

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 Children’s Mental Health Waiver; Iowa HCBS AIDS Waiver; Iowa HCBS Elderly Waiver; Iowa HCBS Intellectual Disabilities Waiver; Iowa HCBS Waiver for Persons w/Physical Disabilities; Iowa HCBS - Brain Injury (BI) Waiver; Iowa HCBS Health and Disability Waiver

C. Control Number(s):

- IA.0213.R05.05
- IA.0242.R06.02
- IA.0299.R05.02
- IA.0345.R04.03
- IA.0819.R02.02
- IA.4111.R07.02
- IA.4155.R06.02

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

<input checked="" type="checkbox"/>	Pandemic or Epidemic
<input type="checkbox"/>	Natural Disaster
<input type="checkbox"/>	National Security Emergency
<input type="checkbox"/>	Environmental
<input type="checkbox"/>	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.

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.)

F. Proposed Effective Date: Start Date: January 27, 2020 **Anticipated End Date:** January 26, 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 waivers 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]

For the Iowa HCBS Intellectual Disabilities Waiver, Iowa proposes to remove the annual cost limit for respite services during the COVID-19 emergency. Additionally, for all applicable waivers, Iowa proposes to remove the limitation on respite being provided for children while parents, or primary caregivers, are working from home in order to relieve pressure created by work, school, and daycare closures during the COVID-19 emergency.

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. X 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]:

The State proposes to allow HCBS settings to be expanded as follows, if necessary and appropriate, during the COVID-19 emergency:

- Allowing HCBS to be provided in ICF/ID and other facility settings when the individual is quarantined within the facility due to COVID – 19 or when ICF/ID or facility placement is appropriate due to community provider limitation to provide services and for the health and safety of the member due to COVID-19. The State ensures that HCBS provided in facility settings will not duplicate services regularly provided by the facility.
- Allowing direct care provider’s homes to be authorized settings – subject to IME approval through an exception to policy request after all other options have been exhausted
- Allowing direct care providers to move into member’s homes – subject to IME approval through an exception to policy request after all other options have been exhausted
- Lifting the existing limitation on 5 person homes to no longer designate an upper limit. Providers will be allowed to consolidate members into homes, with this allowance limited by the home’s capacity.

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. X 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.]

Communication and personal care may be rendered by consumer directed attendant care (all waivers except CMH) and supported community living (Intellectual Disabilities and Brain Injury Waivers) providers in an acute-care hospital or short-term institutional stay when the waiver participant is displaced from home because of COVID-19 and such supports are not otherwise available in these settings. Supplemental services provided in the hospital or other institutional placement can only be provided for up to 30 consecutive days.

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.]

Not applicable for the Children's Mental Health (CMH) Waiver.

For all other waivers, the State proposes that retainer payments may be made for the following services when a member is unable to receive normally authorized and scheduled services due to hospitalization, short term facility stay, isolation, or closure of a service line for any of the services listed below of no more than 30 days related to the COVID-19 emergency:

- AIDS Waiver; Elderly Waiver; Health and Disability Waiver – retainer payments may be made pursuant to the paragraph above for Adult Day Care and Consumer Directed Attendant Care.
- Physical Disabilities Waiver – retainer payments may be made pursuant to the paragraph above for Consumer Directed Attendant Care.
- Intellectual Disabilities Waiver - retainer payments may be made pursuant to the paragraph above for Adult Day Care, Consumer Directed Attendant Care, Day Habilitation, Prevocational Services, and Supported Employment.
- Brain Injury Waiver – retainer payments may be made pursuant to the paragraph above for Adult Day Care, Consumer Directed Attendant Care, Prevocational Services, and Supported Employment.

The State assures that all of the service categories identified for which retainer payments may be authorized, including Supported Employment and Prevocational Services, are services that include personal care.

k. X 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.]

The State proposes to add home-delivered meals, companion, and homemaker services to available self-directed services under all waivers as indicated in Section A. The State will ensure adequate participant safeguards are in place as the State has set forth in Appendix E of each of its currently approved HCBS waivers.

