

State of California—Health and Human Services Agency
Department of Health Services



California
Department of
Health Services

SANDRA SHEWRY
Director



ARNOLD SCHWARZENEGGER
Governor

September 15, 2005

TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 05-31
ALL COUNTY WELFARE ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS
ALL COUNTY HEALTH EXECUTIVES
ALL COUNTY MENTAL HEALTH DIRECTORS
ALL COUNTY MEDS LIAISONS
CALIFORNIA CONFERENCE OF LOCAL HEALTH OFFICERS

SUBJECT: SECTION 1115 DEMONSTRATION APPLICATION TEMPLATE –
EVACUEES OF HURRICANE KATRINA
(RE: All County Welfare Directors Letters 89-92, 92-08 and 05-30)

The federal Centers for Medicare and Medicaid Services (CMS) has released the attached Multi-State Demonstration Application Template – Medicaid and SCHIP Coverage for Evacuees of Hurricane Katrina. The California Department of Health Services will be submitting this waiver application promptly, and is providing a copy of the template for your information. Under separate cover, we will provide you with any changes required to implement this waiver.

If you have questions regarding this letter, please contact Ms. Angela Aajise at (916) 552-9523, or by email at Aajise@dhs.ca.gov.

Original signed by

Richard Brantingham for
Tameron Mitchell, R.D., M.P.H., Chief
Medi-Cal Eligibility Branch

Attachment

Multi-State Section 1115 Demonstration Application Template Medicaid and SCHIP Coverage for Evacuees of Hurricane Katrina

The State of _____, Department of _____ proposes emergency relief as an affected State, through the use of section 1115 demonstration authority, as outlined in the Social Security Act (the Act), which sets forth a multi-State demonstration project including all signatory States (described below as Home States and Host States).

I. GENERAL DESCRIPTION OF PROGRAM

Effective retroactively to August 24, 2005, States will be allowed to provide Medicaid and SCHIP coverage to a new demonstration population of evacuees consisting of parents, pregnant women, children under age 19, individuals with disabilities, low income Medicare recipients, and low income individuals in need of long term care with incomes up to and including the levels listed on the attached simplified eligibility chart. Host States may also provide Medicaid and SCHIP coverage to evacuees using eligibility determinations based on eligibility levels in the Home State of an evacuee.

State information is provided in order that the Centers for Medicare & Medicaid Services (CMS) can contact States on an individual basis to discuss demonstration proposals.

State Name: _____

State Medicaid Director Name: _____

Telephone Number: _____

E-mail Address: _____

Other Key Contacts: _____

II. DEFINITIONS AND CONDITIONS

Emergency Area: Refers to a geographic area or region in which a National Disaster has been declared. In the case of Hurricane Katrina this refers to the States of Louisiana, Mississippi, Alabama, and Florida. The affected counties/parishes below have been declared by FEMA as designated counties requiring Individual Assistance as a result of Hurricane Katrina. Evacuees from these counties are eligible under this waiver consistent with the Individual Assistance Program designation pursuant to the Robert T. Stafford Disaster Relief and Emergency Assistance Act, Section 408: Federal Assistance to Individuals and Households¹.

¹ As of September 15, 2005, no Florida counties have Individual Assistance Designation pursuant to Section 408. Other affected National Disaster States/areas could be added at a later date.

Louisiana:

Acadia, Ascension, Assumption, Calcasieu, Cameron, East Baton Rouge, East Feliciana, Iberia, Iberville, Jefferson, Jefferson Davis, Lafayette, Lafourche, Livingston, Orleans, Pointe Coupee, Plaquemines, St. Bernard, St. Charles, St. Helena, St. James, St. John, St. Mary, St. Martin, St. Tammany, Tangipahoa, Terrebonne, Vermilion, Washington, West Baton Rouge, and West Feliciana parishes.

Mississippi:

Adams, Amite, Attala, Claiborne, Choctaw, Clarke, Copiah, Covington, Forrest, Franklin, George, Greene, Hancock, Harrison, Hinds, Jackson, Jasper, Jefferson, Jefferson Davis, Jones, Kemper, Lamar, Lauderdale, Lawrence, Leake, Lincoln, Lowndes, Madison, Marion, Neshoba, Newton, Noxubee, Oktibbeha, Pearl River, Perry, Pike, Rankin, Scott, Simpson, Smith, Stone, Walthall, Warren, Wayne, Wilkinson, Winston, and Yazoo Counties.

