

## FAQs on PHE Flexibilities

### General Questions

- **What are Public Health Emergency flexibilities?**  
Given the impact of Covid-19 on public health and the workforce, there were certain procedures under the Medicaid waiver programs that allowed alternative delivery of service to address care needs during PHE.
- **When are the PHE flexibilities ending?**  
The PHE ended on May 11, 2023, and most of the PHE flexibilities will end six months after the end of the PHE on Nov. 11, 2023.
- **Are there any PHE flexibilities that will be made permanent?**  
Yes. The service activities that will remain include attendant care to provide transportation to medical appointments, some virtual visits being allowed for Integrated Health Care Coordination, rate increase for assisted living have made permanent in the A&D Waiver, and some specialized medical equipment and supplies.
- **What about spouses and parents of minors acting as caregivers?**  
This was not a flexibility that was included in Appendix K, the authority for waiver flexibilities during the PHE. However, we can confirm that the medically complex warrior program will be made permanent past the end of the public health emergency. Spouses and parents of minors will be allowed to be reimbursed with waiver funds for their caregiving supports.
- **Why are some PHE flexibilities being made permanent and others are not?**  
The Centers for Medicare and Medicaid Services allows some flexibilities to be made permanent under the waiver, while others may not be permissible or do not align with state policies or existing the waiver authority. CMS provided the requirements for states to follow when evaluating the unwinding process.
- **What CaMSS system changes need to happen to have some flexibilities end and others continue?**  
CaMSS does not need any systems changes for these flexibilities to either end or continue.

### Structured Family Care Flexibilities

- **What items were made flexible during the PHE?**  
During the PHE, individuals who were SFC could also receive attended care, home and community assistance , and transportation.
- **Which of these items are ending?**  
Participants will no longer be able to receive SFC with ATTC, HCA, and TRANS services simultaneously.

- **When are these items ending?**  
This flexibility will end on Nov. 11, 2023.
- **How many people does ending these flexibilities impact?**  
There are approximately 500 participants that this flexibility ending will impact.
- **Who is being made aware of these flexibilities ending?**  
Participants, providers and care managers.
- **What are the next steps for people who were using these flexibilities?**  
Care managers will initiate and facilitate the coordination of evaluating needs and ensuring service plans are updated appropriately.

### Respite Flexibilities

- **What items were made flexible during the PHE?**  
During the PHE, individuals were able to receive respite care while in a nursing home.
- **Which of these items are ending?**  
Individuals will no longer be able to receive respite while in a nursing home.
- **When are these items ending?**  
This flexibility will end Nov. 11, 2023.
- **How many people does this impact?**  
There are 46 people who had plan interruptions or terminations with respite on their service plans.
- **Who is being made aware of these flexibilities ending?**  
Care managers will be made aware of these flexibilities ending.
- **What are next steps for people who were using these flexibilities?**  
Care managers will initiate and facilitate the coordination of evaluating needs and ensuring service plans are updated to plan for discharge planning.

### Adult Day Service Flexibilities

- **What items were made flexible during the PHE?**  
During the PHE, individuals receiving ADS were allowed to have their services supplemented with ATTC, HCA, home delivered meals, and **integrated health care coordination**. ADS were also allowed to conduct virtual programming and programming in individuals' homes.
- **Which of these items are ending?**  
All of the above-described flexibilities are ending.
- **When are these items ending?**

These flexibilities will end November 11, 2023.

- **How many people does this impact?**  
At this time, we do not believe anyone is using these flexibilities; therefore, their end will not impact any individuals.
- **Who is being made aware of these flexibilities ending?**  
Care managers and providers.

### Attendant Care Flexibilities

- **What items were made flexible during the PHE?**  
During the PHE, it was approved for ATTC to be used to transport individuals to medical appointments.
- **Is this flexibility being made permanent?**  
Yes, this flexibility is being made permanent.
- **Who is being notified of the permanent status of this flexibility?**  
Care managers, providers, and individuals who use ATTC will be notified of the permanency of this flexibility.
- **What are next steps for people who were using these flexibilities?**  
An individual needing transportation to medical appointments may use their ATTC benefits for that transportation. ATTC will bill their normal rate and will not include mileage as that is built into the ATTC rate. Note: ATTC can only transport if hands-on assistance is occurring.

