

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):

Aged and Disabled Waiver

C. Control Number(s):

ID.1076.R06.09

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 modify the provisions related to temporarily increasing payment rates (Appendix K-2-f).

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.

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.]

Proposed Effective Dates

Start Date: April 1, 2021.

Anticipated End Date: Six months after the end of the Federal Public Health Emergency (PHE).

Home and community-based providers that provided certain HCBS services between July 1, 2018 through March 31, 2021 and are currently enrolled and in good standing with Medicaid shall receive a temporary, one-time lump-sum increase to any regular provider rate reimbursement based on submitted claims otherwise received from the Division of Medicaid for home and community-based services. The lump-sum payment funded by the American Rescue Plan 10% FMAP increase for the period April 1, 2021 through March 31, 2022 shall not exceed the provider's claim expenditures during the "HCBS Program Improvement Period" defined by ARPA section 9817. The lump-sum funding payment will be available to HCBS providers as outlined and appropriated in House Bill 382 (2021), or until funds appropriated for this purpose are expended, not to exceed the end date of the Appendix K. This increase shall be used solely for temporary pay increases or bonuses for direct care workers subject to guidance from CMS and federal limitations for the funds.

Each payment to provider is based on historical expenditures from July 1, 2018 – March 31, 2021, with payments dependent on the provider maintaining the specific service in the most current rating year during the "HCBS Program Improvement Period." To calculate the lump-sum payment, Idaho Medicaid calculated the total expenditures per unique procedure codes, count of providers billing the unique procedure code by NPI, and total expenditures for all procedure codes. This ARP HCBS HB382 payment is voluntary for providers. Eligible providers must sign an attestation letter agreeing to the terms and conditions of the payment prior to issuance of the lump-sum payment.

Definitions:

- **Anticipated Payment:** The proposed state directed lump sum payment. Based on methodology of percentage of historical expenditures, provider claim expenditures, and House Bill 382 allocation to Idaho Medicaid. (See below for example of methodology and payment calculation)
- **Attestation Letter:** Statement of acknowledgement for eligible providers to sign, affirming the understanding of limitations of lump-sum payment. Required by House Bill 382 (2021).
- **Bonuses:** An amount of dollars given to a direct care worker on top of their regular earnings.
- **Direct Care Workers:** Individuals employed or contracted by HCBS providers/entities to provide "hands-on" care and services to an enrolled Idaho Medicaid participant.
- **Eligible Providers:** Individuals/entities that currently bill Idaho Medicaid through fee-for-service.
- **Good Standing:** Providers/Organizations not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from receiving funding by a federal or state government entity.
- **Historical Expenditures/HCBS Expenditures:** The amount Idaho Medicaid spent on HCBS services for Idaho Medicaid participants for the period July 1, 2018 through March 31, 2021 to inform the anticipated lump-sum payment to providers.
- **House Bill 382 (2021):** State legislative requirements for Idaho Medicaid and Idaho Medicaid providers in the appropriation and distribution of ARP HCBS funding. Bill restricts ARP HCBS funding to be used for direct care worker wage increases and bonuses.
- **Lump-sum payment (ARP HCBS H382 payment):** The voluntarily, state directed payment made in addition to established provider rate reimbursement. The payment is separate and distinct from rates, and based on historical expenditures.
- **New Providers:** Individuals or entities with a newly signed contract to provide HCBS services to Idaho Medicaid participants between July 1, 2019 through March 31, 2021.

- Procedure Code Expenditure [Data]: The sum of all providers' claims expenditures for the unique service/care rendered to an Idaho Medicaid participant. (See below for example).
- Procedure Code Percentage: The calculation used to inform a piece of the lump-sum payment/anticipated payment. The percentage is calculated by dividing the unique procedure code by the total HCBS expenditures. (See below for example).
- Provider's Claim Expenditures: The amount Idaho Medicaid reimbursed/paid the individual/entity for healthcare and related activities for care/services to Idaho Medicaid participants in a 12-month period.
- SFY 2019 Base: Starting point for historical total of HCBS providers and expenditures to inform the ARP HCBS H382 lump-sum payment to eligible providers. State Fiscal Year 2019 for Idaho Medicaid is the period July 1, 2018 through June 30, 2019.
- Specific Service: Provider/Organization delivering home and or community-based care tied back to a billed procedure code. (e.g. Residential Assisted Living Facility providing Adult Day Health or Personal Assistance Agency providing Chore Services to Idaho Medicaid participant(s)).
- Temporary Pay Increases: An amount of dollars in addition to a direct care worker's base salary and does not become a part of the direct care worker's base salary. When funding expires or anticipated provider payment from ARP HCBS funding is exhausted, the temporary pay increase may be withdrawn.
- Total Expenditures: The amount Idaho Medicaid spent on healthcare and related activities for care/services to Idaho Medicaid participants for the period of July 1, 2018 through March 31, 2021.