Alabama:

Baldwin, Mobile, Pickens, Greene, Hale, Tuscaloosa, Washington, Choctaw, Clarke, and Sumter Counties.

Florida:

As of September 15, 2005, no Florida counties have Individual Assistance Designation pursuant to Section 408.

Other affected National Disaster States/areas could be added at a later date by CMS.

Evacuee: Refers to an individual who is a resident of the emergency area affected by a National Disaster as declared by the President of the United States pursuant to the National Emergencies Act or the Robert T. Stafford Disaster Relief and Emergency Assistance Act and has been displaced from his or her home by the emergency (see emergency area), and is not a non-qualified alien and meets the definition of eligible population.

Evacuee Status: Refers to a temporary eligibility status, not to exceed 5 months, during which evacuees will be able to access Medicaid or SCHIP services.

Evacuee Status Eligibility Determination: Applications for eligibility for evacuee status will be accepted from August 24, 2005 through January 31, 2006, and may be retroactive to August 24, 2005. Any eligibility time period prior to September 1, 2005, will not count against an evacuee's eligibility period. Evacuee status will be limited to parents, pregnant women, children under age 19, individuals with disabilities, low income Medicare recipients, and low income individuals in need of long term care: (1) with incomes up to and including the levels listed on the attached eligibility simplification chart, or (2) with eligibility that meets the eligibility levels in the applicant's Home State. Evacuee status can be established by self-attestation of displacement, income, and immigration status, but evacuees must be required to cooperate in demonstrating evacuee

and eligibility status. If the Host State uses the simplified eligibility chart in determining eligibility, the Host State may apply or waive the Host State resource test criteria applicable to the applicant's eligibility category. If the Host State uses the Home State eligibility criteria for determining eligibility, the Host State must apply the Home State resource test criteria. CMS will consider waivers of the resource tests.

Home State: Refers to the State in which the National Disaster has been declared and from which the individuals have been displaced.

Host State: Refers to the State in which evacuees are temporarily residing. A Home State can also be a Host State with respect to evacuees whether displaced from homes within its borders or outside its borders.

Temporary Eligibility Period: A period of eligibility for up to 5 months is provided for all eligibility groups who are evacuees. If they wish to be determined eligible for regular Medicaid/SCHIP, at the end of the temporary eligibility period individuals must reapply for eligibility under a permanent eligibility category in the State in which they are permanently residing. Neither the Host State nor the Home State is obligated to redetermine eligibility before the termination of the temporary period, but either State may elect to redetermine whether the individual is eligible under a permanent eligibility category under its State plan. No applications for evacuee status may be accepted after January 31, 2006.

Host State Assurances: Host States assure that they will, to the greatest extent possible: (1) verify circumstances of eligibility, (2) verify residency and citizenship of the evacuees, and (3) prevent fraud and abuse. Host and Home States may be subject to audit by other Federal agencies including the Office of the Inspector General. The purpose of the audit will be to assure only evacuee expenses are claimed by the State under the terms of the waiver and to detect provider or client fraud and abuse. Any provider or client fraud and abuse will require recovery efforts on the part of the State; however, the States will not be held liable for such fraud and abuse. Additionally, there is a reciprocal obligation for Home/Host States in obtaining necessary information to determine eligibility for this waiver program.

Duration of the Demonstration Program: The duration of the program will be from August 24, 2005 through June 30, 2006.

Eligible Populations: The demonstration population will consist of evacuees who are parents, pregnant women, children under age 19, individuals with disabilities, low income Medicare recipients, and low income individuals in need of long term care with incomes up to and including the levels listed on the attached simplified eligibility chart or the eligibility levels in the affected States. A new category of "evacuee" will be created to capture the displaced individuals for reporting purposes. States must report enrollment in these eligibility categories monthly.

Benefits: The benefits for evacuees will be those of the State plan title XIX and title XXI programs in the Host State. The cost of services provided to evacuees deemed eligible are not counted against any other section 1115, section 1915(b) or (c) waiver the State may have, including Home and Community Based Services waiver slots.

Effective Date: The demonstration project will be effective upon approval by the Secretary with respect to evacuees. Eligibility and payments under such a demonstration may be retroactive to August 24, 2005.

