term care settings? We have continued very close collaborations and regular communications with many partners, including organizations representing long-term care as well as our federal partners like ACO and CMS. And with long-term care setting themselves.

We have and continue to get input from long-term care settings and organizations, especially from the settings themselves, such as the survey in the National Health Care Safety Network weekly reporting in which skilled nursing facilities can request assistance if needed.

We also continue to message through various channels at the state and local jurisdictions that the immunization programs are the first level of support and we recommend that long-term care settings reach out to jurisdiction's immunization programs for assistance if needed.

We hold weekly listening sessions with the jurisdictions and the HHS region to gather feedback and answer questions if they need additional assistance in supporting long-term care settings.

Jurisdictions have the ability to monitor long-term care and pharmacy matching through the Tiberius dashboard. And they can submit requests for help from CDC for individual or multiple settings if they're not able to connect the settings to a pharmacy partner or assist the long-term care setting themselves.

We continue robust collaboration with pharmacy partners, including weekly calls to assess progress and monitor operational challenges. And we remain committed to providing assistance to all long-term care settings in getting access to COVID-19 vaccines.

Once again, requests can be made to CDC through that additional safety net support through CDC info help line or through [vaccine.gov](https://www.vaccine.gov).

Next slide, please. And so how are we tracking matching and vaccination? As we look forward to data and reporting needs, pharmacy partners will continue to submit patient vaccination data to jurisdiction immunization information systems, IIS, and directly to CDC. And this will include data for adults aged 65 years and older.

Pharmacy partners will also collect facility level data for onsite clinics weekly. And you can see some of the elements that are submitted for those onsite clinics.

The data are shared with CDC, and jurisdictions will have access to this data in Tiberius so they'll be able to see when the pharmacy partners are conducting clinics.

The skilled nursing facilities' CMS Certified Skilled Nursing Facility Report estimates of vaccine coverage for residents and staff. And this is available through the National Health Care Safety Network, including additional dose and booster doses. And weekly reports of these data are sent to jurisdictions.

And finally, as I mentioned, jurisdictions will have visibility through Tiberius on the progress of long-term care settings request to CDC as part of the U.S. government safety net.

Next slide. Okay. So that is the conclusion of my remarks. Thank you very much for your attention. And I'll turn it back to Jackie.

Jackie Glaze: Thank you so much, Elizabeth, for your presentation. Well now transition to Sarah Lichtman Spector. And she will provide a CMCS update on the Medicaid eligibility for the Afghan evacuees. Sarah?

Sarah Lichtman Spector: Thanks very much, Jackie. I wanted to spend just a few minutes talking about the updates and federal law related to the Afghan evacuees.

As folks may know on September 30, 2021, new legislation was signed into law in Section 2502 of the Extending Government Funding and Delivering Emergency Assistance Act. That's the continuing resolution. It provided eligibility to individuals from Afghanistan who are paroled into the U.S. between July 31, 2021 and September 30, 2022 if their parole has not been terminated.

The eligibility for resettlement assistance, entitlement programs and other benefits available to refugees until March 31, 2023 or through the term of the individual's parole that has been granted, whichever is later.

After September 30, 2022 eligibility may also be provided to certain limited relatives of parolees who were granted parole during the earlier period, July 31, 2021 of this year through September 30, 2022.

This means that all Afghan humanitarian parolees who arrived in the U.S. after July 31, 2021 are eligible for Medicaid and CHIP to the same extent as refugees without a five year waiting period if they are meeting all other eligibility criteria in the state.

These individuals will be treated as refugees and eligible for Medicaid, CHIP, Refugee Medical Assistance Program and coverage through the marketplace

until March 31, 2023 or until the term of their parole ends, whichever is later just like other qualified non-citizens, like refugees or asylees.

Additionally we understand that in states with evacuees at Department of Defense bases, almost all evacuees will be enrolled in health coverage provided by the Office of Refugee Resettlement during their stay on the bases with the exception of newborns born in the United States.

Newborns born in the United States will be eligible for Medicaid as U.S. citizens and if otherwise eligible. We expect an application will need to be filed on behalf of the newborn in order to apply for coverage.

