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: Idaho

B. Waiver Title(s): Developmental Disabilities Waiver

C. Control Number(s): ID.0076.R06.04

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

◉	**Pandemic or Epidemic**
○	**Natural Disaster**
○	**National Security Emergency**
○	**Environmental**
○	**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.

F. Proposed Effective Date(s):

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 waiver to all individuals impacted by the COVID-19 virus.

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

Information on Idaho's Disaster Plan is available at the following website: coronavirus.idaho.gov.

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. ☑ Services:

i. ☑ 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]

1. Limitation on Amount of Supported Employment Services. The state may allow participants to exceed service limitation for Community Supported Employment in combination with developmental therapy and adult day health as set forth in Appendix C-1 Service Specification. A service plan addendum must be submitted to the Department with an explanation of how services in excess of the limitation will ensure the health and safety of the participant during the COVID-19 Pandemic. The Department will process plan addendums on an expedited basis and approved services will be prior authorized.

2. Limitation on Amount of Adult Day Health Services. The state may allow participants to exceed service limitation for Adult Day Health in combination with developmental therapy as set forth in Appendix C-1 Service Specification. A service plan addendum must be submitted to the Department with an explanation of how services in excess of the limitation will ensure the health and safety of the participant during the COVID-19 Pandemic. The Department will process plan addendums on an expedited basis and approved services will be prior authorized.

3. Prospective Individual Budget Amounts (as described in Appendix C-4-a). The state will allow costs in excess of a participant's Prospective Individual Budget Amount when excess costs are a result of temporarily increased payment rates, and/or additional/modified services required to address health and safety issues presented by the COVID-19 Pandemic.

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 respite rate]:

Alternate Settings for Community Support Services (Participant-Direction). The state may allow community support workers to provide Community Support Services in a home, community, or a developmental disability agency's day facility regardless of the setting identified on the participant's plan. When providing Community Support Services in an alternate setting, the participant's record (maintained by the community support worker) must include documentation of the alternate service location and confirm the location was changed in response to the COVID-19 Pandemic.

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.]

1. Modification of Direct Care Staff Training Requirements. The state may allow newly hired direct care staff to begin rendering services prior to completing the training requirements specified in the "Other Standards" of the "Provider Specifications for Service" found in Appendix C-3 for each waiver service. Direct care staff training requirements must be completed within 30 days of first rendering services. To support informed decision-making, the provider must advise the participant and legal guardian that the direct care staff has not completed the applicable training prior to rendering services.

2. Modification of Criminal History and Background Check Requirements. The state may allow newly hired direct care staff to begin rendering services under the following conditions and prior to completing a criminal history and background check as specified in Appendix C-2-a through C-2-b, and the "Other Standards" of the "Provider Specifications for Service" found in Appendix C-3 for each waiver service:

- The Criminal History Background Check application must be submitted prior to rendering services.
- The provider must access the iCourts online system (https//:mycourts.idaho.gov) to complete a search of any criminal convictions or outstanding warrants associated with the direct care staff. An attestation that this search was conducted prior to the direct care staff rendering care must be included with the employee's file.
- To support informed decision-making, the provider must advise the Medicaid participant or legal guardian that the direct care staff has not completed the criminal history and background check prior to rendering services.
- Providers must immediately terminate any direct care staff upon notification of a failed criminal history and background check and assign a new direct care staff person to the participant.

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]

See modifications requested in item 5 of the COVID-19 Pandemic Response Addendum.

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.]

The Department will implement temporary rate changes specified below to maintain a stable workforce and preserve significantly impacted HCBS provider networks. The increased rates were established by comparing utilization during the initial weeks of the COVID-19 Pandemic to utilization during the first two months of 2020. The services experiencing the most significant drops in utilization were allocated a relative portion of available funds.

The following services provided by Community Supported Employment Agencies, Developmental Disabilities Agencies, and Adult Day Health Agencies may be reimbursed at the specified COVID-19 rates through the specified end dates:

Code	Service Title	Standard Rate per 15-min Unit	COVID-19 Rate per 15-min Unit	End Date
H2023	Supported Employment	$5.25	$6.21	June 30, 2020
S5100	Adult Day Health	$1.50	$2.12	October 22, 2020

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.]