FFP Claiming: Host States will submit claims directly to CMS rather than submitting claims to Home States as would occur under regular procedures. The Host State will report expenditures related to this demonstration on the CMS-64 and/or the CMS-21 in accordance with instructions provided by CMS.

Reporting Requirements: Unless otherwise waived, States will be required to comply with reporting requirements including reporting of enrollee member months monthly and reporting of progress on the demonstration monthly and financial reporting under titles XIX and XXI for evacuees enrolled in this demonstration program quarterly. **States will be required to track separately all expenditures associated with this waiver, including but not limited to, administrative costs and program expenditures in accordance with instructions provided by CMS for this population.**

Notice to Applicants: Host States shall provide notice to evacuees that this is a limited benefit for 5 months from the date of application. Applicants should be given notice that at the end of the temporary eligibility period individuals must reapply for eligibility under a permanent eligibility category.

Fair Hearings and Appeals: No fair hearings and/or appeals are provided as part of this demonstration program.

Final Report: No later than December 31, 2006, Host States will be required to submit a final report to CMS to describe the impact of this program, including but not limited to, the impact on evacuees, the Host States, etc. CMS will provide guidance on the submittal of the final report.

III. CURRENT ELIGIBILITY COVERAGE IN MISSISSIPPI , LOUISIANA, ALABAMA, AND FLORIDA.

See attached charts for the Medicaid eligibility levels in the affected Home States. States will be provided the opportunity to use the eligibility levels in the affected Home States or can use the simplified eligibility chart attached. In the case of Mississippi, Louisiana, Alabama, and Florida, the eligibility levels for SCHIP are up to and including 200 percent of poverty for children.

 / Eligibility will be based on the eligibility levels in the affected Home States. Please indicate which State(s) will be used.

_ / Eligibility will be based on the simplified eligibility chart.

IV. BENEFITS

_ / Benefits covered will include current Host State plan services.

_ / Other

V. FINANCIAL REQUIREMENTS

States will not be required to meet budget neutrality tests under these demonstration programs. The Department agrees that individuals participating in the demonstration are presumed to be otherwise eligible for Medicaid in their respective Home State and costs to the Federal Government would have otherwise been incurred and allowable. Therefore, States participating in the demonstration program will not be required to provide or demonstrate budget neutrality through “without waiver” and “with waiver” expenditure data.

VI. STANDARD FEATURES

- A.** Health care providers that furnish medical services in good faith, but who cannot comply with normal program requirements because of Hurricane Katrina, will be paid for services provided and will be exempt from sanctions for noncompliance, unless it is discovered that fraud and abuse occurred.
- B.** Crisis services provided to Medicaid and SCHIP patients who have been transferred to facilities not certified to participate in the programs will be paid.
- C.** Programs will reimburse facilities for providing services to patients in alternative settings, e.g., providing dialysis to patients with kidney failure in alternative settings.
- D.** Normal prior authorization and out-of-network requirements may also be waived for enrollees of Medicaid or SCHIP managed care plans.
- E.** Normal provider requirements for doctors, nurses, and other health care professionals who cross State lines to provide emergency care in stricken areas will be waived as long as the provider is licensed in their Home State.

VII. COST SHARING

States may choose to exempt evacuees from cost-sharing.

_ / Cost Sharing will not be imposed on evacuees by the Host State.

_ / Cost Sharing will be imposed by the Host State consistent with the requirements outlined in title XIX.

___/ Cost Sharing will be imposed by the Host State consistent with the requirements outlined in title XXI.

VIII. WAIVERS, REQUIREMENTS NOT APPLICABLE, AND EXPENDITURE AUTHORITIES

A list of “typical” waivers and expenditure authorities has been provided for your convenience; however, States have the flexibility to request additional waivers and expenditure authorities as necessary to operate their programs. If additional waivers or expenditure authorities are desired, please include a detailed request and justification as an attachment.

All requirements of the Medicaid and SCHIP program expressed in law, regulation, and policy statement, not expressly waived or identified as not applicable shall apply to this demonstration program.

A. Waivers and Requirements Not Applicable to the Demonstration

The following waivers and requirements that would not be applicable to the demonstration are requested pursuant to the authority of section 1115(a)(1) of the Act. (Please check all that are applicable):

Title XIX:

_____ Statewide and Eligibility Methods and Standards – Section 1902(a)(1) and 1902(a)(17)

To enable the Host State to implement a program to provide benefits to evacuees who are determined to be eligible under a Home State Medicaid program on less than a Statewide basis. In addition, to enable the Host State to use eligibility methods, benefit levels, and benefit delivery methods for evacuees that are different from those otherwise used within the Home State.

