

Centers for Medicare & Medicaid Services
COVID-19 Medicaid & CHIP All State Call:
Checklist and Tools, Family First COVID Response Act
March 24, 2020
3:00 p.m.

Operator: Welcome and thank you for standing by. Today's call is being recorded. If you have any objections you may disconnect at this time. Participants are in a listen-only mode until the question-and-answer portion of today's conference. At that time, you may press Star-1 on your phone to ask a question. I would now like to turn the conference over to your host, Jackie Glaze. Thank you, you may begin.

Jackie Glaze: Thank you (Sarah) and hello and good day everyone and welcome to today's All State call. And we appreciate your attendance and participation as you have over the last couple of weeks.

So today, we'd like to talk about the Medicaid COVID checklist and tools that were released on Sunday. And then also would like to give you an overview of the Medicaid and CHIP provisions of the Family First COVID Response Act that was released as well.

So before we get started, I'd like to turn it over to Calder Lynch and he will provide a few opening remarks. And then we will talk through the key points on the checklist and tools that we released. So Calder.

Calder Lynch: Thank you Jackie. And good afternoon everyone or good morning, I guess, as Judy Mohr Peterson's joining us from Hawaii. This is our next in a series of what we are hoping our twice weekly calls with the states to continue to be able to share information and provide updates to our response to COVID-19 and the work we're doing to support states.

As Jackie said, there's been a few developments since we last spoke. I think we talked about some further tools and guidance coming soon. Those arrived on Sunday when we released four tools for states including an 1135 waiver checklist, a pre-populated Appendix K for you 1915c fee waivers, Medicaid Disaster State Plan Amendment template similar to the CHIP disaster spas template that we've been using.

And then a State Medicaid Director letter announcing a 1115 demonstrations in response to COVID-19 as well as the streamlined application template for those waiver authorities. So together, these really make-up a comprehensive set of authorities and tools for states to be able to access a full suite of federal flexibility.

We're going to go through each of those in more detail with the correct subject matter experts on the call in a just a moment. But I did also want to highlight that, you know, now that we have that, you know, it's going to allow us to really expedite and streamline state requests that are coming through.

I want to emphasize that if your state has already applied for, you know, one of those authorities, this does not mean that you need to resubmit your application. We're going to work, you know, with you to process those.

In fact, yesterday we approved a batch of about 11 pending state and 1135 waiver requests. We've probably got another handful coming out today, another seven or so probably tomorrow to really kind of clear the decks on the ones that had come in.

But if those, you know, tools or templates invite new questions or open new opportunities for you to seek other authorities, we're certainly open to that as well and you should contact your state lead.

I do want to just emphasize that, you know, particularly with the 1115 opportunity and the application that came back, you know, we're really going to be able to expedite the requests that come in while within the sort of policy parameters that have been outlined in that letter and in that application template.

States are certainly welcome to propose, you know, other waiver authorities or, you know, other expenditure authority that they may be seeking in response to COVID-19. Those are likely and as we've mentioned in the letter, going to require further, you know, policy deliberations in some cases.

And our goal right now is to really expedite the requests that come in where we've got these pre cleared policy and that fit within the structure of that opportunity. So just keeping that in mind even for the states that have already submitted applications or requests for 1115 authority.

We're going to try to move quickly on the ones that fit within the parameters of that guidance and then turn to maybe other requests that states are asking. I'd also say that, you know, that's not going to be a stagnant policy.

We're going to continue to evaluate needs as this is an evolving situation particularly as we watch and work with Congress on what additional, you know, authorities or flexibilities, or resources they may be providing. And then where we may look to 1115 to help support that.

So that's also evolving as Congress considers additional legislative packages. So just know that we're going to continue to work together on that. But right now, we've begun working with these to approve things within the policies that we outlined in those letters.

I also want to make sure we just have time today. We're going to have folks talk about some of the provisions of the Families First Coronavirus Response Act that are particular to Medicaid with specifics emphasis on the increase in the federal-Medicaid percentage, the FMAP bump.

We got a lot of questions on last week's call that we weren't quite able to answer. It had been my goal to get the FAQs out to you in advance of today's call. But the bad news, we didn't obviously.

The good news is that they've just cleared. And they're in the final stages of being formatted to be distributed maybe even by the end of this call. But the good news is we know what the policies are so we'll be able to walk through that. Give you details, answer questions and then we can circle back to that on the next call if there are further questions that we don't get to today.

So with that, I will turn it back over to Jackie. She's going to kick off the conversation on the checklist, the tools that we released on Sunday.

Jackie Glaze: So thank you Calder. As Calder indicated, we would like to share some key points on the checklist and tools that we released on Sunday. And so we're going to spend a few minutes to go through each of those.

So we'll start with Ralph Lollar. And he's going to talk a little bit about the sample preprinted 1915c Appendix K.

Ralph Lollar: As you folks know, the Appendix K can be used to modify the 1915c waivers. It can also be used with regard to 1115 waivers that have home and community based services inside of them.

