



State of New Jersey

DEPARTMENT OF HUMAN SERVICES

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

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Commissioner

JENNIFER LANGER JACOBS
Assistant Commissioner

March 19, 2020

Jackie Glaze, Acting Director
Medicaid & CHIP Operations Group
Centers for Medicare and Medicaid Services
61 Forsyth Street, SW, Suite 4T20
Atlanta, Georgia 30303-8909

Dear Ms. Glaze:

On January 31, 2020, the Secretary of the U.S. Department of Health and Human Services (HHS) declared a public health emergency for the entire United States to aid the nation's healthcare community in responding to 2019 novel coronavirus (COVID-19) outbreak. On March 13, 2020, the President issued a proclamation that the COVID-19 outbreak in the United States constitutes a national emergency under the Stafford Act.

Pursuant to those declarations and the subsequent waiver of provisions of Title XIX of the Social Security Act by HHS, the New Jersey Department of Human Services, Division of Medical Assistance and Health Services (DMAHS) is requesting temporary waivers of certain Medicaid requirements under Section 1135 of the Act. These waivers are requested for the entire state of New Jersey, and are requested to be in effect retroactive to March 1, 2020, and to continue until either the end of the emergency or 60 days after the waiver is granted, whichever is later.

As of this date, New Jersey requests the following waivers which will be implemented according to specific needs identified by the State during the emergency period:

1. Blanket waiver of all prior authorization requirements incorporated in New Jersey's state plan, across all service types.
2. Blanket waiver of all requirements around Pre-Admission Screening and Annual Resident Review (PASRR) Level I and Level II Assessments, including the waiver of timeliness requirements. We also request any flexibilities required to allow the completion of Level II Assessments telephonically.
3. Waiver of requirements around enrollment of new providers, including requirements around application fees, background checks, site-visits, primary source verification, and in-state licensure. We also request temporary suspension of requirements around provider re-validation.
4. Waiver to allow continued reimbursement to a Medicaid provider/facility for services rendered in alternate site of service or with modified definitions during a closure or emergency evacuation to an unlicensed facility, or when providers offer services at an alternative site to support social distancing.
5. Waiver of requirements around providers of personal care assistance services under the State Plan, in order to allow members of a beneficiary's household, including family members [for individuals not receiving self-directed services under 1915(j)] or other individuals with alternative professional qualifications to receive Medicaid reimbursement.
6. Blanket waiver of timelines around fair hearings, including timeframes for managed care organizations to resolve appeals, and deadlines for beneficiaries to request fair hearings.

7. Blanket waiver of face-to-face and related requirements for FQHCs, to allow Medicaid reimbursement to FQHCs for telehealth or telephonic services.

We note that this waiver request is separate from, but aligned with, a separate 1135 waiver request submitted by the New Jersey Department of Health (DOH) on March 16, 2020, in its capacity as the state survey agency.

We also note that this waiver request is one of several emergency Medicaid/CHIP flexibilities DMAHS intends to pursue related to the COVID-19 outbreak. Using other authorities outside of Section 1135, DMAHS also intends to:

- **Request temporary modifications to our NJ FamilyCare Comprehensive 1115 demonstration.** These modifications will include changes to our home and community-based services (HCBS) program, which we will request through a 1915(c) Appendix K submission. Specific changes requested may include:
 - Offering retention payments for long-term care providers when beneficiaries are hospitalized due to COVID-19.
 - Payment to beneficiaries' family members for provision of personal care assistance (PCA) services in the event of disruption to ordinary sources of care.
 - Loosening eligibility requirements for long term services and supports for members in order to allow impacted members to temporarily access additional services.
 - Increasing limits on home delivered meals or other services to affected beneficiaries.
 - Allowing additional providers (potentially with alternative qualifications) to offer various community-based services.
 - Suspension or modification of care management and level-of-care assessment requirements, including use of telephonic outreach in place of face-to-face visits.
 - Additional flexibilities around eligibility, services, and payment rates for members of at-risk populations, including those in waiver programs for individuals with developmental disabilities.
- **Submit a CHIP disaster relief state plan amendment, in order to:**
 - Suspend beneficiary premiums and cost-sharing.
 - Maximize flexibility around eligibility requirements, processing, and timelines.
- **Utilize existing or additional flexibilities in federal regulations around:**
 - Timelines for Medicaid eligibility determinations, redeterminations, and verification of income, assets, and other eligibility criteria.
 - FFS and managed care rate adjustments to address workforce challenges.
 - Maximizing availability of telehealth, including through FQHC providers.

We would appreciate your input on whether any of these flexibilities would be more appropriately requested through the 1135 waiver process, or conversely, whether any of the specific 1135 waivers we request above might be more appropriately pursued through some other authority.

Thank you for your consideration of this request. Please do not hesitate to contact me with any questions.

Sincerely,



Jennifer Langer Jacobs