

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.ⁱ 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: Iowa

B. Waiver Title(s):

Iowa Children's Mental Health Waiver; Iowa HCBS AIDS Waiver; Iowa HCBS Elderly Waiver; Iowa HCBS Intellectual Disabilities Waiver; Iowa HCBS - Brain Injury (BI) Waiver; Iowa HCBS Health and Disability Waiver

C. Control Number(s):

IA.0213.R06.09
IA.0299.R05.09
IA.0819.R02.09
IA.4111.R07.07
IA.4155.R06.07
IA.0242.R06.11

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

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

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.

This Appendix K is in addition to Iowa's previously approved Appendix Ks. It is being submitted to implement an additional flexibility related to temporarily adding a new service Medical Childcare to the HCBS AIDS/HIV, CMHW, BI, ID and HD Waivers. Also, temporarily the adult day care service is being modified to expand the service setting, qualified providers and definition. Effective January 27, 2020, through no later than six months after the expiration of the PHE, 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. lack of available services, etc.).

F. Proposed Effective Date: Start Date: 1/27/20 **Anticipated End Date:** Six months after the expiration of the PHE.

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, statewide, 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. ___ 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]

iii. X 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. X Temporarily modify provider qualifications (for example, expand provider pool, temporarily modify or suspend licensure and certification requirements).

i. X Temporarily modify provider qualifications.

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

Modifying the providers qualified to deliver Adult Day Care, see Section A.

ii. X Temporarily modify provider types.

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

Modifying the provider type that may deliver Adult Day Care, See Section A

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. ___ 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.]

g. ___ 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.]

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]

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.]

j. ___ 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.]

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. ___ 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]

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]*:
- 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: LeAnn
Last Name: Moskowitz
Title: Program Manager
Agency: Iowa Department Health and Human Services, Iowa Medicaid
Address 1: 1305 East Walnut Street
Address 2: Click or tap here to enter text.
City: Des Moines
State: Iowa
Zip Code: 50319
Telephone: 515-321-8922
E-mail: lmoskow@dhs.state.ia.us@dhs.state.ia.us
Fax Number: 515-725-1360

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

First Name: Jennifer
Last Name: Steenblock
Title: Federal Compliance Officer
Agency: Iowa Medicaid Enterprise
Address 1: 1305 East Walnut Street
Address 2: Click or tap here to enter text.
City: Des Moines
State: Iowa
Zip Code: 50319
Telephone: 515-782-1509
E-mail: jsteenb@dhs.state.in.us
Fax Number: 515-725-1360

8. Authorizing Signature

Signature: /S/

Date: 8/26/2022

State Medicaid Director or Designee

First Name: Elizabeth
Last Name: Matney
Title: Medicaid Director
Agency: Iowa Medicaid Enterprise
Address 1: 1305 East Walnut Street
Address 2: Click or tap here to enter text.
City: Des Moines
State: Iowa
Zip Code: 50319
Telephone: 515-256-4640
E-mail: ematney@dhs.state.ia.us
Fax Number: 515-725-1360

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).

Service Specification			
Service Title:	Medical Day Care for Children – New – Temporary Service		
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>			
Service Definition (Scope):			
<p>This service provides for the supervision and support of children residing in their family home who, because of their complex medical or complex behavioral needs require specialized exceptional care that cannot be served in the traditional childcare settings. The need for the service must be medically necessary and verified in writing by the child's health care professional and documented in the child's service plan.</p> <p>A unit of service is 15 minutes.</p> <p>The rate is the provider's rate not to exceed \$9.67 per 15 min unit</p> <p>Specify applicable (if any) limits on the amount, frequency, or duration of this service:</p> <p>The service shall be identified in the member's individual comprehensive plan. This service is limited to medically fragile children and children with complex behavioral health needs and may not be used to provide services that are the responsibility of the parent or guardian. The services are provided outside periods when the child is in school. Specialized childcare services shall not be simultaneously reimbursed with other residential or respite services, HCBS BI or ID Waiver supported community living services, EPSDT, or HCBS nursing, or Medicaid or HCBS home health aide services. The services under medical day care services are limited to additional services not otherwise covered under the state plan, including EPSDT, but consistent with waiver objectives of avoiding institutionalization.</p>			
Provider Specifications			
Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/> Agency. List the types of agencies:
			Child Care Facility Home Health Agency Respite care providers certified under the Intellectual Disability or Brain Injury waivers. SCL Providers certified under the Brain Injury or Intellectual Disability Waivers Home Care Agency
Specify whether the service may be provided by <i>(check each that applies):</i>		Legally Responsible Person	Relative/Legal Guardian
Provider Qualifications <i>(provide the following information for each type of provider):</i>			
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
Agency - Respite care providers certified under the Intellectual Disability or Brain Injury waivers		Respite care providers certified by the department HCBS Quality Oversight Unit under the Intellectual Disability or Brain Injury waivers as part of	Specialized Childcare providers shall meet the following conditions: Providers shall maintain the following information that shall be updated at least annually: -The member's name, birth date, age, and address and the telephone number of the guardian or primary caregiver. - An emergency medical care release. - Emergency contact telephone numbers such as