This pre-print that we put together includes some areas in Appendix K1 which is general information that we've already completed for the state. The only thing the state needs to put in is the name of the state, the name of the waivers for that Appendix K and the numbers for those waivers respectively.

I need to note here that the Appendix K can now be used for all waivers in the state or a portion of waivers in the state depending on what the state prefers. Any individual differences between the waivers can be noted in the narrative section of each area.

I'd then draw your attention to the Appendix K Addendum for COVID-19 Pandemic Response. And I will tell you there that we have filled out each of those areas because those are the areas that we saw coming in as general requests from the states.

So in order to facilitate your work, we completed them. You can delete or check - delete the check if there is something in here you don't wish to use. But we've allowed the waiving of or we've indicated the waiving of the settings requirements for individuals having visitors at any time. Clearly the pandemic creates concerns regarding that.

With services which is Number 2, we've added electronic methods for service delivery and identified the most common services that states are talking about, case management, personal care with verbal queuing, in home rehabilitation, monthly monitoring, and then allowed for others.

We've given the ability to add home delivered meals, to add medical supplies, equipment and appliances over what is available in the state plan for states that have a limited budget and want to address individuals specifically with disabilities and who are elderly. And the ability to add assistive technology.

With regard to conflict of interest, we've allowed the states to say where the COVID crisis is creating a shallowness in the pool of providers and the case management entity is picking up that slack that that case management entity qualifies as the only willing and available qualified entity available.

And then the state either checks that the current safeguards authorizing the approved waiver will apply to those entity or you can add additional safeguards in the narrative section.

With regard to provider qualifications, the biggest one has been to allow family members to provide services. Certainly that's critical in the cases of individuals who are quarantined and those boxes are checked for you as well.

With regard for processes, allowing for an extension of reassessments and reevaluations. That's for level of care. Allow the option to conduct evaluations, assessments and person-centered planning process virtually or remotely.

The only note we would put in there is please be sure to contact your HIPAA compliance officer and make sure that as you do that, it comports with HIPAA requirements. Adjust prior approval or authorization elements. So you want to expand services; that is absolutely fine.

Adjust assessment requirements. If you need to narrow them and/or there are specific things that are no longer available due to the pandemic such as training that needs to be done in person, you may want to address that here.

And an electronic method of signoff on documents. There's been a lot of questions about how to get signoffs in this period.

Jackie Glaze: Ralph?

Ralph Lollar: An electronic method is fine. Yes.

Jackie Glaze: Thank you. I'm sorry to cut you off but we are on a schedule and we need to move on.

Ralph Lollar: That's fine.

Jackie Glaze: Thank you, Ralph.

Ralph Lollar: Yes, actually.

Jackie Glaze: Perfect. So if you do have additional questions for Ralph, please follow back up with him. So I'm going to keep my comments brief on the 1135.

We did have an overview last week during our meeting on Tuesday where I did cover provisions within the 1135 waiver. So those are the common requests that we are receiving from you.

So just wanted to highlight that we did submit - we did clear the template last week. So it did go out on Sunday. So it does include the common requests that we have been receiving from you on 1135 requests.

We do realize that there are other provisions through the 1135 that you may have requests or may request. So we just wanted to be clear that we want to be very responsive and we want to process your request as quickly as possible.

So the process that we're using is we're - the ones that we know that we can approve immediately, we are issuing the initial letters to you at this point. So as Calder indicated, you have already received - many of you have received some of your requests already. And we are doing many more this week.

What we've also done is we have developed cross-cutting teams. So my team has done an initial assessment of those flexibilities that you're requesting. So we will be working across the other components so that we can address your questions and get those responses out to you very quickly.

So many of you do have a number of requests so you've gotten your first letter So that we will be following up with additional responses to the questions that you may have.

So I just want to reiterate that we are available for questions that you do have around the 1135. So just let us know what you might have.

I want to now move onto Judith Cash. And I think she would like to share a little bit with you about the 1115. Judith.

Judith Cash: Thanks Jackie and good day everyone. Yes, as you know, we, in addition to the tools that have already been described, we also released on Sunday a template that states can use to apply for Section 1115A demonstration authority.

And our goal with this template is to provide states an opportunity to use it as an application for an 1115 demonstration. As many of you are aware, we do have regulatory requirements for that what has to be in 1115 demonstration application in order for us to be able to determine that it is complete.

What we have tried to do with this template is to provide as much flexibility as possible and still allow states to meet those requirements so that it would be a complete application.

So in addition to the opportunity to identify specific waiver and/or expenditure authority that the state is requesting, you also have the opportunity to provide information about the estimated cost of the demonstration and the estimated number of individuals who would be impacted by the demonstration.

We are, because it is an emergency, we are able to have flexibility around the public notice requirements. And so states are not required to do the public notice and comment period that typically accompanies an 1115 demonstration that must be done before submission. We have the regulatory authority to waive those requirements and so we are able to do that.

And secondly, also in light of the unprecedented emergency, states will not be required to submit budget neutrality calculations. Some of the flexibility that we're able to offer through these demonstrations are similar to those that Ralph described and that states are able to do through an Appendix K in a 1915c waiver.

