

## Frequently Asked Questions (FAQ) 2.0 Re: COVID-19

### Where can I find AUCD's FAQ 1.0 Re: COVID-19?

You can find the [Frequently Asked Questions \(FAQ\) Re: COVID-19](#) on the [UCEDD Resource Center](#). Information in this Frequently Asked Question document is here to help you continue UCEDD core functions during the COVID-19 pandemic. AUCD and the UCEDD Resource Center will continue to update this document as needed.

### **AUCD shared a resource about [COVID-19 Emergency Supplemental Funding](#) directed to State, Local, Territorial, and Tribal Governments. Is there an update on these funding streams coming to my state or territory?**

Money is now flowing to states, as part of the federal COVID-19 Aid, Relief and Economic Security (CARES) emergency relief legislation to support COVID-19 response efforts. Below are current and available funding amounts and information for each of these:

- [Coronavirus Relief Fund](#)
  - [Coronavirus Relief Fund Guidance for State, Territorial, Local, and Tribal Governments](#)
  - [Distribution methodology for units of local government](#)
- [FEMA Disaster Relief Fund](#) - Funding to increase FEMA fund to support States where there have been Emergency and Disaster Declarations
  - [FEMA COVID-19 Response Resource Packet](#)
- [Centers for Independent Living](#)
  - [FAQs about Centers for Independent Living and COVID-19 Aid, Relief, and Economic Security Act of 2020 \(CARES Act\) Funding - Updated 4/24/2020](#)
- [Enhanced Federal Medicaid Funding \(FMAP\)](#)
  - [COVID-19 FAQs on implementation of Section 6008 of the Families First Coronavirus Response Act](#)
  - [Fact Sheet: Coverage and Benefits Related to COVID-19 Medicaid and CHIP](#)
- [Centers for Disease Control and Prevention](#)
  - [CDC-RFA-TP18-1802 Cooperative Agreement for Emergency Response: Public Health Crisis Response](#)
  - [COVID-19 Crisis Response Cooperative Agreement – Components A and B Supplemental Funding Interim Guidance](#)
  - [CDC COVID-19 Crisis Response Total Funding to Date](#)
- [Supplemental Nutrition Assistance Program](#)

- [SNAP COVID-19 Emergency Allotments Guidance](#)
- [SNAP: COVID-19 Waivers by State](#)
- [Substance Abuse and Mental Health Services](#)
  - [COVID-19 Information for SAMHSA Discretionary Grant Recipients](#)
  - [Emergency Grants to Address Mental and Substance Use Disorders During COVID-19 - CLOSED](#)
- [Education](#)
  - [Governor's Emergency Education Relief Fund State Allocations \(GEERFS\)](#)
  - [Higher Education Emergency Relief Fund \(HEERF\)](#)
  - [Elementary and Secondary School Emergency Relief Fund \(ESSERF\)](#)
- [Child Care and Development Fund \(CCDF\)](#)
  - [COVID-19 FAQs](#)
  - [Tip Sheet for States and Territories: Using CCDF Amendments and Waiver Flexibilities to Meet the Child Care Needs as a Result of COVID-19](#)
  - [Tip Sheet for Tribes: Using CCDF Amendments and Waiver Flexibilities to Meet the Child Care Needs as a Result of COVID-19](#)

**What if our Aging and Disability Resource Center did not apply for the additional funds provided to them through the new legislation?**

- Where an ADRC did not apply for the funding, other agencies in the state could step in. In fact, ACL reached out to several UCEDDs to apply for this funding in states where ADRCs don't exist or didn't apply. Read [Fiscal FAQ: OAA Funding, FFCRA, CARES Act, and OAA Reauthorization](#)

**How has Money Follows the Person (MFP) been impacted during COVID-19?**

- The CARES Act extended MFP through November 20<sup>th</sup>, 2020. There is no new money for MFP, but [current amounts and programs continue](#). It is critical for states to ensure people with disabilities who are hospitalized from COVID-19 go back to their home and do not go to institutional settings.

**How can healthcare providers find economic relief?**

- The CARES Act provided \$100 billion in relief funds to hospitals and other healthcare providers on the front lines of the coronavirus response. This funding is to support healthcare-related expenses or lost revenue attributable to COVID-19 and to ensure uninsured Americans can get testing and treatment for COVID-19. The Paycheck Protection Program and Health Care Enhancement Act (COVID 3.5) provided an

additional \$75 billion for this fund. Learn more about the [Provider Relief Fund](#). [Read the a state-by-state breakdown of the initial \\$30 billion general distribution.](#)

### **Can state Medicaid programs pay for direct support professionals to assist disabled individuals in the hospital?**

- Yes, as part of [Coronavirus Aid, Relief, and Economic Security Act \(or CARES Act\)](#) states can include this as part of an Appendix K waiver request to CMS. Here are current [Section 1915\(C\) Appendix K Approvals](#).

### **Does the Medicaid FMAP bump from the CARES Act go to Medicaid Home and Community Based Settings?**

- No, in general the Medicaid FMAP bump is used for increased costs of expenditures normally covered by the state specific FMAP rate. FMAP generally does not cover home and community-based waiver services. It is true that states are permitted to use the FMAP increase to support HCBS, however states are experiencing such high costs in all other areas that using the resources for HCBS is not seen as likely or even fiscally possible.

### **My state is seeing an increase in Medicaid enrollment. Why? Does the Medicaid FMAP bump from the CARES Act support an increase in enrollment?**

- [Medicaid enrollment often sees an increase when there is an economic downturn](#). A FMAP increase is to help states address higher Medicaid costs resulting from higher enrollment as people lose their jobs or see their hours or wages reduced and become eligible for Medicaid. It also provides overall fiscal relief to states that may face budget deficits as demand for public services increase and state revenues decline due to the economic downturn.

