

# Virginia Medicaid's Response to COVID-19: New Emergency Flexibilities

The Virginia Department of Medical Assistance Services (DMAS) has received approval for an emergency 1135 waiver that grants new flexibilities for ensuring access to care for Medicaid members and supports for providers in this critical time. The Medicaid agency continues to work with federal and state officials and provider partners to identify and respond to urgent needs during the health care emergency.

## 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.
- The Pre-Admission Screening and Resident Review (PASSR), Level One and Level Two, must be conducted within 30 days of admission.

### *Access to Appeals and Fair Hearings*

- Deadlines are extended for members to file Medicaid appeals.
- Members in managed care will receive a faster appeal decision from their plans.
  - ⇒ Managed care plans will have 14 calendar days to issue an internal appeal decision.
  - ⇒ If a managed care plan does not issue a decision on a member appeal within the 14-day period, the Medicaid member can move forward with an appeal directly to the Virginia Medicaid agency.
- 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 no verbal or written authorization is received by the agency, the appeal will move forward with communications limited to the Medicaid member or applicant.



## **PROVIDERS**

### ***Staffing and Other Flexibilities for Long-term Services and Supports***

- Home health aides may provide services without in-person supervision by a registered nurse every two weeks (telephonic supervision is encouraged).
- Hospice aides may provide services without in-person supervisory visits from a registered nurse every two weeks (telephonic supervision is encouraged).
- Sampling requirements are reduced for Outcome and Assessment Information Set (OASIS) and Minimum Data Set (MDS) Assessments, and filing deadlines are extended for nursing facilities.

### ***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 are eligible to 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.

### ***Billing Flexibilities***

- Federally Qualified Health Centers and Rural Health Clinics may deliver services in additional or alternative clinic locations, such as mobile clinics or temporary locations.

