

EIS-HHS CMS
February 15, 2022
2:00 pm CT

Coordinator: Welcome and thank you for standing by. At this time all participants are in a listen-only mode. Today's conference is being recorded. If you have any objections, you may disconnect at this time. I would like to now turn the meeting over to Mr. Tsai, Daniel. You may begin.

Daniel Tsai: Hi folks. Its Dan Tsai here, Director of the Centers for Medicaid (unintelligible) Services.

We got a number of folks from CMS on. First, we apologize for being quite late. We've had some technical difficulties we've been sorting through. So were all in it together. Life is interesting every day.

So thanks for that. We have a rich agenda to walk through and (unintelligible) where to find the slides in a sec because there's some issues with the WebEx. It seems that may or may not be resolved as we go along. But the focus of today's discussion is really around the entire other part of unwinding from the Public Health Emergency.

All of you from the state standpoint have been very, very, very engaged with all of us from the CMS standpoint and other partners on the eligibility enrollment redetermination part of unwinding. As you all know, there's a very large book of work around Disaster Relief SPAs, 1135 waivers and all of that.

So we are not signaling anything specific around the exact end date for the PHE except that we are continuing to want to plan as proactively as possible. And so states have - we've been in discussions with states around the many flexibilities, incredible amounts of things that states have in place as folks make decisions about what to unwind, at what speed and also frankly workload for everybody which we are very conscious of.

So the team will go through many of those different elements including some streamline things that we have in mind. And I would encourage folks to consider where and how certain flexibilities that folks have adopted during the pandemic even those that were, you know, in existence before like telehealth and others that could be maintained for program benefit.

But with that, I apologize again for the technical difficulties. We're going to do our best to walk through the range of pieces here. And, Anne Marie, I'm going to turn it to you, I think, to give an overview of the pieces and hopefully a link for where to find the PowerPoint given the WebEx difficulty. Thank you all.

Anne Marie Costello: Thanks, Dan. And thanks everyone. And again apologies for today's technical snafu.

The slides have been posted to Medicaid.gov on our COVID Response page under the State - Off State Calls. There will also be a link coming out to your appointments to be updated shortly with the link directly to the slides. That should be coming.

We are also still trying to get the Webinar fixed and that may appear momentarily but we don't want to delay any longer. So let me share what we have on deck for today.

So as Dan mentioned today our (unintelligible) will focus on the important topic related to the eventual end of the COVID-19 Public Health Emergency and the processes for returning to regular operations when the PHE ends including the sunseting of the Medicaid Disaster Relief SPAs and the Section 1135 waivers and options that states have for temporarily extending state plan provisions post the Public Health Emergency.

The staff from our Medicaid and CHIP Operations Group, (Tanis Stripe), Kristin Dillon and (Maria Tabacock), will walk through our guidance for sunseting Disaster Relief SPAs and Section 1135 waivers as well as options for temporarily extending Disaster Relief SPA provisions.

After the presentation well open the lines for questions. Well use the Webinar. So you know that part. We're going to try to use the Webinar.

Before we jump in I want to make sure that you all are aware that the new Medicaid and CHIP State Plan Amendment template (unintelligible) the option authorized in the American Rescue Plan to provide 12 months of extended postpartum coverage is now available. The Medicaid template is available in Mac Pro and the CHIP template is available in the MMDL.

As a reminder, states have the option to extend postpartum coverage beginning April 1st and states that elect the option Medicaid may also submit a CHIP SPA to extend postpartum coverage to eligible pregnant individuals in a separate CHIP. For more information on the new option, states may refer to the December 2021 state health official letter entitled Improving Maternal Health and Extending Postpartum Coverage in Medicaid and CHIP.

We are available to provide technical assistance to states with regard to the SPA submission process or questions about implementation. Please contact your state lead or your CHIP project officer for more information and with any questions.

With that, I'm going to turn things over to (Tanis) to start off featured presentation. (Ashley), do we have progress on the Webinar?

(Ashley): Yes. The slides should be visible now.

Anne Marie Costello: Okay. So good news folks. Were back to normal business. And again apologies. (Tanis), over to you.

(Tanis Stripe): Thank you, Anne Marie, and good morning or afternoon everyone, depending on where you're dialing in from.

So, (Ashley), well move to the slide for agenda.

