

## **Continuity of Care Initiative: Proposal to Help Keep Patients, Healthcare Workers, and the Public Safe; and Keep Critical Providers Open for Business**

The Arkansas Department of Human Services (DHS) is submitting a Medicaid Section 1115 Demonstration Project (“waiver”) to the federal Centers for Medicare and Medicaid Services (CMS) to approve a series of proposals aimed at ensuring continuity of care for Arkansans during this emergency. The waiver will enable the state to make major investments in the Long-Term Services and Supports (LTSS) sector to ensure our vulnerable populations continue to receive their care whether they reside in facilities or in their homes and communities. The proposals also provide additional support to rural hospitals, independent physician practices, and other Medicaid providers struggling as a result of the COVID-19 public health emergency. This proposal would leverage about \$100 million in additional funds to make strategic investments in facilities, operations, and staffing to build both the short- and long-term capacity. Below are more details about the proposal:

### **Care Continuity Payments**

**Off-setting Costs of Environmental Modifications** - DHS would provide a fixed, time-limited payment for modifications such as establishing drive-through screening and testing and reconfiguring patient intake areas to maintain social distancing. These payments would be for Critical Access Hospitals, hospitals participating in the Small Hospital Improvement Program, hospitals with 65 beds or less, and qualifying independent physician clinics.

**Workforce Support and Training** - DHS would provide a fixed rate, time-limited payment to providers for enhanced workforce support, safety, and training to cover things such as extended hours, additional days, or providing mobile, satellite, or drive-through services.

**Supporting LTSS Direct Care Workers** - These workers provide essential care for thousands of Arkansans. To help residential long-term care facilities and providers of in-home care for the elderly and people with disabilities retain its critical workforce during a time of significant concern, DHS would provide a \$250 weekly continuity of care payment to direct care workers working full-time in private and public facilities and delivering in-home services for LTSS providers. Direct care workers working full-time in a setting with COVID-19 patients would each get a \$500 weekly bonus. Workers who are employed part-time will receive a partial payment. (Type of providers supported include skilled nursing facilities, assisted living facilities, residential care facilities, and intermediate care facilities.)

**Supporting In-home Caregivers of Children in Foster Care** - To help prevent negative impacts to the physical and mental health of a Medicaid-eligible child in foster care, DHS would provide an additional monthly payment of \$500 to all foster families (licensed foster parents, relative caregivers, and fictive kin) during the emergency period.



**Supporting Nursing Facilities Managing Clusters of COVID-19** - For nursing facilities that have a “cluster” of COVID-19 patients, DHS would make a one-time payment to help meet the excess costs for additional equipment, supplies, and staffing.

### **Community Connection Payments**

**Facilitating Telemedicine** - To ensure providers can offer services online, which is safer during a pandemic, DHS would provide enhanced payments to help cover the cost of technology upgrades and training for providers, especially smaller ones, not equipped to provide telemedicine.

**Covering Home Delivery Services** - To help Medicaid beneficiaries get critical goods and services, Medicaid would pay non-emergency medical transportation providers and other providers to expand capacity to deliver prescriptions, meals, and essentials.

**Partnering with Local Government to Shelter the Homeless** – If approved, DHS will partner with local units of government to provide temporary housing for the vulnerable homeless population.

**Covering COVID-19 Testing and Screening** – For individuals who are uninsured, DHS would provide an all-inclusive payment for screening and testing for COVID-19.

### **Regulatory Relief**

In addition to the Section 1115 Demonstration Project, DHS will also submit a Section 1135 waiver to CMS to reduce regulatory red tape so providers can deliver services more efficiently. DHS is requesting federal approval for a number of measures that would reduce the regulatory burden for providers during this public health emergency. In general, those measures include flexibility related to documentation requirements and postponing certain provider enrollment requirements. They also include permitting rural hospitals to expand their capacity.

DHS is also making internal system changes as well to ensure continued eligibility for Medicaid and timely access to necessary services, such as for prescription drugs.