### **How are Medicaid and Medicaid waivers being used to address health issues in states during this crisis?**

- [Overview on Using Medicaid to Respond to COVID-19](#)
- [COVID-19 FAQs for State Medicaid and CHIP Agencies](#)
- Several different Medicaid Waivers and state plan amendments are being used by states to address emergency changes or issues arising in the system. They are:

- Section 1915 (c) waiver Appendix K (K waiver): Most Medicaid home and community-based services (HCBS) are provided through Section 1915 (c) waivers. States can use “K waivers” to amend these waivers to respond to an emergency.
  - [Section 1915\(C\) Appendix K Approvals](#)
- 1135 Waivers: During an emergency, the Secretary of HHS may temporarily waive or modify certain Medicare, Medicaid, and Children’s Health Insurance Program (CHIP) requirements to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in Social Security Act programs
  - [Section 1135 Waiver Approvals](#)
- 1115 “Demonstration” Waivers: These waivers give the Secretary of Health and Human Services authority to approve experimental, pilot, or demonstration projects that promote the objectives of the Medicaid and CHIP programs.
  - [Section 1115 Waiver Approvals](#)
- State Plan Amendments: A Medicaid and CHIP state plan is an agreement between a state and the Federal government describing how that state administers its Medicaid and CHIP programs. When a state is planning to make a change to its program policies or operational approach, states send state plan amendments (SPAs) to the Centers for Medicare & Medicaid Services (CMS) for review and approval. States also submit SPAs to request permissible program changes, make corrections, or update their Medicaid or CHIP state plan with new information.
  - [Medicaid Disaster SPA Approvals](#)
  - [CHIP SPA Approvals](#)

**I know most states are denying any hospital visitors for patients with COVID-19, but I hear some states are having success at advocating for individuals with ID/DD to be an exception to the rules. Where can I find more information about this?**

- There remains a hospital-by-hospital “no visitor” policy bias although some states are addressing this exception for people with ID/DD. For example, in New York, [the Department of Health has determined](#) that patients for whom a support person has been determined to be essential to the care of the patient (medically necessary) including patients with intellectual and/or developmental disabilities (I/DD), and patients with cognitive impairments including dementia, the Department considers one support person at a time as essential to patient care in the emergency room or during

hospitalization. In [Wisconsin, the Governor designated the disability services personnel \(DSPs\)](#) that provide in-home support and services to people with disabilities and older adults as essential personal and services. In Maryland, the [Governor's executive order](#) designated that DSPs are healthcare providers. These may help with the hospital visitation issues. Similar examples exist across other states. Work with your State's Protection & Advocacy agency to mitigate these issues.

**Is any state tracking how many individuals with disabilities have tested positive for or have died from COVID-19?**

- No, not specifically although different states may be gathering different information that can inform that number. For instance, [California](#) has county level data on COVID cases and deaths, including county data on vulnerable populations including households of people with disabilities. [New Jersey](#) is collecting information through incident reporting. Numerous states are collecting and releasing information about infections and deaths in nursing homes, group homes or other congregate facilities. Nowhere is there information ONLY on people with disabilities specifically, although COVID-19 deaths will likely be more prevalent among those with IDD according to a recent [research brief from Syracuse University, Lerner Center for Public Health Promotion](#).

**Our state is asking for help with plain language materials on COVID-19?**

- The AUCD Network Coronavirus Resource files in Dropbox has an entire file on [Plain Language & Easy Read resources](#), including handwashing, what is COVID, myth busters, getting tested, visits to the hospital, self-advocacy, wearing a mask, and more. They are in a variety of formats including storybooks, videos, one pagers, tip sheets, and FAQs. There is also a folder with [ASL resources](#) and with [Spanish language resources](#). If you would like access to the full AUCD Network COVID-19 Resource Library, have your UCEDD, LEND or IDDRRC director contact Sarah DeMaio at [sdemaio@aucd.org](mailto:sdemaio@aucd.org).

**We have switched to virtual platforms to offer services and telehealth to patients and people with disabilities. Is there anything I need to be aware of delivering telehealth?**

- Your leadership in telehealth is critical. Documenting lessons learned during this time will be useful moving forward. It is important for you to know:

- [HHS Office of Civil Rights FAQs on Telehealth and HIPAA during the COVID-19 nationwide public health emergency](#)
- [CMS' COVID-19 Telehealth Toolkit to Accelerate State Use of Telehealth in Medicaid and CHIP](#)
- [Federal Communications Commission \(FCC\) will provide](#) \$200 million in funding to help health care providers provide connected care services to patients at their homes or mobile locations in response to the novel Coronavirus 2019 disease (COVID-19) pandemic.
- [CIB: Medicaid Substance Use Disorder Treatment via Telehealth, and Rural Health Care and Medicaid Telehealth Flexibilities Guidance](#)

**We continue to hear in our state the increase in unemployment for people with disabilities during this. Access to financial assistance is slow and has excluded some groups. What can we do to help people?**

- Offering a training or supporting people in [filing for the Economic Impact Payment](#) meets your core functions of training and direct service. Providing technical assistance, plain language resources to help people with disabilities understand what financial assistance is available to them and how to apply will help people navigate the various systems – IRS, SSI, Unemployment Insurance, etc. The National Disability Institute released a new resource - the [Financial Resilience Center](#) - which may be helpful in your efforts to help your communities.