Through the 1115, we're able to offer those same kinds of flexibilities to individuals who are receiving their long-term services and supports under

state plan authority that are described in 1915I or 1915K. So we can make sure that there's sort of equity across those populations.

We're also able to provide some opportunity for states to accept self-attestation of resources. And that will really help agencies to make a streamlined eligibility determination.

If there are additional flexibilities either waiver or expenditure authority that states would like to request that are not listed on the template, you are welcome to write those in in the appropriate boxes in the template. And, you know, it would be most helpful to us if you are going to write-in some additional requests for flexibility, to provide as much as detail about what those flexibilities are and how you will use them in the application.

And you can feel free to attach a further description to the template when you submit it to us. So I'll stop there. I know we'll have time for questions later. And I welcome you to reach out to your 1115 project officer if you have questions going forward.

Jackie Glaze: Thank you Judith. So next we want to talk about the Medicaid Disaster SPA template that we also released last Sunday. And we have a team of folks that will talk with you about their sections. So we'll begin with Stephanie Bell.

Stephanie Bell: Thank you. So the Medicaid Disaster Relief State Plan Amendment template - that's a mouthful -- will allow states to submit a time-limited SPA that's specific to the COVID-19 national emergency. Now you don't have to use this template to submit a disaster related SPA but you may find that it makes the process easier.

So the SPA template includes options related to eligibility, enrollment, premiums and costs sharing, benefits including drug benefits and telehealth, payments, and post-eligibility treatment of income. We've also included a box for "other" in case we missed a policy change that you would find helpful.

And in addition to the policy options, you'll see that the SPA templates include an option to define the period of the emergency and an option to include 1135 waivers specific to the submission.

So regarding the time period, this SPA is time limited to the period of the Presidential and Secretarial Emergency Declarations related to the COVID-19 outbreak. And this means that when you develop your SPA, you can choose to use either the full period of the emergency declarations or to define a shorter period within that timeframe.

And similar to the other processes that we've talked about today, we do have some Section 1135 waivers embedded within this SPA template. The first is related to the timeline for the SPA submission.

So looking at the clock and the calendar, recognizing that we're near the end of the quarter, states that submit this SPA after March 31 may request a waiver to obtain a SPA effective date as of the beginning of the emergency period or a later date within the month of March.

So the second 1135 waiver is related to public notice. And, again, because the changes need to move quickly, states can request a waiver of any applicable public notice requirements.

And the third 1135 waiver option is related to tribal consultation. This is not a full waiver of tribal consultations but it would allow a state to change their

timeline for tribal consultation including conducting the consultation after the SPA submission.

I wanted to give you just a few examples of some of the policy changes that could be submitted through this SPA. So with respect to cost sharing, a state could, for example, propose to suspend all cost sharing for the duration of the national emergency. And then at the conclusion of the emergency period, the state's regular cost sharing which is otherwise described in their approved state plan would go back into effect.

With respect to benefits, a state could propose to modify provider qualifications for personal care providers to expand the available provider pool. And again, at the conclusion of the emergency period, the qualifications for personal providers that are otherwise described in the state plan would be effective again.

One more example related to telehealth, for a state that has telehealth described in the coverage pages of your state plan, you may temporarily expand the use of telehealth during the course of the crisis by again entering that kind of expansion information into the SPA template.

So the basic idea is that you can make temporary changes to you current state plan policies. And at the end of the emergency period, automatically revert back to the otherwise approved state plan provisions.

A couple of notes in terms of process... Yes? I'm out of time.

Jackie Glaze: Hi, it's kind of getting close to time, can you wrap it up in a few?

Stephanie Bell: Yes.

Jackie Glaze: Okay.

Stephanie Bell: Just wanted to touch on the process. And that we would - we're asking that you submit these SPAs to the SPA mailbox for your region as you would for other paper-based state plan amendments.

And in addition to the template, you need to complete and submit the 179 form with your SPA. And that's it for me Jackie.

Jackie Glaze: Thank you so much Stephanie. So we'll move onto Meg Berry. And Meg Berry has a few comments on the CHIP Disaster SPA.

Megan Berry: Thanks Jackie. So as Calder said earlier, I just wanted to remind everyone that we have an existing CHIP Disaster Relief State Plan Amendment template that's already posted on Medicaid.gov.

We also developed a more robust menu of CHIP state plan flexibilities that you should have received from your CHIP project officer earlier today. That document included state plan language that you can, if it works for your state, just drop into your CHIP state plan and submit as a CHIP state plan amendment.

Like the Medicaid SPA, that menu also includes an 1135 waiver to delay tribal consultation. And we're, of course, happy to consider additional flexibilities that aren't on that menu. But that menu will help expedite the processing of your CHIP SPA.

I do want to clarify that this is only for states with separate CHIPS. If you just use CHIP funding to expand Medicaid, all of your flexibilities will come through Medicaid vehicles.

If you didn't receive the CHIP Flexibilities menu or if you have questions about CHIP Disaster Relief SPAs in general, please reach out to your CHIP project officer. Back to you Jackie.

