

April 17, 2020

Summary of AHCCCS Request to CMS for Additional Flexibilities

If these requests are approved, each will be considered for possible implementation after further business review of operational, timing and resource considerations.

1135 Waiver Authorities

Arizona requested the following new 1135 Waiver Authorities for the duration of the emergency period:

- 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. The utilization of telephonic methods for members to sign off on required documents is critical to ensure continued access to care for vulnerable members. Examples of the affected population include members who are living on reservations, rural settings, or other locations where written consent/confirmation cannot be obtained due to unreliable or lack of internet access, imposition of curfew, or lack of reasonable means to comply with the written requirement.
- Waive the face to face requirements applicable to Home Health services including medical supplies, equipment, and appliances.

1115 Waiver Authorities

Arizona requested the following modification to the State's existing 1115 Waiver for the duration of the emergency period:

- Expenditure authority to pay for EPSDT covered services that were previously approved but postponed due to COVID-19 after a member turns 21. For example, dental offices have been mandated to only see emergency patients during the COVID-19 outbreak. This has forced many of our members to forgo routine dental visits due to office closures. Many of our members may turn 21 years of age during this time frame and will not be able to complete approved treatment plans needed to restore the members' oral health.
- Expenditure authority for the costs of services provided to any eligible individuals aged 21-64 receiving inpatient treatment in an Institution for Mental Disease (IMD), to the extent necessary, such that IMD providers may offer continuity of care for these members as demands from COVID-19 may make transfers more difficult or less timely.