

Status of AHCCCS Emergency Authority Requests (for the federally declared COVID-19 emergency)

Revised 7/21/2021

	AHCCCS Requested Flexibilities	CMS Approval Status	Implementation Status (Implemented, In Progress, Not Implemented)	Anticipated End Date
	1135 Waiver- Effective March 1, 2020 through the duration of the Public health Federal Emergency Declaration (including any extensions thereof) ** <i>The U.S. Secretary of the Department of Health and Human Services may extend the COVID-19 Public Health Emergency (PHE) declaration for 90-day periods for as long as the PHE continues to exist, and may terminate the declaration whenever he determines that the PHE has ceased to exist. Currently, the PHE is scheduled to expire on October 18, 2021, unless renewed by the Secretary.</i>			
1	Permit providers located out-of-state to offer both emergency and non-emergency care to Arizona Medicaid and CHIP enrollees.	Approved	Implemented	10/18/21 (unless PHE renewed)
2	Streamline provider enrollment requirements for out of state providers.	Approved	Implemented	10/18/21 (unless PHE renewed)
3	Suspend revalidation of providers who are located in-state or otherwise directly impacted by the emergency.	Approved	Implemented	10/18/21 (unless PHE renewed)
4	Waive the requirement that physicians and other healthcare professionals be licensed in Arizona, to the extent consistent with state law.	Approved	Implemented	10/18/21 (unless PHE renewed)
5	Waive payment of the provider enrollment application fee.	Approved	Implemented	10/18/21 (unless PHE renewed)
6	Waive requirements for site visits to enroll a provider.	Approved	Implemented	10/18/21 (unless PHE renewed)
7	Suspend Medicaid Fee-for-Service prior authorization requirements.	Approved	Implemented	10/18/21 (unless PHE renewed)
8	Require Fee-for-Service providers to extend existing prior authorizations for the duration of the emergency	Approved	Implemented	10/18/21 (unless PHE renewed)
9	Suspend pre-admission screening and annual resident review (PASRR) Level I and Level II assessments.	Approved	Implemented	10/18/21 (unless PHE renewed)
10	Waive requirements for written member consents and member signatures on plans of care. Verbal consents will be obtained telephonically, where identity will be reliably established, and will be documented in the member's record.	Approved	Implemented	10/18/21 (unless PHE renewed)
11	Waive the face to face requirements applicable to Home Health Services including Medical supplies, equipment & appliances.	Approved	Implemented (FFS)	10/18/21 (unless PHE renewed)
12	Reimburse services offered by hospitals and clinics owned or operated by the Indian Health Service, tribes or tribal organizations with a 638 agreement in Alternate Care	Submitted, CMS provided guidance that	Implemented	10/18/21 (unless PHE renewed)

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	Sites (ACS) during the public health emergency.	these services are covered under the Medicare Blanket Waivers.		
13	Temporarily allow services provided within the Arizona Long Term Care System (ALTCS) program to be provided in settings that have not been determined to meet the home and community based (HCBS) settings criteria.	Approved	Not Implemented	10/18/21 (unless PHE renewed)
Disaster Relief SPAs (Medicaid & CHIP)				
<p>CHIP Disaster Relief SPA - Effective January 27, 2020 through the duration of the Federal Emergency Declaration (including any extensions thereof)** <i>The U.S. Secretary of the Department of Health and Human Services may extend the COVID-19 Public Health Emergency (PHE) declaration for 90-day periods for as long as the PHE continues to exist, and may terminate the declaration whenever he determines that the PHE has ceased to exist. Currently, the PHE is scheduled to expire on October 18, 2021, unless renewed by the Secretary.</i></p>				
14	CHIP: Under section 1135, modify the tribal consultation process by shortening the number of days before submission of the SPA and/or conducting consultation after submission of the SPA.	Approved	Implemented	10/18/21 (unless PHE renewed)
15	CHIP: At State discretion, requirements related to timely processing of applications may be temporarily waived for CHIP applicants who reside and/or work in a State or Federally declared disaster area.	Approved	Implemented	10/18/21 (unless PHE renewed)
16	CHIP: At State discretion, it may temporarily provide continuous eligibility to CHIP enrollees who reside and/or work in a State or Federally declared disaster area	Approved	Implemented	10/18/21 (unless PHE renewed)
17	CHIP: At State discretion, the State may temporarily delay acting on certain changes in circumstances affecting CHIP eligibility for CHIP beneficiaries who reside and/or work in a State or Federally declared disaster area. The state will continue to act on changes in circumstance related to residency, death, voluntary termination of coverage, erroneous eligibility determinations, and becoming eligible for Medicaid.	Approved	Implemented	10/18/21 (unless PHE renewed)
18	CHIP: At State discretion, the requirement that a child is ineligible for CHIP for a period of three months from the date of the voluntary discontinuance of employer-sponsored group health insurance or individual insurance coverage may be temporarily waived for CHIP applicants who reside and/or work in a State or Federally declared disaster area.	Approved	Not implemented; will continue to assess need	10/18/21 (unless PHE renewed)
19	CHIP: At State discretion, premiums or enrollment fees and co-payments may be temporarily waived for CHIP applicants and/or existing beneficiaries who reside and/or work in a State or Federally declared disaster area.	Approved	Implemented	10/18/21 (unless PHE renewed)
20	CHIP: At State discretion, premiums may be waived for CHIP applicants and/or beneficiaries who meet income and other eligibility requirements and who reside and/or work in Governor or FEMA declared disaster areas for a specified period of	Approved	Implemented	10/18/21 (unless PHE renewed)