Jackie Glaze: Thank you so much Meg. So the next section we would like to give you an overview and the key points from the Medicaid and CHIP provisions within the Family First Coronavirus Response Act and Calder will start the framing. And then we have a team of folks that will share the specific provisions within that so Calder.

Calder Lynch: Thank you. And so thank you as well to (Rory) and teams who did the overview just now. We're going to turn our, as Jackie said, portion of the discussion to the legislation that was passed and signed into law by the President last week.

And as I mentioned, we are working on getting this set of FAQs out the door. It should be out by the time this call is over. What I'd like to do is just kind of give you a little flavor. We've tried to answer questions with regard to the application of the 6.2% FMAP increase.

What we've really tried to do is make sure that our priority is making these funds available as quickly as possible. Many of you have actually probably already had these dollars deposited into your PMS accounts.

If you haven't yet or received a grant award, you will by tomorrow. And if there is some, you know, questions about either the conditions that Congress

put on the enhanced funding that we're going to talk through as well as, you know, the steps we think states could take, you know, to make sure that they're compliant with those and they're able to continue to access those funds. And what specific dollars they apply to.

So that's what (Rory's) going to do and I'm going to turn it back over to (Rory).

(Rory Howe): Thank you Calder and good day everyone. And so as Calder mentioned, the provisions of the Family First Coronavirus Relief Act provided a temporary 6.2% percentage point increase to each qualifying state and territory's state specific FMAP. The amount of the FMAP that's sort of the general FMAP that's included in the first sentence of Section 1905B of the Social Security Act.

And that temporary increase is available for each quarter during the COVID-19 public health emergency. And it goes back to the beginning of the quarter in which that public health emergency was declared.

So the increased match will be available for qualifying expenditures that were incurred on or after January 1 of 2020. And will extend through the end of the quarter in which the public health emergency including any extensions.

So as I mentioned before, all states and territories are eligible to qualify for the increased FMAP but they do have to meet certain requirements. We think that, you know, that all states can take steps to be compliant and earn the enhanced funding.

So later in this presentation, Sarah Delone will talk a little bit more about the specific criteria that states and territories must meet in order to qualify. So it's

important to note, as I mentioned it, the temporary FMAP increase applies only to that state specific FMAP. And that's sort of, again, the general FMAP or the standard FMAP that applies to medical services.

It does not apply to admin expenditures or increase match rates that are associated with Medicaid expansion, family planning expenditures, IHS or services received through an IHS facility that are matched at 100% already, qualifying individual program expenditures that are already matched at 100%.

Home health services that are already matched at 90%, community first choice services that already receive a 6% match increase and any other expenditures that aren't matched at that general FMAP. I know that sounds like a long list. But that is sort of the broad FMAP at which services are matched generally is increased.

The FAQ that we're releasing does include more detail on the match rates that are not affected. One thing that's important to note is that while the temporary FMAP increase doesn't apply directly to the enhanced FMAP that's used to match CHIP expenditures, it does have the affect indirectly of increasing the EFMAP and there's more detail in the FAQS that we're issuing.

So as Calder mentioned, you know, we've really been focusing our work on prioritizing getting the funding out the door particularly for the quarter that began on January 1, 2020 and runs through the end of March. So we processed these awards.

And as Calder mentioned, they should be in all states' payment management system accounts no later than tomorrow. So, increased funding associated with subsequent quarters I think will generally fall in line with the regular

cadence of awards. So for the quarter beginning April 1, we're hoping to have that ready for states around April 1 or as close to that as possible.

So to expedite issuing the funding, we calculated the awards for the quarter ending March 31 by estimating the impact of the FMAP increase using state budget requests that were submitted on the CMS 37 already. And again, that allowed us to use, you know, state estimates that were on record and get the funding out as quickly as possible.

So I think one thing that's important to note too is that, you know, the awards that we issued are only estimates, you know, similar to our standard advanced credit award process. So, you know, they will need to be reconciled to actual expenditures that are recorded by states ultimately.

So, you know, regarding documentation, we do expect states to document expenditures and their draws from PMS that relate to the increased match to ensure that we have a clear audit trail and oversight of those funds. You know, we certainly recognize and are trying to do that in a way that's as least burdensome as possible.

So I think what we're asking for is for states on a quarterly basis to be able to track and provide us with the breakout of draws from the Payment Management System that apply to the increase match and those that don't. And so we can make sure to track those separately.

And then additionally, we are currently working to modify the CMS 64 and 37 to accommodate the changes. And once we do that, you know, we'll certainly issue more guidance to states and offer training as soon as we possibly can.

So I know one key question when we talk about issuing grant awards is, you know, can states draw the funds right away. So I think the bottom line is, once states have access to the funds, if they meet all the applicable requirements that Sarah is going to talk about, you know, they are able to draw.

You know, we are asking and expect states to attest that they will ultimately assure compliance with the requirements in the Family First Coronavirus Response Act in Section 6008. But we're not requiring states to submit an upfront demonstration of compliance at this time.

