

# APPENDIX K: Emergency Preparedness and Response and COVID-19 Addendum

**Background:**

This standalone appendix may be utilized by the state during emergency situations to request amendments to its approved waiver, to multiple approved waivers in the state, and/or to all approved waivers in the state. It includes actions that states can take under the existing Section 1915(c) home and community-based waiver authority in order to respond to an emergency. Other activities may require the use of various other authorities such as the Section 1115 demonstrations or the Section 1135 authorities.<sup>1</sup> This appendix may be applied retroactively as needed by the state. Public notice requirements normally applicable under 1915(c) do not apply to information contained in this Appendix.

## Appendix K-1: General Information

**General Information:**

**A. State:** District of Columbia

**B. Waiver Title(s):** - Elderly and Persons with Physical Disabilities (EPD Waiver)  
- Individuals with Intellectual and Developmental Disabilities (IDD Waiver)

**C. Control Number(s):** - EPD Waiver: DC.0334.R04.04  
- IDD Waiver: DC.0307.R04.02

**D. Type of Emergency (The state may check more than one box):**

<input checked="" type="checkbox"/>	<b>Pandemic or Epidemic</b>
<input type="checkbox"/>	<b>Natural Disaster</b>
<input type="checkbox"/>	<b>National Security Emergency</b>
<input type="checkbox"/>	<b>Environmental</b>
<input type="checkbox"/>	<b>Other (specify):</b>

**E. Brief Description of Emergency.** *In no more than one paragraph each*, briefly describe the: 1) nature of emergency; 2) number of individuals affected and the state’s mechanism to identify individuals at risk; 3) roles of state, local and other entities involved in approved waiver operations; and 4) expected changes needed to service delivery methods, if applicable. The state should provide this information for each emergency checked if those emergencies affect different geographic areas and require different changes to the waiver.

COVID-19 pandemic. This amendment will apply waiver-wide for each waiver included in this Appendix, to all individuals impacted by the virus or the response to the virus (e.g. closure of day programs, etc.)

This appendix K is submitted to make additions and changes to the previously approved Appendix K.

**F. Proposed Effective Date: Start Date:** March 11, 2020 **Anticipated End Date:** March 10, 2021

**G. Description of Transition Plan.**

All activities will take place in response to the impact of COVID-19 as efficiently and effectively as possible based upon the complexity of the change.

**H. Geographic Areas Affected:**

These actions will apply across the waiver to all individuals impacted by the COVID-19 virus

**I. Description of State Disaster Plan (if available) Reference to external documents is acceptable:**

N/A

## Appendix K-2: Temporary or Emergency-Specific Amendment to Approved Waiver

### Temporary or Emergency-Specific Amendment to Approved Waiver:

*These are changes that, while directly related to the state's response to an emergency situation, require amendment to the approved waiver document. These changes are time limited and tied specifically to individuals impacted by the emergency. Permanent or long-ranging changes will need to be incorporated into the main appendices of the waiver, via an amendment request in the waiver management system (WMS) upon advice from CMS.*

**a. \_\_\_ Access and Eligibility:**

**i. \_\_\_ Temporarily increase the cost limits for entry into the waiver.**

[Provide explanation of changes and specify the temporary cost limit.]

**ii. \_\_\_ Temporarily modify additional targeting criteria.**

[Explanation of changes]

**b. X Services**

**i. X Temporarily modify service scope or coverage.**

[Complete Section A- Services to be Added/Modified During an Emergency.]

**ii. X Temporarily exceed service limitations (including limits on sets of services as described in Appendix C-4) or requirements for amount, duration, and prior authorization to address health and welfare issues presented by the emergency.**

[Explanation of changes]

*The following information is additive to the information in the previously approved Appendix K.*

*IDD Waiver*

Temporarily modify the prior authorization process related to approval of increased reimbursement for direct service professionals, personal care aides, LPNs, and RNs working overtime, working with individuals who are medically quarantined, or working overtime with individuals who are medically quarantined for the duration of the public health emergency. During the public health emergency, providers will not be required to seek additional prior authorization or modification of the Person-Centered Service Plan (PCSP) to claim the increased reimbursement rates. Existing prior authorization for services will be extended in order to approve increased reimbursement for services authorized under the PCSP.