So for this presentation were going to be focusing primarily on the Medicaid guidance provided in the December 2020 state health official show letter that - related to the ending of 1135 waivers and Disaster Relief SPAs at the expiration of the COVID-19 Public Health Emergency or PHE.

Ill walk through various actions states should perform before the PHE expires and well discuss a few examples of SPA provision states should consider more closely as they plan for returning to routine operations.

Although this presentation focuses primarily on Medicaid, there'll be a separate discussion of the children's coverage tag about extending CHIP disaster relief authorities. And in addition well be discussing the home and

community-based services Appendix K changes at a later date since states have additional time to make these modifications after the emergency ends.

Next slide please. To provide Medicaid coverage quickly during the COVID-19 PHE, states adopted temporary changes through various Medicaid emergency authorities including Disaster Relief SPAs and Section 1135 waivers. As just a few examples, states may have used 1135 waivers to extend their hearing request and appeal timelines or providing services in alternative settings. And through a Disaster Relief SPA, states may have relaxed service limits or prior authorization requirements, increased provider payments or added new premises.

Next slide please. Many states and territories, if not all of them, received approval to waive certain requirements of Titles 18, 19 and 21 of the Social Security Act through the Section 1135 waivers. And these 1135 waivers expire at the end of the PHE and states will need to consider the actions needed when returning to routine operation.

So these actions include, as appropriate, providing at least ten days notice to Medicaid beneficiaries and also properly informing providers timely of these changes to minimize disruption.

And states should evaluate whether systems in their internal process changes will be needed along with determining if there are any PHE-related program integrity risks and to what extent these risks can be mitigated.

I do want to note that states have additional time to complete certain actions related to approved 1135 waivers after the emergency ends.

So for example, a number of states elected to use 1135 waiver authority to allow HCBS participants to receive services before their initial level of care determination was completed and the delayed determinations must be completed within 90 days at the end of the PHE. Otherwise, the home and community-based services provided to these participants will not qualify for federal financial participation.

Next slide please. Changes states made to their state plans using the Disaster Relief SPA template will also expire at the end of the PHE unless the SPA included an earlier expiration date.

We recognize that the Public Health Emergency is impacting each state and territory differently and that local conditions influence the type and duration of emergency flexibilities necessary to ensure access to healthcare services and to mitigate the spread of COVID-19.

So because of this, states may want to either end or continue their approved Disaster Relief SPA provisions after the PHE ends. There are a few options for states.

So the first one is that states can allow the Disaster Relief SPA provisions to expire at the end of the PHE or they can extend the SPA provisions for a period of time after the PHE expires through a streamlined SPA approval process or states can continue the provision indefinitely. Meaning, the state would make the change through a non-disaster amendment that would not include a specific end date.

So I'm going to talk about the option to let the Disaster Relief SPA provisions expire and then my colleagues are going to go into more detail in the next presentation on the temporary extension options available.

Next slide please. The states may have used the Disaster Relief SPA to make modifications to benefits including prior authorization, service limits, eligibility changes or cost sharing changes and they have made changes to provider payments or a whole host of other types of changes.

When the state determines that the Disaster Relief SPA provision should sunset at the end of the PHE, they'll need to begin preparing beneficiaries, providers and managed care plans.

Next slide please. So when the state ends a Disaster Relief provision, they'll need to perform the following actions identified on the slide as appropriate: The Medicaid regulations require that states provide at least ten-day advanced notice to enrollees of any actions that result in a loss of eligibility, a reduction in benefits or an increase in cost sharing. And this includes changes due to ending an emergency authority such as a Disaster Relief SPA provision that temporarily expanded eligibility or benefits.

They should also inform providers timely to minimize disruption and may choose to use their usual processes for communicating these changes to the provider community.

States will need to ensure all changes are reflected in their IT systems and internal processes, and they communicate these policy changes to staff. And they'll need to ensure accurate and timely CMS-64 reporting of expenditures incurred during the emergency period.

In addition, states should consider the program integrity risk created by the PHE and its unwinding and mitigate these risks to the extent possible. And of course if appropriate, they should assess their managed care contract, ensuring

consistency with their state plan and other Medicaid authorities and then ensuring adequate time to notify network providers of any upcoming changes.

Next slide please. Just wanted to highlight a Disaster Relief SPA provision that could have significant impact on providers and beneficiaries and that illustrates the need for timely and effective communication.

