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Recommendations for When a Resident Wants to Leave the Building

AHCA/NCAL has developed [recommendations](#) to help you address when a resident wants to leave the building to go into the surround community and then return. This could introduce COVID-19 into the building and endanger others. Our recommendations include communicating with the resident and family, requiring isolation, and contacting the ombudsman and the local health department.

Find this [resource](#) on our [COVID-19 website](#) under AHCA/NCAL Guidance and Resources > Screening Essential & Restricting Non-Essential Visitors

CARES Act Provider Relief Funds FAQs

On Friday, April 10, the U.S. Department of Health and Human Services (DHHS) released the first round of the \$100 billion in relief funds to hospitals and other health care providers on the front lines of the coronavirus response. This funding will be used to support health care-related expenses or lost revenue attributable to COVID-19 and to ensure uninsured Americans can get testing and treatment for COVID-19.

AHCA/NCAL has developed some [FAQs](#) specific to long term and post-acute care providers.

Find these [FAQs](#) on our [COVID-19 website](#) under Financial & Reimbursement Issues > CARES Act Provider Relief Fund

Medicaid FAQs

Yesterday evening, CMS released [guidance to states](#) on Medicaid-related COVID-19 issues.

Although the guidance covers a range of topics, including implementation of coverage for COVID-related services for the uninsured and benefits and cost sharing for COVID-19-related testing and diagnostic services, below we have highlighted items important to long term care providers:

Treatment of Relief Payments in CARES Act

CMS clarifies that the relief payments eligible people receive from the CARES Act may not be counted as income when making Medicaid and CHIP eligibility determinations. In addition, these payments may not be counted as resources for 12 months (Question 54).

Eligibility Considerations for States to Receive Enhanced Federal Matching Rates

To continue to receive the temporary FMAP increase, the state must not cut eligibility for benefits during the public health emergency, even if that person no longer meets the existing eligibility criteria. Several questions in the FAQ document address targeted questions states have raised related to people using long term services and supports, or who become eligible for Medicare as well as Medicaid. These include:

- **When a Person no Longer Meets Level of Care (LOC) or Other Requirements of a 1915(c) Waivers:** If a person is participating in a 1915(c) home and community-based services (HCBS) waiver and they are determined to no longer meet the LOC requirements (or other requirements) for the waiver, the state should maintain an individual's participation in a 1915(c) waiver for which the individual is enrolled during the emergency period, even if the individual is determined to no longer meet the LOC or other requirements for waiver participation (Question 25).
- **When a Person's Medicaid Eligibility Is Connected to Need for 1915(c) Waiver Services and They No Longer Meet LOC Requirements:** If a person's Medicaid eligibility is connected to their need for and receipt of 1915(c) waiver services, and they are determined to no longer meet the LOC requirements, to continue to receive the enhanced federal matching rate, the state must maintain the individual in this eligibility group and continue to provide coverage for 1915(c) services, unless they are now eligible for a different eligibility group that provides the same amount, duration, and scope of benefits (Question 26).
- **Medicaid beneficiaries who become eligible for Medicare:** If a person enrolled in Medicaid turns 65 and becomes eligible for Medicare during this time, CMS clarifies steps the state would have to take to ensure that their services are not reduced so that the state can continue to receive the 6.2% federal matching bump (Question 27).
- **Changes in SSI eligibility when this is the basis for Medicaid eligibility:** If a person who is eligible for Medicaid based on their receipt

of SSI benefits were to become ineligible for SSI during the public health emergency, they may not be terminated from Medicaid before the end of the month when the public health emergency ends. If the person is eligible for a different Medicaid eligible group that offers at least the same benefits available to SSI beneficiaries, the state is able to move them to that new group (Question 33).

- **Moving between Medicare Savings Program (MSP) groups:** During the public health emergency, states must maintain a person's eligibility for at least the same amount, duration, and scope of benefits as are covered for the group in which the individual is enrolled. This includes paying for Medicare Part A and Part B premiums through MSPs and other Medicaid categories. This means that a person could not be moved to a different MSP group that offers less assistance with Medicare premiums and cost sharing during the emergency (Question 34).

1915(k) Clarification and EFMAP

CMS addressed an incorrect statement in a previous FAQ document, clarifying that Community First Choice 1915(k) service expenditures are in fact eligible for the enhanced federal matching rate of 6.2 percent under this public health emergency (Question 36).

Disposable Face Shields Available from MIT

The Massachusetts Institute of Technology (MIT) has designed and licensed a manufacturer to produce [disposable face shields](#) in high volume. These face shields do not replace the need for face masks such as N95s but do offer splash protection and can extend the useful life of N95 respirators and surgical masks.

Long term care facilities facing shortages of face masks and other PPE should continue efforts to obtain N95s and other PPE, even if they order the MIT face shields. The face shields cost \$348.75 for a box of 125 (\$2.79 each). Learn more and access their order form at mitshield.com.

Learn more about proper use of PPE and steps you can take to acquire equipment on our [COVID-19 website](#) under our new Personal Protection Equipment (PPE) section

Marriott Community Caregivers Rate

Marriott is offering a "[Community Caregivers Rate](#)" to expedite the booking process for healthcare and relief professionals and support staff. This rate will be available from March 26, 2020 through June 30, 2020 at participating hotels.

Find this [resource](#) on our [COVID-19 website](#) under AHCA/NCAL Guidance and Resources > Workforce

Please email COVID19@ahca.org for additional questions, or visit ahcancal.org/coronavirus for more information.

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