### Integrated Health Care Coordination Flexibilities

- **What items were made flexible during the PHE?**  
During the PHE all visits were allowed to be virtual to protect the health and safety of all individuals.
- **Is this flexibility being made permanent?**  
At least one face-to-face visit with each participant every month must be face-to-face, but other visits may be virtual if the individual desires them to be. Visits beyond the one required face-to-face visit per month should be done according to the individuals' preferences.
- **Who is being notified of the permanent status of this flexibility?**  
Providers, care managers and participants.
- **What are next steps for people who were using these flexibilities?**  
Participants receiving IHCC should receive at least one face-to-face visit with their provider per month.

## Home Modification Flexibilities

- **What items were made flexible during the PHE?**  
During the PHE, care managers were allowed to obtain one bid for HOMI that were over \$5,000.
- **Which of these items are ending?**  
Care managers will be required to obtain two bids for home modifications over \$5,000.
- **When are these items ending?**  
This flexibility will end in six months on Nov. 11, 2023.
- **How many people does this impact?**  
This does not impact anyone currently and will only impact individuals seeking home modifications after Nov. 11, 2023.
- **Who is being made aware of these flexibilities ending?**  
Care managers and providers.
- **What are next steps for people who were using these flexibilities?**  
For people seeking home modifications after Nov. 11, 2023, they will need to secure two bids if the modification is estimated to cost more than \$5,000.

## Participant Directed Home Care Services Flexibilities

- **What items were made flexible during the PHE?**  
Additional ZIP codes were allowed to be included in this pilot program service.
- **Is this flexibility being made permanent?**  
Yes, this flexibility is being made permanent for ZIP codes 46240 and 46143.
- **Who is being notified of the permanent status of this flexibility?**  
Care managers, providers and participants of this pilot program.

## Assisted Living Rate Increase Flexibilities

- **What items were made flexible during the PHE?**  
The billing rate for assisted living services was increased during the PHE.
- **Is this flexibility being made permanent?**  
Yes, this new rate was made permanent in the A&D Waiver amendment.
- **Who is being notified of the permanent status of this flexibility?**  
AL providers were notified of the permanent status of this billing rate.
- **What are next steps for people who were using these flexibilities?**

There are no additional steps to take; providers will continue to bill at the permanent increased rate.

## Specialized Medical Equipment and Supplies Flexibilities

- **What items were made flexible during the PHE?**  
Interpreter services was provided under the SMES service line during the PHE. Internet services were also covered under SMES.
- **Is this flexibility being made permanent?**  
Interpreter services will be made permanent under the SMES service line in the waiver.
- **Who is being notified of the permanent status of this flexibility?**  
Care managers, providers and participants.
- **What are next steps for people who were using these flexibilities?**  
For internet accessibility, care managers will evaluate participants needs and seek alternative community resources.

## Care Management Flexibilities

- **What items were made flexible during the PHE?**  
Virtual care management assessments for initial, annual and re-assessments were permitted. Additionally, verbal signatures on care plans were accepted. CM agencies were allowed to provide direct services to individuals during the PHE. The requirement for the annual Care Management Orientation was not required.
- **Which of these items are ending?**  
Virtual assessments are ending and in-person/face-to-face assessments must happen at least once every 90 days as required under the waiver. Care managers should address this with their clients so that individuals know that they must have an in-person/face-to-face visit at least once per quarter. Verbal signatures will no longer be allowed. All forms must be signed and dated at the time of the assessment/update. Electronic signatures will continue to be permitted. CM agencies will no longer be allowed to provide direct services to individuals unless a conflict of interest waiver has been granted. CM Agencies may continue to contract with third parties to provide direct services to individuals for pest control and nutritional supplements. Annual Care Manager Orientations will be required for all CMs.
- **When are these items ending?**  
These flexibilities are ending on Nov. 11, 2023.
- **How many people does ending these flexibilities impact?**  
This impacts all certified waiver care managers in the system.
- **Who is being made aware of these flexibilities ending?**  
All care managers and care management agencies.

- **What are next steps for people who were using these flexibilities?**  
Care managers will need to resume pre-Appendix K activities as it pertains to in-person visits, physical or electronic (not verbal) signatures, and CMOs.