_____ Comparability – Section 1902(a)(10)(B)

To enable Host States to offer benefits to evacuees that are not comparable to the benefits offered by the Home or Host States to categorically needy individuals or to other individuals in the same eligibility group.

_____ Fair Hearings and Notices – Section 1902(a)(3)

To enable a Host State to make determinations of temporary status in the Host State Medicaid program for a period of up to 5 months without according the right to fair hearings or appeals of adverse determinations that would be available for determinations with respect to permanent eligibility status. Nothing in this waiver limits the rights of such individuals to seek a determination of permanent eligibility status in the Home State with the right to fair hearings or appeals of adverse determinations.

_____ Cooperation in Establishing Paternity – Section 1902(a)(45)

To permit the Host State to determine eligibility for evacuees under the Home State program without requiring applicants to comply with paternity cooperation requirements of section 1912.

_____ Freedom of Choice - Section 1902(a)(27)

To enable the Host State to restrict the choice of provider.

_____ Provider Agreements - Section 1902(a)(32)

To permit the provision of care in the Host State by individuals or entities who have not executed a Provider Agreement with the Home State Medicaid Agency but have such an agreement with the Host State.

_____ Annual Redeterminations of Eligibility – Sections 1902(a)(4) and 1902(a)(19)

To permit delay of otherwise required redeterminations for the Home/Host State's title XIX program between August 24, 2005 and February 28, 2006, for recipients living in an emergency area of Mississippi, Louisiana, Alabama, and Florida for those recipients who were displaced by Hurricane Katrina.

_____ Amount, Duration, and Scope – Section 1902(a)(10)(B)

To permit the provision of different services to evacuees within the Host State than to other populations in either the Home or Host States.

_____ Retroactive Eligibility – Section 1902(a)(34)

To enable the Home State to waive the requirement to provide medical assistance for up to 3 months prior to the date that application for assistance under a temporary eligibility period is made for evacuees.

Title XXI:

_____ Eligibility Screening – Section 2102(a)

The State child health plan of the Host State does not have to reflect the evacuee population.

_____ Eligibility Screening – Section 2103(a)

The title XXI income eligibility guidelines of Mississippi, Louisiana, Alabama, and Florida, or the simplified eligibility chart criteria will be followed when enrolling evacuee children from these States.

_____ Federal Matching Payments – Section 2105

To permit Federal Matching Payment for the provision of medical assistance on behalf of an evacuee child during a temporary eligibility period that is not implemented in accordance with section 1920A.

Annual Reporting Requirements – Section 2108

To permit not applying annual reporting requirements to this evacuee population.

Annual Redeterminations - Section 2102

To permit delay of otherwise required annual redeterminations for the Home/Host State's title XXI program between August 24, 2005 and February 28, 2006, living in an emergency area of Mississippi, Louisiana, Alabama, and Florida who were displaced by Hurricane Katrina.

B. Expenditure Authority

Expenditure authority is requested under section 1115(a)(2) of the Act to allow the following expenditures which are not otherwise included as expenditures, under section 1903 or section 2105, to be regarded as expenditures under the Host State's title XIX or title XXI plan.

Note: Checking the appropriate box(es) will allow the State to claim Federal financial participation for expenditures that otherwise would be ineligible for Federal match.

Title XIX:

_____ Host State expenditures including both administrative and benefit costs of extending benefits during a temporary eligibility period to evacuees who are determined to be eligible under a Home State Medicaid program.

_____ Expenditures for Home and Community Based Services for evacuees including administrative and benefit costs.

_____ Expenditures for medical care, under payment methodologies set forth in the approved State plan, excluding any supplemental payments and without regard to the State disproportionate share hospital allotment, for evacuees who do not have health insurance coverage.

Title XXI:

_____ Host State expenditures including both administrative and benefit costs of extending benefits during a temporary eligibility period to evacuees who are determined to be eligible under a Home State SCHIP program.

_____ Expenditures to permit delay of otherwise required redeterminations between August 24, 2005 and January 31, 2006 for evacuees enrolled in the Host State's Title XXI program.

IX. SIGNATURE

Date: _____ Authorizing Official (Typed): _____

Authorizing Official (Signature): _____

Attachments