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States Are Leveraging Medicaid to Respond to COVID-19

By Jessica Schubel

Many state Medicaid programs are proposing or implementing new policies to respond to COVID-19 and maintain access to health care during the public health crisis. States are strengthening their home- and community-based services (HCBS) programs, improving access to coverage and care, helping people access care while social distancing, and ensuring financial stability for providers so they can keep their doors open and serve their communities. More states should consider implementing these policies, especially as more people lose their jobs or incomes and need Medicaid coverage. Congress should support states in making these changes by further increasing Medicaid's federal match rate to defray the cost of these policies, as well as to prevent states from reducing access to care.

States Are Implementing New Medicaid Policies to Respond to COVID-19

Every state has made at least one change to its Medicaid program in response to COVID-19, using various available Medicaid authorities (see the textbox below).[1]

Expanding or Strengthening HCBS for Seniors and People With Disabilities

HCBS are especially important during the public health crisis because they help seniors and people with disabilities remain in their homes, where they are generally safer from the virus than in nursing homes.

To date, the Centers for Medicare & Medicaid Services (CMS) has approved section 1915(c) waiver Appendix K changes to HCBS in 37 states (see Table 1 for a list of changes by state). These changes are making it easier for seniors and people with disabilities to get HCBS. More than half of states are permitting providers to conduct virtual assessments and person-centered planning meetings, modifying processes for level-of-care evaluations, extending reassessment and re-evaluation dates, and modifying the person-centered planning process.

[1] For a complete list of approved state policies, see Kaiser Family Foundation, "Medicaid Emergency Authority Tracker: Approved State Actions to Address COVID-19," accessed on May 1, 2020, https://www.kff.org/medicaid/issue-brief/medicaid-emergency-authority-tracker-approved-state-actions-to-address-covid-19/.

States are also using these approvals to expand services by allowing beneficiaries to receive services beyond the typical limits, adjusting prior authorizations, adding new services and supplies such as home-delivered meals and adaptive technology, and allowing HCBS to be provided in alternative settings such as hotels, schools, churches, and temporary shelters.

Finally, states are strengthening the HCBS workforce by increasing payment rates, providing retainer payments to help keep HCBS providers stay in business, and paying family caregivers.

State Pathways to Implement New Policies

Medicaid agencies can use four main pathways to implement new policies to respond to COVID-19. Some of these pathways rely on temporary authorities linked to the public health emergency (PHE) declared by Health and Human Services (HHS) Secretary Alex Azar, and the Stafford Act Emergency Declaration issued by President Trump.[a]

- **Medicaid state plan amendments** are usually the simplest and quickest way for states to make changes. Each state has a plan describing its rules related to Medicaid eligibility, benefits, cost sharing, and payments, and states have significant latitude to modify these plans.[b]
- **Section 1135 waivers** are special waivers available only after both the President and HHS Secretary have declared a national emergency. In addition to certain blanket waiver authorities, section 1135 waiver authority allows the Secretary to waive or modify certain Medicaid requirements to ensure that health care items and services are sufficient to meet the needs of enrollees in areas affected by a PHE.[c]
- **Emergency section 1115 waivers** are available after the Secretary has declared a national emergency and relieve states from certain requirements that usually apply to 1115 waivers, like demonstrating budget neutrality and public notice and comment procedures. Emergency section 1115 waivers can be used to implement policies not otherwise allowed under Medicaid law, such as expanding benefits and streamlining enrollment processes.[d]
- **Section 1915(c) waiver Appendix K** is an approach states can use during emergencies to amend HCBS programs authorized under approved section 1915(c) waivers, the authority states generally use to implement HCBS. Appendix K changes can be retroactive and the section 1915(c) public notice requirements don't apply to such requests.[e]

a For more information on these pathways, see Jennifer Wagner, "Streamlining Medicaid Enrollment During COVID-19 Public Health Emergency," Center on Budget and Policy Priorities, April 7, 2020, https://www.cbpp.org/research/health/streamlining-medicaid-enrollment-during-covid-19-public-health-emergency.
b CMS issued a disaster state plan amendment template that lets states change their Medicaid state plans quickly; see https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/state-plan-flexibilities/index.html.
c Section 1135 templates are available at https://www.medicaid.gov/resources-for-states/disaster-response-toolkit/section-1135-waiver-flexibilities/index.html, and approved waivers can be viewed at https://www.medicaid.gov/resources-for-states/disaster-response-toolkit/federal-disaster-resources/index.html.
d CMS has issued an emergency section 1115 waiver template, which is available at https://www.medicaid.gov/medicaid/section-1115-demonstrations/1115-application-process/index.html.
e CMS has issued an appendix K template, which is available at https://www.medicaid.gov/state-resource-center/downloads/sample-appendix-k-template.docx.