**iii. \_\_\_ Temporarily add services to the waiver to address the emergency situation (for example, emergency counseling; heightened case management to address emergency needs; emergency medical supplies and equipment; individually directed goods and services; ancillary services to establish temporary residences for dislocated waiver enrollees; necessary technology; emergency evacuation transportation outside of the scope of non-emergency transportation or transportation already provided through the waiver).**

[Complete Section A-Services to be Added/Modified During an Emergency]

**iv. \_\_\_ Temporarily expand setting(s) where services may be provided (e.g. hotels, shelters, schools, churches). Note for respite services only, the state should indicate any facility-based settings and indicate whether room and board is included:**

[Explanation of modification, and advisement if room and board is included in the respite rate]:

**v. \_\_ Temporarily provide services in out of state settings (if not already permitted in the state's approved waiver).** [Explanation of changes]

**c. \_\_ Temporarily permit payment for services rendered by family caregivers or legally responsible individuals if not already permitted under the waiver.** Indicate the services to which this will apply and the safeguards to ensure that individuals receive necessary services as authorized in the plan of care, and the procedures that are used to ensure that payments are made for services rendered.

**d. \_\_ Temporarily modify provider qualifications (for example, expand provider pool, temporarily modify or suspend licensure and certification requirements).**

**i. \_\_ Temporarily modify provider qualifications.**

[Provide explanation of changes, list each service affected, list the provider type, and the changes in provider qualifications.]

**ii. \_\_ Temporarily modify provider types.**

[Provide explanation of changes, list each service affected, and the changes in the provider type for each service].

**iii. \_\_ Temporarily modify licensure or other requirements for settings where waiver services are furnished.**

[Provide explanation of changes, description of facilities to be utilized and list each service provided in each facility utilized.]

e.    **Temporarily modify processes for level of care evaluations or re-evaluations (within regulatory requirements).** [Describe]

f.   X   **Temporarily increase payment rates.**

[Provide an explanation for the increase. List the provider types, rates by service, and specify whether this change is based on a rate development method that is different from the current approved waiver (and if different, specify and explain the rate development method). If the rate varies by provider, list the rate by service and by provider.]

*The following information is additive to the information in the previously approved Appendix K.*

#### *EPD Waiver*

Temporarily allow payments equal to 100% of the FFS per diem rate to Adult Day Health Program (ADHP) providers who 1) conduct a wellness check and 2) Provide one of the following services in the same day:

- Remote therapeutic activities conducted individually or in groups by a licensed therapist in accordance with HIPAA requirements
- Remote nursing services conducted individually by a licensed nurse in accordance with HIPAA requirements, or
- Meal or food delivery to the beneficiary's permanent or temporary residence

Temporarily increase Assisted Living Service rates by 15% to address increased operational and staffing costs during the PHE.

#### *IDD Waiver*

Temporarily increase hourly reimbursement rates to IDD Waiver providers to support increased costs associated with services provided by Direct Support Professionals (DSPs), and to align these hourly rates with the rates paid for daily services during the public health emergency, by adding \$2.65 per hour (\$0.64 per quarter hour) to the standard rate for the following six (6) hourly services:

- In-Home Supports-(Standard rate \$24.87 (\$6.22 per 15 mins.)) – New rate \$27.52 (\$6.86 per 15 mins.)- 11% increase of standard rate
- High Intensity In-Home Supports- (Standard Rate \$27.24 (\$6.81 per 15 mins.)) New Rate \$29.89 (\$7.45 per 15 mins.) – 10% increase of standard rate
- Behavioral Support (Non-Professional)-(Standard Rate \$25.50 (\$6.37 per 15mins.) -New Rate \$28.15 (\$7.01 per 15 mins.) – 10% increase of standard rate
- Respite-(Standard Rate \$23.59 (\$5.90 per 15 mins.)) -New Rate \$26.24 (\$6.54 per m15 mins.) – 11% increase of standard rate
- Supported Living Periodic (without Transportation)- (Standard Rate \$26.44 (\$6.61 per 15 mins.)) -New Rate \$29.10 (\$7.25 per 15 mins.)– 10% increase of standard rate
- Supported Living Periodic (with Transportation)- (Standard Rate \$29.84 (\$7.46 per 15mins.)) -New Rate \$32.51 (\$8.10 per 15 mins.) – 9% increase of standard rate

Temporarily increase hourly reimbursement rates to IDD Waiver providers to support increased costs associated with using DSPs for Companion Services for the following services:

- Companion (Individual 1:1) (Standard Rate \$21.36 (\$5.34 per 15 mins.)) – New Rate \$27.53 (\$6.88 per 15 mins.) – 29% increase of standard rate
- Companion (Group 1:2) (Standard Rate \$10.28 (\$2.57 per 15 mins.)) – New Rate \$13.77 (\$3.44 per 15 mins.) – 34% increase of standard rate

- Companion (Group 1:3) (Standard Rate \$10.28 (\$2.57 per 15 mins.)) – New Rate \$11.56 (\$2.89 per 15 mins.) –12% increase of standard rate

