



## CoIN to Advance Care for Children with Medical Complexity

Webinar: Legislative Provisions Supporting Families  
Experiencing Financial Hardship in the Era of COVID-19

Friday, June 26, 2020, 2:00 – 3:00 PM ET

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number #UJ6MC31113: *Health Care Delivery System Innovations for Children with Medical Complexity* (\$2,700,000 annually). This information or content and conclusions are those of the authors and should not be construed as the official position or policy of, nor should any endorsement be inferred, by HRSA, HHS or the U.S. government.  
Anna Maria Padlan, HRSA/MCHB Project Officer

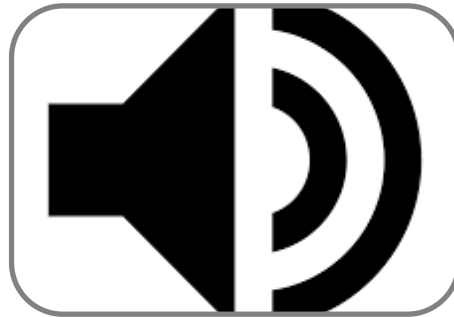
**Boston University** School of Social Work  
Center for Innovation in Social Work & Health



## Welcome & Housekeeping



Webinar is being  
recorded



Please don't use  
speaker phone



Please do not put us  
on hold



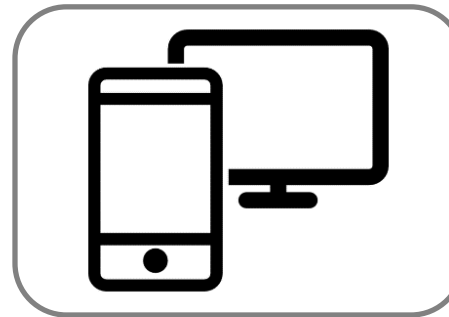
Mute your phone  
when not speaking -  
Press the "mute"  
button on your  
handheld or press \*6  
to mute and \*6 again  
to unmute



Participation is  
essential



Send tech issues to  
Libbi via chat box and  
content questions to the  
whole group




Link your phone with  
your computer



Choose ONE of the audio conference options

☒ Phone Call ☐ Computer Audio ☐ Call Me

 Dial: +44 (0) 20 3695 0088

Meeting ID: 747 416 814

Participant ID: **28**

Done

Share Screen

### If you join by computer AFTER calling in via phone:

You can enter the Participant ID to bind your phone and computer session together by entering **#Participant ID#** on your phone. Your participant ID usually pops up for easy access on the webinar platform, but you can find it under "join audio" if it does not.



## Agenda

**Welcome and roll  
call**

**Introduction to the  
Catalyst Center**

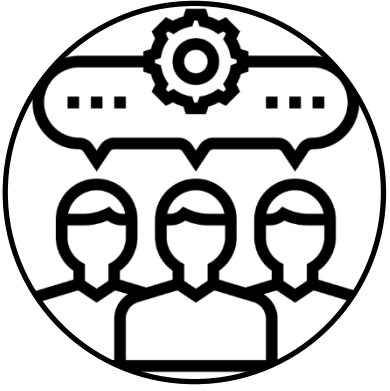
**Overview of causes  
and consequences  
of financial  
hardship for  
families of CMC in  
the time of COVID-  
19**

**Legislative  
initiatives to help  
alleviate financial  
hardship**

- Medicaid/CHIP flexibilities
- CARES Act and employment/income supports
- CARES Act and health coverage

**Wrap-up and next  
steps**

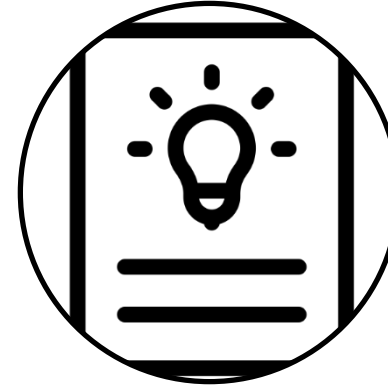




**Provides technical assistance to state Title V programs** on health care coverage and financing policy, practice, and implementation