CMS is working on an updated fact sheet to reflect the September 30, 2021 legislation and the health coverage that will be provided by the Office of Refugee Resettlement to evacuees who are living on the bases. And we will distribute it to states and stakeholders as soon as it is available.

I know that we will have a little bit of time when we turn to questions on this call. Also if there are any questions I can assist with now, and I know folks know how to also reach out to their state leads if there is additional technical assistance or questions you have in the coming days.

Back to you, Jackie.

Jackie Glaze: Thank you, Sarah. So we're ready to take some questions at this point. So if you have questions from Elizabeth 's presentation or Sarah's presentation, you can ask them now. We can start with the chat function. I see a few questions already and then we will follow with another presentation and then another series of Q&A.

So we will begin taking your questions at this point. So Sarah - (Ashley), I'll turn to you, (Ashley).

Ashley Setala: Okay. Thanks, Jackie. So we have a couple of questions that have come in around Sarah's presentation. And the first one says our Afghan special immigrant conditional permanent residence eligible for resettlement benefits, including Medicaid and RMA before their status may be updated to LPRs.

Sarah Lichtman Spector: Yes. My understanding is that they are conditional residents that are conditional resident special immigrants. So they are almost the special immigrant LPRs. And my understanding from DHS is that they are to be treated as special immigrant lawful permanent residents.

So what that means is that they are treated as refugees eligible for Medicaid CHIP, RMA, marketplace coverage without any five year waiting period.

Ashley Setala: Okay. And then we got a question that was asking if you could clarify the end dates that you mentioned in your presentation.

Sarah Lichtman Spector: Yes. So there are there are two important end dates. There is an end date for the individuals who are paroled in. They are treated as refugees from March 31, 2021. Any refugee that has been paroled into the U.S. starting July 31, 2021 until March 31, 2023, or until the term of their parole ends, whichever is later.

So if an individual was paroled in with an end date, say, of June of 2023, their treatment as a refugee would continue through the duration of their parole. The statute says clearly, whichever is later.

Ashley Setala: Okay. Then we have a question that says for humanitarian parolees, we'll save and reflect the qualified non-citizen status.

Sarah Lichtman Spector: So the responses that save returns will return that they are humanitarian parolees. There are certain class of admission codes that are sometimes referred to as color codes that reflect that.

And the save itself does not make a determination about whether or not an individual is a qualified non-citizen. Either states make that determination themselves or there is logic for states that use the hub, the Federal Data Services Hub.

And the Federal Data Services Hub is being updated with that information. I know that information was sent to states that use the hub on Friday, explaining the changes that are being made in the hub and that included the listing of the very specific save responses and how the hub logic will - information will be provided to show that they are both qualified non-citizens and not subject to the five year waiting period.

Ashley Setala: Okay. Then we have a question that says, will CMS want specific counts on Afghan Medicaid members?

Sarah Lichtman Spector: We don't at this point have any reporting that is that specific. There's no information either through TMCIS or any other mechanism at the moment that CMS request information by very specific individual's immigration status. And if that changes, we certainly would let states know.

Ashley Setala: Okay. Then we have a question that says can CMS confirm whether Medicaid programs are required to cover all over-the-counter COVID testing products?

Kirsten Jensen: This is Kirsten Jensen from benefits and coverage. And we do say that all types of testing need to be covered as part of our testing guidance.

Ashley Setala: Okay. Thanks, Kirsten. Then we have a question that says 21-004 indicates that Admin FFP is available for state funded monetary incentive to Medicaid and CHIP beneficiaries to encourage them to get a COVID-19 or flu vaccination.

It is not clear whether such monetary incentives would be counted as income or as an asset if retained by the individual in Medicaid or CHIP eligibility determination. Can CMS clarify?

And would a state need to request a (SPA) for Section (1902 R2) exclusions from income or assets for Medicaid persons aged 65 or older, blind or disabled? (Sarah), is that a question that you can address?

Sarah Lichtman Spector: I'm sorry. Can you - I didn't realize that was for me. Can you ask it again?

Ashley Setala: Sorry. This is the other (Sarah).

Sarah Lichtman Spector: Oh, good.

Ashley Setala: That's something I'll have to go check in with folks on, but we can get back to you on that one.

