Agenda

• Updated Disaster Response Toolkit and 1135 Waiver Portal
• Formula Shortage and Medicaid Medical Formula and Medical Food Coverage Requirements
• Unwinding FAQs
• Open Mic Q and A
Updated Preparedness and Response Toolkit for State Medicaid and CHIP Agencies in the Event of a Public Health Emergency or Disaster

Center for Medicaid and CHIP Services
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Background

• Following a natural disaster or public health emergency (PHE), State Medicaid and CHIP agencies may want to make program changes as part of their emergency response.

• There are existing flexibilities in the statute and regulation that can be supplemented with emergency authority to provide state Medicaid and CHIP agencies with additional flexibilities to operate their programs.

• Authorizing the use of these temporary flexibilities typically requires a state or territory to request the use of certain authorities from CMS and for CMS to approve their use.

• After the 2017 hurricanes, earthquakes, wildfires and floods, CMS identified a need to develop written guidance to assist states and territories with preparing and responding to disasters and PHEs.

• In 2018, a Disaster Relief Toolkit was developed that outlined the legal authorities available to effectuate various strategies and actions necessary to support Medicaid and CHIP operations and beneficiaries.
Updated Preparedness and Response Toolkit

• As CMS gained experience during the COVID-19 PHE and past disasters, we identified many new flexibilities and strategies available to support states and territories. The Toolkit was updated to reflect the comprehensive guidance on the available flexibilities, and also include a new strategic framework for Medicaid and CHIP agencies as they prepare to respond to a disaster or PHE.

• The updated version is organized into **three modules** that serve as a comprehensive PHE and disaster preparedness response Toolkit for states and territories.
Module 1

MODULE 1 provides a high-level overview of available legal authorities and the types of Medicaid and CHIP strategies that can be deployed by states and territories, including:

• Regulatory exceptions

• Disaster Relief Verification Plan Addendum,

• Medicaid State Plan Amendment,

• CHIP Disaster Relief State Plan Amendment,

• 1915(c) HCBS Waiver Program Appendix K/Attachment K

• Section 1135 Waiver authority

• Section 1115 Demonstration authority
MODULE 2 lists the various strategies available to states and territories and the action(s) needed to effectuate them, including tables outlining the following categories of flexibilities, each with specific state examples:

A. General Administrative Flexibilities
B. Eligibility and Enrollment
C. Beneficiary Cost Sharing and Premiums
D. Benefits
E. Adverse Actions and Fair Hearings
F. Managed Care
G. Provider Enrollment and Participation
H. Telehealth
I. Medicaid Finance and Reimbursement
J. Reporting and Oversight
K. HIPAA Compliance
L. EMTALA Requirements
M. Emergency IT Systems Funding
N. Section 1115 Demonstrations
Module 3

MODULE 3 is a step-by-step guide intended to help states and territories assess the situation, set priorities and design comprehensive disaster and PHE response efforts most appropriate for the specific emergency at hand. The steps include:

Step 1: Activate or Establish Leadership Team and Conduct a Situational Analysis
Step 2: Assess State Agency Operations
Step 3: Assess the Impact on Applicants and Beneficiaries
Step 4: Assess the Impact on the Health Care Delivery System
Step 5: Establish Communication Strategies

I. Introduction
Medicaid and the Children’s Health Insurance Program (CHIP) have played a critical role in helping states and territories respond to public health emergencies (PHEs) (e.g., Flint, Michigan lead contamination, H1N1 and the 2019 Novel Coronavirus (COVID-19) outbreak), human-made disasters, and natural disasters such as hurricanes (e.g., Hurricanes Katrina, Maria, Harvey and Irma), wildfires (e.g., California wildfires), and flooding (e.g., Hurricane Harvey floods in Texas). The Centers for Medicare & Medicaid Services (CMS) Medicaid and CHIP Coverage Learning Collaborative developed this strategic framework to serve as a step-by-step guide for Medicaid and CHIP agencies as they prepare to respond to a disaster or PHE. This strategic framework is intended to help states assess the situation, set priorities and design comprehensive disaster and PHE response efforts.