**Conducts policy research** to identify and evaluate coverage and financing innovations



**Creates resources** such as our State-at-a-Glance Chartbook, value-based purchasing primer, Medicaid and CHIP tutorial, Inequities Tutorial, webinars, and more



**Connects those interested in working together** to address complex coverage and financing issues

## The Catalyst Center: An Overview





# COVID-19: health threat coupled with economic peril



Credit: Anton Petrus Getty Images

- Over 100,000 lives lost to date<sup>1</sup>.
- 40.8 million unemployment claims since mid-March – over 25% of labor force<sup>2</sup>.
- 27 million people have lost employer-sponsored health insurance to date<sup>3</sup>.
- Volatile stock market<sup>4</sup>.
- State and federal budget impacts: short- and long-term



# Voices from the field: Family Leaders and Families

## Identified needs

- Financial hardship (loss of income)
- Coverage loss (job loss)
- Changes in access to care and services (telehealth, home nursing care, etc.)
- Strengthening existing partnerships and developing new ones

## Strategies to address needs

- Technical assistance around new federal options
  - Medicaid/CHIP flexibilities
  - CARES Act employment and income provisions
- Care coordination
  - Financial information and resource referral
  - Coverage and benefits counseling



## New! Catalyst Center COVID-19 Response Fact Sheets

**Goal: to provide Title V programs and its allies with a summary of guidance in clear language, in order to:**

- Build understanding of key financing and coverage provisions during the COVID-19 emergency;
- Support care coordination and partnership building activities;
- Inform benefits and coverage counseling; and,
- Aid in reducing the risk of family financial hardship





# What options for ensuring access and coverage do state Medicaid/CHIP programs have in a public health emergency?

Medicaid Section 1135 waivers

1915(c) home- and community-based waiver programs – Appendix K

Separate CHIP flexibilities

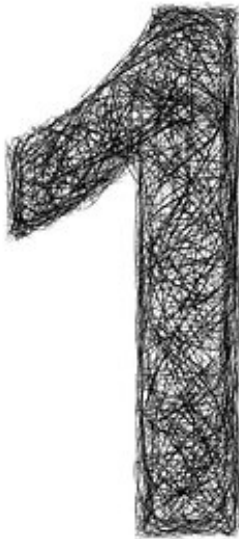


# Medicaid Section 1135 waivers

Under a federally declared disaster or state of emergency, [Section 1135](#) of the Social Security Act includes a number of flexibilities that can temporarily modify or waive certain Medicaid and CHIP requirements



# Select modifications and waivers permitted under Section 1135



## Provider enrollment and program participation rules

- Example: removing limitations on physicians and other clinicians practicing in states they are not licensed in. Equivalent licensing in another state is still required



# Select modifications and waivers permitted under Section 1135



## Appeals and fair hearings

- Examples: speeding up the process for managed care enrollees to proceed to a state fair hearing and extending the time period for requesting a state fair hearing on managed care and fee-for-service appeals



# Select modifications and waivers permitted under Section 1135



## Reporting and oversight requirements

- Example: suspension of requirements that a registered nurse supervise aides employed by home health or hospice agencies



To learn about your state's  
Section 1135 waiver, go to  
<https://www.medicaid.gov/resources-for-states/disaster-response-toolkit/federal-disaster-resources/index.html>  
or contact the Catalyst Center



**Boston University** School of Social Work  
Center for Innovation in Social Work & Health

## Federal Disaster Resources

This page provides federal resources that are helpful during emergencies and disasters. We also created [Medicaid & CHIP disaster preparedness toolkits](#) to provide states and territories with additional disaster-related information.

### [Section 1135 Waiver Flexibilities - Mississippi Coronavirus Disease 2019 \(Second Request\)](#)

June 1, 2020

The Centers for Medicare & Medicaid Services (CMS) granted an initial approval to the State of Mississippi for multiple section 1135 flexibilities on March 23, 2020. Your follow-up communication to CMS on April 1, 2020 detailed an additional federal requirement that also pose issues or challenges for the health care delivery system in Mississippi and requested a waiver or modification of those additional requirements.

