



**STATE OF WASHINGTON  
HEALTH CARE AUTHORITY**

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March 31, 2020

Judith Cash, Director  
State Demonstrations Group  
Centers for Medicare and Medicaid Services  
Center for Medicaid and CHIP Services  
7500 Security Boulevard, Mail Stop S2-26-06  
Baltimore, Maryland 21244-1850

Dear Ms. Cash:

Thank you for your continued support and partnership as the State of Washington (State) responds to the current COVID-19 crisis. This letter serves as a request that the State Demonstrations Group provide the State with the following flexibilities related to its existing Section 1115(a) demonstration, entitled "Medicaid Transformation Project" (MTP) (Project No. 11-W-00030/1) as our Medicaid program and delivery system continue to take additional measures to combat COVID-19. In particular, the State requests concurrence from CMS with the State's requests to make the following programmatic adjustments to the MTP as we continue to respond to the COVID-19 emergency.

**1. Statewide Performance Accountability and Operational Reporting:**

- 1.1. Special Terms and Conditions (STCs) 33, 42 and Attachment D. DRSIP Funding and Mechanics Protocol and Metrics:** The State requests a hold harmless with respect to STC requirements related to performance metrics on which Delivery System Reform Incentive Payment (DSRIP) performance payments are contingent. The hold harmless would be in effect for at least the duration of the emergency plus a reasonable period thereafter while CMS and the state collaborate to evaluate the implications of the pandemic on the demonstration and amend the Protocol if necessary. The hold harmless would be retroactive to the date of the President's National Emergency Declaration and would apply to the State and to the Accountable Communities of Health (ACHs). The majority of Statewide Accountability metrics for the MTP Demonstration are NCQA HEDIS metrics. NCQA recently released a [memo](#) surrounding the impact of COVID-19 and noted they are actively monitoring the implications of the COVID-19 crisis, and acknowledging that COVID-19 may affect related operations, audits and the availability of documentation needed to meet HEDIS program requirements. In addition, certain Statewide Accountability metrics (e.g., All Cause ED Visits) will be significantly impacted by COVID-19 and rendered meaningless. The hold harmless would be in effect

at least for the duration of the emergency, waiver accountability metrics for the duration of the pandemic, and likely well beyond.

- 1.2. **STC 38 and Attachment E, Value Based Payment Roadmap:** The State requests a hold harmless with respect to failure to meet requirements under the value based payment (VBP) roadmap for at least the duration of the emergency plus a reasonable period thereafter while CMS and the State evaluate the implications of the pandemic on the demonstration and amend the Protocol if necessary. The hold harmless would be retroactive to the date of the President’s National Emergency Declaration and would apply to the State and to the ACHs.
- 1.3. **STC 72, Quarterly Operational Reports:** The State requests a hold harmless regarding the required use of the State quarterly progress reporting template. This will provide the State with flexibility to account for implementation delays and content changes due to COVID-19 efforts. The hold harmless would be in effect for at least the duration of the emergency.
2. **Initiative 1, DSRIP:** ACHs and Indian Health Care Providers (IHCPs) are leading health system transformation efforts under the DSRIP program. ACHs play an instrumental role as the “glue” between clinical and community partners and are front and center on the COVID-19 mitigation and response strategy supporting both community members and the provider community. The State requests a hold harmless with respect to established project plan performance and reporting requirements. The hold harmless would be in effect for at least the duration of the emergency plus a reasonable period thereafter while CMS and the state collaborate to evaluate the implications of the pandemic on the demonstration. This will allow the State to stabilize Pay for Reporting and Pay for Performance while supporting the critical ACH role in response to COVID-19.
3. **Initiative 2, Long-term Services and Supports (LTSS):**
  - 3.1. The State is requesting to temporarily amend the following sections of the STCs. Without approval of the temporary modifications to the current STCs, services and supports to Medicaid Alternative Care (MAC) and Tailored Supports for Older Adults (TSOA) participants and their family caregivers may become unavailable thus impacting their health and welfare during this unprecedented situation:
    - 3.1.1. **Transportation in MAC:** During the COVID-19 outbreak, transportation may be authorized to transport a client to a safe location when health and safety needs are in jeopardy and alternative transportation is not available. The need will be identified in the care plan.
    - 3.1.2. **Personal Care:** The state may determine when it is appropriate for personal care services to be delivered telephonically or via other audio/video options.
    - 3.1.3. **Transportation in TSOA:** During the COVID-19 outbreak, transportation may be authorized to transport a client to a safe location when health and safety needs are in jeopardy and alternative transportation is not available. The need will be identified in the care plan.
    - 3.1.4. **Retainer payments:** Additionally, in response to the emergency situation and in order to maintain a viable workforce, the state may elect to make retainer payments

