

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.¹ 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 HCBS Intellectual Disabilities Waiver; Iowa HCBS - Brain Injury (BI) Waiver

C. Control Number(s):

- IA.0242.R06.04
- IA.0299.R05.04

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.

Iowa is submitting a second Appendix K request to address the COVID-19 public health emergency, adding to the first Appendix K amendment that was approved by CMS on March 31, 2020. This second request makes two changes to the existing approved Appendix K language (which continues to be effective): 1) amends the service definition of Supported Community Living (SCL) as detailed in Section A for the Iowa HCBS Intellectual Disabilities Waiver and the Iowa HCBS - Brain Injury (BI) Waiver; 2) amends the service definition of Residential Based Supported Community Living (RBSCL) as detailed in Section A for the Iowa HCBS Intellectual Disabilities Waiver. This amendment will apply waiver-wide for each waiver included in this Appendix, to all individuals receiving SCL on either waiver or RBSCL on the Intellectual Disabilities Waiver impacted by the virus or the response to the virus. Bold text indicates new language being added by this submission.

F. **Proposed Effective Date: Start Date:** January 27, 2020 **Anticipated End Date:** no later than six months after the expiration of the PHE.

G. **Description of Transition Plan.**

H. **Geographic Areas Affected:**

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

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. ___ 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. ___ 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: Brian
Last Name: Wines
Title: Program Manager
Agency: Iowa Department of 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: 515-321-6218
E-mail: bwines@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 IA
Zip Code 50319
Telephone: 515- 782-1509
E-mail jsteenb@dhs.state.ia.us
Fax Number 515-725-1360

8. Authorizing Signature

Signature: /S/

Date: 5/11/2022

State Medicaid Director or Designee

First Name: Elizabeth
Last Name Matney
Title: Medicaid Director
Agency: 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: 515-256-4640
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:	Supported Community Living (SCL)
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope):	<p>Supported community living services are provided by the provider within the member’s home and community, according to the individualized member need as identified in the service plan. Available components of the service are personal and home skills training services, individual advocacy services, community skills training services, personal environment support services, transportation, and treatment services. Definitions of the components are as follows:</p> <p>Personal and home skills training services are those activities which assist a member to develop or maintain skills for self-care, self-directedness, and care of the immediate environment. This generally does not include academics; however, effective August 31, 2021 to six months after the end of the PHE, for members receiving daily SCL, health and safety supports and services required to maintain a member’s involvement in online education or e-learning provided in the member’s home are included for members ages 17-21 living independently outside of the family home and participating in secondary education. Health and safety supports to maintain a member’s successful participation in online education or e-learning include assistance with personal care and adaptive skill development with direct supervision (i.e. following the online or e-learning schedule, turning on the computer, logging onto the virtual classroom, logging onto the online curriculum, redirection to participate in online learning, understanding directions, logging off, providing reminders for assignments, understanding assignment directions and timelines). Direct supervision requires maintaining a direct line of sight to ensure supports are readily available and provided when needed and that the basic health and safety needs of the member are attended to.</p> <p>Individual advocacy services means the act or process of representing the individual’s rights and interests in order to realize the rights to which the individual is entitled and to remove barriers to meeting the individual’s needs.</p> <p>Community skills training services means activities which assist a person to develop or maintain skills allowing better participation in the community. Services shall focus on the following areas as they are applicable to individuals being served:</p> <ol style="list-style-type: none"> 1. Personal management skills training services are activities which assist a person to maintain or develop skills necessary to sustain oneself in the physical environment and are essential to the management of one’s personal business and property. This includes self-advocacy skills. Examples of personal management skills are the ability to maintain a household budget; plan and prepare nutritional meals; ability to use community resources such as public transportation, libraries, etc., and ability to select foods at the grocery store. 2. Socialization skills training services are those activities which assist a member to develop or maintain skills which include self-awareness and self-control, social responsiveness, community participation, social amenities, and interpersonal skills.

Service Specification

Service Title: Supported Community Living (SCL)

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

3. Communication skills training services are activities which assist a person to develop or maintain skills including expressive and receptive skills in verbal and nonverbal language and the functional application of acquired reading and writing skills.

Personal and environmental support services means activities and expenditures provided to or on behalf of a person in the areas of personal needs in order to allow the person to function in the least restrictive environment.

The cost of transportation services is provided through the tiered rate fee schedule funding. Transportation services are used to conduct business errands and essential shopping, travel to and from work or day programs, and to assist the person to travel from one place to another to obtain services or carry out life's activities. Transportation, the waiver service, is not available to members accessing daily SCL services.