### [Section 1135 Waiver Flexibilities - Arizona Coronavirus Disease 2019 \(Eighth Request\)](#)

June 1, 2020

The Centers for Medicare & Medicaid Services (CMS) granted an initial approval to the State of Arizona for multiple section 1135 flexibilities on March 23, 2020. Your follow-up communication to CMS on April 17, 2020 detailed a number of additional federal requirements that also pose issues or challenges for the health care delivery system in Arizona and requested a waiver or modification of those additional requirements.

### [Section 1135 Waiver Flexibilities - Alaska Coronavirus Disease 2019 \(Second Request\)](#)

May 29, 2020

The Centers for Medicare & Medicaid Services (CMS) granted an initial approval to the State of Alaska for multiple section 1135 flexibilities on April 2, 2020. Your follow-up communication to CMS on May 26, 2020, detailed an additional federal requirement that also pose issues or challenges for the health care delivery system in Alaska and requested a waiver or modification of the additional requirement.

### [Section 1135 Waiver Flexibilities - Ohio Coronavirus Disease 2019 \(Initial & Third Communication\)](#)

May 28, 2020

The Centers for Medicare and Medicaid Services (CMS) granted an initial approval to the State of Ohio for multiple section 1135 flexibilities on April 22, 2020. Your initial April 14, 2020 communication and your May 18, 2020 communication included requests for additional flexibilities we can now approve.

### [Section 1135 Waiver Flexibilities - Vermont Coronavirus Disease 2019 \(Second & Third Request\)](#)

May 28, 2020

The Centers for Medicare & Medicaid Services (CMS) granted an initial approval to the State of Vermont for multiple section 1135 flexibilities March 30, 2020. Your follow-up communications to CMS on April 9 and April 15, 2020 detailed a number of additional federal requirements that also pose issues or challenges for the health care delivery system in Vermont and requested a waiver or modification of those additional requirements.

### [Section 1135 Waiver Flexibilities - Maine Coronavirus Disease 2019 \(Third Request\)](#)

May 28, 2020



# Section 1915(c) Home- and Community-based Service Waiver Appendix K

- [Section 1915\(c\)](#) of the Social Security Act allows states and territories to request a waiver of certain requirements under Medicaid in order to provide home- and community-based services (HCBS) to targeted beneficiaries with disabilities
- [Appendix K](#) is a temporary standalone addition to an existing 1915(c) waiver that states can request in the event of a disaster or other emergency in order to respond to the unique needs of HCBS waiver enrollees. A separate Appendix K must be filed for each [existing waiver](#) a state wants to modify



# Select modifications or additions permitted under Appendix K

## Eligibility criteria

- Examples: temporarily increasing cost limits for entry into the waiver or modifying additional targeting criteria; allowing waiver enrollees to maintain eligibility without receiving services



# Select modifications or additions permitted under Appendix K

## Covered service changes

- Examples: modifying service scope or coverage, increasing existing service limits or requirements for amount, duration and prior authorization, adding services which are directly related to responding to the emergency situation, adding home delivered meals, medical supplies, equipment, assistive technology



## Select modifications or additions permitted under Appendix K

### Service planning and delivery

- Examples: temporarily begin or expand services available under [self-direction](#) authority; adjusting assessment requirements



# Select modifications or additions permitted under Appendix K

## Settings

- Example: temporarily expanding the settings in which home and community-based services can be provided, provision of services in out-of-state settings



# Select modifications or additions permitted under Appendix K

## Providers

- Example: permitting payment for services provided by family caregivers or other legally responsible individuals, temporary modification of provider qualifications, increase in payment rates





Home & Community-Based  
 Services in Public Health  
 Emergencies

1915(c) Appendix K

## Emergency Preparedness and Response for Home and Community Based (HCBS) 1915(c) Waivers

Appendix K is a standalone appendix that may be utilized by states during emergency situations to request amendment to approved 1915(c) waivers. It includes actions that states can take under the existing Section 1915(c) home and community-based waiver authority in order to respond to an emergency. Other activities may require the use of various other authorities such as the Section 1115 demonstrations or the Section 1135 authorities. This appendix may be completed retroactively as needed by the state.