Improving Access to Coverage and Care

States are using disaster-related state plan amendments (SPAs) and administrative actions to make it easier for people to enroll in coverage (see Table 2). For example, some states are electing the new eligibility group authorized under the Families First Act Coronavirus Response Act to cover

COVID-19 testing for uninsured individuals and using less restrictive methodologies to determine eligibility.

Some states are also accepting self-attestation for all eligibility criteria covering non-residents or people living temporarily out of state due to the public health emergency, adopting a simplified/streamlined application, giving non-citizens more time (a longer reasonable opportunity period) to document their eligibility for coverage, and expanding presumptive eligibility (which lets providers and other qualified entities temporarily enroll people who appear eligible for Medicaid) to new populations, including seniors and people with disabilities.

States are also expanding coverage and making it more affordable by adjusting or increasing benefits, covering COVID-19 testing or treatment through emergency Medicaid, and eliminating copayments and other cost-sharing charges as well as premiums.

Helping People Access Care While Maintaining Social Distance

States are using a combination of disaster SPAs, administrative actions, and section 1135 waivers to maintain access to health care while people are social distancing (see Table 3). For example, states are expanding the use of telehealth by waiving or reducing telehealth copayments, paying some telehealth services at the same rate as face-to-face visits, waiving or reducing copayments for telehealth services, and giving providers more flexibility to provide telehealth services.

States are also using these authorities to prevent unnecessary trips to the doctor or pharmacy by suspending or extending prior authorizations for health care services and items, allowing Medicaid beneficiaries to get early prescription drug refills, increasing the maximum supply or quantity limit of certain drugs, making changes to preferred drug lists, and waiving or suspending prescription drug prior authorizations.

Expanding or Strengthening the Health Workforce

CMS has approved disaster SPAs that allow states to increase payment rates and supplemental payments to certain providers (see Table 4). And nearly all states are using section 1135 waivers to make it easier for providers to enroll in their Medicaid programs, allow out-of-state providers to furnish services, and allow providers to offer health care services in alternative settings, including unlicensed facilities.

States Need More Medicaid Funding to Support Their Efforts

While some of the policies above are low cost, others are expensive to implement. Congress should support states in their efforts to respond to COVID-19 by further increasing Medicaid's federal match rate to help them cover these additional costs. Increasing the federal match rate will also help prevent people from losing access to critical services during the public health and economic crises.[2]

[2] Aviva Aron-Dine *et al.,* "A Larger, Longer-Lasting Increases in Federal Medicaid Funding Needed to Protect Coverage," Center on Budget and Policy Priorities, May 5, 2020, https://www.cbpp.org/research/health/larger-longer-lasting-increases-in-federal-medicaid-funding-needed-to-protect.

TABLE 1

Strengthening Home- and Community-Based Services (HCBS)

	Making It Easier to Get HCBS				Expanding Services & Settings				Strengthening HCBS Workforce		
State	Permitting Virtual Assessments & Person-Centered Planning Meetings	Modifying Processes for Level-of-Care Evaluations	Extending Reassessment & Re-evaluation Dates	Modifying Person-Centered Planning Process	Adjusting Service Limits	Adjusting Prior Authorizations	Adding Services to Address Emergency[1]	Allowing HCBS in Alternative Settings	Expanding Paid Family Caregiver Limits	Increasing Payment Rates	Making Retainer Provider Payments
Alabama											
Alaska		X	X	X	X	X		X	X	X	X
Arizona	X		X	X		X	X	X	X		X
Arkansas										X	
California	X	X	X	X				X	X		X
Colorado	X	X	X		X	X	X	X	X	X	X
Connecticut	X	X	X		X	X	X		X	X	X
DC	X	X	X	X	X	X		X	X	X	X
Delaware	X	X	X				X	X	X	X	X
Florida	X		X		X	X	X	X	X		X
Georgia	X	X	X	X	X	X		X	X	X	X
Hawaii	X	X	X	X	X		X	X			X
Idaho											
Illinois											
Iowa	X	X	X		X	X	X	X			X
Indiana											
Kansas	X		X		X	X	X	X	X		
Kentucky	X	X	X	X	X	X		X		X	X
Louisiana	X	X	X	X	X	X	X	X	X	X	X
Maine											
Maryland	X	X	X	X	X	X		X	X	X	X
Mass.	X	X	X	X	X	X	X	X		X	X
Michigan											
Minnesota	X	X	X					X			
Mississippi	X	X	X	X	X		X	X	X	X	