So states have the flexibility to cover services provided via telehealth prior to the Public Health Emergency and they'll continue to have that flexibility going forward. Many states expand it or change coverage of or payment for services delivered through telehealth using a Disaster Relief SPA or even through policy or operational changes. And this is done in effort to make the service more accessible and safer to both beneficiaries and providers.

Telehealth changes made through a Disaster Relief SPA though will automatically sunset at the end of the emergency. So states will need to plan accordingly.

And although ending the availability of telehealth as an option for delivering the coverage service doesn't require - does not require advanced notice or fair hearing rights. If that - there's still coverage available when the service is provided face to face, we do recommend states provide clear and timely communication of telehealth policy to beneficiaries. Individuals may need time to secure connection to an alternative provider or access transportation to an onsite appointment.

And providers need to receive these messages also. They'll need to deliver services in a manner that's consistent with the states post-PHE policies in order to receive reimbursement.

States can use the telehealth toolkit and the supplement to help think through how to explain and clarify telehealth policies and the circumstances under which it can be reimbursed.

Next slide please. But in terms of best practices, we've already discussed much of what's provided on the slide. States can also leverage the use of a streamlined, combined notice to beneficiaries, describing all the changes incurred - occurring at the end of the PHE including changes to eligibility, benefits, premium, cost sharing.

This notice would also provide information about the circumstances in which the individual may have a right to a Medicaid fair hearing, a CHIP review or a basic health programs appeal.

Next slide please. So this slide provides a visual of much of what we - what I described in this presentation about the timeline, associated actions as states should take in preparation for the end of the PHE along with examples of activities states will have additional time to act on.

But in addition to this, I wanted to highlight that states will need to submit SPAs to reflect COVID-19 vaccine testing and treatment requirements under Sections 9811 and 9821 of the American Rescue Plan prior to the end of the Public Health Emergency.

I'm flagging this here because in order to use 1135 waiver flexibilities to permit a March 11, 2021 effective date, states will need to submit the 9811 templates prior to the end of the PHE. The Section 1135 waivers can be requested for SPAs submitted in response to the American Rescue Plan COVID-19 coverage mandates. But any of these SPAs that include the Section 1135 waiver request have to be submitted before the PHE expires.

Section 9811 templates were released last Friday. All of the templates are available on the Medicaid SPA Toolkit page of Medicaid.gov and its titled Coverage of New Mandatory Benefits Under Section 9811 of the American Rescue Plan. And the templates on Medicaid.gov also include the 1135 waiver template.

So for CHIP, the example SPA language that states can use to demonstrate compliance with the American Rescue Plan Section 9821 was e-mailed to states at the end of January. So like Medicaid, in order for states to use the Section 1135 waiver flexibilities to permit a March 11, 2021 effective date, states will need to submit the CHIP SPA prior to the end of the PHE.

Please include the 1135 waiver request in the cover letter that accompanies the CHIP SPA submission. And please feel free to reach out to your CHIP project officer if you have any questions about the example CHIP SPA language or the SPA submission process.

I'm now going to transition to Kristin Dillon who's going to begin the next presentation. Kristin?

Kristin Dillon: Thanks, (Tanis), and good afternoon and good morning everyone. I'm happy to be here today as a representative of the team here at CMS that's been working to develop guidance and options for states pertaining to Disaster Relief SPAs.

In recent NAMD workgroup sessions and other conversations with states, CMCS received feedback about the potential need for states to extend some of your approved Disaster Relief SPA provision after the PHE ends.

We also heard state support for developing a streamlined process for temporarily extending disaster relief provision in order to make this process as easy and efficient as possible for all.

So during the second portion of today's presentation, my colleague, (Maria Tabacock), and I are going to discuss some things to consider as you contemplate whether there are disaster relief provisions your state may want to extend and we will introduce a process and format for incorporating temporary state plan provisions in the post-PHE period.

Okay, were on the next slide. That's great.

Before we get into the details, I want to first note that the options being discussed today pertain to Medicaid Disaster Relief SPAs. Different processes will apply when considering options for CHIP and CMS will provide greater detail about CHIP unwinding in a separate presentation.

So as (Tanis) noted earlier, all the temporary authorities in the Disaster Relief SPAs are scheduled to automatically sunset at the end of the PHE. But we understand that you may decide that you need some of your approved disaster relief provisions past that date, either temporarily or indefinitely.