Treatment services means activities designed to assist the person to maintain or improve physiological, emotional and behavioral functioning and to prevent conditions that would present barriers to a person's functioning. Treatment services include physical or physiological treatment and psychotherapeutic treatment.

1. Physiological treatment means activities including medication regimens designed to prevent, halt, control, relieve, or reverse symptoms or conditions which interfere with the normal functioning of the human body. The activities shall be provided by or under the supervision of a health care professional certified or licensed to provide the treatment activity specified.

2. Psychotherapeutic treatment means activities provided to assist a person in the identification or modification of beliefs, emotions, attitudes, or behaviors in order to maintain or improve the person's functioning in response to the physical, emotional, and social environment.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

A unit of service is:

(1) One full calendar day when a member residing in the living unit receives on-site staff supervision for 8 or more hours per day as an average over a 30 days and the member's individual comprehensive plan or case plan identifies and reflects the need for this amount of supervision. Daily SCL services are reimbursed by a tiered rate fee schedule based on a member's assessed need.

(2) 15 minute units when subparagraph (1) does not apply. 15 minute unit reimbursement amounts cannot exceed the fee schedule caps published in the Iowa Administrative Code 41-77.79(1)

For daily SCL, providers are reimbursed using a tiered rate fee schedule. The cost of all transportation, excluding NEMT transportation, is included in the daily SCL unit rate. The specific member support needs must be identified in the member's service plan and the provider must maintain records to support the expenditures.

The maximum number of units available per member is as follows:

(1) 365 daily units per state fiscal year except a leap year when 366 daily units are available.

(2) 20,440 15 minute units are available per state fiscal year except a leap year when 20,496 15 minute units are available.

The service shall be identified in the members individual comprehensive plan.

Services shall not be simultaneously reimbursed with other residential services, HCBS ID respite, Medicaid or HCBS ID nursing, or Medicaid or HCBS ID home health aide services.

The individual budget limit will be based on the member's authorized service plan and the need for the services available to be converted to the CCO budget.

Provider Specifications

Service Specification

Service Title:		Supported Community Living (SCL)			
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>					
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:	
	<input type="checkbox"/>			Certified Supported Community Living Providers	
	<input type="checkbox"/>			Licensed Foster Care	
	<input type="checkbox"/>			Foster Family Home Subcontractors	
	<input type="checkbox"/>				
Specify whether the service may be provided by <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative/Legal Guardian	
Provider Qualifications <i>(provide the following information for each type of provider):</i>					
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>		
Certified Supported Community Living Providers		Providers certified by the HCBS Quality Oversight Unit to provide Supported Community Living pursuant to Iowa Administrative Code 441 - 77.37 and 77.39.			
Licensed Foster Care	Providers of services meeting the definition of foster care shall also be licensed by the department according to applicable 441— Chapters 108, 112, 114, 115, and 116.				
Foster Family Home Subcontractors	Providers of service may employ or contract with individuals meeting the definition of foster family homes to provide supported community living services. These individuals shall be licensed according				

Service Specification				
Service Title:	Supported Community Living (SCL)			
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>				
	to applicable 441— Chapters 112 and 113.			
Verification of Provider Qualifications				
Provider Type:	Entity Responsible for Verification:		Frequency of Verification	
Certified Supported Community Living Providers	Iowa Department of Human Services, Iowa Medicaid Enterprise, Provider Services Unit		Every four years	
Licensed Foster Care	Iowa Department of Human Services, Iowa Medicaid Enterprise, Provider Services Unit		Every four years	
Foster Family Home Subcontractors	Iowa Department of Human Services, Iowa Medicaid Enterprise, Provider Services Unit		Every four years	
Service Delivery Method				
Service Delivery Method <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
	<input type="checkbox"/>		<input type="checkbox"/>	

Service Specification

Service Title: Residential Based Supported Community Living (RBSCL)

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

Service Definition (Scope):

Residential-based supported community living services are medical or remedial services provided to children under the age of 18 while living outside their home in a residential-based living environment furnished by the residential based supported community living service provider. The services eliminate barriers to family reunification or develop self-help skills for maximum independence.

a. Allowable service components are the following:

- (1) Daily living skills development. These are services to develop the child's ability to function independently in the community on a daily basis, including training in food preparation, maintenance of living environment, time and money management, personal hygiene, and self-care.
- (2) Social skills development. These are services to develop a child's communication and socialization skills, including interventions to develop a child's ability to solve problems, resolve conflicts, develop appropriate relationships with others, and develop techniques for controlling behavior.
- (3) Family support development. These are services necessary to allow a child to return to the child's family or another less restrictive service environment. These services must include counseling and therapy sessions that involve both the child and the child's family at least 50 percent of the time and that focus on techniques for dealing with the special care needs of the child and interventions needed to alleviate behaviors that are disruptive to the family or other group living unit.
- 4) Counseling and behavior intervention services. These are services to halt, control, or reverse stress and social, emotional, or behavioral problems that threaten or have negatively affected the child's stability. Activities under this service include counseling and behavior intervention with the child, including interventions to ameliorate problem behaviors.