I think it is important to note too that, you know, the attestation, if that's determined to be incorrect or a state doesn't meet all of the conditions under the legislation then ultimately the state would be expected to return the FMAP for which it didn't qualify if it wasn't able to mitigate those issues.

Jackie Glaze: Thanks, (Rory).

(Rory Howe): Yes?

Jackie Glaze: Can we wrap it up and just have them give you a call or send you an email if they have questions?

(Rory Howe): Yes, I have just one more thing to say. So that attestation that I'm referring to will be included in the grant award letter, the grant award letter that we are issuing to states today and tomorrow. So that provides more information about that attestation process that I was referring to. So I think, Jackie, I'm done with my portion of it.

Jackie Glaze: Thank you (Rory), Sarah?

Sarah Delone: Yes, thanks Jackie. So the first thing I just wanted to as (Rory) said, these are the conditions that are laid out in the new legislation that states have to meet in order to qualify for the temporary increased FMAP.

They are basically that there is a maintenance of effort regarding maintaining eligibility standards, methodologies and procedures. Must be no more restrictive than what the state had in place as of January 1 of this year.

States cannot charge premiums that are higher than what was in place as of January 1, 2020. States would need to cover and also without imposing any cost sharing, testing services and treatments related to COVID-19.

And finally, states are required to not terminate individuals from Medicaid if the individual was enrolled in the program as of the beginning of the date the emergency period began so March 18 or becomes enrolled in Medicaid, you know, since that date. So basically a continuous eligibility through the end of the emergency.

You know, while the requirements are pretty clearly laid out in the statute and we do have more, you know, information in the FAQs about those in the FAQs that Calder mentioned, we do recognize and I think some of you all have recognized that there's some ambiguity or maybe some complexity in how states can achieve some of those requirements. And we're working hard through those.

We believe that all states will be able to meet those. And we're working on how to put the necessary authorities into place so that all states can come into compliance with those. So more to come on that but we are working on that.

And we also understand that Congress may be looking at making some adjustments there. I think, realizing also that there's some complexity. So there may be some adjustments coming down the pike.

Those are the main things. I don't know (Rory), did you have anything else you wanted to say about those? If not, I can go into other provisions of the legislation.

(Rory Howe): I don't think so; thanks.

Sarah Delone: Okay. So the other thing I wanted to just mention briefly, as you probably have realized, there's a new optional eligibility group that's created by the legislation. It's for individuals who don't have any other source of coverage whether that's coverage through Medicaid or another CHIP, or another program, healthcare program, that's funded by the federal government, or a private health insurance including health insurance through the exchange.

I'm going to also and it also excludes individuals who could be covered in mandatory eligibility, Medicaid eligibility group. There is no income test for this group. It's really it's strictly - there's just you have to not have other coverage already. So no financial eligibility requirements.

Things like state residency, furnishing a Social Security number would be, you know, still required. The legislation would, you know, as it's drafted, citizenship or satisfactory immigration status will be necessary unless for a particular individual the state would determine that getting the testing would be - constitute a service necessary to treat an emergency medical condition.

So, but generally, the citizenship or immigration status is going to have to be met. Although we, again, we understand that Congress may be looking at the issue and there may be some changes in upcoming legislation.

I don't want to - I'll just pause because I don't know what's going to happen on the Hill. But that is something that they're -- we understand -- that they are looking at.

There's a couple of other points I wanted to mention about this group and then that is for the non-expansion states, states that have not picked up the mandatory adult group. The way the legislation is drafted, individuals who would be eligible for the adult group, so under 65, under 133% of the federal poverty level, who could be eligible for that group if the state had picked up that eligibility group, those individuals would not be able to be covered in this new group for uninsured individuals.

And then two...

Jackie Glaze: Sarah, just a few more seconds okay. So we can give Kirsten some time. Thank you.

Sarah Delone: Yes, absolutely. Let me just mention that CMS is developing a simplified application for this group which will be available for states to use. And the other thing to just to say is that there's a mandatory requirement that states not charge cost sharing for the testing and diagnosis services that are needed for COVID-19.

So if you have cost sharing that would apply to those services, you'll be needing to submit the amendment to remove that cost sharing from your state plan for the duration of the period. Those are the main things.

And as I say, there are more questions and answers in the FAQs coming out. And now I will turn it over to Kirsten Jensen to talk about some of the coverage requirements in the bill.

Kirsten Jensen: Hi this is Kirsten Jensen and I will keep this very quick so that we can open up to questions.

As you'll see across the various pieces of the statute there are similarities in that the services and cost sharing exemptions are generally related to testing and diagnosis for the virus. But the statutory language is actually slightly different across the provisions. So we're digging into that to determine if there are any meaningful differences or if we can really treat them very similarly across the provisions.

And then to get the FMAP increase, states are required to cover both testing services as well as treatment services including vaccines, specialized equipment and therapies. We're also digging into that to see if we can bring any color to what that means. So more to come on those fronts as we move forward with implementing this legislation.

And I'll turn it back to Jackie for the rest of the call.

Jackie Glaze: Thank you Kirsten. So sorry to rush our speakers but we wanted to make sure we allowed enough time because we know that you probably have a lot of questions that you will want to ask. So (Sarah), can you open up the lines so the speakers or the participants can ask questions?