In other cases, states may determine that the disaster relief provisions are something they would need longer term. So when we say indefinitely, that's what we mean by that. So not for a defined short period of time.

In addition, you may also identify additional provisions that were not part of an approved Disaster Relief SPA that may be needed temporarily to help you transition to your routine operation.

So some examples may be that you want to implement on a temporary basis or continuous eligibility or expressly in eligibility, states of course have the option to implement both of those to a regular SPA but you may determine that you need to do this in order to help you get back to your routine operations.

Given SPA submission requirements, which Ill review shortly, advanced planning is necessary in order to avoid effective date gaps between the provisions that expire at the end of the PHE and the desired temporary or indefinite state plan. Our goal is to help streamline the process by temporarily extending disaster relief provisions as much as possible, understanding how much states have to do to prepare for the end of the PHE.

Next slide please. Okay. So as you plan for the end of the PHE, you should assess each of your approved disaster relief provisions to determine which of three categories they fall. One, provisions that are no longer needed post PHE. So those logistics expire as planned. Two, provisions that are needed post PHE for a limited amount of time and the state wishes to extend them temporarily. Or three, provisions that are needed post PHE and the state wishes to extend them longer term or indefinitely.

Next slide. Before we discuss the process for extending disaster relief provisions, I wanted to remind states that no additional SPA actions are needed for provisions that will terminate at the end of the PHE. I also want to note that states may have already elected to end some of your disaster relief provisions prior to the end of PHE by either citing a specific sunset day in the SPA or submitting a rescission SPA.

So on those state plan actions required for expiring provisions, as (Tanis) assessed earlier, be sure to review the December 22nd, 2020 SHO to inform the other actions that might be necessary.

One additional note pertaining to 1915(i) and 1915(k) is that it's important to keep in mind as indicated in the May 13th, 2021 SMB letter, states have implemented temporary changes to HCBS eligibility covered services or payment rates through a disaster relief SPA for Section 1915(i) or (k). Those changes cannot be terminated prior to the end date authorized by the disaster relief application without risk of violating the MOEs for Section 1917 of the AARP.

If no specific end date for the provision is indicated in the disaster relief application, for purposes of the MOE, the end date is the date of the disaster relief application terminates which is the last day of the PHE unless the state was approved for an earlier date.

Next slide. So next well start to lay out the options for states who want to extend Medicaid flexibilities beyond the PHE.

Next slide. So options for temporarily extending Medicaid state provisions post PHE will fall into one of three categories. First, approved Disaster Relief SPA provisions the state would like to temporarily extend without modifications. So this applies to those provisions you would like to extend exactly as written in your approved Disaster Relief SPA with no changes at all.

Two, there may be some approved Disaster Relief SPA provisions the state would like to extend temporarily with modifications. So you may wish to

extend certain disaster relief provisions but you want to make some changes to some of the details.

Third, as I noted before, there may be additional provisions that states would like to implement temporarily to aid in the return to routine operations.

So again those are things that were not previously approved in the Disaster Relief SPA but you determine might be needed for a certain period of time to help you with your unwinding.

Next slide. In order to streamline the process for submission and approval, CMS is introducing the option to create new subsections within the general provision Section 7.4 of the Medicaid state plan that may be used for time limited provisions that will extend beyond the end date of the PHE.

Before we get into the details of how this new process may be used, I want to highlight that SPAs extending disaster relief provisions are subject to the regular SPA submission requirements where applicable including effective date of public notice and tribal consultation.

CMS and states may not use Section 1135 SPA process flexibilities for these SPAs as Section 1135 waivers may not be approved or extended after the end date of the PHE.

Next slide. Since states are required to conduct public notice, its important that states plan in advance to ensure the public notice is complete prior to the end of the PHE to as avoid possible interruption in current policies. Ill briefly review when public notice is required.

First, public notice is required for any Medicaid state plan but substantially modifies alternative benefit plans or ABP. The ABP public notice requirements are 42 CFR 440.386 must be completed prior to SPA submission, providing a reasonable opportunity for public to comment in the state to incorporate changes.

Second, cost sharing public notice requirements are at 42 CFR 447.57 require that these complete public notice prior to submitting any SPA substantially modifying premium or cost sharing policy.

Third, public notice is required for any significant proposed change to matters and standards for setting payment rates for services. They should refer to the 42 CFR 447.205 regulation where the public notice requirements are outlined in greater detail.