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Missouri											
Montana	X	X	X	X	X	X	X	X	X		X
Nebraska	X	X	X	X	X	X		X		X	X
Nevada	X	X	X	X	X	X	X	X	X		X
New Hampshire											
New Jersey											
New Mexico	X	X	X	X	X		X	X	X		X
New York	X	X	X	X	X	X		X		X	X
North Carolina	X	X	X	X	X		X	X	X		X
North Dakota	X	X	X	X	X	X		X	X	X	X
Ohio											
Oklahoma	X	X	X	X	X	X	X	X	X		X
Oregon	X	X	X	X				X		X	X
Penn.	X	X	X	X	X	X	X	X	X	X	X
Rhode Island	X	X	X	X							
South Carolina	X		X	X	X		X	X	X		
South Dakota	X		X	X	X	X		X	X		X
Tenn.											
Texas											
Utah	X		X	X	X	X		X	X		X
Vermont											
Virginia	X		X					X	X		X

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Washington	X	X	X	X	X	X	X	X		X	X
West Virginia	X	X	X	X	X	X		X	X		X
Wisconsin											
Wyoming	X	X	X		X			X		X	
Total	35	29	32	27	29	24	19	34	25	19	30

[1] CO, CT, DE, FL, IA, KS, LA, MA, MS, MT, NC, NV, PA, SC, and WA have temporarily added services to address the emergency. AZ, CT, DE, IA, KS, LA, MA, MS, OK, and SC have added home-delivered meals. CO, DE, HI, KS, MA, MS, NC and OK have added medical supplies, equipment and appliances, and KS, LA, MA, NM, and OK have added assistive technology.

TABLE 2

Improving Access to Coverage and Care

	Making It Easier to Enroll in Coverage							Expanding Coverage & Making It More Affordable			
State	Electing New Uninsured Eligibility Group	Accepting Self-Attestation	Permitting PHE-related Out-of-State Temporary Residency & Coverage for Non-Residents	Using Less Restrictive Methodologies to Determine Eligibility	Expanding PE	Using Simplified Application	Extending Reasonable Opportunity Period	Adjusting or Increasing Existing Benefits	Covering COVID Testing or Treatment Through Emergency Medicaid	Eliminating Copays	Eliminating Premiums
Alabama								X		X	
Alaska											
Arizona	X					X		X		X	X
Arkansas								X			
California	X	X							X		
Colorado	X									X	X
Conn.											
DC											
Delaware									X		
Florida								X		X	
Georgia											
Hawaii											
Idaho										X	X
Illinois	X			X	X					X	X
Iowa	X									X	X
Indiana										X	X
Kansas											
Kentucky						X					
Louisiana	X	X	X				X	X		X	
Maine	X	X	X							X	X
Maryland										X	X
Mass.		X									

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Michigan											
Minnesota											X
Mississippi											
Missouri		X		X							
Montana											
Nebraska			X		X		X				
Nevada											
New Hampshire											
New Jersey											
New Mexico	X	X			X						
New York									X		
North Carolina		X	X								X
North Dakota											X
Ohio		X									
Oklahoma											
Oregon									X		
Penn.		X	X				X	X	X		
Rhode Island	X		X				X				

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South Carolina										X	
South Dakota											
Tenn.											
Texas	X										
Utah											
Vermont		X								X	
Virginia			X				X				
Washington	X	X	X	X	X	X		X	X		X
West Virginia	X										
Wisconsin					X						X
Wyoming											X
Total	**12**	**11**	**8**	**3**	**5**	**3**	**5**	**7**	**6**	**14**	**13**

