

Preparing for the End of the COVID-19 Public Health Emergency: Opportunities to Support Medicaid and SNAP Unwinding Efforts

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Food and Nutrition Service (FNS)*



Agenda

- Background
- Preparing for the end of the Public Health Emergency: Timelines and Considerations for Medicaid and SNAP
- Anticipated Challenges & Opportunities in SNAP and Medicaid
- Addressing Workforce Challenges
- Q&A

Background

Background

- In March 2020, Congress passed the Families First Coronavirus Response Act (FFCRA), which resulted in multiple changes to health and human services programs, including Medicaid and SNAP, to support families during the COVID-19 Public Health Emergency (PHE)
- In Medicaid, among other changes, the FFCRA established the continuous enrollment condition, under which states must maintain continuous enrollment of Medicaid beneficiaries through the last day of the month in which the PHE ends, in order to receive a temporary 6.2 percentage point Federal Medical Assistance Percentage (FMAP) increase. All states implemented this option.
- In SNAP, the FFCRA authorized emergency allotments (EA) to households, supplementing their monthly SNAP benefit so the total household benefit amount is the maximum allotment for their household size. FFCRA also allowed for flexibilities in program operations, such as extending certification periods and waiving the interview, as well as suspending the ABAWD time limit. Further, the Consolidated Appropriations Act 2021 temporarily expanded SNAP eligibility for certain students during the PHE.
- Due in part to these changes, Medicaid and SNAP have been lifelines for critical health care and nutrition for millions of families
- When the PHE ends, many existing flexibilities will end, and all state agencies will return to normal operations for both Medicaid and SNAP



Background (continued)

- More than half of states have integrated operations and/or workforces that administer Medicaid and SNAP. Individually, Medicaid and SNAP provide benefits to nearly 90 million and 42 million individuals respectively, many of whom are enrolled in both programs.
- For both the state agencies that administer SNAP and Medicaid, and individuals with those benefits programs, successfully returning to normal operations will require effective coordination.
- To support Medicaid and SNAP agency efforts to prepare for the end of the COVID-19 PHE, this deck:
 - Outlines key requirements for returning to normal operations in Medicaid & SNAP when the COVID-19 PHE ends
 - Highlights areas for cross-coordination between Medicaid & SNAP to support unwinding
 - Describes selected best practices to address common anticipated challenges during unwinding in both programs (e.g. system changes and staffing)

Key Terms

- **ABAWD:** Able-Bodied Adults without Dependents
- **BHP:** Basic Health Plan
- **CHIP:** Children's Health Insurance Program
- **EA:** Emergency Allotments
- **FFCRA:** Families First Coronavirus Response Act
- **MAGI:** Modified Adjusted Gross Income
- **PHE:** Public Health Emergency
- **SNAP:** Supplemental Nutrition Assistance Program

Preparing for the end of the Public Health Emergency: Timelines and Considerations for Medicaid

Resuming Normal Eligibility and Enrollment Operations in Medicaid: Expectations of States