### Appendix K Templates and Instructions

- [COVID-19 Specific Sample Appendix K Template](#) (DOCX, 58.89 KB)
- [COVID-19 Appendix K Instructions](#) (PDF, 77.05 KB)
- [Appendix K Template](#) (DOCX, 59.91 KB)
- [Appendix K Instructions](#) (PDF, 481.69 KB)

### Approved COVID-19 Appendix K Documents

Note: Information on the underlying waivers can be found on the [State Waiver List](#).

[WI.0367 Appendix K](#) (PDF, 123.8 KB) [WI.0484 Appendix K](#) (PDF, 123.8 KB)

State	Approval Letter(s)	Approved Appendix K
Alaska	<a href="#">Approval Letter</a> (PDF, 108.77 KB)	<a href="#">Appendix K - AK Combined</a> (PDF, 277.94 KB)
Arizona	<a href="#">Approval Letter</a> (PDF, 446.73 KB)	<a href="#">AHCCCS 1115 Demonstration (1-W-00275/9) Appendix K</a> (PDF, 444.29 KB)
Arkansas	<a href="#">Approval Letter</a> (PDF, 107.94 KB)	<a href="#">AR.0188 Appendix K</a> (PDF, 100.7 KB) <a href="#">Appendix K - AR 0195, 0400 Combined</a>
California	<a href="#">Approval Letter</a> (PDF, 108.14 KB) <a href="#">Approval Letter 2</a> (PDF, 109.9 KB)	<a href="#">CA.0139 Appendix K</a> (PDF, 174.59 KB) <a href="#">CA.0141 Appendix K</a> (PDF, 161.82 KB) <a href="#">CA.0183 Appendix K</a> (PDF, 163.69 KB) <a href="#">CA.0336 Appendix K</a> (PDF, 127.16 KB) <a href="#">CA.0431 Appendix K</a> (PDF, 134.94 KB) <a href="#">Appendix K - CA Combined</a> (PDF, 100.33 KB) <a href="#">Appendix K - CA Combined 2</a> (PDF, 101.95 KB)
Colorado	<a href="#">Approval Letter</a> (PDF, 134.69 KB) <a href="#">Approval Letter 2</a> (PDF, 108.87 KB) <a href="#">Approval Letter 3</a> (PDF, 109.59 KB) <a href="#">Approval Letter 4</a> (PDF, 110.26 KB)	<a href="#">Appendix K - CO Combined 1</a> (PDF, 454.8 KB) <a href="#">Appendix K - CO Combined 2</a> (PDF, 181.06 KB) <a href="#">Appendix K - CO Combined 3</a> (PDF, 102.67 KB) <a href="#">Appendix K - CO Combined 4</a> (PDF, 88.39 KB)

To learn about your state's  
Appendix K approvals, go to  
<https://www.medicaid.gov/resources-for-states/disaster-response-toolkit/home-community-based-services-public-health-emergencies/emergency-preparedness-and-response-for-home-and-community-based-hcbs-1915c-waivers/index.html>  
or contact the Catalyst Center



**Boston University** School of Social Work  
 Center for Innovation in Social Work & Health

# Separate CHIP flexibilities

States with separate [CHIP programs](#) have the option to submit a disaster relief State Plan Amendment (SPA).

Some of the flexibilities available to states under this option include:

Waiving premiums

Waiving cost-sharing

Changing application and redetermination policies

Changing verification requirements



## CHIP State Program Information

In order to be eligible for payment under this statute, each State must submit a Title XXI plan for approval by the Secretary that details how the State intends to use the funds and fulfill other requirements under the law and regulations at 42 CFR Part 457.

States can design their CHIP program in one of three ways:

1. **Separate CHIP:** a program under which a state receives federal funding to provide child health assistance to uninsured, low-income children that meets the requirements of section 2103 of the Social Security Act.
2. **Medicaid expansion CHIP:** a program under which a state receives federal funding to expand Medicaid eligibility to optional targeted low-income children that meets the requirements of section 2103 of the Social Security Act.
3. **Combination CHIP:** a program under which a state receives federal funding to implement both a Medicaid expansion and a separate CHIP.
4. States can design their CHIP program in one of three ways:

### State and Federal Funding for CHIP

Like Medicaid, CHIP is administered by the states, but is jointly funded by the federal government and states. The Federal matching rate for state CHIP programs is typically about 15 percentage points higher than the Medicaid matching rate for that state (i.e., a State with a 50% Medicaid FMAP has an "enhanced" CHIP matching rate of 65%). Every state administers its own CHIP program with broad guidance from CMS.

