



NASW PRACTICE ALERT
Medicaid Considerations to Support Communities During COVID-19
Public Health Emergency
April 2020

During this COVID-19 crisis, states are leveraging the Medicaid program to expand health insurance coverage and make health care services more accessible. Medicaid is a critical public health insurance program that covers more than 72 million people in the United States. Medicaid is funded jointly by states and the federal government and provides coverage to low-income individuals, families, children, pregnant women, and people with disabilities (<https://www.medicaid.gov/>).

To guide state decision-making in times of crisis, the Centers for Medicare and Medicaid Services has provided a [Disaster Response Toolkit](#) that outlines state authority during a health emergency. In the past several weeks, actions have been taken by states, Congress, and Executive Orders. These measures inform the services that social workers can provide to individuals with Medicaid, and they support efforts to minimize health risks for providers and clients. With varied responses at the state level, best practices are emerging and informing opportunities for advocacy in other areas of the country.

Enhanced Funding to States

Recently Congress passed the [Families First Coronavirus Response Act](#) and it was signed into law by President Trump on March 18, 2020. This law provides an emergency increase in Medicaid funding for states, increasing the federal medical assistance percentage (FMAP) by 6.2%. It also prohibits states from terminating coverage for beneficiaries or making Medicaid eligibility standards more restrictive during this crisis.

Encourage Medicaid Enrollment

With many businesses closed, more individuals and families are seeing a reduction in their household income. States should take steps to encourage those who qualify for Medicaid to apply, and social workers can help clients determine income requirements for coverage. Some states are allowing presumptive eligibility, granting coverage on a temporary basis as program eligibility is verified. States can also temporarily suspend the Medicaid renewal process as a condition of maintaining coverage, and states can offer continuous eligibility for children and adults, so that they have stable coverage for 12 months.

Waivers

In March, President Trump declared a national emergency, and this declaration permits the U.S. Department of Health and Human Services to modify certain requirements of Section 1135 of the Social Security Act (<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/1135-Waivers>). Waivers can be requested by states and territories. Some of the flexibilities that waivers allow include the suspension of prior authorizations or pre-approval requirements, use of virtual evaluations and assessments, changes to provider enrollment processes, permission for out of state providers to perform emergency care, and temporary suspension of reporting requirements for health care facilities. As of this document's publication date, 48 state waivers have been approved to address COVID-19. The Kaiser Family Foundation is tracking each state waiver and its provisions at [Medicaid Emergency Authority Tracker: Approved State Actions to Address COVID-19](#).

Telehealth

State-specific determinations are being made regarding temporary authorization of telehealth services through Medicaid fee-for-service and Medicaid Managed Care Organizations. States are allowing flexible use of technology with the home as the originating site, and some states are permitting audio-only telehealth services for patients when video conferencing options are not available. Each state can require that reimbursement for telehealth services be equivalent to in-person visits during this COVID-19 crisis. The Center for Connected Health Policy has a complete list of [COVID-19 Related State Actions](#).

Social Work Practice

State actions to address the health needs of individuals during this crisis have implications for social work practice, and guidance is rapidly evolving. States are taking a leadership role in easing practice restrictions and facilitating access to care. These changes help protect the health of clients and providers by enhancing the availability of health care resources while expanding telehealth options. Through NASW and state communication channels, social workers can stay up to date on developments to optimize their practice during the public health emergency. Social workers also have an important role in advocating for policy changes in their states. With direct knowledge of the impact of regulatory barriers on individuals and providers, social workers can inform the direction of state and national responses to COVID-19.

Resources

National Association of Social Workers

- [Coronavirus \(COVID-19\) Resources for Social Workers](#)

Center for Budget and Policy Priorities

- [Medicaid Funding Boost for States Can't Wait](#)

- [Medicaid Agencies Should Prioritize New Applications, Continuity of Coverage During COVID-19 Emergency](#)
- [Congress Should Reject Attempts to Weaken Medicaid Protections Enacted in Bipartisan COVID-19 Response Bill](#)

Families USA

- [State Health Coverage Strategies for COVID- 19](#)
- [Webinar: State Health Coverage Strategies For COVID 19](#)
- [Frequently Asked Questions: State Health Coverage Strategies for COVID-19](#)

Kaiser Family Foundation

- [How Can Medicaid Enhance State Capacity to Respond to COVID-19?](#)

Prepared by Carrie Dorn, MPA, LMSW
Senior Practice Associate