## Nursing Facility Level of Care Flexibilities

- **What items were made flexible during the PHE?**  
Participants who were actively receiving waiver services during the PHE and seemed to no longer meet nursing facility level of care. Nursing Facility Level of Care requirements were allowed to continue to be approved for NFLOC and remain on their waiver.
- **Which of these items are ending?**  
Participants who seem to no longer meet NFLOC will be reassessed on their regular re-assessment timelines. If the participant no longer meets NFLOC upon re-assessment, the care manager will take appropriate action to terminate the service plan.
- **When are these items ending?**  
This flexibility ended in April 2023, with participants being assessed for NFLOC when their re-assessment naturally takes place.
- **How many people does ending these flexibilities impact?**  
This flexibility impacts roughly 200 individuals across the state who do not have nursing facility level of care yet are on waiver programs.
- **Who is being made aware of these flexibilities ending?**  
Care managers and care management agencies
- **What are next steps for people who were using these flexibilities?**  
Care managers will facilitate eligibility determination assessment and have conversations with those who no longer meet NFLOC on how to transition off of waiver services.

## Spouses or Parents of Minor Children Reimbursement Flexibilities

- A separate FAQ on this topic is [available here](#).

## Provider Enrollment Flexibilities

- **What items were made flexible during the PHE?**  
During the PHE, new providers were not required to submit background checks, proof of insurance, TB tests, and other key pieces of the provider application. Additionally, ATTC and respite providers were not required to submit licensure.
- **Which of these items are ending?**  
All of the above described flexibilities are ending.

- **When are these items ending?**  
These flexibilities are ending on Nov. 11, 2023.
- **How many people does ending these flexibilities impact?**  
We do not believe that the provider application team ever stopped receiving this required information, so we do not believe the end of this flexibility will impact any current or prospective providers.
- **Who is being made aware of these flexibilities ending?**  
Prospective providers will be told what information they need to provide when they begin their application.

### Providing Waiver Services While Institutionalized Flexibilities

- **What items were made flexible during the PHE?**  
  
During the PHE, individuals could temporarily receive attendant care, home and community based assistance, structured family caregiving, and health care coordination if those supports were not available in an institutionalized setting where the individual was living.
- **Which of these items are ending?**  
  
This flexibility is ending in its entirety; individuals in an institutionalized setting such as a hospital or nursing home will no longer be able to receive the above listed services.
- **When are these items ending?**  
  
These flexibilities will be ending Nov. 11, 2023.
- **Who is being made aware of these flexibilities ending?**  
  
Care managers and providers of these services are being made aware of the flexibilities ending.
- **What are the next steps for people using these flexibilities?**  
  
Individuals in institutionalized settings will no longer be able to receive these services. Individuals and their care managers should begin discussions with their providers to determine appropriate next steps and investigate which services their facility provides.

### Settings Rule Flexibilities

- **What items were made flexible during the PHE?**  
  
During the PHE, sites did not have to comply with certain aspects of the Settings Rule, including the rights of individuals to have visitors at any time.

- **Which of these items are ending?**

This flexibility is ending in its entirety. Sites must be fully compliant with the settings rule.

- **When are these items ending?**

These flexibilities ended March 17, 2023 when the Settings Rule took full effect.

- **How many people does ending these flexibilities impact?**

This impacts all individuals living in adult family care, assisted living communities, provider-owned and -controlled structured family care settings, as well as those utilizing adult day programs, supportive employment programs, and structured day programs.

- **Who is being made aware of these flexibilities ending?**

All care managers and providers are being made aware of these flexibilities ending. All individuals in the settings listed above are being trained on their rights under the settings rule through the settings rule compliance process.

- **What are the next steps for people using these flexibilities?**

There are no immediate next steps needed to be taken as individuals regain their rights to visitors of their choosing at any time.

## Electronic Method of Service Delivery Flexibilities

- **What items were made flexible during the PHE?**

During the PHE, electronic service delivery was allowed for personal care services that only require verbal cueing, in-home habilitation, monthly monitoring, non-personal care activities performed by the structured family caregiving service, and screening of Covid-19 prior to in-home visits by any home-based provider.

- **Which of these items are ending?**

This flexibility is ending in its entirety. All services listed above must be done in-person moving forward unless allowed in [SEA 3](#) and/or [SEA 284](#).

- **When are these items ending?**

These flexibilities will end on November 11, 2023.

- **Who is being made aware of these flexibilities ending?**

Appropriate providers and care managers who are using these flexibilities are being made aware of their ending.



- **What are the next steps for people using these flexibilities?**

Providers should begin to make a plan to resume in-person delivery of the above listed services, and ensure they have the personnel to handle this.