For payment SPAs, if timing is an issue and you're unsure of the provisions you risk to extend beyond the PHE, CMS would encourage you to notice your provisions broadly and then update the notice as if they can't see a plan solidify.

A couple of final notes on public notice pertaining to 1915(i) and 1915(k) state plan provision. Public input is encouraged for all substantive 1915(i) submission. And while public notice isn't required for 1915(k) coverage changes, substantial changes to coverage should be shared with the states Development and Implementation team.

Next slide. Tribal consultation. So states must ensure applicable tribal consultation requirements are met and states with one or more Indian health programs or urban Indian organizations within its healthcare services, the state

must solicit advice and designate to those entities prior to certain SPA submission.

Soliciting advice is required for any SPA change that is likely to have a direct effect as defined in each state plan on American Indians, Alaska Natives, Indian health programs or urban Indian organizations. Tribal consultation and/or solicitation of advice may be required for both positive and/or negative changes in accordance with each state's approved tribal consultation state plan.

So similar to public notice, timing is key here as well as some states have specific tribal consultation timelines in their approved state plan that need to be followed. For example, conducting tribal notice 60 days prior to SPA submission.

Now that I've covered an overview of the options and things to keep in mind, I'm going to turn it over to (Maria) who will introduce the new Section 7.4 subsection. (Maria)?

(Maria Tabacock): Thank you, Kristin, and good afternoon everyone.

I will now cover the submission and review process for temporary post PHE state plan amendments.

The first option that Kristin mentioned earlier is SPAs that will temporarily extend through new SPA provisions without modification.

For the SPA submission, state should establish a new subsection in the general provision Section 7.4 of the state plan. The pages should be titled Section 7.4.B Temporary Extension to the Disaster Relief Policies for the COVID-19

National Emergency. These pages will directly follow any Disaster Relief SPA through Section 7.4 and if the state requested any rescission through disaster relief SPAs, the pages will follow the rescission in Section 7.4.A.

Next slide please. For Section 7.4.B SPAs where the language will be exactly the same as it was approved in the Disaster Relief SPA, we have developed a streamlined submission and review process. In order to submit the SPAs, we ask that states begin this section with the following sample introductory language:

And as you can see here on the slide, its state effective date after the end of the PHE until the date that the state will enter. The agency temporarily extends the following elections to Section 7.4 of the state plan.

Then to introductory paragraphs getting to the approval page and the SPA ID where the position or group of provisions were originally approved.

Then the state will cut and paste their approved Disaster Relief SPA provisions without making any modification.

States may use one SPA submission that includes all of the temporary provisions without modification, but we ask that you keep the proposed expiration date for each provision or group of provisions.

One thing that we would like to flag here is that if the state intends to have provisions in place for longer than a year, we recommend submitting those changes in the applicable state plan section.

Next slide please.

And here I wanted to show you a sample of what the page should look like. So you can see at the top you have the title and you have the introductory paragraph and then the approved Disaster Relief SPA language. And as you know, these slides will be posted or have been posted on Medicaid.gov. So we wanted you to have this sample when you start working on your SPA submissions. You could refer to this slide.

Next slide please. So to streamline the review and approval of Section 7.4.B SPA, we will rely on the policy review conducted as part of the initial approval and we anticipate that the review of the SPAs will be handled in an expedited manner as a review consists of the following steps: We will be confirming that the language is exactly the same as it was approved in the Disaster Relief SPA.

We will be reviewing to ensure that the state included SPA templates for all of the provisions. We will be ensuring compliance with all the SPA submission requirements including the submission date, the public notice and tribal consultation requirements. And lastly for ABC alignment space, we will be confirming that the state also included an assurance that the extension applies to ABC.

Next slide please. For temporary extensions with modifications or for adding new temporary provisions, which are the two - the second and third options that Kristin laid out earlier, the state will submit the SPAs using the subsection titled Section 7.4.C: Temporary Policies in Effect following the COVID-19 National Emergency.

This section is where states may request temporary modifications to provisions already approved in that Disaster Relief SPA or additional post-PHE changes not already approved in the Disaster Relief SPA.

State submissions will follow the same review process as non-disaster traditional SPA submission. Also we wanted to flag here that if the state wishes to make more restricted changes than what is currently approved in the Medicaid state plan or changes that will be in place for more than 12 months, we recommend that these are done in the applicable state plan section.

