

DHSS has been tremendously busy responding to the COVID-19 crisis, as well as attending to the ongoing critical issues, programs, finances and policy required for running the state's health care system. There are many challenges caused by both the contagion and its parallel effects on workforce and accessibility. Our priorities have been:

- Getting assistance and benefits into people's hands faster, with fewer barriers.
- The elderly population and their care and safety.
- The stability and accessibility of health care providers.
- Proactively positioning the department should this epidemic worsen.

To this end, the following efforts are ongoing:

Health response

DHSS is moving to modify or waive many existing regulations to assist with the accessibility of care in areas some of which include:

- a. Suspending service authorization limits and durations.
- b. Permitting facilities to use multiple types of spaces for patient care as needed.
- c. Increasing or waiving service limits for services such as personal care services.
- d. Waving the prohibition against family members being paid to provide services for the disabled and elderly population.
- e. Waiving assessments and reassessments for disabilities services.

Concerning Medicaid services, the department has applied for and received a waiver for its disabilities services, this has been granted and allows for (among other things):

- a. Services being provided in other settings not previously allowed (such as hotel rooms).
- b. Substitutions across services, such as respite being used instead of day habilitation.
- c. Many services being provided telephonically.
- d. The removal of service caps.

For the rest of the Medicaid population, the department has applied for and received an emergency 1135 wavier by Centers for Medicare and Medicaid Services (CMS). This waiver would allow for (among other things):

- a. Waiving or postponing many enrollment requirements such as obtaining fingerprints, allowing for a provisional enrollment.
- b. Allowing for presumptive eligibility for the aged, blind and disabled population.
- c. Postpone or suspend administrative hearings, federal audits and other audit requirements.
- d. Modifying the timely provider filing requirements.
- e. Suspending level of care requirements, allowing patients to be cared for where they are instead of being transferred.
- f. Allowing for the creation of a new isolation and quarantine system to provide safe places for those that cannot quarantine at home.

Suspended regulations and statutes:

- a. Allow videoconferencing and other ways to conduct assessments other than face to face.
- b. Relaxing of response timelines at Office of Children's Services (OCS).
- c. Permit additional Medicaid funding for COVID-19 related hospitalizations.
- d. Provisional approval of background checks without fingerprinting.
- e. Allow payment to family members providing care for Seniors & Disabilities Services.

See the last two pages of this document for more information about the two Medicaid waivers.

Disaster response (Division of Public Health)

- DHSS Emergency Operations Center is active in disaster response in every community, testing and tracking, and planning for future patient care.
- Section of Epidemiology is systematically holding 'town hall' meetings with communities to assess individual needs and plan the appropriate responses.

Public assistance and benefits (Division of Public Assistance)

- Able Bodied Adult Without Dependents (ABAWD) work requirements for the Supplemental Nutrition Assistance Program (SNAP) have been temporarily suspended, as well as extending the certification periods.
- Adult public assistance and senior benefits eligibility extended 6 months.
- Women, Infants and Children (WIC) participants are allowed to be certified without going to a WIC clinic.
- Modified workflow and accessibility, allowing Alaskans to drop off paperwork and establish call-in appointments to allow better access and ensure public services and social service program eligibility.
- Presumptive eligibility where possible, so benefits accessed faster.
- Changing or waiving protocols like in-person meetings.

• Asking for and using any federal flexibility in programs to get payments to child care providers and any other assistance programs.

Facility-driven services and children services (Pioneer Homes, Division of Juvenile Justice, Alaska Psychiatric Institute, Office of Children's Services)

- All public entry to OCS offices are by appointment only.
- All family contact is limited to electronic methods for visitation such as FaceTime, Zoom or telephone visits, or other communication applications.
- Liberal, daily phone calls between children and their parents are being done through OCS.
- Foster parent frequently asked questions about COVID-19 posted to OCS website.
- DJJ is posting COVID information to their website and developing a parent corner section to provide updates to families.
- Pioneer Homes are reviewing on a case-by-case basis the 180 days allowed for an Alaska resident to be out of state in order to remain on the waitlist. This requirement is being waived if the elder was out of state and should not travel back to Alaska due to COVID-19.
- Reduce community spread through very limited visitation.
- Working with community providers to reduce cross-facility spread. (Many employees work at various facilities in their community).
- Being mindful and frugal with use of PPE and other supplies to reduce the burn rate.
- Evaluating the need for transport to medical facilities and taking care of more needs in facility.
- Working with families on end-of-life requests to reduce emergency room and hospital use.

Medicaid driven services (Health Care Services, Division of Behavioral Health, Division of Public Assistance, and Senior and Disability Services)

- Reducing regulatory burden for providers to give unfettered access to patients.
- Worked with our partners, including Alaska State Hospital and Nursing Home Association, Alaska Behavioral Health Association, Alaska Mental Health Trust, and Alaska Native Health Board, to identify needs and write to massive emergency plans with CMS (the Appendix K and the 1135 Waiver).
- Working with our federal partners including CMS, Administration for Children and Families, and FEMA to implement emergency protocol for programs and vulnerable populations.