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]:*

Completion of initial Level of Care and annual continued stay review assessments

- 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 Enterprise
Address 1: 611 5th Ave
Address 2: Click or tap here to enter text.
City Des Moines
State Iowa
Zip Code 50309
Telephone: (w)515-256-4661 (c) 515-306-2716
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: 611 5th Avenue
Address 2: Click or tap here to enter text.
City: Des Moines
State: IA
Zip Code: 50315
Telephone: 515- 256-4636
E-mail: JSTEENB@dhs.state.ia.us
Fax Number: 515-725-1360

8. Authorizing Signature

Signature:

Date: 03/27/2020

_____/S/_____
State Medicaid Director or Designee

First Name: Mike
Last Name: Randol
Title: Medicaid Director
Agency: Iowa Medicaid Enterprise
Address 1: 611 5th Ave
Address 2: Click or tap here to enter text.
City: Des Moines
State: Iowa
Zip Code: 50309
Telephone: 515-256-4621
E-mail: mrandol@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: Home Delivered Meals will be added to all waivers that do not already include this service with the exception of the Children’s Mental Health Waiver

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

Service Definition (Scope):

Home delivered meals are meals prepared elsewhere and delivered to a waiver member's residence. Each meal shall ensure the member receives a minimum of one third of the daily recommended dietary allowance as established by the Food and Nutrition Board of the National of the National Research Council of the National Academy of Sciences.

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

A maximum of 14 meals is allowed per week; no more than 2 meals will be provided per day. A unit of service is a meal. Services will be included in the member’s care plan and monitored by the service worker.

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
				Home Health Agencies
				Nursing Facilities
				Community Action Agencies
				Area Agencies on Aging
				Medical Equipment and Supply Dealers
				Home Care Agencies
				Hospitals
				Restaurants
				Subcontractor with Area Agencies on Aging
			Assisted Living Facilities	

Specify whether the service may be provided by *(check each that applies):*

<input checked="" 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>
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<p>Home Health Agency</p>		<p>a. Certified as a home health agency under Medicare, or b. Authorized to provide similar services through a contract with the Iowa department of public health (IDPH) for local public health services. The agency must provide a current IDPH local public health services contract number.</p>	
<p>Home Care Agency</p>		<p>a. Certified as a home health agency under Medicare, or b. Authorized to provide similar services through a contract with the Iowa department of public health (IDPH) for local public health services. The agency must provide a current IDPH local public health services contract number.</p>	
<p>Restaurants</p>	<p>Licensed and inspected under Iowa Code Chapter 137F.</p>		

Hospitals	Enrolled as a Medicaid Provider as described in IAC 441 Chapter 77.3. All hospitals licensed in the state of Iowa or in another state and certified as eligible to participate in Part A of the Medicare program are eligible to participate but may be subject to the additional requirements of the rule.		
Assisted Living Facility		Assisted living programs that are certified by the Department of Inspections and Appeals under 481—Chapter 69.	Contracting agencies are responsible to ensure that the contractor is qualified and reliable. Case managers or community based case managers are responsible to monitor service provision to ensure services are provided in a safe and effective manner.
Subcontractor with Area Agencies on Aging			Home-delivered meals providers subcontracting with area agencies on aging or with letters of approval from the Area Agencies on Aging stating the organization is qualified to provide home-delivered meals services.
Community Action Agency		Community action agencies as designated in Iowa Code section 216A.93.	Contracting agencies are responsible to ensure that the contractor is qualified and reliable. Service workers are responsible to monitor service provision to ensure services are provided in a safe and effective manner.
Nursing Facility	Licensed pursuant to Iowa Code Chapter 135C and qualifying for Medicaid enrollment as described in IAC 441 Chapter 81.		
Area Agencies on Aging			Area agencies on aging as designated according to department on aging rules IAC 17—4.4(231).

Medical Equipment and Supply Dealers		Medical equipment and supply dealer certified to participate in the Medicaid program as defined by IAC 441 Chapter 77.10. All dealers in medical equipment and appliances, prosthetic devices and medical supplies in Iowa or in other states are eligible to participate in the program.	
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Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Home Health Agency	Iowa Department of Human Services, Iowa Medicaid Enterprise, Provider Services Unit	Every four years
Home Care Agency	Iowa Department of Human Services, Iowa Medicaid Enterprise, Provider Services Unit	Every four years
Restaurants	Iowa Department of Human Services, Iowa Medicaid Enterprise, Provider Services Unit	Every four years
Hospitals	Iowa Department of Human Services, Iowa Medicaid Enterprise, Provider Services Unit	Every four years
Assisted Living Facility	Iowa Department of Human Services, Iowa Medicaid Enterprise, Provider Services Unit	Every four years
Subcontractor with Area Agencies on Aging	Iowa Department of Human Services, Iowa Medicaid Enterprise, Provider Services Unit	Every four years
Community Action Agency	Iowa Department of Human Services, Iowa Medicaid Enterprise, Provider Services Unit	Every four years
Nursing Facility	Iowa Department of Human Services, Iowa Medicaid Enterprise, Provider Services Unit	Every four years
Area Agencies on Aging	Iowa Department of Human Services, Iowa Medicaid Enterprise, Provider Services Unit	Every four years
Medical Equipment and Supply Dealers	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>	X	Participant-directed as specified in Appendix E	X	Provider managed



Service Specification

Service Title:	Companion services will be added to all waivers that do not already include this service with the exception of the Children’s Mental Health Waiver
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Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

Service Definition (Scope):

Non-medical care supervision, oversight, and respite. Companions may assist with such tasks as meal preparations, laundry, shopping and light housekeeping tasks. This service cannot provide hands on nursing or medical care.