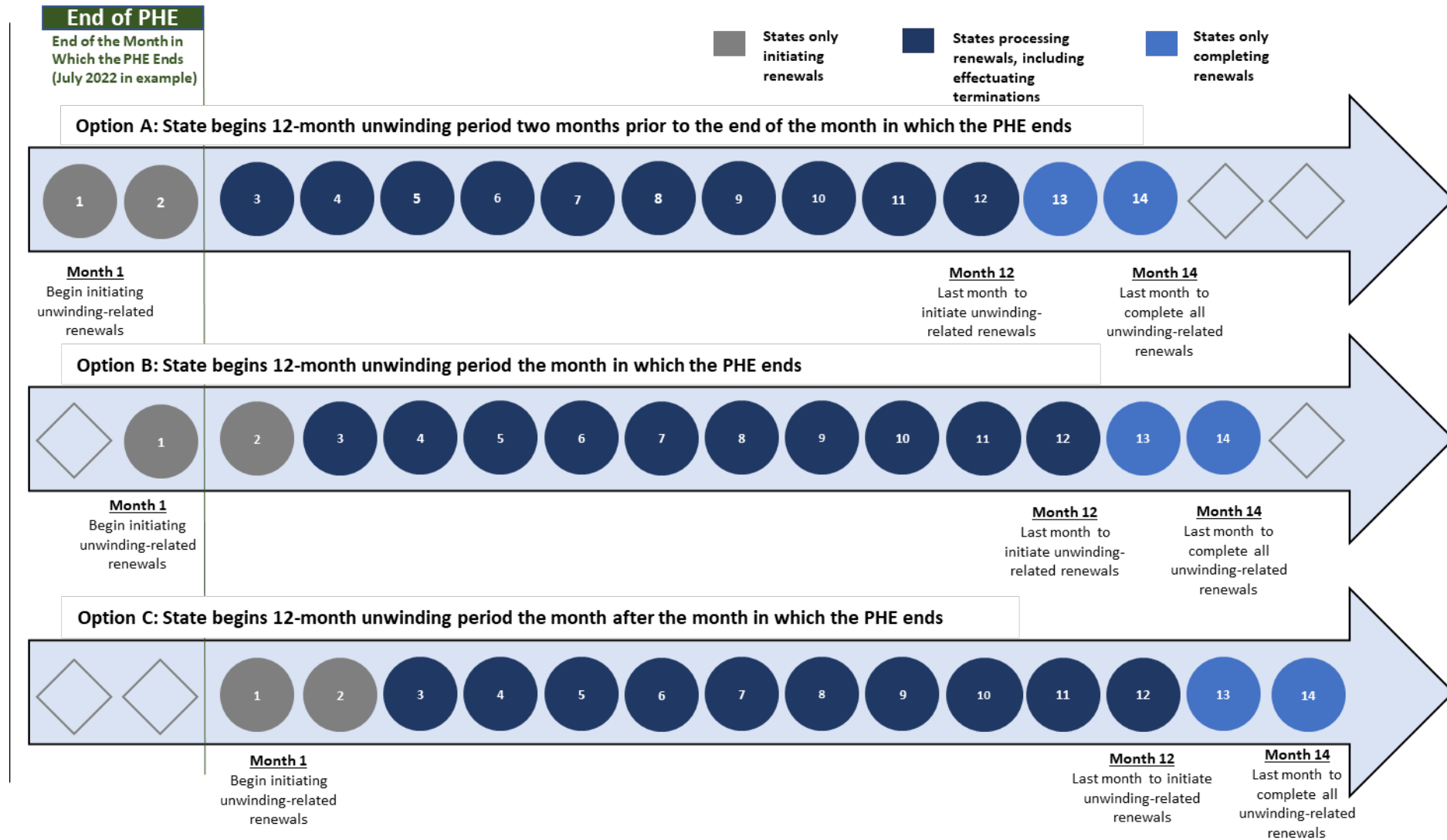
- Medicaid and CHIP enrollment has increased by more than 26 percent since the beginning of the COVID-19 public health emergency (PHE) in February 2020.¹ Growth in Medicaid enrollment is largely due to the continuous enrollment condition of the Families First Coronavirus Response Act (FFCRA) and other flexibilities in Medicaid and CHIP.
- When the PHE ends, Medicaid agencies will be tasked with addressing a significant volume of pending renewals, redeterminations, and other eligibility actions. The volume of pending actions is expected to place a heavy burden on state operations and staff, many of whom also administer eligibility and enrollment for SNAP and other human services programs.
- When the PHE ends, Medicaid & CHIP agencies:
 - Must **initiate** renewals for the state's entire Medicaid and CHIP population within **12 months** and **complete** renewals within **14 months**.
 - Have until **4 months after the month in which the PHE ends** to resume timely processing of all applications, including those received during the unwinding period.
 - Must still meet existing requirements for renewals, verifications, applications, and oversight of their programs.