b. Residential-based supported community living services must also address the ordinary daily-living needs of the child, excluding room and board, such as needs for safety and security, social functioning, and other medical care. **Effective August 31, 2021 to six months after the end of the PHE, this includes provision of health and safety services as well as support to and interaction with the individual simultaneous to the individual's online education or e-learning time. Health and safety supports to maintain a member's successful participation in online education or e-learning include assistance with personal care and adaptive skill development with direct supervision (i.e. following the online or e-learning schedule, turning on the computer, logging onto the virtual classroom, logging onto the online curriculum, redirection to participate in online learning, understanding directions, logging off, providing reminders for assignments, understanding assignment directions and timelines). Direct supervision requires maintaining a direct line of sight to ensure supports are readily available and provided when needed and that the basic health and safety needs of the member are attended to.**

c. Residential-based supported community living services do not include services associated with vocational needs, academics (**with the exception of health and safety supports and services required to maintain the member's active involvement in online education or e-learning provided in the member's home**), day care, Medicaid case management, other case management, or any other services that the child can otherwise obtain through Medicaid. The services under the Intellectual Disability Waiver, including the RBSCL service, are limited to additional services not otherwise covered under the state plan, including EPSDT, but consistent with the waiver objectives of avoiding institutionalization. The member's case manager is responsible for assuring state plan services, including EPSDT, are appropriately authorized in the member's services plan as needed.

d. Room and board costs are not reimbursable as residential-based supported community living services.

e. The scope of service shall be identified in the child's service plan pursuant to 441—paragraph 77.37(23)“d.”

Service Specification

Service Title: Residential Based Supported Community Living (RBSCL)

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

f. Residential-based supported community living services shall not be simultaneously reimbursed with other residential services provided under an HCBS waiver or otherwise provided under the Medicaid program.

The cost of transportation services is provided through the tiered rate fee schedule funding and is used to conduct business errands and essential shopping, travel to and from work or day programs, and to reduce social isolation. Transportation, the waiver service, is not available to members accessing RBSCL services. Transportation to and from school are not reimbursable under the RBSCL service.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

A unit of service is a day. The maximum number of units of residential-based supported community living services available per child is 365 daily units per state fiscal year, except in a leap year when 366 daily units are available.

The services under the Intellectual Disabilities Waiver, including RBSCL services, are limited to additional services not otherwise covered under the state plan, including EPSDT, but consistent with waiver objectives of avoiding institutionalization.

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:
	<input type="checkbox"/>		<input type="checkbox"/>	Residential Care Facility for persons with Intellectual Disabilities (RCF/ID)
	<input type="checkbox"/>		<input type="checkbox"/>	Foster Care
	<input type="checkbox"/>		<input type="checkbox"/>	Certified Supported Community Living Providers
	<input type="checkbox"/>		<input type="checkbox"/>	

Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative/Legal Guardian
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Provider Qualifications *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
RCF/ID	Agencies licensed by the department as residential facilities for intellectually disabled children under Iowa Administrative Code 441—Chapter 116.		Meet the standards in IAC 77.37(23) for Residential-based supported community living service providers.
Foster Care	Agencies licensed by the department as group living		Meet the standards in IAC 77.37(23) for Residential-based supported community living service providers.

Service Specification				
Service Title:	Residential Based Supported Community Living (RBSCL)			
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>				
	foster care facilities under Iowa Administrative Code 441—Chapter 114.			
Certified Supported Community Living Providers		Providers certified by the HCBS Quality Oversight Unit to provide Supported Community Living pursuant to Iowa Administrative Code 441 - 77.37.	Meet the standards in IAC 77.37(23) for Residential-based supported community living service providers.	
Verification of Provider Qualifications				
Provider Type:	Entity Responsible for Verification:		Frequency of Verification	
RDF/ID	Iowa Department of Human Services, Iowa Medicaid Enterprise, Provider Services Unit		Every four years	
Foster Care	Iowa Department of Human Services, Iowa Medicaid Enterprise, Provider Services Unit		Every four years	
Certified Supported Community Living Providers	Iowa Department of Human Services, Iowa Medicaid Enterprise, Provider Services Unit		Every four years	
Service Delivery Method				
Service Delivery Method <i>(check each that applies):</i>		Participant-directed as specified in Appendix E	X	Provider managed

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.