Temporarily increase reimbursement rates to IDD Waiver providers to support increased costs associated with services provided by DSPs who, due to a reduction in total available workforce, will work and receive compensation for overtime. The overtime rate for IDD waiver providers to support increased costs associated with services provided by DSPs, will be paid at time and a half. Reimbursement for overtime to specific IDD Waiver providers for services provided by DSPs for the following services shall not exceed:

- Companion (Individual 1:1) (Standard Rate \$21.36 (\$5.34 per 15 mins.)) – New Rate \$37.20 (\$9.30 per 15 mins.) – 74% increase of standard rate
- Companion (Group 1:2) (Standard Rate \$10.28 (\$2.57 per 15 mins.)) – New Rate \$18.60 (\$4.65 per 15 mins.) – 81% increase of standard rate
- Companion (Group 1:3) (Standard Rate \$10.28 (\$2.57 per 15 mins.)) – New Rate \$15.48 (\$3.87 per 15 mins.) – 50% increase of standard rate
- High Intensity In-Home Support (Standard Rate \$27.24 (\$6.81 per 15 mins.)) – New Rate \$40.64 (\$10.16 per 15 mins.) – 49% increase of standard rate
- Supported Living Periodic (without Transportation) (Standard Rate \$26.44 (\$6.61 per 15 mins.)) – New Rate \$39.56 (\$9.89 per 15 mins.) – 49% of standard rate
- Supported Living Periodic (with Transportation) (Standard Rate \$29.84 (\$7.46 per 15mins.)) – New Rate \$40.00 (\$10.00 per 15 mins.) –34% of standard rate

Temporarily increase reimbursement rates to IDD Waiver providers to support increased costs associated with DSPs providing services to and working with persons who have been medically quarantined. IDD Waiver providers will be reimbursed an increased rate for the first 40 hours worked; and IDD Waiver providers will then be reimbursed an overtime rate for any hours worked over 40 hours. The new rates are with the assumption that overtime is being paid at time and a half. Reimbursement to specific IDD Waiver providers for services provided by DSPs for the following services shall not exceed:

- Companion (Individual 1:1) (Standard Rate \$21.36 (\$5.34 per 15 mins.)) – New Rate \$37.20 (\$9.30 per 15 min.) 74% increase of standard rate; Overtime rate of \$55.48 (\$13.92 per 15 mins.)
- Companion (Group 1:2) (Standard Rate \$10.28 (\$2.57 per 15mins.)) – New Rate \$18.60 (\$4.65 per 15 min. unit) 81% increase of standard rate; Overtime rate of \$27.72 (\$6.96 per 15 mins)
- Companion (Group 1:3) (Standard Rate \$10.28 (\$2.57 per 15 mins.)) – New Rate \$15.48 (\$3.87 per 15 min. unit) 50% increase of standard rate; Overtime rate of \$23.24 (\$5.81 per 15 mins.)

- High Intensity In-Home Support (Standard Rate \$27.24 (\$6.81 per 15 mins.)) – New Rate \$40.64 (\$10.16 per 15 mins.) 49% increase of standard rate; Overtime rate of \$56.00 (\$14.00 per 15 mins.)
- Supported Living Periodic (without Transportation) (Standard Rate \$26.44 (\$6.61 per 15 mins.)) – New Rate \$39.56 (\$9.89 per 15 mins.) 49% increase of standard rate; Overtime rate of \$59.16 (\$14.79 per 15 mins.)
- Supported Living Periodic (with Transportation) (Standard Rate \$29.84 (\$7.46 per 15mins.)) – New Rate \$40.00 (\$10.00 per 15 mins.) 34% increase of standard rate; Overtime rate of \$60.00 (\$15.00 per 15 mins.)

Temporarily increase reimbursement rates to address the need for increased overtime for Personal Care Aides, LPN's, and RN's providing skilled nursing services and Personal Care services. The final rate of overtime is with the assumption of overtime being paid at time and a half for the personal care services, skilled nursing visits/RN, Skilled Nursing Extended/RN, Skilled Nursing Extended/ LPN overtime rates.

Temporarily Available Hourly/ Non-Quarantine Overtime Rate:

- Personal Care Services (Standard Rate \$5.34 per 15 mins.) - New Rate \$8.00 per 15 mins.
- Skilled Nursing Visits/RN (Standard Rate \$15.09 per 15 mins.) - New Rate \$22.50 per 15 mins.
- Skilled Nursing Extended/RN (Standard Rate \$15.09 per 15 mins.) - New Rate \$22.50 per 15 mins.
- Skilled Nursing Extended/LPN (Standard Rate \$12.58 per 15 mins.) - New Rate \$18.75 per 15 mins.

Temporarily increase reimbursement rates to address the need for an enhanced rate and for Personal Care Aides, LPN's, and RN's providing skilled nursing services and Personal Care services to people who are medically quarantined.