¹ <https://www.medicaid.gov/medicaid/national-medicaid-chip-program-information/downloads/june-2022-medicaid-chip-enrollment-trend-snapshot.pdf>



Medicaid and CHIP Renewals During Unwinding

- When the PHE ends, states may choose whether to initiate Medicaid renewals that result in terminations, in the month before, during, or after the PHE's end date.
- This starts the state's 12-month unwinding timeline to initiate renewals
- States should consider the impact of their choices on their monthly renewal and fair hearing volume, both during the unwinding period and in future years, taking into account their systems and workforce capacity.



Medicaid and CHIP Renewal Requirements

Generally, states must renew eligibility only once every 12 months for MAGI beneficiaries and at least once every 12 months for non-MAGI beneficiaries.

State Medicaid and CHIP agencies must begin the renewal process by first attempting to redetermine eligibility based on reliable information available to the agency without requiring information from the individual (*ex parte* renewal).

- If available information is sufficient to determine continued eligibility without requiring information from the individual, agency renews eligibility on an ***ex-parte* basis** and notifies the beneficiary that their coverage has been renewed.
- *Ex-parte* renewal is also known as auto-renewal, passive renewal, or administrative renewal
 - Beneficiary does not need to sign or return the notice if all information contained in the notice is accurate
- If available information is insufficient to determine continued eligibility, agency sends a renewal form and requests additional information from the beneficiary.
- States must provide individuals enrolled in MAGI Medicaid, CHIP, and BHP with a **minimum of 30 days** to respond to the form. States must provide a **reasonable time frame (minimum 30 days recommended)** for individuals enrolled on a non-MAGI basis



Conducting Medicaid Renewals for Individuals Also Enrolled in SNAP

Federal Medicaid/CHIP requirements for renewal and verification, including expectations to attempt a renewal based on available information, continue to apply when Medicaid/CHIP renewals are aligned with recertification for SNAP.

During unwinding, States may **align the Medicaid or CHIP renewal data with the SNAP recertification** if the Medicaid/CHIP enrollee's initial determination of eligibility or last renewal has not been completed in the prior 12 months; states may not initiate a MAGI Medicaid or CHIP renewal earlier, to align with a SNAP recertification.

States must attempt an *ex parte* renewal for Medicaid/CHIP prior to requesting information or documentation from the beneficiary

- If *ex parte* renewal is successful, redetermine Medicaid eligibility and send eligibility notice with the SNAP recertification application. Individual must return the recertification application and complete the necessary steps for a SNAP eligibility determination; Medicaid continues regardless of whether SNAP eligibility is redetermined. If SNAP recertification application is returned and indicates a change in circumstances impacting Medicaid eligibility, treat as a change in circumstances, consistent with 42 CFR 435.916(d).
- If *ex parte* renewal is not successful, send joint Medicaid renewal form and SNAP recertification application for completion. Individual must return the renewal form/recertification application and complete the necessary steps to maintain coverage.

States may not delay completion of a renewal or redetermination of eligibility for Medicaid pending provision of documentation or other requirements for SNAP that are not needed for Medicaid.



Preparing for the end of the Public Health Emergency Timelines and Considerations for SNAP

SNAP: Preparing for the end of the PHE

- Similarly for SNAP, at the onset of the Federal COVID-19 public health emergency PHE, a variety of flexibilities became available to help States to adapt to the changing environment. When the Federal PHE declaration is lifted, many of the flexibilities authorized through temporary pandemic authorities will end.
- At that time, SNAP State agencies will be tasked with resuming periodic redeterminations of eligibility and phasing out adjustments of program operations, temporary exemptions for students, and the suspension of the ABAWD time limit.

SNAP Timelines for the End of the PHE

- **Emergency Allotments.** These supplements require month-to-month approval from FNS. State emergency declaration and Federal PHE must be in place at the time of request.
- EA ends the last day of the month following the month in which the Federal or State PHE ends, whichever is earlier. For example, if a State is approved in early September to issue EA in October and the Federal or State-level declaration ended in late September, the State in this example can issue EA in October.
- States must notify households before ending EA. Can use a Notice of Mass Change as well as publicizing via news media; posters in certification offices, issuance locations, or other sites frequented by certified households; or general notices mailed to households.

