

Medicaid Flexibilities Requests in Response to COVID-19 Emergency

April 9, 2020

The Department has made the following requests to the Centers for Medicare and Medicaid Services (CMS) to continue serving Medicaid members during the COVID-19 emergency. *The Department will implement requests as needed.*

Request	Implemented/Status
<p>CHIP/Hawki Age-out</p> <ul style="list-style-type: none"> Continued eligibility for Children’s Health Insurance Program (CHIP) enrollees who turn 19 years old during the national emergency and who are otherwise ineligible for Medicaid due to income above 133% of the federal poverty level (FPL). 	<p>March 13, 2020</p>
<p>CHIP/Hawki Eligibility</p> <ul style="list-style-type: none"> Extend eligibility to CHIP members beyond their certification period. Provide CHIP members additional time to submit renewal or verification materials. 	<p>March 13, 2020</p>
<p>Continuous Eligibility</p> <ul style="list-style-type: none"> Establish up to 12-months of continuous eligibility for all Medicaid enrollees age 19 and over (already in place for those under age 19). 	<p>March 13, 2020</p>
<p>Cost Sharing Suspended</p> <p>Suspend cost-sharing for all members and suspend premiums for:</p> <ul style="list-style-type: none"> Medicaid for Employed People With Disabilities (MEPD) Iowa Health and Wellness Plan (IHAWP) Dental Wellness Plan (DWP) Healthy and Well Kids in Iowa (Hawki) Client participation is not suspended. 	<p>March 13, 2020</p>
<p>Coverage for Uninsured</p> <ul style="list-style-type: none"> Cover COVID-19 testing and related visits for uninsured individuals during the emergency, as allowed under the recently passed Families First Coronavirus Response Act. 	<p>In Development</p>

Request	Implemented/Status
<p>Home Delivered Meals</p> <ul style="list-style-type: none"> • Provide home delivered meals, subject to prior authorization, for Medicaid enrollees who are not enrolled in a 1915(c) waiver and are homebound due to the national emergency. • Provide home delivered meals for all 1915(c) enrollees who are homebound due to the national emergency. 	<p>March 13, 2020</p>
<p>Hospital Presumptive Eligibility</p> <ul style="list-style-type: none"> • Allow hospitals to conduct presumptive eligibility for all Medicaid eligibility groups until the national emergency declaration is lifted. 	<p>Reviewing metrics daily and implementation will occur if needed.</p>
<p>Hospital 24-Hour Nursing Flexibility</p> <ul style="list-style-type: none"> • Waive the 24-hour nursing requirement, which will permit a nurse to cover more than one ward in the event of staffing shortages caused by the national emergency. 	<p>Reviewing metrics daily and implementation will occur if needed.</p>
<p>Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) Flexibilities</p> <ul style="list-style-type: none"> • Waive the requirement for direct care residential living unit staff, which will allow changes to direct care staff numbers, if necessary, due to the national emergency. • Waive the continuous active treatment program requirement, which will allow the health and safety needs of residents to be met if sufficient staff are unavailable to implement continuous active treatment due to the national emergency. • Waive the preventive care and dental services requirement, which will allow for flexibility if the timeliness requirements cannot be met due to the national emergency. • Waive the housing of similar ages, developmental levels and social needs requirement, which will allow for movement and housing based on availability of sufficient staffing and potential health issues of clients. 	<p>Reviewing metrics daily and implementation will occur if needed.</p>
<p>Long Term Services and Supports (LTSS)</p> <ul style="list-style-type: none"> • Extend minimum data set authorizations for nursing facility and skilled nursing facility residents 	<p>Reviewing metrics daily and implementation will occur if needed.</p>
<p>Non-Emergency Ambulance Suppliers</p> <ul style="list-style-type: none"> • Temporarily allow non-emergency ambulance suppliers. 	<p>Reviewing metrics daily and implementation will occur if needed.</p>
<p>Public Notice Requirements</p> <ul style="list-style-type: none"> • Waive requirement to seek public comment prior to CMS submission. 	<p>March 13, 2020</p>
<p>Preadmission Screening and Resident Review (PASRR)</p> <ul style="list-style-type: none"> • Waive the PASRR, which will allow a nursing home to continue admission of an individual who has not had an assessment completed if there is a workforce disruption or hospitals reduce or limit outside contact in their facilities. 	<p>Reviewing metrics daily and implementation will occur if needed.</p>