Next slide please. So for the SPAs that will be modifying provisions already included in an approved Disaster Relief SPA, we ask the state to use the following introductory simple language: Effective the day after the end of the PHE until the date elected by the state. The agency temporarily extends the following elections of Section 7.4 of the state plan with modification. Again we ask here that the states cite their approval date and the SPA ID where the provisions were originally approved.

Then the states will cut and paste their approved provisions into the page and incorporate all the requested modifications they would like to make as part of the submission.

States may submit all temporary provisions in Section 7.4.C as one SPA but we ask that again you include the proposed expiration date for each provision or group of provisions.

Next slide please. In Section 7.4.C, states may also request temporary amendments to the state plan with additional post-PHE changes not already approved in the Disaster Relief SPA. For clarity, we recommend that this option should only be used for provisions that the state wants to make temporarily and that meet the following criteria:

First, the provision should directly be related to the states COVID-19 unwinding efforts. And second, the provisions are different from what is currently approved in any of the states Disaster Relief SPA.

We ask states that you use the following sample introductory language for this type of request: Effective the day after the end of the PHE until the date elected by the state, the agency temporarily implements the following changes to a state plan.

Next slide please. And here you can see another example of what Section 7.4.C should look like. You have the title. Then you have the introductory paragraph and then the first example is the change to an approved Disaster Relief SPA provision with modification. And then the second example here you have a provision that has not been approved in a Disaster Relief SPA but the state would like to implement for the unwinding period.

Next slide please. And finally, if the state intends to make longer term - long term or indefinite changes to the state plan, states can submit those SPAs now, what you're preparing for the PHE or any time before the end of the PHE.

States can submit the SPAs with a requested effective date of the day after the PHE ends. We will review those SPAs using our normal process and timeline.

And once the SPA is ready for approval, we will issue the approval package with the effective date identified as the day after the PHE ends.

Once the date is known, we will reissue the approval package with a technical correction, adding the actual effective date. This will be a seamless administrative action and no action will be required by the states.

One thing that we wanted to flag for you here is that as required in 42 CFR 441.745 A to B, home and community-based services 1959 SPAs establishing a new benefit or proposing substantive changes to an existing benefit must be approved to the prospective effective date. So we ask that you are mindful of the submission timelines to avoid any effective date gap.

Next slide please. And finally, here we have included a few resources that we think will be helpful for you as you're working on your efforts to return to routine operations and this will be posted as part of presentation today.

And with that, this concludes our presentation today. Thank you so much for your time and attention and I will turn it back to (Jackie).

(Jackie): Thank you so much, (Maria), (Tanis) and Kristin, for your very comprehensive presentation today.

So now were ready to take questions from the state. And we will begin with the chat function. So if you haven't already started entering your questions, please do so. And then we will follow with taking your questions over the phone lines.

So, (Ashley), Ill transition to you.

(Ashley): Thanks, (Jackie). We have one question that has come in through the chat so far. And it says, My math tells me the 60-day advanced notice to states regarding the end of the PHE is today. Have we heard anything?

Anne Marie Costello: So hi everyone. This is Anne Marie Costello.

And we knew that this question will come today. We, like you, have not seen any advanced notice of the end of the Public Health Emergency. You are aware that early in 2021 the acting secretary made a commitment to give states 60 days notice and we have not seen that advanced notice yet.

(Ashley): Thanks, Anne Marie. (Jackie), there are no other questions in the chat right now.

(Jackie): Okay. So why don't we check the phone line? So I'll ask the operator to provide instructions to the states on how to register their questions and then we'll take the questions there.

So Operator could you please provide the instructions at this time?

Coordinator: Thank you. Once again if you would like to submit a question or a comment, please press star 1 on your phone, record your name and your line will be open. That is star 1. To withdraw your question, please press star 2. One moment as questions queue up. Our first question comes from (Henry Lippmann). Your line is now open.

(Henry Lippmann): Good afternoon. Good afternoon. Thank you for presentation today. The second to last slide you provided the various reference documents. And just in terms of states planning and doing IT changes to accommodate the end of Public Health Emergency eventually, are these at this point to be considered sort of the final guidance that we'll receive or should we look at those as being directional with subsequent guidance to happen? Thank you.

Anne Marie Costello: Before we answer, (Ashley), can you go to the slide being referenced by (Henry)?

(Henry Lippmann): Slide 31.

