



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
Aging and Long-Term Support Administration  
Home and Community Services Division  
PO Box 45600, Olympia, WA 98504-5600

HCS MANAGEMENT BULLETIN

H20-030– Policy & Procedure

April 20, 2020

**Amended –May 6, 2020**

Supersedes H20-024

- TO:** Home and Community Services (HCS) Division Regional Administrators  
Area Agency on Aging (AAA) Directors
- FROM:** Bea Rector, Director, Home and Community Services Division
- SUBJECT:** **COVID-19 Medicaid Eligibility Flexibilities and Families First Coronavirus Response Act**
- PURPOSE:** To notify HCS and AAA case management staff about temporary policy changes regarding Medicaid functional eligibility and accepting verbal confirmation for Fast Track agreements when applicable.
- BACKGROUND:** On March 18, 2020, the Families First Coronavirus Response Act (FFCRA) was signed into law. It provides a temporary 6.2 percentage point increase to Federal Medical Assistance Percentage (FMAP) beginning January 1, 2020 and extending through the last day of the calendar quarter in which the public health emergency terminates, as declared by the Secretary of Health and Human Services. The enhanced FMAP is dependent on states continuing eligibility and maintaining benefit levels for Medicaid recipients from March 18, 2020 to the end of the month in which the public health emergency ends.  
**On April 13<sup>th</sup>, the Centers for Medicare and Medicaid Services (CMS) provided additional clarification relating to Long-Term Services and Supports (LTSS) which replaces previous guidance**
- WHAT'S NEW, CHANGED, OR CLARIFIED:** **This MB replaces MB H20-024.** A temporary policy is in place during the COVID-19 public health emergency for the following programs: Home & Community-Based waivers, Community First Choice (CFC), Medicaid Personal Care (MPC), Roads to Community Living (RCL), PACE, Medicaid Alternative Care (MAC) and nursing facility coverage.

As of March 18, 2020, financial Medicaid eligibility LTSS cannot be terminated as a result of the outcome of a functional reassessment unless the individual requests termination, is no longer a Washington State resident, or is deceased.

During an initial assessment, if a case manager is considering a client for Fast Track, the Fast-Track Agreement can be verified verbally over the phone.

**Effective immediately and until further notice**, HCS and AAA case management staff should follow the guidelines below:

**ACTION:**

**New Applicants:**

- (1) Clients who are determined to be functionally ineligible for services at an *Initial or Initial/Reapply assessment* should follow current policy.
- (2) If considering Fast Track, case workers can review the Fast Track agreement verbally and accept client verbal attestation and agreement. Case workers must document this action in the SER in CARE and note that verbal agreement was received due to COVID-19.

**Current Recipients:**

(1) **General Information**

When a client is found functionally ineligible for services at the time of the reassessment, the case manager should end services following normal procedures (with the exception listed in 2 [below](#)). Notify financial via the 14-443 by checking the box that indicates the client is no longer functionally eligible for services. In the comments, note the client is no longer functionally eligible for services, CN eligibility should continue through the emergency period.

If a client is reassessed and remains functionally eligible for the same program but with a reduced benefit (fewer monthly hours/reduced daily rate) the case manager should authorize services based on the new assessment. **Staff no longer need to maintain benefits at the prior level.**

If the client is reassessed and no longer meets nursing facility level of care (NFLOC) but qualifies for MPC, the case manager should coordinate with financial to ensure the client will still be eligible for CN or ABP medical coverage. If the client is still eligible for CN or ABP medical, authorize MPC services. If the client is no longer eligible for Medicaid as a result of NFLOC ineligibility, do not authorize MPC services. **Follow instructions in section 2 [below](#).**

Per normal procedures, clients who are eligible for continued benefits related to an administrative hearing appeal for termination or a reduction of benefits will continue to receive that level of benefit until the outcome of the administrative appeal. If the Department prevails at the hearing and the client is no longer eligible for services, work with financial staff to

ensure the client's medical coverage may remain open. If the Department prevails at a hearing based on a reduction in benefits, the case manager will authorize services at the reduced level.

(2) **In-home CFC + COPEs**

- a. Some clients are only eligible for Medicaid coverage due to receipt of a monthly waiver service. CMS has clarified that these waiver recipients must remain a waiver recipient, even if the results of the reassessment indicate the client is no longer eligible (does not meet functional NFLOC). There is no need to make a distinction between these waiver recipients.

Furthermore, some clients receive additional financial advantages to maintaining a waiver service. For example, one such advantage is that a Medicare-Medicaid entitled person has their Medicare Part D prescription copayments waived when receiving a waiver service.

For administrative simplicity, maintain COPEs-only for these clients and authorize Wellness Education for *all* waiver recipients that would otherwise be terminated from services. Do not continue to authorize other waiver services.

- b. Notify financial via the 14-443 by checking the box that indicates the client remains functionally eligible and the COPEs box with the new services start date. In the comments, note "*Wellness Education is being authorized to keep the waiver open during the emergency period.*"
- c. As a reminder, Client Responsibility is not applied to the Wellness Education service.

