

COVID-19 UPDATE

North Dakota Medicaid

March 27, 2020

FAMILIES FIRST CORONAVIRUS RESPONSE ACT (HR6201) – SECTION 6008 - FMAP INCREASE

- Signed into law March 18, 2020
- Section 6008 – Federal Medical Assistance Percentage (FMAP) – temporary 6.2 percentage point increase to each qualifying state FMAP beginning January 1, 2020 and extending through the last day of the calendar quarter in which the public health emergency terminates.
- The increase does not apply to the following Medicaid expenditures:
 - Medicaid administrative expenditures
 - Adult group expenditures matched at the “newly eligible” FMAP
 - Expenditures for family planning services eligible for 90% match
 - IHS/638 Expenditures that are eligible for 100% match

REQUIREMENTS FOR STATES TO RECEIVE INCREASED FMAP

To qualify for the temporary FMAP increase, states must, through the end of the month when the public health emergency ends:

- Maintain eligibility standards, methodologies, or procedures that are no more restrictive than what the state had in place as of January 1, 2020 (maintenance of effort requirement).
- Not charge premiums that exceed those that were in place as of January 1, 2020
- Cover, without impositions of any cost sharing, testing, services and treatments—including vaccines, specialized equipment, and therapies—related to COVID-19.
- Not terminate individuals from Medicaid if such individuals were enrolled in the program as of the date of the beginning of the emergency period, or becomes enrolled during the emergency period, unless the individual voluntarily terminates eligibility or is no longer a resident of the state (continuous coverage requirement).

REQUIREMENTS FOR STATES TO RECEIVE INCREASED FMAP

FMAP Impact

	Until December 31, 2019	Starting January 1, 2020 to end of quarter when emergency is declared over by the Secretary of Health and Human Services
Federal share	50.05%	56.25%
State share	49.95%	43.75%

UPDATE ON 1135 WAIVER

- Meeting with CMS
- CMS approval letter
- Additional flexibilities under 1115 and Disaster SPAs
- Next steps on implementation of 1135
 - State Plan, temporary policy changes
 - Executive Orders

COVID-19 RESOURCES AVAILABLE ONLINE

DHS landing page for COVID-19 resources: <http://www.nd.gov/dhs/info/covid-19/index.html>

- Contains information on program/policy changes, provider Q&A, resources for individuals and families and much more
- COVID-19 health information is available on the Department of Health's website at <https://www.health.nd.gov/diseases-conditions/coronavirus>

APPENDIX K – DD TRADITIONAL IID/DD HOME AND COMMUNITY BASED SERVICES WAIVER

- HCBS setting requirement is waived
- Service delivery may deviate from the service description for certain services
- The following services will be allowed virtually:
 - o Infant development
 - o Independent habilitation
 - o Individual employment
 - o Parenting support
- In home support may be provided during “typical” school hours if the school is not providing IDEA services
- Team meetings and plan development may be conducted entirely using telecommunications
- DD program managers may conduct their required face to face visit virtually if the client or family prefers this method

APPENDIX K - HCBS MEDICAID WAIVER (AGED & DISABLED)

- Applies to COVID – 19 pandemic and potential flood disaster
- Requested actions:
- Modify Service Scope or Coverage
 - Supervision
 - Adult Foster Care
 - Case Management
 - Respite Care
 - Home Delivered Meals
- Modify Service Locations
- Temporarily provide service in out of state settings
- Allow additional services to be provided by family or legal guardian
- Temporarily modify QSP standards, including screening, competencies, and re-enrollment
- Temporarily increase payment rates for supervision to usual and customary rate for similar services

APPENDIX K - AUTISM SPECTRUM DISORDER WAIVER

Approved waiver

- Service provided in the home
- Respite limited to 40 hours per month
- Cannot be provided out of state
- Participant care plan:
 - Face to face visit twice a year
 - Changes made to plan must be signed off by parent at time of meeting

Appendix K

- Service provided where child is
- Respite may increase due to emergency.
- If emergency dictates family need to leave the state temporarily - able to provide services
- Participant Care Plan:
 - Can be completed by telehealth or conference call.
 - Changes agreed to on phone can be signed 7 days after emergency
 - Must have state approval - email

APPENDIX K – CHILDREN’S HOSPICE WAIVER

Approved waiver

- Service provided in the home
- Respite limited hours to 76 hours per year.
- Cannot be provided out of state
- Participant care plan:
 - Face to Face visit quarterly
 - Changes made to plan must be signed off by parent at time of meeting

Appendix K

- Service provided where child is
- Respite may increase due to emergency
- If emergency dictates need to leave the state temporarily - case management will ensure hospice agency in that state is licensed there and can meet needs
- Participant care plan:
 - Can be completed by telehealth or conference call.
 - Changes agreed to on phone can be signed 7 days after emergency
 - Must have state approval - email

APPENDIX K – MEDICALLY FRAGILE WAIVER

Approved waiver

- Service provided in the home
- Cannot be provided out of state
- In-Home support hours must have a signed authorization to be increased
- Participant care plan:
 - Face to face visit quarterly
 - Changes made to plan must be signed off by parent at time of meeting

Appendix K

- Service provided where child is
- If emergency dictates family needs to leave the state temporarily - able to provide services
- In-home support hours may be increased verbally – with authorization updated after
(Call the state to inform fiscal agent)
- Participant care plan:
 - Can be completed by telehealth or conference call
 - Changes agreed to on phone can be signed 7 days after emergency
 - Must have state approval - email

QUESTIONS?