

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



SMDL # 20-002
RE: COVID-19 Public
Health Emergency Section
1115(a) Opportunity for
States

March 22, 2020

Dear State Medicaid Director:

On March 13, 2020, the President of the United States issued a proclamation that the COVID-19 outbreak in the United States constitutes a national emergency by the authorities vested in him by the Constitution and the laws of the United States, including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 et seq.), and consistent with section 1135 of the Social Security Act (Act) (as amended (42 U.S.C. 1320b-5)). On March 13, 2020, pursuant to section 1135(b) of the Act, the Secretary of Health and Human Services invoked his authority to waive or modify certain requirements of titles XVIII, XIX, and XXI of the Act as a result of the consequences of the COVID-19 pandemic, to the extent necessary, as determined by the Centers for Medicare & Medicaid Services (CMS), to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in the respective programs and to ensure that health care providers that furnish such items and services in good faith, but are unable to comply with one or more of such requirements as a result of the COVID-19 pandemic, may be reimbursed for such items and services and exempted from sanctions for such noncompliance, absent any determination of fraud or abuse. This authority took effect as of 6:00 PM Eastern Standard Time on March 15, 2020, with a retroactive effective date of March 1, 2020. We note that the emergency period will terminate, and section 1135 waivers will no longer be available, upon termination of the public health emergency, including any extensions.

In an effort to assist states with addressing the COVID-19 public health emergency, CMS has developed a new section 1115 demonstration opportunity available to states under title XIX (Medicaid) of the Act. Under this demonstration opportunity, effective retroactively to March 1, 2020, states may select from a variety of options to deliver the most effective care to their beneficiaries in light of the COVID-19 public health emergency. Section 1115(a) demonstration authorities approved pursuant to this opportunity are time limited, and will expire no later than 60 days after the end of the public health emergency.

State Medicaid Director

The COVID-19 section 1115 demonstration opportunity can make available a number of authorities and flexibilities to assist states in enrolling and serving beneficiaries in Medicaid and to focus state operations on addressing the COVID-19 pandemic.

The COVID-19 demonstration opportunity can be used by states to extend home and community-based services (HCBS) flexibilities—available under the Disaster Relief Appendix K for 1915(c) to beneficiaries receiving 1915(c)-like services under section 1115 demonstrations—to beneficiaries receiving long-term supports and services (LTSS) under Medicaid state plan authorities described in section 1915(i) and 1915(k) of the Act. The demonstration opportunity can also be used by states to accept self-attestation of applicant resources, which will assist Medicaid agencies in making streamlined eligibility determinations for some vulnerable populations.

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

Participating states will be required to complete a final report, which will consolidate all required monitoring and evaluation deliverables, one year after the end of the COVID-19 section 1115 demonstration authority. This report will capture data on demonstration implementation, lessons learned, and best practices for similar situations. CMS will provide additional guidance on the structure and content of the report.

Pursuant to 42 CFR 431.416(g), CMS has determined that the existence of unforeseen circumstances resulting from the COVID-19 public health emergency warrants an exception to the normal state and federal public notice procedures to expedite a decision on a proposed COVID-19 section 1115 demonstration. States applying for a COVID-19 section 1115 demonstration are not required to conduct a public notice and input process. CMS is also exercising its discretionary authority to expedite its normal review and approval processes to render decisions on state applications for COVID-19 section 1115 demonstrations. CMS will post all section 1115 demonstrations approved under this COVID-19 demonstration opportunity on the Medicaid.gov website.

Attached is a template that states may use to request a section 1115 demonstration project to combat the COVID-19 public health emergency. We will review state requests pursuant to this demonstration opportunity on a state-by-state basis.

State Medicaid Director

We recognize that this is a dynamic situation, and both states and CMS are updating their strategies to meet evolving needs. CMS may update this section 1115 demonstration opportunity to respond to Congressional or other action, as necessary. For more information about using section 1115(a) demonstration authority to support state efforts in combatting the COVID-19 public health emergency, please contact Judith Cash, Director, State Demonstrations Group, at 410-786-9686.

Sincerely,

Calder Lynch
Deputy Administrator and Director
Center for Medicaid and CHIP Services

Attachment

COVID-19 Section 1115(a) Demonstration Application Template

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

I. DEMONSTRATION GOAL AND OBJECTIVES

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

II. DEMONSTRATION PROJECT FEATURES

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

Check to Apply	Population
X	Current title XIX State plan beneficiaries
X	Current section 1115(a)(2) expenditure population(s) eligible for/enrolled in the following existing section 1115 demonstrations: All populations described in our QUEST Integration Medicaid Section 1115 Demonstration (No 11-W-00001/9).