Request	Implemented/Status
<p>Provider Enrollment</p> <ul style="list-style-type: none"> • Waive payment of application fee to temporarily enroll a provider • Waive site visits to temporarily enroll a provider • Permit providers located out-of-state/territory to provide care to an emergency State's Medicaid enrollee and be reimbursed for that service • Streamline provider enrollment requirements when enrolling providers • Postpone deadlines for revalidation of providers who are located in the state or otherwise directly impacted by the emergency • Waive requirements that physicians and other health care professionals be licensed in the state in which they are providing services, so long as they have equivalent licensing in another state • Waive conditions of participation or conditions for coverage for existing providers for facilities for providing services in alternative settings, including using an unlicensed facility, if the provider's licensed facility has been evacuated • Temporarily delay or suspend onsite re-certification and revisit surveys, and enforcement actions, and allow additional time for facilities to submit plans of correction. 	<p>March 13, 2020</p>
<p>Reporting and Oversight</p> <ul style="list-style-type: none"> • Modify deadlines for OASIS and Minimum Data Set (MDS) assessments and transmission • Suspend 2-week aide supervision requirement by a registered nurse for home health agencies • Suspend supervision of hospice aides by a registered nurse every 14 days' requirement for hospice agencies 	<p>March 13, 2020</p>
<p>Residency</p> <ul style="list-style-type: none"> • Consider beneficiaries evacuated from the state temporarily absent and maintain enrollment in their home state (for home state where disaster occurred or public health emergency exists) 	<p>March 13, 2020</p>
<p>Telehealth</p> <ul style="list-style-type: none"> • Allow telehealth for any Medicaid service for which it is appropriate, regardless of member location. 	<p>March 13, 2020</p>
<p>Tribal Notice Requirements</p> <ul style="list-style-type: none"> • Waive requirement to consult with tribes prior to CMS submission; tribes will still be informed of submissions as soon as the State is able to do so. 	<p>March 13, 2020</p>

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<p>Additional Services</p> <ul style="list-style-type: none"> • Home delivered meals (as noted above) • Companion services <ul style="list-style-type: none"> ○ Includes the alternative for companion services to replace habilitation services, supported community living, and consumer directed attendant care services that are unavailable if there is a shortage of providers or providers are not able to deliver goal directed service due to the COVID-19 emergency. • Homemaker services • Allow self-direction of the 3 added services 	<p>March 13, 2020</p>
<p>Allow case management companies to provide direct services in order to address potential personnel crisis.</p>	<p>March 13, 2020</p>
<p>Exceed Service Limitations</p> <ul style="list-style-type: none"> • Remove the annual cost limit for respite services on the Intellectual Disabilities Waiver. 	<p>March 13, 2020</p>
<p>Home- and Community-Based Services (HCBS) Regulations</p> <ul style="list-style-type: none"> • Not comply with the HCBS settings requirement at 42 CFR 441.301(c)(4)(vi)(D) that individuals are able to have visitors of their choosing at any time, for settings added after March 17, 2014, to minimize the spread of infection during the COVID-19 pandemic. 	<p>March 13, 2020</p>
<p>Out-of-State Background Checks</p> <ul style="list-style-type: none"> • Temporarily waive out-of-state background checks for Consumer Directed Attendant Care (CDAC) providers. The State will continue to conduct Iowa background checks during the emergency. 	<p>March 13, 2020</p>
<p>Parents and Family Members</p> <ul style="list-style-type: none"> • Allow parents and family members to provide direct services. <ul style="list-style-type: none"> ○ Services allowed include: home based habilitation services, supported community living, consumer directed attendant care, and meals 	<p>March 13, 2020</p>
<p>Processes</p> <ul style="list-style-type: none"> • Allow an extension for reassessments and reevaluations for up to one year past the due date. • Allow the option to conduct evaluations, assessments, and person-centered service planning meetings virtually/remotely in lieu of face-to-face meetings. • Adjust prior approval/authorization elements approved in waiver. • Adjust assessment requirements. • Add an electronic method of signing off on required documents such as the person-centered service plan. 	<p>March 13, 2020</p>