Each step below includes a cross reference to relevant sections in Module 2: Toolkit Inventory for more detailed information on the available flexibilities and necessary legal authorities. This framework is designed to help states identify the specific flexibilities and authorities needed to prepare their disaster/PHE response plan.

II. Step-by-Step Guidance to Prepare a Disaster/PHE Response Plan

Step 1: Activate or Establish Leadership Team and Conduct a Situational Analysis
At the onset of any disaster or PHE, establishing a leadership team, or leveraging an existing team, is critical to operationalizing and coordinating the state’s response. The leadership team will need to develop processes for decision making, coordinating, and tracking the Agency’s response. The team will need to assess the nature and scope of the disaster or PHE to shape the Agency’s response and identify the impact of the emergency on the people, infrastructure, and systems. Consider the following:

A. Activate or establish leadership team. Does the emergency warrant the creation of centralized structure at the Agency or Governor’s Cabinet level to coordinate the response across state agencies, if one does not already exist? Is a “SWAT team” approach more appropriate for a regional/geographic emergency? Will the leadership team develop the full staffing plan, including equipment and other needed resources, or delegate to individual components?

B. Establish mechanisms for decision making and coordination. Has a department or team been appointed to take the lead for each component of the response effort? What component or team will coordinate with the federal government? What component or team will develop and deploy communication strategies? What is the plan for establishing standing meetings and developing expedited processes for decision making? What is the plan and timeline for submitting actions to CMS (e.g., section 1135 waiver requests, state plan amendments, 1915(c) waiver requests, Appendix K submissons, emergency IT funding requests, etc.)?

C. Establish mechanisms for tracking and monitoring. Is there a process in place to monitor
Resources

• For resources see https://www.medicaid.gov/resources-for-states/disaster-response-toolkit/index.html which includes links to:
  o Updated Preparedness and Response Toolkit for State Medicaid and CHIP Agencies in the Event of a Public Health Emergency or Disaster
  o Inventory of Medicaid and CHIP Flexibilities and Authorities in the Event of a Public Health Emergency or Disaster
  o Section 1135 Waiver Flexibilities
  o State Plan Flexibilities
  o Using Section 1115 Demonstrations for Disaster Response
  o Home & Community-Based Services in Public Health Emergencies
  o Federal Disaster Resources

• In the event of a PHE or disaster, state Medicaid and CHIP agencies should continue to reach out to their state leads who will serve as the points of contact for CMCS for shepherding all requests for flexibilities across CMS' divisions.
Section 1135 Waiver Portal
Formula Shortage and Medicaid Medical Formula and Medical Food Coverage Requirements
1. **Telephone Consumer Protection Act (TCPA):** Does CMS have any new information regarding the request to the Federal Communications Commission (FCC) to clarify its understanding of how the Telephone Consumer Protection Act (TCPA) relates to Medicaid and CHIP and their contractors?
Requirements and Section 1902(e)(14) Flexibilities Around Medicaid and CHIP Premiums in the Unwinding Period:

2. **Resumption of Premiums**: Are states that suspended Medicaid and/or CHIP premiums through a disaster SPA during the PHE required to resume charging premiums after the end of the PHE?

3. **New Determination of Income**: Are states required to make a new determination of income prior to imposing premiums after the PHE ends?

4. **Extending Suspension of Premiums**: Can states extend their suspension of premiums beyond the end of the PHE?
State Unwinding Q&As (cont’d)

Requirements and Section 1902(e)(14) Flexibilities Around Medicaid and CHIP Premiums in the Unwinding Period (cont’d):

5. **Option to Delay Resumption of Premiums:** May states delay resumption of Medicaid and CHIP premiums only for beneficiaries enrolled in coverage at the end of the PHE until a full renewal of eligibility has been completed?

6. **Beneficiary Notice Requirements:** Are states required to provide beneficiaries with notice before starting to charge premiums again?

7. **Public Notice Prior to Resumption:** Is public notice required prior to resumption of Medicaid and CHIP premiums after the end of the PHE?
Questions