### State Options for Designing the CHIP Program

1. Medicaid expansion
2. Separate Child Health Insurance Program
3. Combination of the two approaches

[CHIP Program by State](#) has more information about how each state has implemented its program.

States apply for changes to their CHIP state plan utilizing the revised [CHIP State Plan Template](#). To see CHIP information by state, [select a state on the map](#) to find details about enrollment and dental providers. Click here for the [CHIP Annual Reports](#).

### CHIP State Plan Amendments

CHIPRA creates a broad quality mandate for children's health care and authorizes health care quality initiatives for both the Children's Health Insurance Program (CHIP) and Medicaid programs.

Persons with disabilities having problems accessing the PDF files may call 410-786-0429 for assistance.

Showing 1 to 10 of 605 results [SHARE RESULTS](#)

**Transmittal Number:** PA-20-0001

State:	Pennsylvania	Status:	Approved
Summary:	The state provides temporary policy adjustments in response to the COVID-19 public health emergency.		
Approval Date:	05/18/2020	Effective Date:	03/01/2020
Topics:	<ul style="list-style-type: none"> <li>Disaster Relief</li> </ul>		
Links:	<a href="#">Current State Plan</a> (PDF, 431.34 KB)		

[SHARE THIS CHIP STATE PLAN AMENDMENT](#)

**Sort By:**

Date: Newest First

**REFINE YOUR SEARCH:**

**Filter by Approval Date**

08/01/2003

06/01/2020

**Filter by Effective Date**

06/01/2003

06/01/2020

To see if your state has a CHIP disaster relief SPA, go to <https://www.medicaid.gov/chip/state-program-information/index.html> or contact the Catalyst Center



# The CARES Act and health coverage

Became law March 27, 2020

\$2.2 trillion dollar package to help address health and economic impacts of Coronavirus pandemic

Select provisions: FMAP increase & Teleheath



# Can Medicaid/CHIP Enrollees Lose Coverage During the Public Health Emergency?

## Federal Medical Assistance Percentage (FMAP) increase (Section 3720)

- A state's FMAP is the amount of funding states receive from the federal government to run their Medicaid program
- The CARES Act increased the FMAP for each state by 6.2% from January 1, 2020 through the end of the emergency period



# FMAP Increase

To be eligible for the funds, states are required to:

Maintain the eligibility standards and premium schedule they had in place on January 1, 2020 (expanding eligibility is allowed under a Section 1135 waiver )

Continue eligibility for current and new enrollees from March 18, 2020 through the end of the month of the emergency period – this means Medicaid enrollees cannot be removed from the program for any reason unless they move out-of-state or disenroll themselves





## Telehealth – Medicaid

- States already have broad flexibility in covering telehealth through Medicaid.
- States can use Appendix K to allow case management to be offered by telephone or videoconference to home and community-based service waiver recipients



## Telehealth – Private Insurance

Section 3701: For plan years beginning on or before Dec. 31, 2021, high-deductible health plans with a health savings account (HSA) are permitted to cover any telehealth services without cost-sharing prior to a patient reaching the deductible, including those related to COVID-19 care and treatment

Individual and group plans will be allowed to make [mid-year changes](#) to their products in support of greater access to telehealth services or by reducing or eliminating cost-sharing. This flexibility applies to COVID-19 related services as well as any telehealth service



# The CARES Act and Employment

1. Income supports
2. Sick leave and family leave



# Income Supports: Pandemic Unemployment Assistance (PUA) (Section 2102)

In effect January 27<sup>th</sup> through December 31, 2020

Expands unemployment compensation to those who ordinarily would not be eligible (“gig” workers, self-employed workers, etc.) AND

Are out of work due to a COVID-19 related circumstance

- The worker or the worker’s family member is sick with COVID-19
- The worker is caring for a child whose school or day care is closed due to COVID-19 concerns
- The worker’s place of employment is closed as a result of COVID-19



# Income Supports: Pandemic Unemployment Compensation (Section 2104)

A temporary additional federal payment of \$600 per week

Available to all recipients of traditional unemployment insurance or Pandemic Unemployment Compensation from January 27 through July 31, 2020.