SNAP Timelines for the End of the PHE

- **FFCRA Adjustments.** These are waivers approved using the authority provided by the FFCRA. Some adjustments waive provisions of the Food and Nutrition Act of 2008 as well as SNAP regulations. Some only waive regulatory requirements.
- These include extending certification periods, waiving the periodic report, and waiving the interview when all mandatory verifications are completed.
- FNS continues to approve these adjustments for up to 3-month periods. State-level declaration and Federal PHE must be in place at the time of request.
- Our authority to approve these type of requests ends the last day of the month following the month in which the Federal PHE or the waiver expiration date, whichever is earlier.
- If State-level declaration ends, State can continue adjustment until end of Federal PHE/waiver expiration date.

SNAP Timelines for the End of the PHE

- **ABAWD Time Limit.** The FFCRA suspend the time limit for ABAWDS not meeting ABAWD work requirements by stopping the accrual of countable months while the Federal PHE is in place.
- The month after the Federal PHE ends, States must remove all countable months for the entire caseload. Then the time limit returns in full the month after that.
- **Student Exemptions.** During the Federal Public Health Emergency, States must consider two additional exemptions for students in higher education.
- When the Federal PHE ends, States must stop applying the temporary student exemptions to initial applicants 30 days following the end of the PHE. For ongoing households, States must stop applying the temporary exemptions at the household's next recertification, but no earlier than 30 days after the Federal PHE ends. Then, screen normally at recertification using the standard exemptions.

Anticipated Challenges & Opportunities for SNAP and Medicaid as the PHE Ends

Anticipated Challenges & Opportunities in SNAP and Medicaid

- The process of returning to normal operations in Medicaid and SNAP once the PHE ends presents some key challenges for state agencies. These include:
 - **The large volume** of Medicaid/CHIP renewals and SNAP recertifications that need to be completed
 - **Workforce challenges** and staffing shortages experienced by state Medicaid and CHIP agencies as well as SNAP agencies
 - The **likelihood of outdated mailing addresses** and other contact information for enrollees who moved or updated their information since the beginning of the PHE
 - **Different eligibility program rules**, timelines, and requirements between SNAP and Medicaid/CHIP
- However, the end of the PHE also presents new opportunities for cross-agency coordination between Medicaid and SNAP, to reduce administrative burden for state agencies, expedite determinations, and improve retention for eligible households.
 - **Using SNAP Information and 1902(e)(14) waiver strategies** to streamline Medicaid enrollment and renewal
 - **Adopting time-limited SNAP waiver strategies** to streamline determinations and minimize workforce burden
 - **Aligning work** on pending Medicaid and SNAP actions during the unwinding period
 - **Coordinating across agencies** to prioritize systems changes

Using SNAP Information to Complete Medicaid Determinations

1. Leverage Findings from Other Programs to Facilitate Medicaid Application & Renewal:

Accept the gross income findings (e.g., income as % of FPL) from SNAP or other programs for the purposes of making a Modified Adjusted Gross Income (MAGI) Medicaid eligibility determination. States are not required to calculate the individual's MAGI to make an eligibility determination.

- **SNAP Strategy*** for adults and children using 1902(e)(14)(A) waiver authority (temporarily available during Unwinding)
- **Express Lane Eligibility SPA** to enroll or renew children
- **Facilitated Enrollment SPA** to enroll or renew children and/or adults

2. Use Data from SNAP or Other Programs as a Verification Source for Medicaid/CHIP

Determinations: use underlying income data and other verified information from a SNAP eligibility determination that was conducted within the last six months for a Medicaid determination at application or renewal.

