All-State Medicaid and CHIP Call
October 26, 2021

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Agenda

• SHO Letter: Medicaid and CHIP Coverage of COVID-19 Related Treatment under the American Rescue Plan Act of 2021 (ARP)

• Telework Playbook

• Open Mic Q and A
SHO Letter: Medicaid and CHIP Coverage of COVID-19 Related Treatment
American Rescue Plan Act (ARP) Coverage Mandates

- Medicaid: Section 9811(a) adds a new mandatory COVID-19 treatment benefit to section 1905(a)(4)(F) of the Social Security Act (the Act).
- CHIP: Section 9821 adds the same benefit to section 2103(c)(11)(B) of the Social Security Act.
- The mandates became effective on March 11, 2021, and end on the last day of the first calendar quarter that begins one year after the last day of the COVID-19 emergency period described in section 1135(g)(1)(B) of the Act.
- Individuals in the “optional COVID-19 group” are also covered by these mandates, but only until the last day of the COVID-19 emergency period.
ARP Coverage Mandates, cont’d

- State Medicaid programs and separate CHIPs are required to cover, without cost sharing, treatments for:
  - COVID-19, including specialized equipment and therapies (including preventive therapies).
  - A condition that may seriously complicate the treatment of COVID–19, if otherwise covered under the state plan (or waiver of such plan, including a section 1115 demonstration) for individuals who are diagnosed with or presumed to have COVID-19 during the period such an individual has (or is presumed to have) COVID–19.
Coverage Mandates Explained: Treatment For COVID-19

- States are required to cover the following, without cost sharing, for treatment of COVID-19:
  - Any non-pharmacological item or service coverable under section 1905(a) of the Act in Medicaid, and any non-pharmacological item or service coverable under section 2110(a) of the Act in CHIP, that is medically necessary for treatment of COVID-19. This requirement is similar to the Medicaid Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requirement at section 1905(r)(5) of the Act.
  - Any drug or biological that is approved (or licensed) by the U.S. Food & Drug Administration (FDA) or authorized by the FDA under an Emergency Use Authorization (EUA) to treat or prevent COVID-19, consistent with the applicable authorizations.
Coverage Mandates Explained: Treatment For COVID-19, cont’d

• For services covered under the plan, states might apply limitations on the amount, duration, or scope of coverage of items or services (including drugs) when those items or services are covered to treat or prevent conditions other than COVID-19. If a state does so, it should not apply those limits when the item or service is covered under the ARP amendments because it is needed to treat or prevent COVID-19.

• If a state does not already cover non-pharmacological items and services to treat COVID-19, the state must now provide coverage, without cost sharing, for those items and services and may need to amend its state plan to add this coverage.

• States may apply utilization management controls specifically when the item or service is covered as treatment for COVID-19, provided that in doing so, states do not establish unreasonable or unnecessary barriers to accessing coverage.
Coverage Mandates Explained: Treatment for Underlying Conditions

• Coverage of treatment of a condition that may seriously complicate the treatment of COVID-19 is extremely broad, and encompasses a wide array of possible treatments and therapies, including hundreds of drugs.

• However, this component of the mandatory benefit applies to individuals who are diagnosed with or presumed to have COVID–19 during the period such an individual has (or is presumed to have) COVID–19 and includes only services that are otherwise covered under the state plan or a waiver as of the date of the enactment of the ARP, March 11, 2021.

• Examples of underlying comorbidities or conditions that could seriously complicate the treatment of COVID-19 include, but are not limited to, cardiovascular diseases, chronic lung diseases, diabetes, cancer, obesity, Down Syndrome, and being a recipient of a transplant or immunosuppressive therapy.
Coverage Mandates Explained: Treatment for Underlying Conditions, cont’d

• States will need to determine when an item or service should be covered without cost-sharing for a beneficiary, and without limits on amount, duration, or scope that would otherwise apply when the item or service is covered for other purposes.

• States may apply utilization management controls provided that in doing so, states do not establish unreasonable or unnecessary barriers to accessing coverage.
State Plan Amendments (SPAs)

• Medicaid SPAs will be necessary to add coverage, cost sharing protections, and reimbursement provisions for mandated treatments; these mandates apply beyond Disaster SPA timeframes.

• CHIP SPAs will also be necessary.

• CMS will be providing more information on SPA submissions, and remains available for technical assistance.
Medicaid and CHIP Telework Playbook
Why the Telework Playbook?

• Due to the unprecedented need to shift operations to telework at the beginning of the COVID-19 pandemic, NAMD reached out to CMS to see if we could offer any suggestions to states based on our remote experience.
• We decided to develop this Playbook, which lays out a series of “plays” that describe best practices for telework.
• The Telework Playbook is intended as a resource for states; it is not guidance or requirements of CMS
• Developed through assistance from industry and former SMD from Louisiana, Ruth Kennedy
Play 1: Lead through Telework Organizational Change

• Identify the benefits of telework
  – For employees
  – For agency
  – For community
• Know the goal(s) you wish to achieve from telework
• Recognize the inherent associated risks and plan to mitigate
• Plan early for evaluation and assessment
• Understand the organizational and culture change aspect
Play 2: Establish Telework Policies and Written Agreements

- Building in agency and worker accountability
- Compendium of suggested policy topics
- Considerations for customer service (both internal and external customers)
- Expectations for employee accessibility and communication
- Content of individualized, written telework agreements
Play 3: Optimizing Technology to Support Telework

- Identifying any gaps between existing and needed tools/technology
- Tools that help to optimize virtual work
  - Document sharing
  - Video conferencing
  - Instant messaging and chat applications
- Criticality of telework security
- Ongoing IT support for teleworkers
Play 4: Measure Productivity Rather than Presence

- Recognition of change for managers
- Choosing most appropriate communication tool
- Expectations for “responsiveness”
Play 5: Fortifying Telework Supports

- Value of pilots and trial periods
- Supporting collaboration and teamwork needs
- Telework training design
  - Entire workforce
  - Teleworkers
  - Managers
- Maintaining worker engagement
Play 6: Use Telework to Enhance Resiliency for Emergencies

• Policies and procedures during emergencies could differ
  – Waiver of certain policies
  – Training requirement
  – Assigned tasks
  – Use of personal devices
• Emergency telework communication strategies
• Maintaining a “continuous state of readiness” for telework in emergencies
Questions