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<p>Retainer Payments</p> <ul style="list-style-type: none"> • Option for State to make retainer payments when a member is unable to receive normally authorized and scheduled services due to hospitalization, short term facility stay, isolation, or closure of a service line for any of the services listed below of no more than 30 days related to the COVID-19 emergency: <ul style="list-style-type: none"> ○ Adult Day Care ○ Consumer Directed Attendant Care ○ Day Habilitation ○ Prevocational Services ○ Supported Employment. 	<p>Reviewing metrics daily and implementation will occur if needed.</p>
<p>Settings for HCBS expanded, if necessary and appropriate</p> <ul style="list-style-type: none"> • Allow services to be provided in ICF/ID or other facility settings • Allow direct care provider's homes to be authorized settings – subject to IME approval through an exception to policy request after all other options have been exhausted • Allow direct care providers to move into member's homes – subject to IME approval through an exception to policy request after all other options have been exhausted • Lift the existing limitation on five person homes to no longer designate an upper limit; providers allowed to consolidate members into homes, with this allowance limited by the home's capacity. 	<p>Reviewing metrics daily and implementation will occur if needed.</p>
<p>Telehealth for Typically Face-to-Face Processes</p> <ul style="list-style-type: none"> • Level of care and need based assessment evaluations and reevaluations • Service plan reviews • Interim service plan changes based on member's change in needs • Quarterly face to face case manager contacts 	<p>March 13, 2020</p>
<p>Provision of Services in Alternative Settings</p> <ul style="list-style-type: none"> • Allow for the provision of services in alternative settings when a licensed facility or standard medical setting is unavailable due to the COVID-19 emergency • Subject to approval from the IME 	<p>March 13, 2020</p>

Blanket waivers announced by CMS¹, applicable to all states without need to specifically waive:

Skilled Nursing Facility (SNF): provides relief to SNFs on the timeframe requirements for Minimum Data Set assessments and transmission.
Critical Access Hospitals: CMS is waiving the requirements that Critical Access Hospitals limit the number of beds to 25, and that the length of stay be limited to 96 hours.
Housing Acute Care Patients in Excluded Distinct Part Units: CMS is waiving requirements to allow acute care hospitals to house acute care inpatients in excluded distinct part units, where the distinct part unit's beds are appropriate for acute care inpatient.
Durable Medical Equipment: Where Durable Medical Equipment Prosthetics, Orthotics, and Supplies (DMEPOS) is lost, destroyed, irreparably damaged, or otherwise rendered unusable, contractors have the flexibility to waive replacements requirements such that the face-to-face requirement, a new physician's order, and new medical necessity documentation are not required.
Care for Excluded Inpatient Psychiatric Unit Patients and Inpatient Rehabilitation Unit Patients in the Acute Care Unit of a Hospital: CMS is waiving requirements to allow acute care hospitals with excluded distinct part inpatient psychiatric units and excluded distinct part inpatient rehabilitation units that, as a result of a disaster or emergency, need to relocate inpatients from the excluded distinct part to an acute care bed and unit. CMS is also waiving requirements to allow inpatient rehabilitation facilities (IRFs) to exclude patients from the hospital's or unit's inpatient population for purposes of calculating the applicable thresholds associated with the requirements to receive payment as an IRF (commonly referred to as the "60 percent rule") if an IRF admits a patient solely to respond to the emergency and the patient's medical record properly identifies the patient as such.
Supporting Care for Patients in Long-Term Care Acute Hospitals (LTCH)s: CMS is allowing a long-term care hospital (LTCH) to exclude patient stays where an LTCH admits or discharges patients in order to meet the demands of the emergency from the 25-day average length of stay requirement which allows these facilities to be paid as LTCHs.
Home Health Agencies: Provides relief to Home Health Agencies on the timeframes related to OASIS Transmission.

¹ <https://www.cms.gov/files/document/covid19-emergency-declaration-health-care-providers-fact-sheet.pdf>