Temporarily Available Quarantine Rate (up to 40 hours):

- Personal Care Services (Standard Rate \$5.34 per 15 mins.) - New Rate \$8.00 per 15 mins. – 50% increase of standard rate
- Skilled Nursing Visits/RN (Standard Rate \$15.09 per 15 mins.) - New Rate \$22.50 per 15 mins. – 49% increase of standard rate
- Skilled Nursing Extended/RN (Standard Rate \$15.09 per 15 mins.) - New Rate \$22.50 per 15 mins. - 49% increase of standard rate
- Skilled Nursing Extended/LPN (Standard Rate \$12.58 per 15 mins.) - New Rate \$18.75 per 15 mins. – 49% increase of standard rate

Temporarily Available Quarantine Rate (Over 40+ hours):

- Personal Care Services (Standard Rate \$5.34 per 15 mins.) - New Rate \$12.00 per 15 mins.
- Skilled Nursing Visits/RN (Standard Rate \$15.09 per 15 mins.) - New Rate \$33.75 per 15 mins.
- Skilled Nursing Extended/RN (Standard Rate \$15.09 per 15 mins.) - New Rate \$33.75 per 15 mins.

• Skilled Nursing Extended/LPN (Standard Rate \$12.58 per 15 mins.) - New Rate \$28.12 per 15 mins.  
*EPD and IDD Waiver*  
Effective July 1, 2020, rates may be adjusted based on any increase to the District of Columbia Living Wage.

**g. X Temporarily modify person-centered service plan development process and individual(s) responsible for person-centered service plan development, including qualifications.**

[Describe any modifications including qualifications of individuals responsible for service plan development, and address Participant Safeguards. Also include strategies to ensure that services are received as authorized.]

*The following information is additive to the information in the previously approved Appendix K.  
IDD Waiver*

All required Individual Support Plan (ISP) documentation shall be submitted into MCIS or to the Service Coordinator within 45 days following the end of the public health emergency.

**h.    Temporarily modify incident reporting requirements, medication management or other participant safeguards to ensure individual health and welfare, and to account for emergency circumstances. [Explanation of changes]**

[Redacted]

**i.    Temporarily allow for payment for services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay when necessary supports (including communication and intensive personal care) are not available in that setting, or when the individual requires those services for communication and behavioral stabilization, and such services are not covered in such settings.**

[Specify the services.]

[Redacted]

**j. X Temporarily include retainer payments to address emergency related issues.**

[Describe the circumstances under which such payments are authorized and applicable limits on their duration. Retainer payments are available for habilitation and personal care only.]

*This Section makes a change to the prior approved Appendix K for EPD and IDD Waiver Retainer Payments.*

### *EPD and IDD Waiver*

Retainer payments will be made in accordance with the limitations and requirements set forth in the COVID-19 FAQs for State Medicaid and Children's Health Insurance Program Agencies (Released June 30, 2020). Retainer payments may only be provided for services categorized as habilitation or personal care services.

Retainer payments for EPD and IDD Waiver providers does not include reimbursement for staff costs of direct care workers.

- The District will collect an attestation from providers acknowledging that retainer payments will be subject to recoupment if inappropriate billing or duplicate payments for services occurred (or in periods of disaster, duplicate uses of available funding streams), as identified in a state or federal audit or any other authorized third party review. Note that "duplicate uses of available funding streams" means using more than one funding stream for the same purpose.
- The District will require an attestation from providers that it will not lay off staff, and will maintain wages at existing levels.
- The District will require an attestation from providers that they had not received funding from any other sources, including but not limited to unemployment benefits and Small Business Administration loans, that would exceed their revenue for the last full quarter prior to the PHE, or that the retainer payments at the level provided by the District would not result in their revenue exceeding that of the quarter prior to the PHE.
  - If a provider had not already received revenues in excess of the pre-PHE level but receipt of the retainer payment in addition to those prior sources of funding results in the provider exceeding the pre-PHE level, any retainer payment amounts in excess would be recouped.
  - If a provider had already received revenues in excess of the pre-PHE level, retainer payments are not available.

### *EPD Waiver*

Temporarily allow retainer payments equal to 25% of the standard per diem rate to an AHDP if a participant was unable to attend the ADHP because services could not be rendered as a result of the public health emergency. Retainer payments are not available to ADHP providers that also providing traditional ADHP services or providing services via video/telephonic/electronic conferencing to the same beneficiary on a given date of service. Authorized ADHP providers may receive retainer payments for periods up to 30 consecutive days. Reimbursement is available for multiple consecutive day periods (up to 3 episodes).

