



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Developmental Disabilities Administration * P.O. Box 45310 * Olympia, WA 98504-5310

DDA MANAGEMENT BULLETIN
D20-021 – Procedure
April 17, 2020

TO: DDA Regional Administrators
Case Resource Managers

FROM: Debbie Roberts, Deputy Assistant Secretary
Developmental Disabilities Administration 

SUBJECT: Medicaid Eligibility Changes Resulting From the Families First
Coronavirus Response Act

PURPOSE: To notify staff about temporary policy changes regarding Medicaid
eligibility as a result of the Families First Coronavirus Response
Act passed by Congress

BACKGROUND: On March 18, 2020, the Families First Coronavirus Response Act (FFCRA) was signed into law. It provides a temporary 6.2 percentage point increase to Federal Medical Assistance Percentage (FMAP) for many Medicaid-funded services beginning January 1, 2020 and extending through the last day of the calendar quarter in which the public health emergency terminates, as declared by the Secretary of Health and Human Services.

The Centers for Medicare and Medicaid Services released [FAQs](#) providing clarification of requirements to receive the FMAP. In order to receive the enhanced FMAP, states must continue eligibility for individuals currently eligible for Medicaid from March 18, 2020, to the end of the quarter in which the public health emergency ends.

WHAT'S NEW, CHANGED, OR CLARIFIED: A temporary policy is in place during the COVID-19 public health emergency.

As of March 18, 2020, eligibility for Medicaid medical coverage cannot be terminated unless the individual requests termination, is no longer a Washington State resident, or is deceased.

Case resource managers must not terminate a Medicaid program even if the reassessment indicates the client is not eligible for the

program or any services. This includes instances when eligibility for the program makes a client eligible for Medicaid. This change in policy does not apply to clients not already enrolled in Medicaid and not receiving services prior to March 18, 2020. If during an initial assessment, it is determined a client is not functionally or financially eligible for services, then services or the program must not be initiated.

In [H20-025](#), *Medicaid Eligibility Flexibilities and Families First Coronavirus Response Act (Financial Only)*, the DDA Long-Term Care (LTC) & Specialty Programs Unit has also been directed not to terminate medical or reduce scope of coverage for clients during this emergency, except where the client has passed away, moved out of state, or has chosen to end their services.

For the Intake and Eligibility Team's instructions, see [D20-012](#), *Intake and Eligibility Process During COVID-19 Outbreak*.

ACTION:

Effective immediately and until further notice, case resource managers must do the following to ensure clients who are currently eligible for Medicaid remain eligible for medical coverage:

1. If during an interim, significant change, or annual assessment a client is determined to no longer be eligible for a service or their service amount is reduced, follow current procedures for sending a PAN and completing authorizations. Authorize services based on the new assessment.
2. Clients who are eligible for continued benefits related to termination or a reduction of benefits will continue to receive that level of benefit until the outcome of the administrative appeal, as usual. If the Department prevails at the hearing and the client is no longer eligible for services, send a 15-345 communication to the LTC & Specialty Programs Unit, reporting the hearing outcome so that Medicaid coverage can continue.

3. Waiver Clients

If a reassessment indicates the client no longer meets ICF/IID level of care or they are not eligible for waiver for any other reason, do not terminate the waiver. Additionally, the client's medical coverage must not be terminated during the

emergency period, regardless of whether or not they are eligible for HCBS services. Instead, do the following:

- a. Notify your supervisor and regional waiver specialist;
- b. Send a waiver termination PAN with the following language in the “Other Reasons” comment box:

Due to the COVID-19 state of emergency, your waiver based Medicaid eligibility will remain open for now and your medical coverage will continue. But, your waiver services will end. A new notice will be sent to you when the crisis is over and will tell you the new date of action.

- c. Send a 15-345 communication to the LTC and Specialty Programs Unit reporting that the client is no longer functionally eligible for the waiver, but must remain on it through this state of emergency.

Note: Headquarters will identify any clients whose waiver was terminated between March 18, 2020, and the date of this MB. The list of clients will be sent to waiver specialists for distribution and they will provide additional direction to case managers.

As a reminder, [DDA Policy 5.02](#), *Necessary Accommodation*, requires NSAs to be contacted prior to sending out a PAN. It’s particularly important to communicate with them now to avoid confusion about this temporary change in policy.

A waiver may be terminated when a client moves out of state, and closed when a client passes away. The case resource manager will follow existing instructions in these instances.

4. For Clients Requesting a Different Waiver

- a. When a client requests a different waiver than the waiver they are currently on, they are considered to be requesting the termination of their current waiver and associated services.

- b. If the new waiver is approved, the client's current waiver and those services can be terminated and a new PCSP with services on the new waiver added.
- c. The case resource manager must discuss this with the client and document the discussion in an SER. Whenever possible, the case resource manager should get confirmation from the client or their legal representative of their agreement to receive services under the new waiver in writing and place in the client file.

5. Community First Choice only Clients

- a. For in-home:

Most CFC recipients are already eligible for non-institutional medical coverage. If the client is no longer functionally eligible for CFC and is also not eligible for MPC at the time of reassessment, services must be terminated and PANs sent.

Send a 15-345 communication to the LTC & Specialty Programs Unit reporting that the client is no longer eligible for CFC so they can ensure the client is transitioned to another categorically needed (CN) medical program.

- b. For Adult Family Home, Assisted Living Facility, Enhanced Adult Residential Care, Adult Residential Care:

If a client in one of these settings has a reassessment that results in program ineligibility, notify your supervisor. The issue should be staffed with HQ State Plan Residential Unit Manager. These will be evaluated on a case-by-case basis.

6. Roads to Community Living

- a. When the client's RCL period ends, follow current processes to transition the client to another HCBS program and send a 15-345 communication to the LTC & Specialty Programs Unit reporting what the new HCBS service is.
- b. Medical coverage must be continued during the transition period. If the client is not eligible under another program, also send a 15-345 communication to report this and to ensure Medicaid remains active during the COVID-19 emergency.

- c. If a waiver client becomes RCL eligible because they have been in an institutional setting staff this with your supervisor and waiver specialist.

7. Clients Not Yet Enrolled on a Program or Receiving Services

As usual, clients who are ineligible for services or programs at an initial assessment or initial program eligibility determination are not eligible to be enrolled in that service or program.

8. Clients Not Responding to Requests for Assessment

If a client does not respond to requests to schedule an annual assessment, send a PAN per the usual process providing enough time to respond prior to the effective date. Use the guidance above, based on the program the client is on to maintain the client's Medicaid coverage.

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