Ashley Setala: Okay. And then it looks like we have one more question related to Sarah's presentation. And it says will humanitarian parolees qualify for the adult expansion or only refugee Medicaid?

Sarah Lichtman Spector: Great question. So the eligibility that I've been referencing is for Medicaid generally. It is not specific to any particular eligibility group.

So an individual who is an Afghan evacuee who's eligible for Medicaid in your state would be eligible for Medicaid in your state in any eligibility category that you cover should they meet the rest of those criteria.

Separately, these individuals will also be eligible for RMA. So you probably know that individuals are only eligible for RMA if they are ineligible for Medicaid or CHIP. So there's a sequencing, a hierarchy to that.

With that said, probably worthy, given the question, to loop back that I did say in my presentation that there is specific coverage that the Office of Refugee Resettlement is going to provide to most Afghan evacuees while they're living on the bases in the eight states where they currently are.

Ashley Setala: Thank you, Sarah. So I think we'll see if we have any questions through the phone lines. Brandon, can you provide instructions to the participants on how to register their questions and then we'll open up the phone lines?

Coordinator: At this time, we will now take questions from the phone line. If you would like to ask a question, please press star 1. Please unmute your phone and record your first and last name clearly when prompted. Your name is required to introduce your question.

To withdraw your question, you may press star 2. Once again at this time, if you would like to ask a question over the phone line, please press star 1.

Once again, if you would like to ask a question over the phone line at this time, please press star 1. One moment, please. We have a question from Pat Curtis. Your line is open.

Pat Curtis: Hi, this is Pat Curtis from Illinois. And my question doesn't have anything to do with the presentations today. It's a left field question. But is there any information available to potential end of the PHE? And will states still get the advance 60 day notice?

The reason I'm asking is because at one point it wasn't (committed) or guaranteed, but it was implied that the end might be the end of December. And in order to accommodate that, states would need to have the advance 60 day notice by Halloween actually, October 31. So I'm just asking if there's any new information about that at all.

Jackie Glaze: This is Jackie. And we have not received an official notification as to the extension of the public health emergency. But we do anticipate hearing something soon.

And so as you indicated, we did hear early on from the past Secretary that there would be advance notice to states. So we do expect that to be in place. But we are still waiting on additional guidance.

Pat Curtis: That's what I. Thank you.

Jackie Glaze: I can't give you a lot right now.

Pat Curtis: No. I understand. I felt the need to ask you. Thank you.

Jackie Glaze: Yes. I'm glad you asked, but we'll keep you all posted once we learn more.

Coordinator: Our next question is from (John Lithilup). Your line is open.

(John Lithilup): Hi, thanks. Sarah, I just had a question for you. What exactly is the effective date on this legislation? Is it October 1 did you say?

Sarah Lichtman Spector: The provision in question actually treats all individuals who are paroled into the U.S. starting July 31, 2021, as refugees and then going through the end dates I described.

(John Lithilup): Yes. But what I mean is their status as being a - to be considered the same as a refugee, is that starting up October 1 because we've actually had, I think, some people applying in September. So I just want to know how we have to regard those folks for benefits in September.

Sarah Lichtman Spector: Yes. I appreciate that. The legislative language does go back to July 31, 2021 to treat them as a refugee if they were paroled into the U.S. on or after July 31, 2021. So understand that that may be a little bit challenging operationally. The statute does provide for their treatment as a refugee going back to July 31, 2021.

(John Lithilup): Okay. Thank you.

Coordinator: At this time I'm showing no further questions on the phone line.

Jackie Glaze: Thank you, Brandon. (Ashley), do you want to take a few more questions from the chat?

Ashley Setala: Sure. So we've gotten a couple of questions asking if we can clarify what day the next HCBS quarterly report is now due.

Jackie Glaze: That date, we've extended it two weeks so that would be November 1, 2021.

Ashley Setala: Okay. then we have a question that came in that says 10 states issue renewals for post-PHE during the 60 day notice of PHE end date period? The concern is that if states must wait until after the 60 day notice period and renewals are sent out in advance of the due date, there is no way to finish renewals in 12 months.