		<p>Iowa Administrative Code 447-77.37 and 77.39.</p> <p>Other Standard (specify):</p> <p>Application for 1915(c) HCBS Waiver:</p> <p>IA.0242.R06.01 - Apr 01, 2020 (as of Apr 01, 2020) Page 73 of 336</p> <p>08/</p>	<p>the number of the member's physician and the guardian, or primary caregiver. -The member's medical issues, including allergies. -The member's daily schedule which includes the member's preferences in activities or foods or any other special concerns. Procedures shall be developed for the dispensing, storage, authorization, and recording of all prescription and nonprescription medications administered. Home health agencies must follow Medicare regulations for medication dispensing. All medications shall be stored in their original containers, with the accompanying physician's or pharmacist's directions and label intact.</p> <p>Policies shall be developed for: -Notifying the parent, guardian, or primary caregiver of any injuries or illnesses that occur during service provision. A guardian's or primary caregiver's signature is required to verify receipt of notification. -Requiring the parent, guardian or primary caregiver to notify the service provider of any injuries or illnesses that occurred prior to service provision. - Documenting activities and times of service provision. This documentation shall be made available to the parent, guardian or primary caregiver upon request. -Ensuring the safety and privacy of the individual. Policies shall at a minimum address threat of fire, tornado, or flood and bomb threats. Specialized child care provided outside the member's home must be approved by the parent, guardian or primary caregiver and the interdisciplinary team and must be consistent with the way the location is used by the general public.</p>
Agency – Home Health Agency		<p>In accordance with IAC 441-Chapter 77: home health agencies are eligible to participate with Iowa Medicaid provided they are certified to participate in the Medicare program (Title XVII of the Social Security Act sections 1861(o) and 1891). These sections establish the conditions that an HHA must meet in order to participate in Medicare.</p>	Same as above
Agency Home Care		Eligible Home care	Same as above

Agency		agencies are those that meet the conditions set forth in Iowa Administrative Code 441--77.33(4). a. Certified as a home health agency under Medicare, or b. Authorized to provide similar services through a contract with the department of public health (IDPH) for local public health services. The agency must provide a current IDPH local public health services contract number. (at this time, the IDPH is no longer contracting for homemaker services.)	
Supported Community Living Providers certified under the Brain Injury or Intellectual Disability Waivers		Providers certified by the Department's Home and Community Based Services Quality Oversight Unit to provide Supported Community Living under the Intellectual Disability or Brain Injury Waiver as described in IAC 441 Chapters 77.37 and 77.39.	Same as above
Child Care Facility		Child Care Facilities that are defined as child care centers, preschools, or child development homes registered pursuant to 441 IAC chapter 110.	Same as above

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Agency - Respite care providers certified under the Intellectual Disability or Brain Injury waivers	Iowa Department of Health and Human Services, Iowa Medicaid, Provider Services Unit	Every 4 years
Agency – Home Health Agency	Iowa Department of Health and Human Services, Iowa Medicaid, Provider Services Unit	Every 4 years
Agency Home Care	Iowa Department of Health and Human Services,	Every 4 years