Aligning Work on Pending Medicaid and SNAP Actions During the Unwinding Period

- During the 12-month unwinding period, states can align eligibility actions for Medicaid, CHIP, and other human services benefit programs by delaying Medicaid/CHIP renewals for many beneficiaries until the household's scheduled SNAP recertification. This can help to:
 - Manage workload and achieve greater efficiencies for stretched state resources;
 - Reduce the number of requests for additional information from enrollees receiving multiple human service benefits, which will increase retention in both programs.
- States may wait to act on a pending verification, changes in circumstances, or renewal for enrollees also enrolled in SNAP until the individual's SNAP recertification is processed, as long as the SNAP recertification is scheduled for completion in time for the state to meet the maximum 12-month period to initiate all pending COVID-related eligibility and enrollment actions for Medicaid/CHIP.
- If the Medicaid/CHIP enrollee's initial determination of eligibility or last renewal has been completed in the prior 12 months, states may not initiate a MAGI Medicaid or CHIP renewal early, to align with a SNAP recertification.
- However, if a state has sufficient information to redetermine Medicaid eligibility based on changes identified through a SNAP recertification, the agency may begin a new 12-month eligibility period for Medicaid and push forward eligibility by 12 months (see 42 CFR 435.916 (d)(1)(ii)).

SNAP Transition Waivers for the End of the PHE

- When the PHE ends, SNAP can no longer approve waivers of the Food and Nutrition Act outside of a Demonstration Project. FNS understands that SNAP state agencies still face many challenges, and some continue to rely heavily on FFCRA adjustments and other administrative flexibilities to manage high caseloads and staffing limitations, among other issues related to COVID-19.
- FNS is offering administrative waivers for certification processes due to extraordinary temporary situations or when they would result in a more effective and efficient administration of the program.
- SNAP's four new administrative waivers can assist States with the increased workload when the PHE expires and help transition off of the temporary flexibilities allowed through FFCRA:
 - Adjust Procedures when Change of Address is Reported
 - Use Periodic Report Procedures to Recertify Households
 - Waive Initial Application and/or Recertification Interview
 - Waive the Telephonic Signature Audio Recording

SNAP Transition Waivers for the End of the PHE

- FNS may approve these waivers for implementation periods of up to 12 calendar months. Waivers approved under this rationale for extraordinary temporary situations may not continue beyond 12 calendar months after the month the federal PHE ends or up to 12 calendar months after implementation, whichever comes first.
- The waiver to adjust procedures when a change of address is reported is a helpful streamlining tool when preparing for the end of the PHE.
- Generally, when State agencies receive verified information that a household's address has changed, but does not receive related changes in shelter costs, the State must follow up and solicit updated shelter costs from the household.
- If the household does not respond with their shelter costs, the State agency must recalculate the household's benefit amount without the excess shelter deduction
- Under this waiver, if the household does not respond with updated shelter cost information, the State would wait to adjust the excess shelter deduction until the next certification action (recertification or periodic report)

Coordinating Across Programs to Prioritize Systems Changes for Unwinding

- CMS and FNS recognize that many state agencies have a long queue of pending systems enhancements.
- This challenge may be compounded for states with integrated eligibility systems and/or workforces when there are competing priorities to reconcile across multiple human services benefit programs.

To address this challenge, states may look to executive leadership across sister agencies to:

- Establish cross-divisional processes and communication channels for re-prioritizing systems changes, as needed; and
- Prioritize systems changes that are associated with the human services benefit programs that advance continuity of coverage and receipt of benefits during this “unwinding moment.”



Addressing Workforce Challenges

Addressing Workforce Challenges

- States are concerned about workforce shortages once the PHE ends and report that overall shortages are further exacerbated when the same group of eligibility workers are tasked with managing multiple human services benefit programs.
- Processing timeliness, accuracy, and the beneficiary/client experience may all be affected by significant workforce shortages.
- However, some state agencies have identified creative ways to address workforce challenges, as described below.
- **Options to Address Workforce Shortages and Improve Capacity:**
 - Reassign workers from other state agencies;
 - Create specialized units for processing multi-benefit cases – and assign more complicated cases to workers who have more experience;
 - Introduce flexibilities for workers that include overtime compensation and part-time employment;
 - Re-engage retired workers;
 - Leverage contractors to support existing workforce (subject to federal requirements – see slides 26-27); and
 - Provide refresher training to eligibility workers across human services benefit programs.