Specifically, the waivers include modifications such as:

• Exempting the settings, scope, duration, and frequency of services provided during the crisis.

- Setting new rates for specific services such as home and community-based services for the elderly to incentivize providers to provide care in-home rather than in congregate settings.
- Extending plans of care during the emergency so that providers can focus on care rather than administrative work.
- Extending licensing and credentials of providers including a waiver for certified nurse assistants to work on provisional license and out-of-state providers to provide telehealth services while not licensed in Alaska.
- Modifying caregiving requirements allowing personal care attendants the flexibility of location to provide more comprehensive care in homes.
- Modifying our telehealth capacity to allow services regardless of the origination of the service (i.e. an out-of-state or region provider could provide services without a physical examination in certain cases), removing the video requirement for most services, and relaxing the technological requirements for many services to allow simple interface such as Facetime.

For businesses

- Working with child care providers in order to keep them whole and modify their work during this time, including hosting webinars and answering frequently asked questions.
- Increasing funding through both federal and state sources to allow for incentive pay and stabilization pay for health care providers.
- DHSS is leading a discussion with Department of Commerce, Community, and Economic Development, Department of Labor, and Department of Natural Resources regarding the commercial fishing industry and its personnel for economic stability of the fleet(s) and has daily discussions with the health care industry in order to provide flexibility and maximize health care professional recruitment and reimbursement.



Medicaid Waivers

Increasing access and providing safer means to health care services during the COVID-19 health emergency

On April 2, 2020, the Centers for Medicare and Medicaid Services granted the Alaska Department of Health and Social Services' (DHSS) waivers of Medicaid requirements. These waivers allow DHSS greater flexibility to respond to the COVID-19 health emergency through increased accessibility to care and safer mechanisms for the provision of health care during this time of crisis.

Appendix K, the first of the two waivers, was granted on March 25, 2020. The Appendix K waiver is specific to Alaskans who receive Medicaid Home and Community Based Wavier services through Senior and Disabilities Services. The second waiver, under Section 1135 of the Social Security Act, was granted on April 2, 2020. The Section 1135 waiver ensures that, during an emergency, sufficient health care services are available to Medicaid enrollees and Medicaid providers are relieved of requirements that could impede the provision of health care.

In broad terms, these waivers allow Medicaid-enrolled providers to provide more accessible care in the following ways:

- Allows health care professionals to provide care in different settings, for flexible duration and scope, and with less administrative burden;
- Extends or waives plans of care requirements, and allows providers more flexibility in documentation and reporting;
- Modifies current requirements for health care professional licensing in order to allow more health care professionals provisional licenses for care in Alaska;
- Eases restrictions and administrative process on health care professionals seeking to enroll as Medicaid providers; and
- Allows a wide variety of services to be performed via telehealth.

Waiver provisions will be implemented on an as needed basis, and DHSS will notify providers of the effective date of each change. Until DHSS notification is issued, services provided under waiver provisions will not be covered. Notices will be published at <u>Alaska Medicaid Health</u> <u>Enterprise</u> and the <u>Division of Behavioral Health</u> websites as approved waivers are implemented.

If you are a:	Contact:
Medicaid applicant or enrollee	Division of Public Assistance Director of Public Assistance <u>hssdpadirectoroffice@alaska.gov</u> or 907-500-2131
Health care provider (e.g., hospital, physician, dentist, therapist) with a question about provision of Medicaid services	 Division of Health Care Services Brenda Vincent <u>brenda.vincent@alaska.gov</u> or 907- 334-2430 Sherri Larue <u>sherri.larue@alaska.gov</u> or 907-334-2656
Health care facility (e.g., hospital, skilled nursing facility, ambulatory surgery center) with a question regarding licensure or certification	 Division of Health Care Services Matthew Thomas <u>matthew.thomas2@alaska.gov</u> or 907-334-2664 For DETs Gennifer Moreau <u>Gennifer.moreau@alaska.gov</u> 907-717-1346
Health care provider with a question about Medicaid enrollment	 Division of Health Care Services Jason Ball <u>jason.ball@alaska.gov</u> or 907-334-2186
Behavioral health provider (e.g., community behavioral health providers including Tribal health, autism services, mental health physician clinics) with questions regarding the provision of Medicaid services	 Division of Behavioral Health Terry Roth <u>terry.roth@alaska.gov</u> or 907-744-3707 MPASSUNIT <u>mpassunit@alaska.gov</u>
Assisted living homes with questions about licensing and operations	 Division of Health Care Services Craig Baxter <u>craig.baxter@alaska.gov</u> or 907-334-2492

For specific questions about these waivers or their implications: