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May 17, 2023

MEMORANDUM

MEMO NO.
QI-2317A

TO: QUEST Integration (QI) Health Plans
Community Case Management Agencies (CCMAs)

FROM: *for* Judy Mohr Peterson, PhD ✱
Med-QUEST Division Administrator

SUBJECT: COVID-19 PANDEMIC ACTION PLAN FOR QI HEALTH PLANS – PART VIII

The COVID-19 Public Health Emergency (PHE) is scheduled to conclude on May 11, 2023. The Med-QUEST Division (MQD) has determined that all the flexibilities will end on the dates specified in this memorandum. This memorandum shall replace previous guidance in memorandums QI-2009, QI-2014, QI-2015, QI-2016, QI-2037, QI-2037A, QI-2107, QI-2107A, and QI-2123. The health plans shall ensure effective transitions and notifications to members and providers.

The following 1135 Waiver flexibilities will end on **May 11, 2023**:

- Section 1919(e)(7) of the Act Pre-Admission Screening and Annual Resident Review (PASRR)
- 42 C.F.R. §431.221(d) State Fair Hearing Requests and Appeal Timelines
- 42 C.F.R. §438.408(f)(1) State Fair Hearing Requests and Appeal Timelines
- 42 C.F.R. §438.408(f)(2) State Fair Hearing Requests and Appeal Timelines

The following Disaster Relief State Plan Amendment (SPA) flexibilities will end on **May 11, 2023**:

- SPA 20-0002 Title XIX of the Social Security Act & Sec. 1135 of the SSA Reserved Bed Days
- SPA 21-0008 Title XIX of the Social Security Act & Sec. 1135 of the SSA COVID-19 Vaccine Rate and Administration Fee (superseded by SPA 22-0007)
- SPA 23-0002 Title XIX of the Social Security Act & Sec. 1135 of the SSA Drug Dispense Signature

The following 1135 Waiver flexibilities will end on **November 11, 2023**:

- Medicaid Provider Enrollment Compendium (MPEC) (July 24, 2018, page 42), for out-of-state providers for multiple instances of care to multiple participants
- 42 C.F.R. §455.405 State Plan Requirements for Provider Screening and Enrollment
- 42 C.F.R. §455.414 Provider Revalidation of Enrollment

The following 1115 Demonstration, Attachment K flexibilities will end on **November 11, 2023**:

- Attachment K-2.b.ii Temporarily exceed service limitations
- Attachment K-2.b.iv Temporarily expand setting(s) where services may be provided
- Attachment K-2.c Temporarily permit payment for services rendered by family caregivers or legally responsible individuals
- Attachment K-2.d.i Temporarily modify provider qualifications
- Attachment K-2.d.ii Temporarily modify provider types
- Attachment K-2.d.iii Temporarily modify licensure or other requirements for settings where services are furnished
- Attachment K-2.e Temporarily modify processes for level of care evaluations or re-evaluations
- Attachment K-2.g Temporarily modify person-centered service plan development process
- Attachment K-2.i Temporarily allow for payment for services for the purpose of supporting members in an acute care hospital or short-term institutional stay when necessary
- Attachment K-2.j Temporarily include retainer payments to address emergency related issues
- Attachment K-2.m Other changes necessary

The following Disaster Relief State Plan Amendment (SPA) flexibilities will end on **September 30, 2024**:

- SPA 22-0007 Title XIX of the Social Security Act & Sec. 1135 of the SSA Administration Fee
- SPA 22-0007 1905(a)(4)(E) of the Act FDA-authorized COVID-19 Vaccine Coverage
- SPA 22-0007 1905(a)(4)(F) of the Act COVID-19 Vaccine Treatment

The following guidance is to assist with the unwinding of the Attachment K-2.g flexibility.

Reopening Plan

The health plans must resume operations in accordance with the QI contract by the respective end dates of the flexibilities.

Health and Functional Assessment (HFA)

The health plans shall resume interactions with members for assessments and re-assessments in alignment with contract requirements. Face-to-face interaction with members using appropriate safety precautions is the expectation upon end of the flexibility. Where possible, members at greatest risk and need should be prioritized to receive face-to-face interactions before members at lower risk and need. The timeframes for completion of the initial, annual, and re-assessment HFA shall continue in accordance with the current contract terms.

Health Action Plan (HAP)

The health plans shall obtain a signature by the member to acknowledge the approval of the person-centered HAP per 42 CFR 441.301, before services on the HAP are delivered. The timeframes for the development and revisions of the HAP shall continue in accordance with the current contract terms.

Notice of Adverse Benefit Determination (NABD) and Member Appeal Rights

The delivery of a NABD to member, the offering of appeal rights to the member, and timeframes for sending these to member and for member follow-up to these items shall continue in accordance with the current contract terms.

If you have any questions, please contact Mr. Jon Fujii via email at jfujii@dhs.hawaii.gov.