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	time.			
21	CHIP: Exception to Disenrollment for Failure to Pay Premiums—At State discretion, premiums may be waived for CHIP applicants and/or beneficiaries who meet income and other eligibility requirements and who reside and/or work in Governor or FEMA declared disaster areas for a specified period of time. The premium balance will be waived if the family is determined to have been living or working in FEMA or Governor declared disaster areas based on self-declared application information or other documentation provided by the family.	Approved	Implemented	10/18/21 (unless PHE renewed)
<p>Medicaid Disaster Relief SPA - Effective March 1, 2020 through the duration of the Federal Emergency Declaration (including any extensions thereof) ** <i>The U.S. Secretary of the Department of Health and Human Services may extend the COVID-19 Public Health Emergency (PHE) declaration for 90-day periods for as long as the PHE continues to exist, and may terminate the declaration whenever he determines that the PHE has ceased to exist. Currently, the PHE is scheduled to expire on October 18, 2021, unless renewed by the Secretary.</i></p>				
22	Medicaid: Waiver from Tribal Consultation and public notice requirements.	Approved	Implemented	10/18/21 (unless PHE renewed)
23	Medicaid: The state will cover the new optional group pursuant to 1902(a)(10)(A)(ii)(XXIII). (100% FMAP for uninsured).	Approved	Not implemented, will continue to assess need	N/A CMS has directed AHCCCS to remove this group from the SPA pages, but notes that the State may reinstitute the group if HRSA funding is insufficient..
24	Medicaid: 12 months of continuous eligibility for children up to 19 regardless of changes in circumstance.	Approved	Not implemented	10/18/21 (unless PHE renewed)
25	Medicaid: Suspend deductibles, copayments, coinsurance, and other cost sharing charges for all beneficiaries for the duration of the emergency.	Approved	Implemented	10/18/21 (unless PHE renewed)
26	Medicaid: Prior authorization for medications is expanded by automatic renewal without clinical review, or time/quantity extensions.	Approved	Implemented	10/18/21 (unless PHE renewed)
27	Medicaid: The agency may make exceptions to the published Preferred Drug List if drug shortages occur. This would include options for covering a brand name drug product that is a multi-source drug if a generic drug option is not available.	Approved	Implemented	10/18/21 (unless PHE renewed)
28	Medicaid: Flexibility allowing for other provider types to order Home Health services throughout the duration of the declared emergency.	Approved	Implemented (MCO)	10/18/21 (unless PHE renewed)
29	Medicaid: Extending state plan paid “bed hold” days to a max of 30 days.	Approved	Implemented	10/18/21 (unless PHE renewed)
30	Medicaid: Allows AHCCCS to make interim payments to each hospital to reflect a preliminary, estimated amount for each GME component. The interim payment	Approved	Implemented	10/18/21 (unless PHE renewed)

