July 21, 2020

Continuation of Flexibilities Post Public Health Emergency

During the national COVID-19 public health emergency, the US Department of Health and Human Services extended authority to state Medicaid agencies to augment services in order to address the health care needs caused by the COVID-19 pandemic. These temporary “flexibilities” were granted through policy changes or various legal authorities, including an 1135 Waiver (established to address public health emergencies), the 1115 Waiver, an Appendix K contract specific to Home and Community Based Services, and the State Plan Amendment.

Each flexibility was granted for a finite time period as determined, in some proportion, to the length of the declared public health emergency.

After considerable conversation with community stakeholders, AHCCCS has decided to pursue the continuation of the following flexibilities, granted through policy change or various legal authorities, beyond the termination of the COVID-19 public health emergency:

- Continue telemedicine code expansion post emergency and further evaluate temporary telephonic code set for adoption on permanent basis;
- Provision of dialysis services in a nursing facility;
- Add an electronic method of signing off on required ALTCS documents, including eligibility documents and all care and treatment documentation;
- Allow for verbal consent in lieu of written signature (for up to 30 days for LTSS services; no limit for other services) for all care and treatment documentation when identity can be reliably established (documented in member’s record); and
- Make exceptions when federally and state reimbursable medication shortages occur. This would include coverage for brand name medications when generic/multi-source drugs are not available.

AHCCCS will begin the process of requesting authority to incorporate these flexibilities into Arizona’s 1115 Waiver, State Plan, and other authorities. At this time, we do not have an estimated time frame of when approval and implementation will be completed.