(Jessica Stephens): Thanks. This is (Jessica). I'll take that one. I will note that that is a question that I think we have received a few times. And we're working on updated guidance to be able to answer that specifically.

We recognize that that is a question that, you know, is important to states as they think about planning for the end of the public health emergency. And for that reason, it is part of the upcoming guidance. And we don't have a concrete answer we can provide at the moment. (On our radar so, very much so).

Jackie Glaze: Thank you, (Jessica). So I think we're ready now to turn to the next presentation. So I'd like to turn to Dr. Kevin Chatham-Stephens. And he will provide an update on CDC's overview of the pediatric vaccinations. So, Dr. Chatham-Stephens, can I turn to you?

(Ashley), I'm wondering if we should take a few more questions while Dr. Chatham-Stephens joins?

Ashley Setala: Sure. Okay. So we have a question that says we understood the COVID-19 eligibility and enrollment planning tool would be revised and reissued based on the updated guidance for resumption of normal activities. Is this correct?

(Jessica Stephens): That is correct. Yes. It is in the process of being updated and will be released too.

Ashley Setala: Okay. Thank you. Then we have a question that is, I think, a follow-up to a question we got on our last all states call. And it says for SDX data that indicates a person has moved out of state or is deceased, can the state use that information to end state benefits or can it only be used as lead information and then require outreach to the beneficiary or verification with other data sources before the state may take action?

(Jessica Stephens): So it can only be used as information that could lead to a reach out. So during the public health emergency for states receiving the increased FMAP a state cannot terminate coverage based only on information from the SDX.

States would need to follow-up based on that information. But it is important to note that if a state does not receive a response from an individual to a request for additional information to verify residency or -- what was the other scenario -- that the individual is deceased, that the state cannot terminate that coverage and continue to receive the increased FMAP.

Ashley Setala: Okay. Thank you. Then we have a question that says, please clarify the due date of the first quarterly reporting on the HCBS spend plan since for quarter two, which starts January 1, 2022 the due date would be October 18, 2021.

(Jeff), do you or (Jen), does one of you want to clarify that due date?

Jackie Glaze: Is (Jen) on the line?

(Jen): Hi. This is (Jen). We are extending the due date to November 1 so there's a two week extension.

Ashley Setala: Okay. Thank you, (Jen). Then we have a question that says, is there guidance available on treatment coverage authorized under the ARP for the COVID-19 limited benefit group?

Kirsten Jensen: This is Kirsten Jensen from the Division of Benefits and Coverage. And treatment guidance is forthcoming very, very soon and it will discuss treatment broadly in that guidance. So if we can just hold on a little bit, we can return to this topic hopefully by the next all state call.

Ashley Setala: Okay. Thanks, Kirsten.

Jackie Glaze: Okay, thank you, (Ashley). I'm going to circle back and ask if Dr. Kevin Chatham-Stephens was able to join.

Kevin Chatham-Stephens: Yes, I believe so. Can you hear me?

Jackie Glaze: Yes, thank you. Thank you. So we'll turn to you now to provide an overview of CDC's plan for the pediatric vaccination. So I'll turn to you. Thank you.

Kevin Chatham-Stephens: Great. Thank you so much. So I am helping lead the CDC's efforts for the COVID-19 vaccine for children under the age of 12 years.

I really appreciate everyone giving me the opportunity to chat with you all today. We know a lot of families, pediatricians, teachers and others are eagerly awaiting this vaccine. I'm a pediatrician myself and have various nieces and nephews who fall into this age group. So I think we will all love to see this vaccine rolled out as smoothly as possible.

I think everyone probably knows Pfizer submitted an EUA application to FDA for their vaccine for children 5 to 11 years old. So to continue to prepare for this vaccine and other potential vaccines for this age group, on Friday we sent out a brief document outlining some of the key information and some of the assumptions to help inform jurisdictional planning of a COVID-19 vaccination program for these children. And this is, of course, definitely pending FDA authorization and ACIP recommendations.

So I just wanted to briefly recap some of what was in that document. First, we tried to outline really some of the information that's currently known about the vaccine and the vaccine program. So there are approximately 28 million children between the ages of 5 and 11 years in the United States. And the U.S. government has procured enough supply to vaccinate these children.