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

Check to Apply	Services
	Current title XIX State plan benefits
NA	Please see the waiver and expenditure authorities in Section V of this document to see the benefits and services MQD would like to provide in addition to the benefits provided in our QUEST Integration Medicaid Section 1115 Demonstration (No 11-W-00001/9).

C. Cost-sharing

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

D. Delivery System:

Check to Apply	Delivery System Description
	The health care delivery system for the provision of services under this demonstration will be implemented in the same manner as under the state's current state plan.
X	Other as described here: Managed care as described in our QUEST Integration Medicaid Section 1115 Demonstration (No 11-W-00001/9).

Check to Apply	Delivery System Description
	Fee-for-service as described in our Hawaii 1915(c) Home and Community Based Services for People with Intellectual and Developmental Disabilities (I/DD Waiver) (HI.0013.R07.04).

III. EXPENDITURE AND ENROLLMENT PROJECTIONS

A. Enrollment and Enrollment Impact.

- i. State projects that approximately 360,000 individuals as described in section II will be eligible for the period of the demonstration. The overall impact of this section 1115 demonstration is that these individuals, for the period of the demonstration, will continue to receive HCBS or coverage through this demonstration to address the COVID-19 public health emergency.

B. Expenditure Projection.

The state projects that the total aggregate expenditures under this section 1115 demonstration is between \$27,000,000 and \$49,000,000 total funds for Home-Delivered Meals, additional Targeted Case Management, Temporary Housing Supports, Expanded Behavioral Health, Technological Supports, and Expanded NEMT. The state has not calculated the savings that may be incurred due to reduced inpatient and emergency department utilization, which may be considerable and would offset these expenditures. MQD can provide PMPMs for these services if that is of value to CMS.

MQD is still estimating the total expenditures for the expenditures related to the changes in HCBS. We do not expect the change in expenditures to be significant at this time.

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

IV. APPLICABLE TITLE XIX AUTHORITIES

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

Check to Apply	Program
X	Medicaid state plan
X	<p>Section 1915(c) of the Social Security Act (“HCBS waiver”). Provide applicable waiver numbers below:</p> <p>Hawaii 1915(c) Home and Community Based Services for People with Intellectual and Developmental Disabilities (I/DD Waiver) HI.0013.R07.04</p> <p>For purposes of the:</p> <ul style="list-style-type: none"> • using verbal approvals rather than written signatures for HCBS service plans; • increasing maximum number of retainer payments; • extending expiring service plans when a new person-centered service plan is unable to be developed due to the pandemic; and • waiving the requirement that level of care assessments and determinations be completed before the HCBS is provided.
X	<p>Section 1115(a) of the Social Security Act (i.e., existing, approved state demonstration projects). Provide applicable demonstration name/population name below:</p> <p>QUEST Integration Medicaid Section 1115 Demonstration (No: 11-W-00001/9)</p>
	Other: <i>[State to describe here]</i>

V. WAIVERS AND EXPENDITURE AUTHORITIES

A non-exhaustive list of waiver and expenditure authorities available under this section 1115 demonstration opportunity has been provided below. States have the flexibility to request additional waivers and expenditure authorities as necessary to operate their programs to address

COVID-19. If additional waivers or expenditure authorities are desired, please identify the authority needed where indicated below and include a justification for how the authority is needed to assist the state in meeting its goals and objectives for this demonstration. States may include attachments as necessary. Note: while we will endeavor to review all state requests for demonstrations to combat COVID-19 on an expedited timeframe, dispositions will be made on a state-by-state basis, and requests for waivers or expenditure authorities in addition to those identified on this template may delay our consideration of the state’s request.

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

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

Check to Waive	Provision(s) to be Waived	Description/Purpose of Waiver
X	42 CFR § 435.956 42 CFR § 457.380	Accept self-attestation for citizenship and immigration status if unable to verify electronically or beneficiary unable to provide documentation.
X	Need technical assistance	The ability to reduce or delay the need for MQD to conduct functional assessments to determine level of care for beneficiaries needing LTSS – if the CFR needs to be waived in addition to expenditure authority. This would be for HCBS <u>and for institutional care.</u>
X	42 CFR § 441.301(c)(3)	Extend expiring HCBS service plans when a new person-centered service plan is unable to be developed due to the pandemic – if the CFR needs to be waived in addition to expenditure authority described below.
X	Need technical assistance	Waive the requirement that service plans be signed by the beneficiary for our HCBS programs. Verbal approval may be used temporarily in place of written signature for ISP approvals by the participant and/or legal guardian when necessary. The case manager will offer them a choice to use electronic signature or to receive a mailed service plan to sign and return.

