COVID-19 Section 1115(a) Demonstration Application Template

The State of New York, Department of Health proposes emergency relief as an affected state, through the use of section 1115(a) demonstration authority as outlined in the Social Security Act (the Act), to address the multi-faceted effects of the novel coronavirus (COVID-19) on the state's Medicaid program.

I. DEMONSTRATION GOAL AND OBJECTIVES

Effective retroactively to March 1, 2020, the State of New York, seeks section 1115(a) demonstration authority to operate its Medicaid program without regard to the specific statutory or regulatory provisions (or related policy guidance) described below, in order to furnish medical assistance in a manner intended to protect, to the greatest extent possible, the health, safety, and welfare of individuals and providers who may be affected by COVID-19.

Specifically, this demonstration action allows, in the context of the COVID-19 public health emergency (PHE) unwind, a waiver from the statutory provision found at 1902(ee) of the Social Security Act, related to a 90-day reasonable opportunity period for individuals attesting to U.S. citizenship and disenrollment after 30 days at the end of that period. The State of New York is seeking to extend the 90-day reasonable opportunity period for individuals who have had Medicaid benefits maintained during the PHE, in compliance with the continuous enrollment provision of the Families First Coronavirus Response Act (FFCRA), without a full eligibility determination and whose eligibility rests on verification of their U.S. citizenship.

The State of New York will continue to make a good faith effort to verify and if needed following a determination of eligibility, provide a 90-day reasonable opportunity period for individuals to furnish documentation of their U.S citizenship throughout the unwinding period. This will allow household members whose eligibility needs to be redetermined to have their future periods of eligibility remain in alignment with members who need a determination completed once their 90-day reasonable opportunity period has expired. This approach will also allow the State of New York time to review a volume of up to approximately 59,000 documents more evenly over a 12-month period, rather than attempting to undertake this activity in the months following the end of the PHE declaration.

The above flexibility is expected to support the state's efforts to maintain beneficiary access to care, and to facilitate meeting any alternative or additional objectives specified by the state in its requests for the demonstration authority.

II. DEMONSTRATION PROJECT FEATURES

A. Eligible Individuals: The following populations will be eligible under this demonstration. To the extent coverage of a particular service is available for a particular beneficiary under the State plan, such coverage will be provided under the State plan and not under demonstration authority.

Check to Apply	Population
Х	Current title XIX State plan beneficiaries

III. EXPENDITURE AND ENROLLMENT PROJECTIONS

A. Enrollment and Enrollment Impact.

i. State projects that approximately 59,442 individuals as described in section II will be eligible for the period of the demonstration. The overall impact of this section 1115 demonstration is that these individuals, for the period of the demonstration, will continue to receive coverage during a reasonable opportunity period through this demonstration to address the COVID-19 public health emergency.

B. Expenditure Projection.

The state projects that the total aggregate expenditures under this section 1115 demonstration is \$1.344B.

In light of the unprecedented emergency circumstances associated with the COVID-19 pandemic and consistent with the President's proclamation that the COVID-19 outbreak constitutes a national emergency consistent with section 1135 of the Act, and the time-limited nature of demonstrations that would be approved under this opportunity, the Department will not require States to submit budget neutrality calculations for section 1115 demonstration projects designed to combat and respond to the spread of COVID-19. In general, CMS has determined that the costs to the Federal Government are likely to have otherwise been incurred and allowable. States will still be required to track expenditures and should evaluate the connection between and cost effectiveness of those expenditures and the state's response to the public health emergency in their evaluations of demonstrations approved under this opportunity.

IV. APPLICABLE TITLE XIX AUTHORITIES

The state is proposing to apply the flexibilities granted under this demonstration

Check	Program	
to		
Apply		
X	Medicaid state plan	
X	 Section 1915(c) of the Social Security Act ("HCBS waiver"). Provide applicable waiver numbers below: OPWDD- NY.0238 NHTD- NY.0444 TBI- NY.0269 Kids- NY.4125 	

opportunity to the populations identified in section II.A above.