The Pfizer product for 5 to 11 year olds will be a new product with new packaging and a new national drug code. The current product for adults and adolescents shouldn't be used for children 5 to 11 years old. The new product configuration will be different. It will come in 10 dose vials in packages of 10 vials so a total of 100.

And we also tried to outline some of the assumptions regarding the program. So FDA's VRBPAC, (their) Advisory Committee for Vaccines, is scheduled to meet on October 26. So we're encouraging jurisdictions to be ready to start vaccinating children 5 to 11 years old shortly thereafter pending, of course, FDA authorization and ACIP recommendations.

There are now two ACIP meetings scheduled for November 2 and 3. The agendas for those meetings have not been released. And those meetings may need to be moved up depending on when the FDA makes the official announcement regarding regulatory action for this vaccine.

In terms of ordering for the vaccine, that will happen once the FDA issues the EUA and then vaccine administration will occur once - or will begin, sorry, once the CDC director makes a recommendation based on the ACIP recommendation.

In terms of vaccine supply, vaccine supply will be adequate to be delivered to thousands of sites within the first week following FDA authorization. For the initial rollout there will be a large one-time bolus of the vaccine made available to jurisdictions to order.

And then after this initial bolus, there will be a weekly supply that will be made available to help sustain the network and support site specific needs as vaccine is administered.

In terms of minimum orders for the first week, the minimum order will be 300 doses and then in subsequent weeks there'll be 100 doses.

For providers or for jurisdictions, really, in the context of providers, we really continue to encourage jurisdictions to enroll VFC providers as COVID-19 vaccine providers. We know there's been a tremendous amount of work done on this over the past several months, and there's been a lot of good progress made.

And obviously there are quite a few details that are still pending about this vaccine and the vaccination program overall. And so we're hoping to follow-up from our one pager that we sent out on Friday with a more robust operational planning guide sometime this week.

This will also include some strategies for jurisdictions to consider implementing as they implement this vaccine program for children 5 to 11 years of age.

And as more information becomes available, including information like how many doses will go to states? We'll definitely continue to push that out.

So that's all I had to say. I just wanted to say once again thanks so much for the opportunity to chat and open to trying to answer any questions if there are any. Thanks so much.

Jackie Glaze: Thank you, Kevin. We appreciate you joining us and sharing the information today. So we will now go back to taking some questions. So, (Ashley), are there questions in the chat or shall we move to the phone lines?

Ashley Setala: We have a couple we could answer, but I think we - let's move to the phone lines first.

Jackie Glaze: Okay. Okay. So, Brandon, if you could again share the instructions for the participants to register their questions and then we'll open the phone lines and take some questions.

Coordinator: At this time, I would like to remind all participants if you would like to ask a question over the phone line, please press star 1, please unmute your phone and record your first and last name clearly when prompted. Your name is required to introduce your question.

To withdraw your question, you may press star 2. Once again, if you would like to ask a question over the phone line at this time, please press star 1. One moment, please, for our first question.

Our first question is from (Henry Litman). Your line is open.

(Henry Litman): Yes. Thank you. Thank you for the opportunity for the question. I would just like to go back to the over-the-counter COVID testing. Is there no medical necessity or ordering requirement that goes along with what you were saying? I apologize. I did not hear your full answer.

Kirsten Jensen: This is Kirsten Jensen. And (Henry), may I get back to you in writing on that particular question? I want to get a look at the guidance again and what it says about utilization management and over-the-counter tests just so I'm not misstating anything.

(Henry Litman): Sure, I appreciate that. That's more than more than satisfactory. Thank you.

Kirsten Jensen: Thank you.

Coordinator: I am currently showing no further questions on the phone line at this.

Jackie Glaze: Thank you. I'll transition to you, (Ashley), for a few more questions.

Ashley Setala: Sure. So we have a question that says, is there an update on when guidance on the 12 month postpartum extension under the ARP will be released?

(Jessica Stephens): The update is soon. But if there are questions that states have, please, please continue to reach out to us with those questions. There are a number of items that we may be able to address, a number of issues we may be able to address and are looking for additional fora to share some of that initial feedback. But the formal guidance we are working on it and it's making its way through clearance and hope to release it soon.

