

**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:

State/Territory Name: Louisiana

Contact Name: Jen Katzman

Contact Title and Agency: Medicaid Deputy Director, Louisiana Department of Health – Bureau of Health Services Financing

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Date Submitted: 4/20/2020

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)

4) Provider Enrollment

- Waive payment of application fee to temporarily enroll a provider
- Waive criminal background checks associated with temporarily enrolling providers
- Waive site visits to temporarily enroll a provider
- Permit providers located out-of-state/territory to provide care to an emergency State's Medicaid enrollee and be reimbursed for that service
- Streamline provider enrollment requirements when enrolling providers
- Postpone deadlines for revalidation of providers who are located in the state or otherwise directly impacted by the emergency

- 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
- 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

- 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:

We respectfully request waiver of the following requirements and provisions:

1. Waiver of the public comment requirements associated with drafting or revising quality strategies for MCOs, PIHPs, or PAHPs found at 42 C.F.R. § 438.340(c)(1). This change will allow the Medicaid program to implement temporary flexibilities in quality strategy activities as necessary to relieve burdens on plans and providers.
2. In order to maintain the safety of beneficiaries and providers, and to maintain adequacy of the non-emergency transportation (NEMT) network, Louisiana seeks to implement NEMT trip restrictions to transport only to and from dialysis, chemotherapy, radiation, physical therapy, occupational therapy, speech therapy, substance use therapy, counseling, or where the provider confirms that the service in question cannot be postponed. Louisiana requests waiver of any provisions at 42 C.F.R. § 440.170(a) that would prohibit Louisiana from implementing the above restrictions.
3. Waiver of the provisions at 42 C.F.R. § 416.2 regarding ambulatory surgical centers (ASC) and ASC services to permit ASC providers to provide services under arrangement with hospitals, including to patients who have been admitted and will require inpatient treatment following the surgical procedure.
4. Waiver of 42 C.F.R. § 440.167(a)(2) to allow a member of an individual's family, which is defined as a legally responsible relative, to provide personal care services to reduce risk of spreadable infection due to COVID-19.
5. Waiver of 42 C.F.R. § 440.70(b)(3)(iii) (requiring annual physician review of a beneficiary's need for medical supplies, equipment, and appliances), to allow an extension of the expiration date of written orders for an additional nine months from current expiration.

6. Relax timeline requirements only at 42 C.F.R. § 438.10 regarding managed care communications until the end of the emergency to allow quicker outreach to beneficiaries and providers. Specifically, timelines prescribed at 42 C.F.R. § 438.10(c)(6)(v), §438.10(f)(1), §438.10(f)(2), §438.10(g)(4), §438.10(h)(3).
7. Allow for flexibility / waive requirements found at 42 C.F.R. Part 484 requiring signed home health orders, plans of care, rights and responsibility notices, and other documents, where face-to-face encounters are being provided through telemedicine.