B. Expenditure Authority

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

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

Check to Request Expenditure	Description/Purpose of Expenditure Authority
X	Allow for self-attestation or alternative verification of individuals’ eligibility (income/assets) and level of care to qualify for long-term care services and supports.
X	<p>Long-term care services and supports for impacted individuals even if services are not timely updated in the plan of care, or are delivered in alternative settings.</p> <p>Please see the 1115 Appendix K for more detail for our HCBS population.</p> <p>We would also like this authority for our 1915(i) at-risk population in the QI 1115 Demonstration and our 1915(c) I/DD waiver population.</p> <p>We would like this to apply to extending expiring HCBS service plans when a new person-centered service plan is unable to be developed due to the pandemic. Extensions would be granted on a case-by-case basis when the service plans are currently meeting an affected waiver participant’s needs.</p> <p>In particular regard to settings, we would also seek to understand how this authority might be applied to individuals that are receiving HCBS, but may require HCBS in alternative settings like hotels, cruise ships, etc. because of extraordinary circumstances related to the pandemic.</p> <p>MQD would like to wave all face-to-face assessment requirements.</p>
	Ability to pay higher rates for HCBS providers in order to maintain capacity.
X	<p>The ability to make retainer payments to certain habilitation and personal care providers to maintain capacity during the emergency. For example, adult day sites have closed in many states due to isolation orders, and may go out of business and not be available to provide necessary services and supports post-pandemic.</p> <p>Please see the 1115 Appendix K for more detail for our HCBS population.</p>

Check to Request Expenditure	Description/Purpose of Expenditure Authority
	<p>We would also like this authority for our 1915(i) at-risk population in the QI 1115 Demonstration.</p> <p>MQD would like to use expenditure authority to pay retainer payments without a limit on days for retainer payments in both the QUEST Integration Medicaid Section 1115 Demonstration (No: 11-W-00001/9) and the I/(DD Waiver (HI.0013.R07.04).</p> <p>MQD understands CMS policy has historically been that retainer payments may not exceed the lesser of 30 consecutive days or the number of days for which the State authorizes a payment for "bed-hold" in nursing facilities. We have not been able to locate a provision in the Social Security Act that mandates this policy, only sub-regulatory guidance. Given the extraordinary circumstances of the pandemic, MQD seeks CMS flexibility on this point to help the state preserve its HCBS provider network.</p>
X	<p>Allow states to modify eligibility criteria for long-term services and supports.</p>
X	<p>The ability to reduce or delay the need for states to conduct functional assessments to determine level of care for beneficiaries needing LTSS.</p> <p>Please see the 1115 Appendix K for more detail for our HCBS population.</p> <p>We would also like this authority for any MQD beneficiaries receiving institutional care services, our 1915(i) at-risk population in the QI 1115 Demonstration, and the 1915(c) I/DD waiver population.</p> <p>MQD would like to waive all face-to-face assessment requirements.</p> <p>MQD would like this to give us the ability to reduce or delay the need for MQD to conduct functional assessments to determine level of care for beneficiaries needing LTSS prior to them receiving LTSS. This would be for HCBS and for institutional care.</p>
X	<p>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> <p>Please see the 1115 Appendix K for more detail for our HCBS population</p> <p>We would also like this authority for our 1915(i) at-risk population.</p>