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	amount shall be computed as 80.0% of the actual distribution to each hospital for the previous year.			
31	Medicaid: Authorizes directed payments to AHCCCS registered Nursing Facility (NF) providers	Approved	Implemented	10/18/21 (unless PHE renewed)
32	Medicaid: Provides 10% rate increase for in-office vaccination codes and administration codes related to influenza	Approved	Implemented	10/18/21 (unless PHE renewed)
33	Medicaid: Permits licensed pharmacists, pharmacy technicians and pharmacy interns to administer the COVID-19 and influenza vaccine	Approved	Implemented	10/18/21 (unless PHE renewed)
34	Medicaid: Payment for the administration of COVID-19 immunizations is made at rates established by Medicare; COVID-19 vaccinations administered at federally qualified health centers, rural health centers and Indian Health Services facilities will be reimbursed at the established per visit rates	Approved	Implemented	10/18/21 (unless PHE renewed)
35	Medicaid: IHS/638 facilities reimbursed at the outpatient all-inclusive rate (AIR) for COVID-19 vaccine administration by registered nurses under an individual or standing order.	Approved	Implemented	10/18/21 (unless PHE renewed)
36	Medicaid: Payment for Non-Emergency Medical Transportation (NEMT) wait time services will be increased by \$8.64 per unit for trips associated with a COVID-19 drive-through vaccination site.	Approved	Implemented	10/18/21 (unless PHE renewed)
1115 Waiver & Appendix K				
1115 Waiver- Effective March 1, 2020 until 60 days after the end of Federal Emergency Declaration or as otherwise identified in the Special Terms and Conditions approved by CMS* <i>If the PHE ends on October 18, 2021, 1115 Waiver authorities related to COVID-19 will expire on December 17, 2021 (PHE + 60 days) or as otherwise identified by CMS.</i>				
37	Expand the provision of home delivered meals to all eligible populations.	Not approved		N/A
38	Provide temporary housing, not to exceed six months, if a beneficiary is homeless or is at imminent risk of homelessness and has tested positive for COVID-19.	Not approved		N/A
39	Authority to make retainer payments to all provider types as appropriate, including but not limited to HCBS providers.	Submitted, not yet approved		N/A
40	Allow Arizona to provide continuous coverage for CHIP beneficiaries, for the duration of the emergency period, regardless of any changes in circumstances or redeterminations at scheduled renewals that otherwise would result in termination.	Not approved		N/A

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41	Expenditure authority to pay for EPSDT covered dental services that were previously approved but postponed due to COVID-19 after a member turns 21.	Approved		12/17/21 (unless PHE renewed)
42	Waiver of the IMD exclusion to cover inpatient services provided in IMDs regardless of the length of stay.	Not approved		N/A
Appendix K- Effective March 13, 2020 through the end of calendar quarter in which the PHE ends. <i>If the PHE ends on October 18, 2021, 1115 App K authorities related to COVID-19 will expire on December 31, 2021.</i>				
43	Permit payment for home and community based services (HCBS) rendered by parents of minor children.	Approved	Implemented	12/31/21
44	Remove the current hourly service limitation for the Spouse as Paid Caregiver Program for duration for the emergency period (currently, spouses can render no more than 40 hours of services in a 7-day period).	Approved	Implemented	12/31/21
45	Authority to make retainer payments to habilitation and personal care providers.	Approved	Implemented	12/31/21
46	Authority for long-term care services and supports for impacted individuals even if services are not timely, updated in the plan of care, or are delivered in alternative settings.	Approved	In Progress	12/31/21
47	Add an electronic method of service delivery (e.g., telephonic) allowing services to continue to be provided remotely in the home setting for: <ul style="list-style-type: none"> ○ Case managers ○ Personal care services that only require verbal cueing ○ In-home habilitation. 	Approved	Implemented (MCO); Implemented (FFS)	12/31/21
48	Authority to expand the provision of home delivered meals to long term care members enrolled in the Arizona Long Term Care System (ALTCS) Department of Economic Security/Division of Developmental Disabilities (DES/DDD).	Approved	Implemented	12/31/21
50	Allow case management entities to provide direct services in response to COVID-19.	Approved	Not Implemented; will continue to assess need	12/31/21
52	Allow the option to conduct evaluations, assessments, and person-centered service planning meetings virtually/remotely in lieu of face-to-face meetings.	Approved	Implemented (MCO); Implemented (FFS)	12/31/21
53	Adjust prior approval/authorization elements approved in waiver.	Approved	Implemented	12/31/21
54	Adjust assessment requirements.	Approved	Not Implemented; will	12/31/21

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			continue to assess need	
55	Add an electronic method of signing off on required documents such as the person-centered service plan	Approved	Implemented (MCO); Implemented (FFS)	12/31/21
56	Temporarily expand setting(s) where services may be provided (e.g. hotels, shelters, schools, churches)	Approved	Not implemented; will continue to assess need	12/31/21
57	Temporarily allow for payment for services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay when necessary supports (including communication and intensive personal care) are not available in that setting, or when the individual requires those services for communication and behavioral stabilization, and such services are not covered in such settings.	Approved	Implemented(MCO)	12/31/21
58	Authorizes directed payments to AHCCCS registered ALF and HCBS providers.	Approved	Implemented	12/31/21

* The U.S. Department of Health and Human Services (HHS) has indicated that the PHE will likely remain in place through 2021. States continue to engage with CMS regarding a gradual phase-out of flexibilities where an incremental approach is necessary.