Coordinator: Certainly. If you would like to ask a question, please press Star-1 from your phone and unmute your line. Speak your name clearly when prompted by the system. I'll need your name to announce your open line.

If you would like to withdraw your question, please press Star-2. Again, if you would like to ask a question, please press Star-1 and unmute your line. Please standby for the first questions.

Our first question comes from (Nicole), your line is now open.

(Nicole): Hi, can you hear me?

Jackie Glaze: Yes.

Calder Lynch: Yes (Nicole), go ahead.

(Nicole): Hi. You had mentioned about the citizenship eligibility for the uninsured group. We had a question, for those non-citizens that are already open for an emergency now condition or an emergency medical assistance in the state, are they covered under the Family First Act as well and we have to maintain eligibility for that group?

Sarah Delone: So I think the question there, the services that are required to be covered for this uninsured group which are basically the testing services, that's going to be true regardless of any group that an individual is. And now there's also this new optional group.

Immigrants who are not in a satisfactory immigration status, they can be eligible for that group. And if they're eligible for one of your other groups,

they would remain eligible for those other groups whether it's a, you know, a children's group, or adult group, or any other group.

The issue will be whether or not that's a covered service for them because of the limitation of federal financial participation, the FFP for services that are not emergency services for immigrants who are not in a satisfactory status.

So whether they're in this - eligible for this new optional group or whether they're eligible for another one of your Medicaid eligibility groups, it would only be if the COVID related services, testing or treatment, is necessary for treatment of an emergency medical condition as that is defined in the statute and interpreted by your state because there is some state variation in what exactly the scope of services that that covers, that would be the question.

It's not really an eligibility questions; it's a coverage question. Does that help?

(Nicole): Yes, thank you.

Coordinator: Our next question comes from (Adam), your line is now open.

(Adam): Hi there, thank you. I have two questions. First, is related to the 6.2 PPT increase in FMAP. You guys have stated multiple times that if we are to expand telemed or other services that we need to keep the same reimbursement rate unless we trigger the need for a SPA.

If the states choose to use this 6.2% percentage point increase to offer enhanced reimbursements during this temporary time frame, do we still need to trigger SPA?

The second question is related to the non-expansion states. I think I heard you say that states that have non-expansion -- have not expanded Medicaid -- will not have this new optional eligibility group. If that is the case, then what are our options for that?

Calder Lynch: Thanks (Adam), it's Calder. So I think on the first one, it's really two sort of separate questions because I think, you know, the increase in the FMAP is going to theoretically free up, you know, state funding that you no longer need to drawdown as much federal funding as you did before, right.

And so what you do with that additional state funding that you maybe have access to now, you know, you have a lot of latitude in. If you want to use that to increase reimbursement or to cover something anew, certainly you could do that, whether that will be a state plan or not would depend on what exactly you were doing.

But I will note that in the Disaster SPA template that we highlighted earlier, some of the provisions that you can do even temporarily during the period of the public health emergency includes things like increasing reimbursement, removing restrictions around telehealth. So that can be the vehicle that you do that on a fairly expedited basis.

And then in terms of your second question, right now the way the law is structured is that there's, in addition to the state option to cover the uninsured population which, you know, as we mentioned earlier, as currently constructed would exclude, you know, states from being able to do that for populations that could have otherwise been covered under the expansion.

There's also \$1 billion that's been appropriated to the Department to administer coverage for testing services for the uninsured that's going to be

administered through HRSA I believe. And there's work happening and further guidance coming on what that's going to look like.

But we anticipate that should Congress not make any other further changes to the eligibility for the uninsured group, for states, that would be their resource to cover for those folks. So let me make sure that there's nothing else that my team wants to add to that.

Sarah Delone: So Calder if I can just -- this is Sarah Delone -- if I can just add, this optional group is available for you to use. And we can sort of, I think we'll need to think through when we see what the guidance is that comes about the fund that Calder just mentioned. What's going to make the most sense for a non-expansion state.

The eligibility group is available to you but there's a set of individuals - there's individuals who will not be eligible for coverage under that group. So kids who are uninsured, adults who are above 133% of the federal poverty level who are uninsured or are, you know, 65-years of age or older.

They would be able to be covered under this optional group. It's just that the adults under 65 who are under 133% would not be eligible. And but we can sort of figure out when we get the guidance about the fund what might make most sense for un-expansion states.

Calder Lynch: Good clarification Sarah. So does that answer your question (Adam)?

(Adam): It does indeed, thank you very much; I appreciate it.

Calder Lynch: No problem, thanks.

Coordinator: Next we have (Molly), your line is open.

(Molly Swapnick): Hi this is (Molly Swapnick) from Maine. Thank you for all the information. I have two additional questions about the optional eligibility group for uninsured individuals.

One is once this optional eligibility group is established, how long would the members maintain their eligibility? And then the second question is, is there any guidance yet or will there be guidance in the FAQ regarding federal reporting requirements impacted by the optional eligibility group?