Ashley Setala: Okay. And then, (Jessica), it looks like we got a question asking if you can clarify your response to the question around SDX and not being able to terminate coverage due to death. Can you clarify your response there?

(Jessica Stephens): Yes. I think the key takeaway is that, and I'll stick to the PHE period first for safe speaking, to increase FMAP, information received from SDX is not sufficient to terminate eligibility for a Medicaid beneficiary without further follow-up with the individual, meaning that if there is information from the SDX first talking about a change in - that the individual, for example, is no longer a resident of the state in which they were enrolled in Medicaid, that cannot be used on its own to terminate eligibility for a beneficiary.

The same is the case with respect to information from the SDX that indicates that a beneficiary is deceased. The state would need to follow-up to get additional information to confirm that the information from the data source is accurate and only with the affirmative confirmation can the state then terminate eligibility for the individual.

Ashley Setala: Okay. Thank you. Then we have a follow up postpartum question. It says for the postpartum option, are those eligible under CHIP Form 214 included?
Sarah?

(Sarah Spector): Sorry. This is (Sarah) again, I think that's one in which we're working on the response. And if we can get back to the questioner about that, it's one where really we are quite focused on.

Ashley Setala: Okay. And then we have, a question that came in around vaccines that says, can the FDA schedule for reviewing COVID vaccines for children be repeated?

Kevin Chatham-Stephens: This is Kevin. So FDA has announced that they're VRBPAC, so their advisory committee, is meeting to discuss this in two weeks, actually on Tuesday, October 26.

And so the sequence of events will be that their committee, you know, discusses the data behind this vaccine. And then at some point thereafter, in the coming days, there will be an FDA announcement regarding regulatory action, you know, if they do issue the emergency use authorization.

And then the usual next step is that the CDC's Advisory Committee, ACIP, meets. And so right now the CDC Advisory Committee ACIP is scheduled to meet on November 2 and 3. But we know that those two days can be shifted depending on when FDA makes their regulatory announcement.

Ashley Setala: Great. Thank you. Then we have a question that says, does the answer regarding use of SDX/VHDX data to close cases out based on out of state or deaths also apply to inmates on the prison match report who become incarcerated in another state?

(Jessica Stephens): Yes. It does. So I think one way to think about that is information from a data source on its own is not sufficient in order to terminate eligibility for an individual. It requires that the state follow up and get additional information from the individual.

And during the public health emergency, states seeking the increased FMAP, an individual's failure to respond to that additional request for information is not sufficient to terminate eligibility. The one exception that was made in the context of the ISV -- this is about a year ago now -- is in the context of a data match.

But even in that circumstance, a data match is in itself not alone. We outlined a number of additional steps that a state would need to take before being able to terminate coverage for the beneficiary.

Ashley Setala: Okay. And then we have a question that says, will vaccines for children 5 through 11 be distributed through the Vaccines for Children Program?

Kevin Chatham-Stephens: This is Kevin. So it won't be distributed through the VFC per se, but we are trying to harness those providers and make sure that we're able to enroll as many VFC providers as COVID-19 vaccine providers.

And the reason why we're doing that is obviously the CFC folks, you know, they vaccinated kiddos day in and day out, you know, before the pandemic. And those who are enrolled as COVID-19 providers are positioned well to vaccinate - to use this COVID-19 vaccine.

So that's the approach that we're taking. And we're encouraging all jurisdictions to continue to enroll as many VFC providers as COVID-19 providers as possible.

Jackie Glaze: Thank you, Kevin. So in closing I'd like to thank you, Kevin, Elizabeth and Sarah for your presentations today. Very, very, very helpful.

Looking forward, we will meet with you all again on Tuesday, October 26. The topics and the invitations will be forthcoming.

If you have questions before the next call, please feel free to reach out to us or your state leads or bring your questions to the next call. If you'd like to pre-submit your questions for the open Q&A for the next call, you can submit that

to medicaidcovid19@cms.hhs.gov by 1:00 p.m. Eastern Time on the day of the call.

We again thank you for participating and hope everyone has a good afternoon.
Thank you, everyone.

Coordinator: Thank you for participating in today's conference. All lines may disconnect at this time.

END