### *IDD Waiver*

Temporarily allow retainer payments for authorized day program services providers if a participant was unable to attend day program services as a result of the public health emergency, and the participant instead received natural supports, companion services, or in-home supports, not provided by the day program. Retainer payments are available to authorized day program service providers that also provide other types of services to the participant such as residential services, in-home supports, or companion services and will not be excluded from receiving retainer payments when such services are not being provided by the day program. Retainer payments are intended to permit the day program provider to recover a percentage of its costs in order to stay viable and therefore able to provide day program services after the public health emergency has ended. Retainer payments are made only to day program or habilitation service providers. Reimbursement for the provision of other services is separate and includes costs for staff rendering other services.

Authorized day program providers may submit claims for retainer payments for up to 30 consecutive days. Reimbursement is available for multiple consecutive day periods (up to 3 episodes).

A day program provider seeking a retainer payment must document that the individual was unable to attend the day program as a result of the public health emergency and immediately notify the DDA Service Coordinator. Retainer payments will not be authorized when a provider is providing one of the six identified day program services below, whether that be in person or remote. Authorized day program service providers are eligible for retainer payments as follows:

- Day Habilitation – 33% of standard rate
- Day Habilitation 1:1 – 43% of standard rate
- Day Habilitation Small Group – 46% of standard rate
- Individualized Day Supports – 30% of standard rate
- Individualized Day Supports 1:1 – 52% of standard rate
- Supported Employment – 33% to 35% of standard rate

Day Program Service Providers that have stopped or reduced services in response to the COVID-19 public health emergency may bill for retainer payments. Retainer payments are received by billing for units authorized in an individual's service plan that were not provided due to the COVID-19 public health emergency. Units billed shall not exceed the amount, scope, and duration otherwise authorized for the Day Program Service provider. Retainer payments may not be billed when the individual chooses to receive day program services through a different provider. Retainer payments for day services are limited to 5 days per week (Mon-Sun).

**k. \_\_\_ Temporarily institute or expand opportunities for self-direction.**

[Provide an overview and any expansion of self-direction opportunities including a list of services that may be self-directed and an overview of participant safeguards.]

**l. \_\_\_ Increase Factor C.**

[Explain the reason for the increase and list the current approved Factor C as well as the proposed revised Factor C]

**m. X Other Changes Necessary [For example, any changes to billing processes, use of contracted entities or any other changes needed by the State to address imminent needs of individuals in the waiver program]. [Explanation of changes]**

*The following information is additive to the information in the previously approved Appendix K.*

The timeframes for the submission of the CMS 372s and the evidentiary package(s) will be extended as needed pursuant to the emergency. In addition, the state may suspend the collection of data for performance measures other than those identified for the Health and Welfare assurance and notes that as a result the data will be unavailable for this time frame in ensuing reports due to the circumstances of the pandemic.

**Appendix K Addendum: COVID-19 Pandemic Response**

**1. HCBS Regulations**

- a.  Not comply with the HCBS settings requirement at 42 CFR 441.301(c)(4)(vi)(D) that individuals are able to have visitors of their choosing at any time, for settings added after March 17, 2014, to minimize the spread of infection during the COVID-19 pandemic.

**2. Services**

- a.  Add an electronic method of service delivery (e.g., telephonic) allowing services to continue to be provided remotely in the home setting for:
  - i.  Case management
  - ii.  Personal care services that only require verbal cueing
  - iii.  In-home habilitation
  - iv.  Monthly monitoring (i.e., in order to meet the reasonable indication of need for services requirement in 1915(c) waivers).
  - v.  Other [*Describe*]:

- Adult Day Health Program (ADHP) services, including but not limited to daily wellness checks, remote therapeutic services, and remote nursing services.

- b.  Add home-delivered meals

- c.  Add medical supplies, equipment and appliances (over and above that which is in the state plan)
- d.  Add Assistive Technology

**3. Conflict of Interest: The state is responding to the COVID-19 pandemic personnel crisis by authorizing case management entities to provide direct services. Therefore, the case management entity qualifies under 42 CFR 441.301(c)(1)(vi) as the only willing and qualified entity.**

- a.  Current safeguards authorized in the approved waiver will apply to these entities.
- b.  Additional safeguards listed below will apply to these entities.

**4. Provider Qualifications**

- a.  Allow spouses and parents of minor children to provide personal care services.
- b.  Allow a family member to be paid to render services to an individual.

- c.  Allow other practitioners in lieu of approved providers within the waiver. *[Indicate the providers and their qualifications]*

- d.  Modify service providers for home-delivered meals to allow for additional providers, including non-traditional providers.

**5. Processes**

- a.  Allow an extension for reassessments and reevaluations for up to one year past the due date.
- b.  Allow the option to conduct evaluations, assessments, and person-centered service planning meetings virtually/remotely in lieu of face-to-face meetings.
- c.  Adjust prior approval/authorization elements approved in waiver.
- d.  Adjust assessment requirements
- e.  Add an electronic method of signing off on required documents such as the person-centered service plan.

