

# 1135 waiver request summary

On March 15, Washington State submitted [a request to the Centers for Medicare & Medicaid Service \(CMS\) for Medicaid flexibility under Section 1135](#). This request includes input from multiple organizations and programs, and from patients, health care providers, and provider associations. It addresses staffing, access to facilities and equipment and changes needed for service delivery and payment. The state will continue working with CMS on this request and others related requests (1915 appendix K or other waivers, which some of these items may fall under).

## Summary of key elements of the waiver request

### Facilities and workforce



- Relief from health facility requirements to create new make-shift facilities and use alternative sites
- Waive certain HIPPA requirements that would impede delivery of some crisis response services
- Allow provider credentials to be extended to others to provide needed care
- Provide flexibility across multiple types of providers (e.g. home health, clinics, teaching hospitals), which may include allowing certain new non-licensed professionals
- Changes to skilled nursing, other facility rules; waiver of certain rules for new/expanded facilities
- Waive certain hospital, facility and provider reporting, credentialing and oversight requirements

### Telehealth



- Flexibility for provision and payment of telehealth services. Apple Health has already opened new billing codes for both telehealth and telephonic services, including for behavioral health services to cover telehealth services in the same manner and at the same rate as in-person care
- Broadly waive any other face-to-face patient/provider or similar requirement
- Continue work to expand telehealth options

### Financing



- Waive certain Medicaid and long term care eligibility rules to allow faster and continuous eligibility, particularly for older residents
- Allow Medicaid emergency financing approaches supporting provider sustainability, particularly for smaller and more vulnerable behavioral health, home care and Tribal health providers
- Waive certain benefit and authorization requirements to reduce barriers to care
- Eliminate any co-payments and waive certain spend down provisions for clients
- Provide enhanced Medicaid funding for certain public health services

### Community supports



- Requests immediate approval of our 1115 budget neutrality corrective action plan to ensure Accountable Communities of Health (ACH) are deployed for community supports
- ACHs coordinate with clinical and community partners, including community engagement, education, provider relief, and alignment of response strategies with local health jurisdictions:
  - Assist providers to implement sustainable clinical practices that ensure viability and access
  - Perform services that ensure continuity of care for high-risk individuals
  - Community convening and educating to support community preparedness
  - Allow payment of flexible services for ACHs and Foundational Community Supports (FCS) providers to assist with housing, phones, and meals