Steps:

- 1: Idaho collects FFS and MCO HCBS procedure code expenditure data from July 1, 2018 through June 30, 2019 for currently active providers. Active defined as currently providing services during the "HCBS Program Improvement Period" defined by ARPA section 9817. This is SFY 2019 base.
- 2: Idaho collects FFS and MCO HCBS procedure code expenditure data from SFY 2020 to add new providers and add procedure codes from existing providers (if applicable) to SFY 2019 base.
- 3: Idaho collects FFS and MCO HCBS procedure code expenditure data from July 1, 2020 through March 31, 2021 to add new providers and add procedure codes from existing providers (if applicable) to SFY 2019 base.
- 4: Steps 1 – 3 will complete the adjusted base expenditures for HCBS services to determine the total HCBS expenditures and total procedure code expenditures for all providers (FFS and MCO).
- 5: Each procedure code total will be divided by the total expenditure to identify an overall percent of HCBS expenditures per procedure code.
- 6: The procedure code percentage will be multiplied by \$78M to determine the allocation of HB382.
- 7: The provider's procedure code expenditures will be divided by the total procedure code expenditures to get a percentage.
- 8: The provider's procedure code expenditure percentage calculated in Step 7 will be multiplied by the allocation of HB382 for that procedure code (from Step 6).
- 9: The provider's anticipated payment will be calculated per procedure code and totaled for a lump-sum payment.

Example:

HCBS Provider A: bills to procedure codes 0421, S5120, S5125

HCBS Provider B: bill to procedure code S5125

HCBS Total Expenditures, all procedure codes: \$647,274,560.74

HCBS Total Expenditures, procedure code 0421: \$1,953,253.91

HCBS Total Expenditures, procedure code S5120: \$199,693.10
HCBS Total Expenditures, procedure code S5125: \$13,829,782.53

Provider A:

Provider Total Expenditures, procedure code 0421: \$25,752.41
Provider Total Expenditures, procedure code S5120: \$100.25
Provider Total Expenditures, procedure code S5125: \$661,192.34

0421: $(\$25,752.41 / \$1,953,253.91) = (1.31\%) * (\$237,377.00) = \$3,103.30$
S5120: $(\$100.25 / \$199,693.10) = (0.05\%) * (\$24,064.00) = \$12.08$
S5125: $(\$661,192.34 / \$13,829,782.53) = (4.78\%) * (\$1,667,557.00) = \$79,676.94$
Provider A Lump Sum: \$82,792.32

Provider B:

Provider Total Expenditures, procedure code S5125:
S5125: $(\$124,935.78 / \$13,829,782.53) = (0.90\%) * (\$1,667,557.00) = \$15,055.38$
Provider B Lump Sum: \$15,055.38

Specific 1915(c) aged and disabled waiver (ID.1076) services that are eligible for the supplemental payment with procedure codes:

- Adult Day Health (S5100)
- Adult Residential Care (S5140)
- Attendant Care (S5125)
- Chore Services (S5120)
- Companion Services (S5135)
- Consultation (S5115)
- Day Habilitation (T2021)
- Home Delivered Meals (S5170)
- Homemaker Services (S5130)
- Residential Habilitation (H2015/H2016/H2020/H2022)
- Respite Care (T1005/S9125)
- Skilled Nursing (T1001/T1002/T1003)
- Supported Employment (H2023)
- Transition Services (T2038)

Note: This Appendix K submission is requesting approvals for fee-for-service activities and providers only. Although managed care providers do bill these services, the state is working with the MCO TA group on approvals for the state-directed payment option and working on a 438.6(c) preprint. The Appendix K is not intended to get approval on any MCO activities or payments.

8. Authorizing Signature

Signature:

Date: 01/18/2022

/S/

State Medicaid Director or Designee

First Name: *Juliet*

Last Name *Charron*

Title: Medicaid Administrator

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