

**Section 1135 Waiver COVID-19
State/Territory Request Template**

Introduction

On March 13, 2020, the President of the United States issued a proclamation that the COVID-19 outbreak in the United States constitutes a national emergency by the authorities vested in him by the Constitution and the laws of the United States, including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 *et seq.*), and consistent with section 1135 of the Social Security Act (Act). On the same day, pursuant to section 1135 of the Act, the Secretary of the United States Department of Health and Human Services invoked his authority to waive or modify certain requirements of titles XVIII, XIX, and XXI of the Act to mitigate the consequences of the COVID-19 pandemic, to the extent necessary, as determined by the Centers for Medicare & Medicaid Services (CMS), to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in the respective programs and to ensure that health care providers that furnish such items and services in good faith, but are unable to comply with one or more of such requirements as a result of the COVID-19 pandemic, may be reimbursed for such items and services and exempted from sanctions for such noncompliance, absent any determination of fraud or abuse. This authority took effect as of 6PM Eastern Daylight Time on March 15, 2020, with a retroactive effective date of March 1, 2020. The emergency period will terminate, and waivers will no longer be available, upon termination of the public health emergency, including any extensions.

States/territories can request approval that certain statutes and implementing regulations be waived by CMS, pursuant to section 1135 of the Act. The following list includes some of the temporary flexibilities available to CMS under section 1135 of the Act. Please check the box on the flexibilities that the state/territory is requesting. Please include any additional flexibilities that the state/territory is requesting under the section 1135 waiver authority under “Number 6 – Other Section 1135 Waiver Flexibilities”.

Please complete the following fields:

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1) Medicaid Authorizations:

- Suspend Medicaid fee-for-service prior authorization requirements. Section 1135(b)(1)(C) allows for a waiver or modification of pre-approval requirements if prior authorization processes are outlined in detail in the State Plan for particular benefits
- Require fee-for-service providers to extend pre-existing authorizations through which a beneficiary has previously received prior authorization through the termination of the emergency declaration

2) Long Term Services and Supports

- Suspend pre-admission screening and annual resident review (PASRR) Level I and Level II Assessments for 30 days
- Extend minimum data set authorizations for nursing facility and skilled nursing facility (SNF) residents

3) Fair Hearings

- Allow managed care enrollees to proceed almost immediately to a state fair hearing without having a managed care plan resolve the appeal first by permitting the state to modify the timeline for managed care plans to resolve appeals to one day so the impacted appeals satisfy the exhaustion requirements
- Give enrollees more than 120 days (if a managed care appeal) or more than 90 days (if an eligibility for fee-for-service appeal) to request a state fair hearing by permitting extensions of the deadline for filing those appeals by a set number of days (e.g., an additional 120 days) . **The State requests an additional 30 days at this time.**

4) Provider Enrollment

- Waive payment of application fee to temporarily enroll a provider
- Waive criminal background checks associated with temporarily enrolling providers

- X Waive site visits to temporarily enroll a provider
- X Permit providers located out-of-state/territory to provide care to an emergency State's Medicaid enrollee and be reimbursed for that service
- X Streamline provider enrollment requirements when enrolling providers
- X Postpone deadlines for revalidation of providers who are located in the state or otherwise directly impacted by the emergency
- X Waive requirements that physicians and other health care professionals be licensed in the state in which they are providing services, so long as they have equivalent licensing in another state
- X Waive conditions of participation or conditions for coverage for existing providers for facilities for providing services in alternative settings, including using an unlicensed facility, if the provider's licensed facility has been evacuated

5) Reporting and Oversight

- X Modify deadlines for OASIS and Minimum Data Set (MDS) assessments and transmission
 - Suspend 2-week aide supervision requirement by a registered nurse for home health agencies
 - Suspend supervision of hospice aides by a registered nurse every 14 days' requirement for hospice agencies

6) Other Section 1135 Waiver Flexibilities. Please include any additional flexibilities that the state/territory is requesting under the Section 1135 waiver authority:

- a. Extend to 60 days the amount of time that Managed Care Organizations (MCOs) have to resolve standard appeals statewide (42 CFR 438.408(b)(2)).
- b. Waive the requirements of 42 CFR 438.406(b)(3), that a member appealing to an MCO must have their oral request for an appeal be confirmed in writing.

- c. Extend the state's deadline to take final administrative action in a Fair Hearing by 30 days (42 C.F.R. 431.244(f))
- d. Authorize the state to extend all deadlines that require a person to request continuation of benefits from 10 days to 30 days as the state determines appropriate (42 C.F.R. 438.420 and 42 C.F.R. 431.230)
- e. Waive any requirements of the state plan that require face-to-face contacts to allow the services to be performed by telehealth, telemedicine, or telephonic contact as consistent with state law and subject to HHSC requirements.
- f. Waive the timeframes associated with the public notice requirements for the state plan and 1115.
- g. Extend current medical necessity, service authorizations, and level of care authorizations for state plan fee-for-service and managed care services and programs (42 CFR 431.302) including STAR+PLUS, STAR Kids and STAR Health MDCP, DBMD, CLASS, HCS, TxHmL and YES.
- h. Extend or allow the state to waive any requirements that require the signature of physician or DME provider or Medicaid recipient.
- i. Allow Texas Medicaid to reimburse pharmacies for the administration of flu vaccines, long acting antipsychotics, and drugs used to treat substance use disorder or opioid dependency.