Modifications to Participant's Annual Service Plan. When paid or unpaid support services become unavailable as a result of the COVID-19 Pandemic (e.g. a family member who normally takes care of a participant is hospitalized for COVID-19, a day habilitation facilities close, or schools close) the state may allow substitution services (or increased hours of existing services) to ensure the health and safety of the participant during the COVID-19 Pandemic. A service plan addendum must be submitted to the Department with an explanation of what services are no longer available and how the substitute services/increased hours will ensure the health and safety of the participant during the COVID-19 Pandemic. The Department will process plan addendums on an expedited basis and approved substitution services/increased hours will be prior 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.]

The state may allow residential habilitation providers and community support workers (for participant-direction) to provide services in an acute care hospital during the COVID-19 Pandemic, when the services are:

1. Identified in an individual's person-centered service plan;
2. Provided to meet needs of the individual that are not met through the provision of hospital services; and
3. Not a substitute for services that the hospital is obligated to provide through its conditions of participation or under Federal or State law, or under another applicable requirement.

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]

1. Modification of Reporting Requirements and Related Quality Assurance Data Collection. 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.

2. Modifications to Termination of Participant Enrollment. The state will not terminate a participant's waiver enrollment during the Public Health Emergency (PHE), for reasons including (but not limited to) failure to complete an independent assessment (initial or redetermination), failure to complete an annual service plan, or failure to meet the eligibility criteria specified in Appendix B.

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]:*

The following waiver services (not already specified above) may be delivered via electronic methods if the service can be safely and effectively delivered via electronic methods, and fully meets the code definition when provided via electronic methods:

1. Respite Services;
2. Supported Employment Services;
3. Financial Management Services;
4. Support Broker Services;
5. Adult Day Health Services;
6. Behavior Consultation / Crisis Management;
7. Community Support Services;
8. Skilled Nursing; and
9. Transition 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:	Karen
Last Name	Westbrook
Title:	Medicaid Program Policy Analyst – Adult Developmental Disabilities Program
Agency:	Idaho Department of Health and Welfare – Division of Medicaid
Address 1:	3232 Elder Street
City	Boise
State	Idaho
Zip Code	83705
Telephone:	208-364-1960
E-mail	karen.westbrook@dhw.idaho.gov
Fax Number	N/A

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

First Name:	Matt
Last Name	Wimmer
Title:	Medicaid Administrator
Agency:	Idaho Department of Health and Welfare – Division of Medicaid
Address 1:	3232 Elder Street
City	Boise
State	Idaho
Zip Code	83705
Telephone:	208-364-1831
E-mail	matt.wimmer@dhw.idaho.gov
Fax Number	N/A

8. Authorizing Signature

Signature: **Date: 6/18/2020**

_____/S/_____
State Medicaid Director or Designee

First Name:	*Robin*
Last Name	*Butrick*
Title:	Policy Coordinator
Agency:	Idaho Department of Health and Welfare – Division of Medicaid
Address 1:	3232 Elder Street
City	Boise
State	Idaho
Zip Code	83705
Telephone:	208-364-1836
E-mail	robin.butrick@dhw.idaho.gov
Fax Number	N/A

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:	Homemaker
Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:	
Service Definition (Scope)**:**	
Homemaker services consist of performing for the participant, or assisting them with, or both, the following tasks: essential errands, meal preparation, laundry, and other routine housekeeping duties if there is no one else in the household capable of performing these tasks.	
Specify applicable (if any) limits on the amount, frequency, or duration of this service:	
This service will not be authorized for dates of service after October 22, 2020.	

Provider Specifications				
Provider Category(s) *(check one or both)***:**	☐	Individual. List types:	☑	Agency. List the types of agencies:
				Developmental Disabilities Agency
				Residential Habilitation Agency
Specify whether the service may be provided by *(check each that applies):*	☐	Legally Responsible Person	☑	Relative/Legal Guardian

Provider Qualifications (*provide the following information for each type of provider*):

Provider Type:	License *(specify)*	Certificate *(specify)*	Other Standard *(specify)*
Developmental Disabilities Agency		Developmental Disabilities Agency (DDA) certificate as described in IDAPA 16.03.21	
Residential Habilitation Agency		Certificate as described in IDAPA 16.04.17 and 16.03.705	