This service cannot be duplicative of any other service under the state plan or waiver. The case manager, CBCM, or integrated health home care coordinator is responsible for authorizing the service and ensures that companion services do not coincide with similar services, such as respite, homemaker or chore. In addition, the case manager, CBCM, or integrated health home care coordinator is responsible to ensure that each provider understands the scope and timeframes for authorized tasks.

The State proposes to allow this service as an option to replace supported community living and consumer directed attendant care services that are unavailable if there is a shortage of providers or providers are not able to deliver goal directed services.

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

Services must be authorized in the service plan and monitored by the Case Manager

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
		Corporation for National and Community Services		Supported Community Living
				Respite
				Consumer Directed Attendant Care
				Day Habilitation
				Senior companion

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
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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>
Senior companion			Per IAC 441 – CH 77
SCL			Per IAC 441 – CH 77
Respite			Per IAC 441 – CH 77
CDAC			Per IAC 441 – CH 77
Day Habilitation			Per IAC 441 – CH 77

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:		Frequency of Verification	
Corporation for National and Community Services	Iowa Department of Human Services, Iowa Medicaid Enterprise, Provider Services Unit		Every four years	
Supported Community Living	Iowa Department of Human Services, Iowa Medicaid Enterprise, Provider Services Unit		Every four years	
Respite	Iowa Department of Human Services, Iowa Medicaid Enterprise, Provider Services Unit		Every four years	
Consumer Directed Attendant Care	Iowa Department of Human Services, Iowa Medicaid Enterprise, Provider Services Unit		Every four years	
Day Habilitation	Iowa Department of Human Services, Iowa Medicaid Enterprise, Provider Services Unit		Every four years	
Senior Companion	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"/>	
	<input type="checkbox"/>		<input type="checkbox"/>	

Service Specification

Service Title:	Homemaker services will be added to all waivers that do not already include this service with the exception of the Children’s Mental Health Waiver
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Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

Service Definition (Scope):

Homemaker services are services that are provided when the member lives alone or when the person who usually performs these functions for the member needs assistance with performing the functions. Components of the service are directly related to the care of the members and may include: essential shopping, limited house cleaning and meal preparation. Services cannot be duplicative of another service. The Case Manager is responsible for monitoring service provision on an ongoing basis.

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

A unit of service is 15 minutes. The members' plan of care will address how the member's health care needs are being met. Services must be authorized in the service plan to be monitored by the Case Manager.

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
		any individual who contracts with the member		Home Health Agencies
				CDAC agency

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
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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>
Home Health Agencies		Home health agencies are eligible to participate provided they are certified to participate with the Medicare program (Title XVIII of the Social Security Act sections 1861(o) and 1891).	
CDAC agency			Per IAC 441- CH 77

<p>any individual who contracts with the member</p>			<p>All personnel providing self-directed homemaker service shall:</p> <ol style="list-style-type: none"> (1) Be at least 18 years of age. (2) Be able to communicate successfully with the member. (3) Not be the recipient of respite services paid through home- and community-based services on behalf of a member who receives home- and community-based services. (4) Not be the recipient of respite services paid through the consumer choices option on behalf of a member who receives the consumer choices option. <p>The provider of self-directed homemaker shall:</p> <ol style="list-style-type: none"> (1) Prepare timecards or invoices approved by the department that identify what services were provided and the time when services were provided. (2) Submit invoices and timesheets to the financial management service no later than 30 calendar days from the date when the last service in the billing period was provided. Payment shall not be made if invoices and timesheets are received after this 30-day period. (3) Individuals and businesses providing services and supports shall have all the necessary licenses required by federal, state and local laws and regulations.
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Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Home Health Agency	The Department of Human Services, Iowa Medicaid Enterprise, Provider Services Unit	Every four years
any individual who contracts with the member	The Department of Human Services, Iowa Medicaid Enterprise, Provider Services Unit performs all background checks in collaboration with the FMS provider.	Background checks performed prior to service for each individual when chosen as an employee
CDAC agency	The 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>	X	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.