**Contact Person(s)**

- A. The Medicaid agency representative with whom CMS should communicate regarding the request:

**First Name:** Ieisha  
**Last Name** Gray  
**Title:** Director, Long Term Care Administration  
**Agency:** Department of Health Care Finance  
**Address 1:** 441 4<sup>th</sup> Street NW  
**Address 2:** Suite 900  
**City** Washington  
**State** District of Columbia  
**Zip Code** 20001  
**Telephone:** 202-442-5818  
**E-mail** ieisha.gray@dc.gov  
**Fax Number** 202-442-4790

**B. If applicable, the State operating agency representative with whom CMS should communicate regarding the waiver is:**

**First Name:** Winslow  
**Last Name** Woodland  
**Title:** Deputy Director  
**Agency:** Department on Disability Services  
**Address 1:** 250 E. Street SW  
**Address 2:** Click or tap here to enter text.  
**City** Washington  
**State** District of Columbia  
**Zip Code** 20024  
**Telephone:** 202-730-1618  
**E-mail** winslow.woodland@dc.gov  
**Fax Number** 202-730-1842

**8. Authorizing Signature**

**Signature:**

**Date:** 06/12/2020

\_\_\_\_\_/S/\_\_\_\_\_  
State Medicaid Director or Designee

**First Name:** Melisa  
**Last Name** Byrd  
**Title:** Senior Deputy Director / State Medicaid Director  
**Agency:** Department of Health Care Finance  
**Address 1:** 441 4<sup>th</sup> Street NW  
**Address 2:** Suite 900  
**City** Washington  
**State** District of Columbia  
**Zip Code** 20001  
**Telephone:** 202-442-9075  
**E-mail** melisa.byrd@dc.gov  
**Fax Number** 202-442-4790

## Section A---Services to be Added/Modified During an Emergency

Complete for each service added during a time of emergency. For services in the approved waiver that the state is temporarily modifying, enter the entire service definition and highlight the change. State laws, regulations and policies referenced in the specification should be readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

*The following information is additive to the information in the previously approved Appendix K.*

Temporarily separate the subcomponents of Companion Group Services authorized in the base IDD waiver to establish Companion Services 1:2 and Companion Services 1:3 as set forth below:

<b>Service Title:</b>	Companion 1:2
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
<b>Service Definition (Scope):</b>	
<p>Persons enrolled in the IDD waiver typically reside in residential settings in a group of persons with similar acuity levels and support needs. Companion Services 1:2 is authorized when a person is in a residential setting with one other person who requires companion services and the non-medical assistance and supervision provided under Companion Services can be done so safely, while promoting independence, and meeting the Individualized Support Plan (ISP)_goals set forth in the Plan of Care at a staffing ratio of 1:2.</p> <p>Companion Services is non-medical assistance and supervision provided in accordance with a person centered Plan of Care. The goal may be related to the person’s safety, promotion of independence, community integration, and/or retirement. Companion services can be used during the day or overnight hours when supervision or non-medical support is needed to ensure the person’s safety.</p> <p>Companion services provide non-medical assistance and supervision to support a person’s goals, desires, and needs as identified in the person’s Individual Support Plan (ISP), and reflected in his or her Person-Centered Thinking and Discovery tools. Goals may be related to the person’s safety, promotion of independence, community integration, and/or retirement. The provider must use the DDS-approved Person-Centered Thinking and Discovery tools to develop a support plan, based upon what has been identified as important to and for the person. For people who receive companion services during waking hours, this should include a flexible list of proposed leisure and recreational activities at home and in the community, based upon the person’s interests.</p> <p>Companion services cannot be provided at the same time as In-Home Supports, Periodic Supported Living, Personal Care Services, Respite, Host Home, and/or Behavioral Supports Non-Professional. Companion services may be provided outside of regular Monday to Friday daytime hours when supervision or other non-medical support is necessary to ensure the person’s safety; provided, however, that companion services may not be used outside of regular Monday to Friday daytime hours in combination with Residential Habilitation or 24-Hour Supported Living or 24-Hour Supported Living with Transportation Services. Additionally, companion services may not exceed forty (40) hours per week when used with Residential Habilitation, 24-Hour Supported Living, and 24-Hour Supported Living with Transportation Services, or when used in combination with Personal Care Services or any other Waiver day or vocational support services, including but not limited to Day Habilitation, Employment Readiness, Supported Employment, Small Group Supported Employment, or Individualized Day Supports as part of a person’s traditional Monday to Friday day/vocational programming time.</p>	
<b>Specify applicable (if any) limits on the amount, frequency, or duration of this service:</b>	