Note: PHE = public health emergency; PE = presumptive eligibility

TABLE 3

Helping People Access Care While Social Distancing

	Expanding Telehealth			Preventing Unnecessary Trips to the Doctor or Pharmacy					
State	Waiving or Reducing Copays	Payment Parity w/ Face-to-Face Visits	Greater Provider Flexibility to Furnish Telehealth	Suspending Prior Authorizations for Certain Health Care Services	Extending Prior Authorizations for Certain Health Care Services	Allowing Early Refills	Increasing Quantity Limits of Certain Drugs	Making Changes to Preferred Drug Lists	Waiving or Suspending Drug Prior Authorizations
Alabama		X	X						
Alaska		X	X	X	X	X	X		X
Arizona	X		X	X	X			X	X
Arkansas		X	X			X	X		
California	X	X	X	X	X	X	X		
Colorado	X	X	X	X	X	X	X		
Conn.	X		X	X	X	X	X		
DC		X	X	X	X	X	X	X	X
Delaware		X	X	X	X	X	X		
Florida		X	X	X	X	X	X		
Georgia			X	X	X	X	X		X
Hawaii		X	X	X	X				
Idaho			X	X	X				
Illinois		X	X	X	X	X	X	X	X
Iowa	X	X	X			X	X		
Indiana		X	X	X	X	X	X	X	X
Kansas			X	X	X				
Kentucky	X	X	X	X	X	X	X		
Louisiana			X			X	X	X	X
Maine		X	X	X	X	X	X	X	X
Maryland		X	X	X	X	X	X		
Mass.	X	X	X	X	X	X	X		X
Michigan			X	X	X				
Minnesota		X	X	X	X		X		
Mississippi		X	X	X	X				
Missouri	X	X	X	X	X	X		X	X
Montana		X	X	X	X				

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Nebraska		X	X	X	X	X			
Nevada		X	X			X			
New Hampshire	X	X	X	X	X	X			X
New Jersey	X	X	X	X	X	X	X		
New Mexico	X	X	X	X	X	X	X		
New York	X	X	X	X	X	X	X		X
North Carolina	X	X	X	X	X		X	X	X
North Dakota	X	X	X	X	X		X	X	X
Ohio			X	X	X	X	X		X
Oklahoma	X		X	X	X		X		
Oregon		X	X	X	X	X			
Penn.	X		X	X	X	X	X		
Rhode Island	X	X	X	X	X		X	X	X
South Carolina	X	X	X			X			
South Dakota		X	X			X	X		X
Tenn.		X	X			X	X		X
Texas	X	X	X			X	X		
Utah		X	X	X	X				
Vermont	X	X	X	X	X	X	X		X
Virginia			X	X	X	X	X		
Washington		X	X	X	X			X	
West Virginia			X	X	X		X		
Wisconsin		X	X	X	X	X	X		

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Wyoming		X	X	X	X				
Total	20	39	51	42	36	34	34	12	19

TABLE 4

Strengthening the Health Care Workforce

State	Increasing Provider Payments	Easing Provider Enrollment Requirements	Allowing Out-of-State Providers to Provide Care	Allowing Providers to Offer Services in Alternative Settings
Alabama	X			
Alaska		X	X	X
Arizona	X	X	X	
Arkansas	X	X	X	
California		X	X	X
Colorado		X	X	X
Conn.		X	X	X
DC		X	X	X
Delaware		X	X	
Florida		X	X	X
Georgia		X	X	X
Hawaii		X	X	X
Idaho		X	X	X
Illinois		X	X	X
Iowa				
Indiana		X	X	X
Kansas		X	X	
Kentucky	X	X	X	X
Louisiana	X	X	X	X
Maine	X	X	X	X
Maryland		X	X	X
Mass.	X	X	X	X
Michigan		X	X	X
Minnesota		X	X	X
Mississippi		X	X	X
Missouri		X	X	X
Montana		X	X	X
Nebraska		X	X	X
Nevada		X	X	X

TABLE 4

Strengthening the Health Care Workforce

State	Increasing Provider Payments	Easing Provider Enrollment Requirements	Allowing Out-of-State Providers to Provide Care	Allowing Providers to Offer Services in Alternative Settings
New Hampshire		X	X	X
New Jersey		X	X	X
New Mexico		X	X	
New York		X	X	X
North Carolina	X	X	X	X
North Dakota		X	X	
Ohio		X	X	X
Oklahoma		X	X	X
Oregon		X	X	X
Penn.		X	X	X
Rhode Island	X	X	X	
South Carolina	X	X	X	X
South Dakota		X	X	X
Tenn.		X	X	X
Texas		X	X	
Utah		X	X	X
Vermont		X	X	X
Virginia				
Washington	X	X	X	X
West Virginia		X	X	X
Wisconsin		X	X	X
Wyoming		X	X	X
Total	**11**	**48**	**48**	**40**