Anne Marie Costello: Great. And, (Henry), you're asking if this is the final set of resources?

(Henry Lippmann): Yes. And - or is it sort of directionally what we should - you know, that's the way Ive taken it so far is its been sort of directional to where CMS may go and that they could be subsequent, but I just want to confirm that that's still the right thinking on it.

Anne Marie Costello: (Henry), there will soon be additional guidance. I think when we released the guidance last summer, we said there will be additional guidance coming and we are working to soon issue additional guidance for how - what states need to do for the end of the continuous enrollment requirement. Yes. So just

(Henry Lippmann): Thank you for confirming that. Thank you.

Anne Marie Costello: Yes. Thanks.

Coordinator: Our next question comes from (Brian). Your line is now open.

(Brian): Hey. Thank you very much. Thanks for your time and the call. I unfortunately encountered difficulty logging in to the Webinar. I was wondering if I was able to obtain the slides after this call and how Id be able to go about it. Thank you.

(Jackie): So yes, the slides have been posted to Medicaid.gov. If you visit our COVID-19 page which is accessible from the home page and scroll all the way down, they should be posted there.

(Brian): Thank you.

Coordinator: Our next question comes from (Tamara). Your line is now open.

(Tamara): Hi. I apologize with the technical difficulty, I didn't quite catch the entirety at the beginning. Did I hear that there was going to be a separate call for CHIP and/or separate CHIP about the unwind?

(Tanis Stripe): Hi, this is (Tanis). Yes, I believe they're going to be talking about the disaster relief kind of unwinding as it pertains to CHIP in an upcoming children's coverage technical assistance group call or a TAG call. And that is forthcoming. I don't have specifics on when that will be, when that will happen. I'm not sure if we have somebody on the line from CAP who can answer that.

(Naiberi): This is (Naiberi). Well be sending out information to states in the next week or so about that.

(Tamara): Great. Thank you.

Coordinator: Again if you would like to ask a question, please press star 1 from your phone.

We currently have no questions at this time.

(Jackie): Thank you. So I'll now transition back to (Ashley). I believe we received a couple of additional questions through the chat.

(Ashley): Yes. And the first question says, How long can a state temporarily extend the provisions? Is there a deadline date? For example, six months, one year, et cetera?

(Maria Tabacock):Hi. This is (Maria). So what we are recommending is that the states use the Temporary Extension sections that we introduced today for any changes that will be in place for up to a year. And then for longer-term changes we are asking states to use (unintelligible) State Plan section to submit those longer-term temporary SPAs.

(Ashley): Okay, thank you, (Maria). Then the next question is around the expiration of the continuous enrollment requirement and it says, If a member was determined ineligible during the PHE and later reports a case change after the PHE expires, can the state act on this change or does the state need to wait until that individual has gone through a renewal?

For example, if the state plans to conduct a renewal on a member in October 2022 and the member reports the case change in June 2022, can the state terminate eligibility prior to conducting the renewal? Again this is for a member that was determined ineligible during the PHE.

(Shannon): Hi, this is (Shannon) in TAP. And I can start with the question. I'm not sure I caught all of the timelines but I think I can go over the general policy.

So in terms of the requirement, states must conduct a renewal of eligibility for all individuals after, you know, when the continuous enrollment requirement ends. For individuals who are overdue for renewal or for who the state determines that the individual was ineligible during the PHE, the state will need to conduct a new full renewal for the individual during the unwinding period.

If the individual is still with - had recently been renewed within the last 12 months and still within their eligibility period, in that circumstance, the state

can act on any changes in circumstances that are reported during that 12-month eligibility period.

(Ashley): Great. Thank you, (Shannon). That's all - actually we just got another question through the chat. It says, If a state has several disaster relief provisions that fall into different buckets, e.g. some without modification, some with modifications and some additional provisions necessary for unwinding, can they all be submitted in a single SPA?

(Maria Tabacock): Our recommendation will be that the request without modifications will be submitted in one SPA and then anything with modifications or any additional provisions can be submitted in a separate SPA. And the reason why is because we will have a streamlined process for the SPAs without modification and the SPAs with modification and additional provisions will require a little bit more time to process. So we want to make sure that were not holding anything that could be approved quickly. So that's the reason why we will propose for states to submit two separate SPAs for those.

(Ashley): Thanks, (Maria). It looks like there are no other questions in the chats right now.

(Jackie): Okay. Thank you, (Ashley). So well move back to the phone lines. And Operator if you could please provide instructions one additional time and well take questions there.

Coordinator: Once again to submit a question or a comment, please press star 1 on your phone. Record your name and your line will be open. That is star 1. We currently have a question from (Ken Kozine). Your line is now open.

(Ken Kozine): Thank you. I just wanted to go back. I know you stated that we - you know, it's been stated before we will get 60 days advanced notice before the end of the Public Health Emergency. We've also - you've also stated on this call that we will get future guidance on unwinding the PHE. Will CMS be sure to provide the guidance before the end of the - before we receive the 60-day notice or should we be planning to potentially receive future guidance sometime during that 60 days that we might have to enact quickly?

Anne Marie Costello: Hi. This is Anne Marie Costello again. It's our goal to get your guidance as quickly as possible. We are actually working it through the clearance process now. You know, the decisions whether the Public Health Emergency is extended or not are decisions made at the department level by the Secretary of Health and Human Services and impacts a number of things beyond just Medicaid.

So - and you don't always know what is going to be a decision, but it is our goal to get to that sunset as quickly as possible. And I am hoping that it is out before - in sufficient time so states have at least the 60 days planning time period, if not longer, that states have been asking for.

(Ken Kozine): Thank you.

Coordinator: Our next question comes from (Danielle Cooper). Your line is now open.

(Danielle Cooper): Hi. Just a general follow-up to where we can find the site specifically on the Medicaid site. I'm not seeing it. So I just wasn't sure if we could - can we get like a specific walk through to where on Medicaid we'd see the link.

Woman: Let me see if we can send it through the chat.

Anne Marie Costello: (Unintelligible) also - I believe this is also now on the appointments, are they not?

Woman: They should be. They were sent out earlier.

Anne Marie Costello: So folks should check their e-mail as well.

(Danielle Cooper): Yes. I don't think it came through but Ill see if one of my peers might be able to forward it to me. Thank you.

Coordinator: At this time we currently have no questions. If you would like to ask a question, please press star 1 from your phone.

(Jackie): I think we have one additional question in the chat. So, (Ashley), Ill turn to you.

(Ashley): Yes. It says, Related to the enhanced funding based on Medicaid enrollment tier level, do the tier levels correspond to core Medicaid eligibility categories or do they also encompass specific services or programs?

Sarah DeLone: Hi, this is Sarah DeLone. I think this question is referring to the tier levels for the continuous enrollment requirement and when states can, you know, need to maintain somebody's coverage in the same tier, assuming that's the question. If it's not the question, then it'd be great if the person could clarify in the chat again.

But those tiers correspond to the level of coverage that somebody has which will generally correspond to a group but they're not defined by group. They're defined by the comprehensiveness of the coverage, with the tier 1 being

covered as minimal central coverage which is most of Medicaid but not all of Medicaid.

(Ashley): Thanks, Sarah. It looks like we have one last question. It says, Since the PHE has been extended longer than we thought, is it possible that the 12 months to complete all unwinding work will also be an extended time frame?

Anne Marie Costello: We do not anticipate that after the end of the continuous enrollment period that it would be longer than 12 months because we review - and, Sarah DeLone, you should jump in here, reverting back to regular operations under the statute and regulations which require that renewals be at least annually. But, Sarah, you should jump in if there's more.

Sarah DeLone: Yes, hi. No, thanks, Anne Marie. No, I don't think that that is likely to do. I think that we would - there would be other complications that might come into play to try and spread that - this renewal over more than 12 months. So - which is why were, you know, trying to provide, you know, many different strategies for states to take advantage of in order to be able to meet that 12-month timeline.

I think that some of the additional guidance that Anne Marie referenced that will be coming well be posting hopefully relatively soon. Well also provide some additional strategies. And we of course will be available to work with states to figure out how to help you meet those targeted timelines.

(Jackie): Thank you, Sarah.

In closing, Id like to thank our team for their presentation today. Looking forward, our next call will take place next Tuesday on February the 22nd from

3:00 to 4:00 pm, Eastern Standard Time. The topic and invitations for our next call will be forthcoming.

Of course as questions come up between these calls, feel free to reach out to us, your state lead or bring your questions to our next call.

We thank you again for joining us today, and we hope everyone has a great afternoon. Thank you.

Coordinator: Thank you all for your participation. This concludes our call. You may disconnect.

END