V. WAIVERS AND EXPENDITURE AUTHORITIES

A non-exhaustive list of waiver and expenditure authorities available under this section 1115 demonstration opportunity has been provided below. States have the flexibility to request additional waivers and expenditure authorities as necessary to operate their programs to address COVID-19. If additional waivers or expenditure authorities are desired, please identify the authority needed where indicated below and include a justification for how the authority is needed to assist the state in meeting its goals and objectives for this demonstration. States may include attachments as necessary. Note: while we will endeavor to review all state requests for demonstrations to combat COVID-19 on an expedited timeframe, dispositions will be made on a state-by-state basis, and requests for waivers or expenditure authorities in addition to those identified on this template may delay our consideration of the state's request.

A. Section 1115(a)(1) Waivers and Provisions Not Otherwise Applicable under 1115(a)(2)

The state is requesting the below waivers pursuant to section 1115(a)(1) of the Act, applicable for beneficiaries under the demonstration who derive their coverage from the relevant State plan. With respect to beneficiaries under the demonstration who derive their coverage from an expenditure authority under section 1115(a)(2) of the Act, the below requirements are identified as not applicable. Please check all that apply.

Check to Waive	Provision(s) to be Waived	Description/Purpose of Waiver
X	1902(ee)(1)(B)(ii)(II)	To waive the statutory provision related to a 90-day reasonable opportunity period for individuals attesting to U.S. citizenship and disenrollment after 30 days at the end of that period. The State of New York is seeking to extend the 90-day reasonable opportunity period, as necessary, for individuals who have had Medicaid benefits maintained during the PHE, in compliance with the continuous enrollment provision of the Families First Coronavirus Response Act (FFCRA), without a full eligibility determination and whose eligibility rests on verification of their U.S. citizenship.

B. Expenditure Authority

Pursuant to section 1115(a)(2) of the Act, the state is requesting that the expenditures listed below be regarded as expenditures under the state plan.

Note: Checking the appropriate box(es) will allow the state to claim federal financial participation for expenditures that otherwise would be ineligible for federal match.

Check to	Description/Purpose of Expenditure Authority
Request	
Expenditure	
X	To extend the 90-day reasonable opportunity period for individuals attesting to U.S. citizenship, as necessary, for individuals who have had Medicaid benefits maintained during the PHE, in compliance with the continuous enrollment provision of the Families First Coronavirus Response Act (FFCRA), without a full eligibility determination and whose eligibility rests on verification of their U.S. citizenship.

VI. Public Notice

Pursuant to 42 CFR 431.416(g), the state is exempt from conducting a state public notice and input process as set forth in 42 CFR 431.408 to expedite a decision on this section 1115 demonstration that addresses the COVID-19 public health emergency.

VII. Evaluation Indicators and Additional Application Requirements

- **A. Evaluation Hypothesis.** The demonstration will test whether and how the waivers and expenditure authorities affected the state's response to the public health emergency, and how they affected coverage and expenditures.
- B. Final Report. This report will consolidate demonstration monitoring and evaluation requirements. No later than one year after the end of this demonstration addressing the COVID-19 public health emergency, the state will be required to submit a consolidated monitoring and evaluation report to CMS to describe the effectiveness of this program in addressing the COVID-19 public health emergency. States will be required to track expenditures, and should evaluate the connection between and cost effectiveness of those expenditures and the state's response to the public health emergency in their evaluations of demonstrations approved under this opportunity. Furthermore, states will be required to comply with reporting requirements set forth in 42 CFR 431.420 and 431.428, such as information on demonstration implementation, progress made, lessons learned, and best practices for similar situations. States will be required to track separately all expenditures associated with this demonstration, including but not limited to administrative costs and program expenditures, in accordance with instructions provided by CMS. CMS will provide additional guidance on the evaluation design, as well as on the requirements, content, structure, and submittal of the report.

VIII. STATE CONTACT AND SIGNATURE

State Medicaid Director Name: <u>Amir Bassiri</u> Telephone Number: <u>518-474-3018</u> E-mail Address: <u>amir.bassiri@health.ny.gov</u>

State Lead Contact for Demonstration Application: <u>Phil Alotta</u> Telephone Number: <u>(518) 486-7654</u> E-mail Address: <u>phil.alotta@health.ny.gov</u>

Authorizing Official (Typed): <u>Amir Bassiri</u> Authorizing Official (Signature): _____ Date: 6/8/2022

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148 (Expires 03/31/2021). The time required to complete this information collection is estimated to average 1 to 2 hours per

response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. Your response is required to receive a waiver under Section 1115 of the Social Security Act. All responses are public and will be made available on the CMS web site. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. ***CMS Disclosure*** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact Judith Cash at 410-786-9686.