Commonwealth of Virginia

Virginia Department of Medical Assistance Services

FOR IMMEDIATE RELEASE

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Contact: Christina Nuckols
christina.nuckols@dmas.virginia.gov

Virginia Medicaid Announces New Actions in Response to COVID-19

~ Emergency waiver approved to permit streamlined enrollment of Medicaid providers ~

Richmond – The Virginia Department of Medical Assistance Services (DMAS) announced today that it has received federal approval for an emergency 1135 waiver giving the Medicaid agency the authority to take additional steps to ensure access to care for its members and to address priority needs identified by health care providers.

"We are hearing every day from our members and our providers about the challenges they face during the ongoing health emergency, and these new flexibilities are a direct response to their needs," said DMAS Director Karen Kimsey. "We will continue to collaborate with federal and state partners and our providers to identify and respond to emerging issues as we work together to control the spread of COVID-19 in our Commonwealth."

The waiver allows Virginia to streamline the process for health care providers to enroll in the Medicaid program and receive reimbursement for services to its members. New staffing flexibilities granted under the waiver will support access to home health and hospice aides.

The emergency waiver completes the approval process for a new policy announced in March that allows Medicaid members to receive many critical health services and medical devices without

waiting for authorization from the agency or its managed care health plans. The policy automatically extends some existing authorizations to prevent interruptions in medical services.

All of the policies and strategies approved under the waiver are retroactive to March 1, 2020.

"These new strategies offer a comprehensive and innovative set of tools to support our agency's mission during this critical time," said Rachel Pryor, DMAS Deputy Director of Administration. "We are committed to ensuring that our members are treated with the compassion and respect that they deserve, from access to services to a fair appeals process."

The waiver gives the Virginia Medicaid agency the authority to implement the following policies in response to the health emergency:

Support for Medicaid Members

Access to Services
- No pre-approvals required for many critical medical services and devices, and some existing approvals are automatically extended.
- Some rehabilitative services may be provided via telehealth.

Access to Long-term Services and Supports
- Individuals who choose to move to a nursing facility directly from a hospital may be accepted without a long-term services and supports screening.

Access to Appeals and Fair Hearings
- Deadlines are extended for members and applicants to file Medicaid appeals.
- Appeals will be processed as long as the Medicaid member or applicant gives appropriate verbal authorization of legal representation even if the paperwork for the appointment of representation is incomplete.
- If the agency receives no verbal or written authorization for representation, the appeal will move forward with communications limited to the Medicaid member or applicant.

Support for Medicaid Providers

Staffing and Other Flexibilities for Long-term Services and Supports
- Home health and hospice aides may provide services without in-person supervision by a registered nurse every two weeks (telephonic supervision is encouraged).

Streamlined Enrollment and Screening
- Provider enrollment requirements are streamlined.
  - Site visits, application fees and certain background checks are waived to temporarily enroll providers in the Medicaid program.
  - Deadlines for revalidations of providers are postponed.
- Out-of-state providers may be reimbursed for services to Medicaid members.
- Services are permitted in alternative settings, including unlicensed facilities, when the provider's licensed facility has been evacuated.