Use of Non-Merit Staff for SNAP

- SNAP rules require State agency employees hired under a merit system, referred to as "merit staff," to complete certification activities
- **Activities that must be performed only be merit personnel:** interviews, determining eligibility and benefit amounts, handling client complaints regarding eligibility and benefits, recording client information or accepting reported changes that could impact eligibility and or benefit levels.
- **Activities that can be performed by non-merit personnel:** document scanning and data entry that does not require client contact, providing general information, responding to requests for blank applications, providing read-only information from the system (case status, application status, receipt of documents, benefit amounts and issuance dates, case denial reasons).
- **Non-merit activities requiring FNS approval:** screening for eligibility, providing application assistance, answering client questions about missing information, pursuing missing information, providing verification guidance.

Medicaid Single State Agency Requirements

- The Single State Agency (meaning the “Medicaid agency”) is responsible for determining eligibility in accordance with 42 CFR Part 435.
- The state Medicaid agency can delegate the authority to conduct eligibility determination functions to a government agency that maintains personnel standards on a merit basis, such as state Title IV-A agencies (i.e., TANF or tribal agencies), Exchanges, the Social Security Administration, or local agencies (e.g., counties). If the Medicaid agency does so, it must ensure the delegated agency complies with all relevant laws, regulations and policies.
- Federal law requires each state to designate a single state agency to administer or supervise the administration of its Medicaid program. When states contract with vendors and/or outsource eligibility and enrollment functions to sister agencies, the single state agency is ultimately responsible for the oversight of the state’s Medicaid program. (42 CFR 431.10)
- The Medicaid agency cannot delegate the authority to supervise the plan or to develop or issue policies, rules, and regulations on program matters. Only officials of the Medicaid agency can perform these functions.

Use of Contractors and Other Non-Merit Staff in Medicaid

- Contractors may support administrative functions of the eligibility and enrollment processes that do not require discretion.
- If an eligibility system is automated and requires no discretion to evaluate/determine an individual's eligibility, then a contractor can perform data entry functions and provide IT support to operate the system, as long as the state agency has overseen development of the requirements, rules, and policies operationalized by the system.
- Examples of administrative functions that do not require discretion include intake of applications, renewal forms, and income or resource verifications; follow up on requests sent by the state agency (e.g., calling to collect missing information); call center support to help provide status updates on application or renewal submissions; and other administrative tasks.
- Examples of functions that must be performed by government agency staff (which could include county staff) who have merit personnel protections include evaluating evidence submitted to resolve inconsistencies between attested information and third-party data sources, determining whether an individual meets the standard of disability for a Medicaid eligibility determination based on disability, or determining if an individual's specific financial resource should be excluded under the terms of the state plan

Resources

Medicaid & CHIP: CMS has issued an array of guidance and tools to support state processing of Medicaid and CHIP eligibility and enrollment actions during and after the PHE, including new flexibilities and requirements for states. See www.Medicaid.gov/unwinding for more detail
Specific resources include:

- [SHO# 22-001 RE: Promoting Continuity of Coverage and Distributing Eligibility and Enrollment Workload in Medicaid, the Children's Health Insurance Program \(CHIP\) and Basic Health Program \(BHP\) Upon the Conclusion of the COVID-19 Public Health Emergency](#)
- [Opportunities to Support Unwinding Efforts for State with Integrated Eligibility Systems and/or Workforces](#)
- [SHO# 10-003 RE: Express Lane Eligibility Option](#)
- [SHO# 15-001 RE: Policy Options for Using SNAP to Determine Medicaid Eligibility and an Update on Targeted Enrollment Strategies](#)

Resources (Continued)

- **SNAP:** Information on SNAP flexibilities and guidance to support States responding to the PHE is available at <https://www.fns.usda.gov/coronavirus>.
- More information about the temporary administrative waivers to support SNAP operations unwinding from COVID-19 flexibilities can be found in the August 15, 2022, memo title:
[Supplemental Nutrition Assistance Program \(SNAP\) – Temporary Administrative Waivers Available to State Agencies to Support Unwinding from the COVID-19 Public Health Emergency](#). This can be found on the FNS website and through your FNS Regional Office.

Q&A