Service Title:		Companion 1:2		
<p><i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i></p> <p>Companion services are available when persons choose not to or are unable to participate in day services.</p> <p>Companion services may be paired with In-Home Supports, Periodic Supported Living, and/or Personal Care Services at any time during the 24 hour day. It cannot be provided at the same time as In-Home Supports, Periodic Supported Living, Personal Care Services, Respite, Host Home, and/or Behavioral Supports Non-Professional. Edits for companion services shall be in the Medicaid Management Information system (MMIS) to ensure that there is no duplication or overlap of similar services provided by In-Home Supports, periodic supported living and personal care services.</p> <p>Companion services can be used with Residential Habilitation and 24 hour Supported Living services, but only during regular daytime Monday – Friday hours, and may not exceed more than 40 hours per week, in combination with Personal Care Services or any other waiver day or vocational support services. This includes Day Habilitation, Employment Readiness, Supported Employment, Small Group Supported Employment, or Individualized Day Supports.</p> <p>This service may be provided in the person’s home or in the community.</p> <p>The unit of service shall be fifteen (15) minutes of Companion Service provided to the person. The number of units per visit must be indicated on the Plan of Care and the Service Authorization Form. The maximum number of units that can be authorized may not exceed eight (8) hours daily. The amount of time authorized does not include the Companion Worker’s transportation time to or from the person’s home; or the Companion Worker's break or mealtime.</p>				
Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
				Companion Provider Agency
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
<b>Provider Qualifications</b> (provide the following information for each type of provider):				
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)	
Companion Provider Agency	N/A	Certified by DDS as a Companion Provider Agency per Provider Certification Review Policy	Provider enrolled to provide services through DDS/DHCF and has current Medicaid agreement. For individual employees, the following requirements apply: <ul style="list-style-type: none"> <li>• Documentation that each employee is eighteen (18) years of age or older;</li> <li>• Documentation that each employee was found acceptable by the individual;</li> </ul>	

Service Title:	Companion 1:2
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*Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:*

			<ul style="list-style-type: none"> <li>• Annual documentation from a physician or other official that the employee is free from communicable disease as confirmed by an annual purified protein derivative of tuberculin (PPD) Skin Test;</li> <li>• Record of completion of competency based training in communication with people with intellectual disabilities;</li> <li>• Record of completion of competency based training in infection control procedures consistent with the requirements of the Occupational Safety and Health Administration, U.S. Department of Labor regulations at 29 CFR 1910. 1030;</li> <li>• A high school diploma or general equivalency development;</li> <li>• Record of completion of competency based training in emergency procedures;</li> <li>• Certification in cardiopulmonary resuscitation (CPR) and First Aid;</li> <li>• Training needed to address the unique support needs of the individual as detailed in their Plan of Care; and</li> <li>• Record of criminal background check consistent with the requirements of the Health-Care Facility Unlicensed Personnel Criminal Background Check Act of 1998, effective April 20, 1999 (D.C. Law 12-238), as amended by the Health-Care Facility Unlicensed Personnel Criminal Background Check Amendment Act of 2002, effective April 13,2002 (D.C. Law 14-98; D.C. Official Code, 44-55 1 et seq.).</li> </ul>

**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Companion Provider Agency	DDS	Initially and Annually Thereafter

Service Title: Companion 1:2				
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>				
<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed

Service Title: Companion 1:3	
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
<b>Service Definition (Scope):</b>	
<p>Persons enrolled in the IDD waiver typically reside in residential settings in a group of persons with similar acuity levels and support needs. Companion Services 1:3 is authorized when a person is in a residential setting with two other persons who require companion services and the non-medical assistance and supervision provided under Companion Services can be done so safely, while promoting independence and meeting the Individualized Support Plan (ISP) goals set forth in the Plan of Care at a staffing ratio of 1:3.</p> <p>Companion Services is non-medical assistance and supervision provided in accordance with a person centered Plan of Care. The goal may be related to the person’s safety, promotion of independence, community integration, and/or retirement. Companion services can be used during the day or overnight hours when supervision or non-medical support is needed to ensure the person’s safety.</p> <p>Companion services provide non-medical assistance and supervision to support a person’s goals, desires, and needs as identified in the person’s Individual Support Plan (ISP), and reflected in his or her Person-Centered Thinking and Discovery tools. Goals may be related to the person’s safety, promotion of independence, community integration, and/or retirement. The provider must use the DDS-approved Person-Centered Thinking and Discovery tools to develop a support plan, based upon what has been identified as important to and for the person. For people who receive companion services during waking hours, this should include a flexible list of proposed leisure and recreational activities at home and in the community, based upon the person’s interests.</p> <p>Companion services cannot be provided at the same time as In-Home Supports, Periodic Supported Living, Personal Care Services, Respite, Host Home, and/or Behavioral Supports Non-Professional. Companion services may be provided outside of regular Monday to Friday daytime hours when supervision or other non-medical support is necessary to ensure the person’s safety; provided, however, that companion services may not be used outside of regular Monday to Friday daytime hours in combination with Residential Habilitation or 24-</p>	