to all providers contracted to provide MAC and TSOA services to maintain capacity during the emergency, including in instances where the participant is hospitalized, the participant is absent from his/her home due to COVID-19, or the provider cannot enter the participant's home due to a mandatory or self-imposed quarantine of either the provider or participant.

- 3.1.5. **Period of Presumptive Eligibility (PE):** PE may continue beyond the last day of the month following the month of PE determination when the applicant or their representative has not been able to submit the TSOA or Medicaid application due to COVID-19.

4. **Initiative 3, Foundational Community Supports (FCS):** The FCS provider network (established in January 2018 under Initiative 3) is vulnerable during the COVID-19 crisis because services are largely dependent upon face-to-face services with individuals, landlords, and employers.

- 4.1. For FCS participants:

- 4.1.1. Ability to purchase phones and tablets to enable service access for participants.
- 4.1.2. Ability to purchase wireless service to support access for participants.
- 4.1.3. Ability to establish a website to support FCS participants and exchange information during the crisis.
- 4.1.4. Ability to pay for housing deposit and screening fees.
- 4.1.5. Purchase of personal protective equipment (PPE) for vulnerable people who may be disproportionately impacted.
- 4.1.6. Targeted support for participants pursuing employment related to COVID-19 mitigation.

- 4.2. For FCS providers:

- 4.2.1. Expansion of allowable telephonic and online services to include indirect/collateral advocacy and assessment using an approved platform.
- 4.2.2. Critical incident debriefing and ongoing trauma-informed support. Our providers are working with vulnerable people who may be disproportionately impacted. Some of their employees will also be impacted.
- 4.2.3. To maintain network capacity, flexibility to offer retainer payments as described in 3.1.4 above.

5. **Initiative 4, Substance Use Disorder (SUD), Institutions for Mental Disease (IMD):** The SUD provider network and services have increased under the initiative, including medication treatment for Opioid Use Disorder. For the SUD provider network under Initiative 4, we request:

- 5.1.1. Ability to purchase phones and tablets to enable service access for patients.  
Ability to purchase wireless service to support patient access.
- 5.1.2. Retainer payments: In response to the emergency situation and in order to maintain a viable workforce, the state may elect to make retainer payments to all waiver providers in instances where the participant is hospitalized, the participant is absent from his/her home due to COVID-19, or the provider cannot enter the participant's home due to a mandatory or self-imposed quarantine of either the

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provider or participant. The state will determine the rate and scope of retainer payments based on the severity of the situation.

5.1.3. Ability to make Ambulatory Withdrawal Management (detox) payments to all providers.

These additional flexibilities are essential to allow the current MTP Section 1115 waiver to align with COVID-19 response efforts. In light of the unprecedented public health emergency and based on CMS's approach to emergency 1115 waiver requests, the State requests that all spending under the MTP related to COVID-19 not be subject to budget neutrality.

The State will coordinate with the MTP's Independent External Evaluator to evaluate whether and how the waivers and expenditure authorities outlined above affected the State's response to the public health emergency, and how they affected coverage and expenditures across MTP initiatives.

We would appreciate a reply at your earliest convenience.

Thank you for your consideration,



MaryAnne Lindeblad, BSN, MPH  
Medicaid Director

By email

cc: Eli Greenfield, CMS  
Calder Lynch, CMS