# Income Supports: Pandemic Emergency Unemployment Compensation (Section 2107)

The length of time for traditional unemployment benefits varies between states, with an average of 26 weeks

Provides a continuation of state benefits for 13 additional weeks

To be eligible, individuals must have exhausted their state benefits and be actively looking for work

The benefit is the state's regular unemployment compensation amount, plus the additional \$600 under Section 2104





# Emergency Paid Sick Leave Act (Section 3602)

Private employers with fewer than 500 employees and public agencies are required to provide paid sick leave to employees who cannot work for the following reasons:

A Federal, state or local quarantine or isolation order related to COVID-19

Advice of a health care provider to self-quarantine related to COVID-19 concerns

Experiencing symptoms and seeking confirmation of a diagnosis of COVID-19

Caring for an individual who is under a quarantine order or self-quarantine medical advice

Caring for a child whose school or day care has closed, or whose child care provider is unavailable due to COVID-19 related reasons



# Emergency Family and Medical Leave Expansion Act

- Expansion of the existing [Family Medical Leave Act](#), which is unpaid
- Employers with under 500 employees and public agencies must comply
- Provides for additional paid family and medical leave to employees who are unable to work because
  - A child's school or day care has closed; or,
  - A child care provider is unavailable due to COVID-19 related reasons
- An employee can take up to twelve weeks of leave, although the first two weeks are unpaid
- The remaining weeks are paid at two-thirds of the employee's regular pay
- Compensation is calculated using the number of hours an employee would normally have been scheduled for



# Disclaimers (the fine print)

## CONTENT DISCLAIMER

- The information presented is accurate as of its publication date. Further federal agency guidance, regulations and rules are being issued rapidly and may have an impact on this content. For the most up-to-date information on Medicaid/CHIP guidance, state flexibility-related tools and checklists, waiver and amendment approvals and clinical/technical guidance please visit:  
<https://www.medicaid.gov/resources-for-states/disaster-response-toolkit/coronavirus-disease-2019-covid-19/index.html>

## HRSA FUNDING DISCLAIMER

- This project (U1TMC31757) is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$500,000, with no financing by nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, HRSA, HHS or the U.S. Government.



# Questions and Discussion

## Contact Information:

**Catalyst Center Email:** [cyshcn@bu.edu](mailto:cyshcn@bu.edu)

**Catalyst Center Website:** [www.catalystctr.org](http://www.catalystctr.org)

**Meg Comeau, Senior Project Director:** [mcomeau@bu.edu](mailto:mcomeau@bu.edu)



# CoIN to Advance Care for Children with Medical Complexity

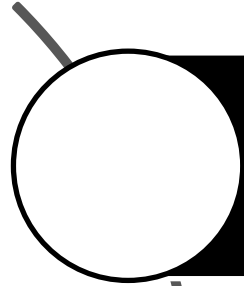


## Wrap-Up & Next Steps

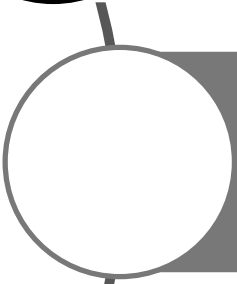


## Wrap Up & Next Steps

### Next Steps

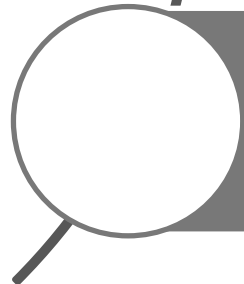


Reach out with any further questions!



Continue support visit prep

- Review data collection and management process during support visit
- Refer to Box for examples of support visit materials such as agendas as they're developed



Contact us with ideas for objectives and useful elements at the state team learning session in October



## Wrap Up & Next Steps

### Evaluation

<https://www.surveymonkey.com/r/JDL7K82>