For example, we will have to eventually report these members' data and associated payments as a separate category of eligibility on the CMS 64 or in TMSIS or any other forms of reporting? Thank you.

Calder Lynch: Thanks. Sarah do you want to take the first one and then maybe (Rory) can take the second?

Sarah Delone: Sure was that me for the first one Calder? Yes, so the group expires under the legislation at the end of the public health emergency, you know, and any extensions that may be, you know, provided. So that's the scope of the sort of authority.

And you can use the state plan template that Stephanie Bell talked about earlier. You can use that template to adopt this group. And then it will automatically expire at the end of that emergency in terms of its existence in your state plan.

(Rory Howe): And in terms of the reporting on the CMS 64, I think some of what we're doing with the 6.2% FMAP, we will need to modify our expenditure reporting

systems. And as soon as we have more information on that, we'll share with states and to the extent that we can, we will provide training.

(Molly Swapnick): Thank you and anything on the TMSIS side?

Calder Lynch: Oh yes, we'll probably need to circle back on that one. We certainly know that there's going to be some additional coding around TMSIS as it relates to COVID-19. We've begun thinking about that. And there will probably be further guidance, you know, forthcoming.

I don't know if we have DSG colleagues on the phone. But we can take that back.

(Molly Swapnick): Great, thank you.

Coordinator: (Jacqueline), your line is now open.

(Jacqueline Clover): Yes, this (Jacqueline Clover) and I have three quick questions. Can states request an extension for electronic visit verifications for personal state plan personal care services and also personal care services offered through a waiver. That's my first question.

And then has CMS considered providing guidance for the extended use of telehealth for other or other advanced technologies to other in-home service requirements such as allowing the nurse to complete the 14 day supervisory visit of home health aide who now most likely is a family member to assure appropriate level of care and ascertain if additional medical interventions are indicated?

And then my third question is, is CMS providing guidance on addressing or preparing for in-home hospice that may increase as hospitals must make difficult decisions based on a chance of survival? Those now terminal due to the coronavirus? And what is the guidance - yes. Well how soon will that guidance come out?

Calder Lynch: Thank you for those questions. And this is, I mean what state are we...

(Jacqueline Clover): I'm sorry. I'm from the State of Michigan. I forgot to say that, sorry just a bit nervous.

Calder Lynch: That's okay. So on the first one, the deadlines around EVV are currently spelled out in the statute and we don't have a lot of flexibility around them. However, I think a lot of folks, you know, are aware and have raised the conversation that the impact of COVID-19 is going to impact states, you know, ability to meet those.

And I know that a conversation is happening on the Hill as to whether or not there should be some further delays of that. And we're certainly providing, you know, technical assistance to that conversation as we also understand that's going to impact the ability to be compliant.

So it's something that we can do administratively but we're going to continue to work with the Hill as they look at a lot of the potential impacts of COVID-19 on some of those statutory deadlines.

And then as to your second two questions, I think we - let me turn back to my staff. I don't know if either Kirsten Jensen or Ralph or someone from our disabled elderly health programs group might have some thoughts on that.

Kirsten Jensen: Sure, this is Kirsten Jensen. What I'd like to do is invite getting these questions in writing. I believe there is a little bit of flexibility on the 14 day piece. We need to talk to our colleagues in CCSQ about that question and the telehealth aspects of that question.

And then I'd like to just have more information on the in-home hospice. So if you could submit your questions to you state lead in your state, they can get them to us. And we will make sure that we address them for you.

(Jacqueline Clover): Okay, thank you very much.

Kirsten Jensen: Thank you.

(Jacqueline Clover): I appreciate that.

Coordinator: (Teresa), your line is now open.

(Teresa): So I just wanted some clarification on the extension of benefits for clients when they - through the emergency. We have some clients that we sent out notices prior to March 18 saying their benefits would end March 31. So they did have benefits at that point but were already notified they were going to close.

Do we need to reopen them for April?

Calder Lynch: So this will also be a little bit more addressed in the FAQ. But yes, if you know they are someone who is being disenrolled after March 18, you know, for a lot of reasons outside of those allowed, you know, in the Bill, and you want to retain eligibility for the 6.2% enhanced FMAP, you know, there are

some steps you could take in terms of either reinstating them, notifying them of their ability to reinstate.

That's, you know, we know that some still have just some operational and programming issues to work through. So, hopefully provides you some ways to approach it. Sarah, I don't know if you want to maybe talk about it a little bit more because I know that's in the FAQ.

Sarah Delone: Yes, no, I think that's right. I mean I think that you would, if you can, you would stop the terminate, you know, stop the closure and let folks know that their benefits will continue.

If things have already been in motion or you've already terminated somebody, then we'd be looking for you to make, you know, reasonable efforts to get those people reinstated. The FAQ does talk about that a little bit more. And we're certainly available to provide assistance for those very operational questions.

(Teresa): Okay great, thank you.

Coordinator: And next we have (Rachel). (Rachel), your line is now open.

(Rachel): Hi, this is (Rachel) from Ohio. About the continuation of benefits for individuals who are in receipt on March 18, would that also include the presumptive eligibility categories?