**If the client is functionally and financially eligible for MPC:**

- d. Authorize MPC personal care service per normal procedures

**If the client is not functionally and financially eligible for MPC:**

- e. Since NFLOC programs will not display in the "Client is eligible for" field in the care plan screen in CARE, move the pending assessment to history.
- f. A designated person with RAC Override security in your local office will select "List all RACs" from the RAC entry dropdown and select RAC 3000-COPEs Waiver-in-home. Then, select "List all RACs" in the reason dropdown and type "COVID-19" in the Description field.
- g. Authorize the Wellness Education service only
- h. Finalize a new PAN based on the eligibility details of the most recent assessment adding eligibility for COPEs Wellness Education.
- i. Under the 'Reasons/Authority' tab select 'other' as one of the reasons. Then in the 'Reasons (Other Specify)' text box paste the following message: **Due to the COVID-19 public health emergency, Wellness Education, a COPEs waiver service, will be authorized so you can**

**keep your waiver and Medicaid benefits through the end of the month in which the emergency period ends.**

**(3) New Freedom**

If a client who has been receiving services through the New Freedom waiver becomes functionally ineligible at their reassessment, please staff individual cases with the New Freedom Program Manager, Mark Towers.

**(4) CFC and MAC**

Most CFC and MAC recipients are already eligible for non-institutional medical coverage. The case manager may terminate CFC or MAC services if the client is no longer functionally eligible at the time of reassessment. Notify financial following normal procedures so financial can ensure clients are transitioned to another medical program as needed.

**(5) Clients living in a residential setting on any program**

- a. If a client in a residential setting has a reassessment that results in no change in program and a reduction of the daily rate only, the daily rate may be reduced
- b. If a client in a residential setting has a reassessment that results in program ineligibility, escalate this to your supervisor who will escalate it to the relevant program manager at ALTSA headquarters. These will be evaluated on a case-by-case basis. **This is because a client's eligibility for the waiver or for MPC may affect their ability to remain in a particular setting and it is important to ensure clients aren't unnecessarily at risk of losing their housing.**

**(6) Roads to Community Living**

When the client's 365 day RCL period ends, the case manager should follow current processes to transition the client to another LTSS program. Medical coverage must be continued during the transition period.

- a. If the client is not eligible under another LTSS program, notify financial via the 14-443 by checking the box that indicates client is no longer functionally eligible. In the comments note *"CN eligibility should continue through the emergency period."*

**(7) Nursing Facility residents**

Clients who reside in a nursing facility who no longer meet NFLOC must be transitioned to a community setting following normal procedures if the client needs ongoing LTSS. If the client does not want ongoing LTSS, the discharge should proceed as planned. For Classic Medicaid: notify financial via the 14-443 if the client discharged without services and the Public Benefits Specialist will re-determine client to another CN program. For MAGI participants: Notify HCA via ProviderOne and follow current policy. HCA will not terminate medical benefits.

(8) **In-home clients that case managers are having difficulty contacting for a timely assessment**

A Management Bulletin with further guidance will be forthcoming that will address this scenario.

(9) **Clients who decline personal care during the COVID-19 public health emergency**

Keep the client active in CARE and maintain other services the client may be using. If the client has no services authorized, leave the functional RAC in place, do not end date it.

(10) **Clients who have already had benefits maintained or reinstated based upon prior guidance**

- a. Case managers should make no changes to authorizations that have already been extended or reopened based upon prior guidance, unless the client is reassessed at a later date. Once the emergency period is over, the department will run a report to identify impacted clients. Effective immediately, case managers no longer need to review cases that had a negative action effective prior or subsequent to March 18, 2020.
- b. For clients whose benefits were continued per the previous guidance in MB H20-024 despite DSHS prevailing in the administrative hearing, the Administrative Hearing Coordinator should contact Stacy Graff to consult on a case by case basis.

**Additional information for Case Management staff:**

Financial workers have also been directed not to terminate client cases during this emergency, except where the client has passed away, moved out of state, or chooses to end their services (see MB H20-025).

It is critically important to communicate all negative case actions that result in terminations of services with financial staff in order to ensure Medicaid coverage is maintained.

**RELATED REFERENCES:**

Common Errors Table:

<http://intra.altsa.dshs.wa.gov/providerone/documents/Common%20Errors%20Table.xlsx>

RAC Override:

[http://intra.dda.dshs.wa.gov/ddd/P1ServiceCodes/documents/SSAM/topic1234.htm?rhlterm=continued%20benefits&rhsyns=%20&rhsearch=continued%20benefits#t=RAC\\_Overrides.htm](http://intra.dda.dshs.wa.gov/ddd/P1ServiceCodes/documents/SSAM/topic1234.htm?rhlterm=continued%20benefits&rhsyns=%20&rhsearch=continued%20benefits#t=RAC_Overrides.htm)

MB H20-024 is replaced by this MB. It is attached here only for historical reference purposes



H20-024 COVID-19  
Medicaid Eligibility I

**CONTACT(S):**

**HCS:**

Rachelle Ames, Care Management Unit Manager  
(360) 725-2353  
[rachelle.ames@dshs.wa.gov](mailto:rachelle.ames@dshs.wa.gov)

Stacy Graff, Individual Provider and Administrative Hearing Program Manager  
(360) 725-2533  
[stacy.graff@dshs.wa.gov](mailto:stacy.graff@dshs.wa.gov)

Debbie Johnson, MTD Program Manager  
360-725-2531  
[debbie.johnson2@dshs.wa.gov](mailto:debbie.johnson2@dshs.wa.gov)

Mark Towers, New Freedom Program Manager  
360-725-2446  
[mark.towers@dshs.wa.gov](mailto:mark.towers@dshs.wa.gov)