Verification of Provider Qualifications		
Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Developmental Disabilities Agency	Idaho Department of Health and Welfare	• At initial provider agreement or renewal • At least every three years, and as needed based on service monitoring concerns
Residential Habilitation Agency	Idaho Department of Health and Welfare	• At initial provider agreement or renewal • At least every three years, and as needed based on service monitoring concerns

Service Delivery Method				
Service Delivery Method *(check each that applies)*:	☐	Participant-directed as specified in Appendix E	☑	Provider managed

Service Specification					
Service Title:	Home Delivered Meals				
Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:					
Service Definition (Scope)**:**					
Meals which are designed to promote adequate participant nutrition through the provision and home delivery of one (1) to two (2) meals per day. Home delivered meals are limited to participants who: a. Rent or own their own home; b. Are alone for significant parts of the day; c. Have no regular caretaker for extended periods of time; and d. Are unable to prepare a meal without assistance. Additionally, Home Delivered meals may be authorized for participants who demonstrate a health or safety need for Home Delivered Meals during the COVID-19 Pandemic. A service plan addendum must be submitted to the Department with an explanation of why Home Delivered Meals are needed during the COVID-19 Pandemic. The Department will process plan addendums on an expedited basis and approved services will be prior authorized.					
Specify applicable (if any) limits on the amount, frequency, or duration of this service:					
Provider Specifications					
Provider Category(s) *(check one or both)***:**	☐	Individual. List types:	☑	Agency. List the types of agencies:	
				Home Delivered Meals Provider	
Specify whether the service may be provided by *(check each that applies):*	☐	Legally Responsible Person	☑	Relative/Legal Guardian	
Provider Qualifications (*provide the following information for each type of provider*):					
Provider Type:	License *(specify)*	Certificate *(specify)*	Other Standard *(specify)*		

Home Delivered Meals Provider			Providers must be a public agency or private business and must be capable of: a. Supervising the direct service; b. Providing assurance that each meal meets one-third (1/3) of the recommended daily allowance, as defined by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences; c. Delivering the meals in accordance with the plan for care, in a sanitary manner and at the correct temperature for the specific type of food; d. Maintaining documentation that the meals served are made from the highest USDA grade for each specific food served; and e. Being inspected and licensed as a food establishment by the District Health Department.

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Home Delivered Meals Provider	Department of Health and Welfare	At least every two years.

Service Delivery Method				
Service Delivery Method *(check each that applies)*:	☐	Participant-directed as specified in Appendix E	☑	Provider managed

Service Specification	
Service Title:	Personal Emergency Response System

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

Service Definition (Scope)**:**

PERS is an electronic device that enables waiver participants to secure help in an emergency. The participant may also wear a portable "help" button to allow for mobility. The system is connected to the participant's phone and programmed to signal a response center once a "help" button is activated. The response center is staffed by trained professionals.

This service is limited to participants who:
a. Rent or own their home, or live with unpaid caregivers;
b. Are alone for significant parts of the day;
c. Have no caretaker for extended periods of time; and
d. Would otherwise require extensive routine supervision.

Additionally, a PERS may be authorized for participants who demonstrate a health or safety need for a PERS during the COVID-19 Pandemic. A service plan addendum must be submitted to the Department with an explanation of why a PERS is needed during the COVID-19 Pandemic. The Department will process plan addendums on an expedited basis and approved services will be prior authorized.

Installation of a personal emergency response system is provided as a billable service to Medicaid. Maintenance and upkeep is furnished by the supplier.

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

Provider Specifications				
Provider Category(s) *(check one or both)***:**	☐	Individual. List types:	☑	Agency. List the types of agencies:
				Personal Emergency Response System Provider

Specify whether the service may be provided by *(check each that applies):*	☐	Legally Responsible Person	☑	Relative/Legal Guardian

Provider Qualifications (*provide the following information for each type of provider)*:

Provider Type:	License *(specify)*	Certificate *(specify)*	Other Standard *(specify)*
Personal Emergency Response System Provider			Providers must demonstrate that the devices installed in waiver participants' homes meet Federal Communications Standards or Underwriter's Laboratory standards or equivalent standards.

Verification of Provider Qualifications		
Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Personal Emergency Response System Provider	Department of Health and Welfare	At least every two years.

Service Delivery Method				
Service Delivery Method *(check each that applies)*:	☐	Participant-directed as specified in Appendix E	☑	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.