Check to Request Expenditure	Description/Purpose of Expenditure Authority
X	<p>Temporarily modify service scope or coverage for providers in certain circumstances. Includes permitting the use of telehealth for HCBS where possible and appropriate.</p> <p>Please see the 1115 Appendix K for more detail for our HCBS population.</p> <p>We would also like this authority for our 1915(i) at-risk population.</p>
X	<p>Permit payment for HCBS rendered by family caregivers, including live-in caregivers, and legally responsible individuals when in certain circumstances the access to agency providers is limited.</p> <p>Please see the 1115 Appendix K for more detail for our HCBS population.</p> <p>We would also like this authority for our HCBS population and our 1915(i) at-risk population.</p>
X	<p>Reimburse for bed hold payments for long term care facilities beyond state plan limits. This includes nursing home facilities.</p> <p>These payments would be in addition to the bed hold payments in the State Plan in accordance with 42 CFR 447.40. Rather than amend the state plan, the State prefers to have flexibility to make additional payments during the emergency period if needed.</p>
X	<p>Permit flexibility on enrollment process and documentation for self-direct providers for our HCBS population and our 1915(i) population.</p>
X	<p>Home Delivered Meals - Expand the home delivered meals service to all populations described in the 1115 waiver if the beneficiary is subject to a quarantine or isolation policy related to a COVID-19 diagnosis. The requirement that an assessment be completed to determine whether the service is needed for the beneficiary to remain independent in the community and to prevent institutionalization would be waived.</p>
X	<p>Targeted Case Management – Offer additional case management resources to beneficiaries affected by a COVID-19 diagnosis.</p>
X	<p>Temporary Housing Supports - Provide temporary housing if a beneficiary is homeless or is at imminent risk of homelessness and is:</p> <ul style="list-style-type: none"> a) subject to a quarantine or isolation policy related to a COVID-19 diagnosis; b) being treated for a COVID-19 diagnosis; or c) thought to be in the incubation period due to a high-risk exposure.
X	<p>Technology Supports for Telehealth – Provide payment for the acquisition of certain technologies and supports like smart phones, tablets, data plans,</p>

Check to Request Expenditure	Description/Purpose of Expenditure Authority
	etc. for QI and CCS service coordinators, case managers, providers, and beneficiaries to provide and receive telehealth and telephonic services. Case managers providing targeted case management for individuals receiving services under the Section 1915(c) Home and Community-Based Services for People with Intellectual and Developmental Disabilities (I/DD) waiver (“DD Waiver”) would also be eligible for this payment.
X	Expanded Behavioral Health Residential Coverage – Provide federal financial participation for stays beyond 15 days in an Institution for Mental Disease (IMD) during the month of the payment to promote shelter in place policies and stable care.
X	Expanded Non-Emergency Medical Transportation (NEMT) – <ul style="list-style-type: none"> a. Provide reimbursement for services to deliver meals, food, medication, and essential supplies to beneficiaries subject to a quarantine or isolation policy related to a COVID-19 diagnosis. Reimbursement would also be provided to beneficiaries to move between settings such as a temporary shelter to a screening site to temporary housing, among other situations. b. Provide retainer payments for NEMT providers in certain circumstances.

VI. Public Notice

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

VII. Evaluation Indicators and Additional Application Requirements

A. Evaluation Hypothesis. The demonstration will test whether and how the waivers and expenditure authorities affected the state’s response to the public health emergency, and how they affected coverage and expenditures.

B. Final Report. This report will consolidate demonstration monitoring and evaluation requirements. No later than one year after the end of this demonstration addressing the COVID-19 public health emergency, the state will be required to submit a consolidated monitoring and evaluation report to CMS to describe the effectiveness of this program in addressing the COVID-19 public health emergency. States will be required to track expenditures, and should evaluate the connection between and cost effectiveness of those expenditures and the state’s response to the public health emergency in their evaluations of demonstrations approved under this opportunity. Furthermore, states will be required to comply with reporting requirements set forth in 42 CFR 431.420 and 431.428, such as information on demonstration implementation,

progress made, lessons learned, and best practices for similar situations. States will be required to track separately all expenditures associated with this demonstration, including but not limited to administrative costs and program expenditures, in accordance with instructions provided by CMS. CMS will provide additional guidance on the evaluation design, as well as on the requirements, content, structure, and submittal of the report.

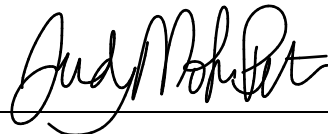
VIII. STATE CONTACT AND SIGNATURE

State Medicaid Director Name: Judy Mohr Peterson
Telephone Number: 808-457-0703
E-mail Address: jmohrpeterson@dhs.hawaii.gov

State Lead Contact for Demonstration Application: Aaron Larrimore
Telephone Number: 808-782-9783
E-mail Address: alarrimore@dhs.hawaii.gov

Authorizing Official (Typed): Judy Mohr Peterson

Authorizing Official (Signature): _____



Date: April 1, 2020

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148 (Expires 03/31/2021). The time required to complete this information collection is estimated to average 1 to 2 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. Your response is required to receive a waiver under Section 1115 of the Social Security Act. All responses are public and will be made available on the CMS web site. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. ***CMS Disclosure*** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact Judith Cash at 410-786-9686.