Calder Lynch: So that's also going to be addressed in the FAQ. And no, it will not include the folks who only had a presumptive eligibility determination. They'll need to still submit an application to be considered enrolled as defined under the

statute in order for them to be subject to the continuous enrollment or continuous eligibility requirements.

So there is an FAQ on that. But no, they would not be if they've only just had a presumptive eligibility determination and haven't had a full determination. They would not be subject to this continuous eligibility requirement.

(Rachel): All right, thank you.

Coordinator: Our next question comes from (Mohamed), your line is open. (Mohamed), your line is open; please check the mute function on your phone.

(Mohamed): Yes, I'm so sorry. Hi this is (Mohamed) from Arizona. We have a couple of questions related to the disaster relief state plan and also a question related to the MOE.

So can states implement the changes that are being requested through this disaster relief state plan before receiving official SPA approval from CMS including implementing the optional uninsured eligibility group?

You also mentioned that CMS is still digging through the legislative language for the 100% FMAP. So I was wondering does that specifically for the treatment of services, if CMS is planning to give states more guidance for what would qualify for that? States are really interested to implement that as soon as possible.

And a third question for us is about the MOE. We realize that we cannot disenroll individuals for the MOE standards in the 6.2 percentage point MOE standards. And we're wondering does that, assuming that that doesn't include

disenrolling individuals who are dead or have moved out of the state. Is that correct?

Calder Lynch: Well let's work backwards. Yes, that last question, that is correct and that's addressed in the FAQ. We would consider them - they're no longer residents if they're deceased which is one of the, you know, reasons that you can legitimately disenroll someone.

You know, and then we will be providing more guidance around the uninsured option as we work through that and work with our partners in the Department who are working on the corresponding program to be administered through HRSA. So you'll see more, you know, forthcoming from us on that.

And let me make sure I understand your first question correctly. You were asking can the state go ahead and implement provisions of the state plan prior to CMS approval?

(Mohamed): Yes, that's correct, so the disaster relief state planning.

Calder Lynch: Yes, so I think to the same extent that you would do so on, you know, because SPAs can be approved retroactively. And in the case of these the 1135 or 40 can be even retroactive, you know, back to the beginning of this, you know, emergency period.

You know, I think to the extent that it's outlined clearly in that SPA template and it's authority that we've contemplated, I think the state can have confidence in moving forward with their operational changes. But we are planning to approve those on an expedited basis. (Anne Marie), did you want to add anything to that?

(Anne Marie Costello): No, I think you covered it.

Calder Lynch: Great. And did I miss a question in there?

(Mohamed): Yes and I'm so sorry, we have one more question as well that just (unintelligible) about it. That's could you please clarify again the changes or potential relaxation of tribal notifications with any waived provisions during this emergency time.

Calder Lynch: Yes. (Anne Marie) or Sarah, did you want to talk about the tribal notification provision of the 1135?

(Anne Marie Costello): Sure.

Sarah Delone: Go ahead (Anne Marie).

(Anne Marie Costello): Okay, sorry. So what we're able to use Section 1135 authority to do is to allow you to modify the tribal consultation timelines that you had. So you can either compress the number of days in advance that you conduct tribal consultations submitting a state plan amendment.

Or, you could even conduct tribal consultation after the state plan amendment has been submitted. We really encourage you to keep an open line of communication with the tribes. They are as invested in this COVID crisis as you are all and will be very appreciative to you all to keep the lines of communication open.

But you do have flexibility around the timeline for when you conduct the tribal consultation.

(Mohamed): Okay.

Jackie Glaze: (Sarah), we can take one more question.

(Mohamed): Thank you.

Coordinator: Then our final question will come from (Nancy), your line is open.

(Nancy): Thanks. Good afternoon, this is (Nancy) from Colorado. I have a question on the 6.2 percent FMAP increase. The state's assuming that we can apply that to supplemental payments as we have in the past when these types of things have come through.

And we're curious if the supplemental payments were included in your estimates when you determined our grant awards?

Calder Lynch: (Rory), I think that's a question for you.

(Rory Howe): Yes, so supplemental payments are eligible for the increase to the extent that the underlying expenditures are matched at that metric that we talked about, the 1905B metric. And additionally, supplemental payments were accounted for in the grant award issuance that just went out today. And will go out to some states tomorrow.

(Nancy): Great, thank you.

(Rory Howe): Sure.

Jackie Glaze: I would like to thank everyone for your questions and your participation today. And just remind you that we will be hosting another All State call on Friday at 3:00 pm Eastern Standard Time.

And then we will talk about the eligibility and managed care flexibility. So we look forward to your discussion and your attendance at that time. So we thank you all for today's call.

Calder Lynch: And Jackie, I just want to supply to everyone that the FAQs on the FMAP provisions will be released within the next 30 minutes. We're just getting it loaded up onto the system now. So keep an eye on your mailboxes for that.

Jackie Glaze: Thanks everyone.

Coordinator: And thank you for your participation in today's conference. You may disconnect at this time.

End