Service Title:		Companion 1:3		
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>				
Hour Supported Living or 24-Hour Supported Living with Transportation Services. Additionally, companion services may not exceed forty (40) hours per week when used with Residential Habilitation, 24-Hour Supported Living, and 24-Hour Supported Living with Transportation Services, or when used in combination with Personal Care Services or any other Waiver day or vocational support services, including but not limited to Day Habilitation, Employment Readiness, Supported Employment, Small Group Supported Employment, or Individualized Day Supports as part of a person's traditional Monday to Friday day/vocational programming time.				
Specify applicable (if any) limits on the amount, frequency, or duration of this service:				
Companion Services are available when persons choose not to or are unable to participate in day services.				
Companion services may be paired with In-Home Supports, Periodic Supported Living, and/or Personal Care Services at any time during the 24 hour day. It cannot be provided at the same time as In-Home Supports, Periodic Supported Living, Personal Care Services, Respite, Host Home, and/or Behavioral Supports Non-Professional. Edits for companion services shall be in the Medicaid Management Information system (MMIS) to ensure that there is no duplication or overlap of similar services provided by In-Home Supports, periodic supported living and personal care services.				
Companion services can be used with Residential Habilitation and 24 hour Supported Living services, but only during regular daytime Monday – Friday hours, and may not exceed more than 40 hours per week, in combination with Personal Care Services or any other waiver day or vocational support services. This includes Day Habilitation, Employment Readiness, Supported Employment, Small Group Supported Employment, or Individualized Day Supports.				
This service may be provided in the person's home or in the community.				
The unit of service shall be fifteen (15) minutes of Companion Service provided to the person. The number of units per visit must be indicated on the Plan of Care and the Service Authorization Form. The maximum number of units that can be authorized may not exceed eight (8) hours daily. The amount of time authorized does not include the Companion Worker's transportation time to or from the person's home; or the Companion Worker's break or mealtime.				
Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
				Companion Provider Agency
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
<b>Provider Qualifications</b> (provide the following information for each type of provider):				
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)	

Service Title:		Companion 1:3	
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>			
Companion Provider Agency	N/A	Certified by DDS as a Companion Provider Agency per Provider Certification Review Policy	<p>Provider enrolled to provide services through DDS/DHCF and has current Medicaid agreement.</p> <p>For individual employees, the following requirements apply:</p> <ul style="list-style-type: none"> <li>• Documentation that each employee is eighteen (18) years of age or older;</li> <li>• Documentation that each employee was found acceptable by the individual;</li> <li>• Annual documentation from a physician or other official that the employee is free from communicable disease as confirmed by an annual purified protein derivative of tuberculin (PPD) Skin Test;</li> <li>• Record of completion of competency based training in communication with people with intellectual disabilities;</li> <li>• Record of completion of competency based training in infection control procedures consistent with the requirements of the Occupational Safety and Health Administration, U.S. Department of Labor regulations at 29 CFR 1910. 1030;</li> <li>• A high school diploma or general equivalency development;</li> <li>• Record of completion of competency based training in emergency procedures;</li> <li>• Certification in cardiopulmonary resuscitation (CPR) and First Aid;</li> <li>• Training needed to address the unique support needs of the individual as detailed in their Plan of Care; and</li> <li>• Record of criminal background check consistent with the requirements of the Health-Care Facility Unlicensed Personnel Criminal Background Check Act of 1998, effective April 20, 1999 (D.C. Law 12-238), as amended by the Health-Care Facility Unlicensed Personnel Criminal Background Check Amendment Act of</li> </ul>

Service Title: Companion 1:3			
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>			
			2002, effective April 13,2002 (D.C. Law 14-98; D.C. Official Code, 44-551 et seq.).
<b>Verification of Provider Qualifications</b>			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
Companion Provider Agency	DDS		Initially and Annually Thereafter
<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/> Provider managed



<sup>i</sup> Numerous changes that the state may want to make may necessitate authority outside of the scope of section 1915(c) authority. States interested in changes to administrative claiming or changes that require section 1115 or section 1135 authority should engage CMS in a discussion as soon as possible. Some examples may include: (a) changes to administrative activities, such as the establishment of a hotline; or (b) suspension of general Medicaid rules that are not addressed under section 1915(c) such as payment rules or eligibility rules or suspension of provisions of section 1902(a) to which 1915(c) is typically bound.