

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: Idaho

B. Waiver Title(s): Aged and Disabled Waiver

C. Control Number(s): ID.1076.R06.08

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.

COVID-19 Pandemic. This amendment will apply waiver-wide for the waiver included in this Appendix only, to all individuals impacted by the virus or the response to the virus. The purpose of this amendment is to request to extend the end date of the previously approved Appendix K.

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F. Proposed Effective Date(s):

Start Date: January 27, 2020. Anticipated End Date: Six (6) months after the end of the Federal Public Health Emergency (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 to all individuals impacted statewide 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 public 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]

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]:

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.]

The state may allow the following changes to provider qualifications:

- Allow newly hired direct care staff to begin rendering services under the following conditions and prior to completing a criminal history 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.
- 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.

These modifications have been communicated to providers via [Medicaid Information Release MA20-15 COVID-19 Guidance for A&D Waiver and PCS](#) posted on the Medicaid website at: <https://healthandwelfare.idaho.gov/Portals/0/Providers/Medicaid/MA2015.pdf>. Information sent to providers is as follows:

1. Criminal History Background Checks. Newly hired direct care staff may begin rendering services prior to a completed criminal history background check under the following conditions:

- The Criminal History Background Check application must be submitted prior to rendering services. The application is available at <http://chu.dhw.idaho.gov>.
- The provider must access the [iCourt](#) online system 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. Instructions for how to complete this search and an attestation template can be found on the Bureau of Long Term Care Provider Webpage.
- Providers must advise the Medicaid participant or legal guardian that the direct care staff has not completed the Criminal History and Background Check to support informed decision-making. Participants may choose to decline receiving services from any direct care worker whose background check is still processing.
- Providers must immediately terminate any direct care worker upon notification of a failed Criminal History Background Check and assign a new direct care worker to the participant.

2. Direct Care Staff Training Requirements. Newly hired direct care staff may begin rendering services prior to completing the training requirements associated with the provider’s agency type or service array. Appropriate training as outlined in Idaho Administrative Code (IDAPA), the Medicaid Provider Agreement Additional Terms, or the Skills Matrix (as applicable) must be completed within thirty (30) days of first rendering services. The provider must advise the Medicaid participant or legal guardian that the direct care staff has not yet completed the applicable training to support informed decision-making.

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]

Modification of Face-to-Face Requirements. The state may modify the face-to-face requirement as described in B-6.f. for all assessments.

Level of care evaluations, re-evaluations, and significant change requests may be completed using telehealth options (such as telephone, web or video conference) as long as the participant is able to access the telehealth method(s) in accordance with HIPAA requirements. The participant may choose the telehealth option of their choice for these assessments.

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 state will implement the temporary rate change specified below to maintain a stable workforce and preserve significantly impacted HCBS provider networks. The rate increase was implemented to help retain the provider pool. The rate increase was established by comparing utilization during the COVID-19 Pandemic to prior utilization. The services experiencing the most significant drops in utilization were allocated a relative portion of available funds.

Agencies providing Adult Day Health may be reimbursed at the specified COVID-19 rate indicated below. The Department will continue to monitor utilization of the service to determine an appropriate end date for the COVID-19 rate.

Code	Service Title	Standard Rate per 15-min Unit	COVID-19 Rate per 15-min Unit	COVID-19 Rate End Date
S5100	Adult Day Health	\$1.50	\$2.12	No later than the expiration of this amendment.

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.]

Modification of Service Plan Development Process (Appendix D.1-d). The state will allow participants to choose to complete in-person service plan development meetings typically held in their home via telehealth in accordance with HIPAA requirements. The state will also allow signatures via electronic formats (such as PDF/Word document electronic signatures) for all service plan and service delivery verifications.

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]

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. Modification of Compliance and Oversight Activities (Appendix C1-C3). The state will allow providers to conduct routine compliance and oversight activities by telephone or telehealth in accordance with HIPAA regulations for routine supervisory visits that would otherwise be required to happen onsite.

3. Modification to Participant Eligibility Requirements (Appendix B). Participants on the Aged and Disabled Waiver will not lose their program status if they do not receive home and community-based services for a period of thirty (30) days or longer. The state will conduct monthly monitoring of the individual when services are furnished on a less than monthly basis.

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]*:

Modification of Attendant Care Service Delivery Requirements (Appendix C1-C3). The state may allow Attendant Care Providers to deliver prompting and cueing activities via telehealth options (such as telephone, web or video conference) provided the participant is able to access the telehealth method(s). The participant may choose the telehealth option of their choice as long as it is in accordance with HIPAA requirements.

- 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.

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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: Jennifer
Last Name Pinkerton
Title: Medicaid Program Policy Analyst – Aged and Disabled Waiver 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) 287-1171
E-mail Jennifer.Pinkerton@dhw.idaho.gov
Fax Number (208) 332-7283

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 Division 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 (208) 332-7283

8. Authorizing Signature

Signature:

Date: 2/4/2021


_____/S/_____
State Medicaid Director or Designee

First Name: Michael
Last Name Case
Title: Medicaid Policy Program Manager
Agency: Idaho Department of Health and Welfare – Division of Medicaid
Address 1: 3232 Elder Street
City Boise
State Idaho
Zip Code 83705
Telephone: (208) 364-1878
E-mail Michael.Case@dhw.idaho.gov
Fax Number (208) 332-7283

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:					
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>					
Service Definition (Scope):					
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 type="checkbox"/>	Agency. List the types of agencies:
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)		
Verification of Provider Qualifications					
Provider Type:	Entity Responsible for Verification:			Frequency of Verification	
Service Delivery Method					
Service Delivery Method (check each that applies):	<input type="checkbox"/>	Participant-directed as specified in Appendix E			<input type="checkbox"/> 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.