Agency	Iowa Medicaid, Provider Services Unit			
Supported Community Living Providers certified under the Brain Injury or Intellectual Disability Waivers	Iowa Department of Health and Human Services, Iowa Medicaid, Provider Services Unit		Every 4 years	
Child Care Facility	Iowa Department of Health and Human Services, Iowa Medicaid, Provider Services Unit		Every 4 years	
Service Delivery Method				
Service Delivery Method (check each that applies):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
	<input type="checkbox"/>		<input type="checkbox"/>	
Service Title:	Adult Day Care - Temporary Modification			
Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:				
Service Definition (Scope):				
<p>Adult day care services provide an organized program of supportive care in a group or individual environment to persons who need a degree of supervision and assistance on regular or intermittent basis in a day care center or in the home due to the absence of the primary caregiver. Supports provided during day care would be protective oversight, supervision, ADLs and IADLs. Included are personal cares (i.e.: ambulation, toileting, feeding, medications), behavioral support, or intermittent health-related cares, not otherwise paid under other waiver or state plan programs.</p> <p>When services are provided to an individual member within their home, the unit of service is a 15 min unit and the rate is the provider's rate not to exceed \$9.67 per 15 min unit.</p> <p>When services are provided in a licensed adult day care center, a unit of service is 15 minutes (up to four units per day), a half day (1.25 to 4 hours per day), a full day (4.25 to 8 hours per day), or an extended day (8.25 to 12 hours per day), and the rate is the providers adult day care rate not to exceed the upper payment limit in rule.</p>				
Specify applicable (if any) limits on the amount, frequency, or duration of this service:				
Provider Specifications				
Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
				Adult Day Care Agencies Respite Care Providers certified under the Brain Injury or Intellectual Disability Waiver Home Health Agency Home Care Agency Supported Community Living Providers
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
Provider Qualifications (provide the following information for each type of provider):				
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)	
Agency - Adult Day Care	Adult day service providers that are certified by the		(1) At least 18 years of age. (2) Qualified by training as required by the DIA, the ADC licensing entity.	

	department of inspections and appeals under 481—Chapter 70.		<p>(3) Not the spouse or guardian of the member or a parent or stepparent of a member aged 17 or under.</p> <p>(4) Not the recipient of respite services paid through home- and community-based services on behalf of a member who receives home- and community-based service.</p> <p>The adult day service agency is responsible for ensuring that criminal background and abuse registry checks are conducted prior to direct service provision</p>
Agency - Respite Care providers certified under the Brain Injury or Intellectual Disability or waivers		Respite Care providers certified by the department HCBS Quality Oversight Unit under the Intellectual Disability or Brain Injury waivers as part of Iowa Administrative Code 447-77.37 and 77.39.	Same as above
Agency – Home Health Agency		In accordance with IAC 441-Chapter 77: home health agencies are eligible to participate with Iowa Medicaid provided they are certified to participate in the Medicare program (Title XVII of the Social Security Act sections 1861(o) and 1891). These sections establish the conditions that an HHA must meet in order to participate in Medicare.	Same as above
Agency Home Care Agency		Eligible Home care agencies are those that meet the conditions set forth in Iowa Administrative Code 441--77.33(4). a. Certified as a home health agency under Medicare, or b. Authorized to provide similar services through a contract with the department	Same as above


		of public health (IDPH) for local public health services. The agency must provide a current IDPH local public health services contract number. (at this time, the IDPH is no longer contracting for homemaker services.)	
Supported Community Living Providers certified under the Brain Injury or Intellectual Disability Waivers		Providers certified by the Department's Home and Community Based Services Quality Oversight Unit to provide Supported Community Living under the Intellectual Disability or Brain Injury Waiver as described in IAC 441 Chapters 77.37 and 77.39.	Same as above

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Agency – Adult Day Care	Iowa Department of Health and Human Services, Iowa Medicaid, Provider Services Unit	Every 4 years
Agency - Respite care providers certified under the Intellectual Disability or Brain Injury waivers	Iowa Department of Health and Human Services, Iowa Medicaid, Provider Services Unit	Every 4 years
Agency – Home Health Agency	Iowa Department of Health and Human Services, Iowa Medicaid, Provider Services Unit	Every 4 years
Agency Home Care Agency	Iowa Department of Health and Human Services, Iowa Medicaid, Provider Services Unit	Every 4 years
Supported Community Living Providers certified under the Brain Injury or Intellectual Disability Waivers	Iowa Department of Health and Human Services, Iowa Medicaid, Provider Services Unit	Every 4 years

Service Delivery Method

Service Delivery Method (check each that applies):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
	<input type="checkbox"/>		<input type="checkbox"/>	



ⁱ 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.