

# 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.<sup>i</sup> 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: Indiana \_\_\_\_\_

B. Waiver Title(s): The Aged & Disabled (A&D) and the Traumatic Brain Injury (TBI)

C. Control Number(s): IN.0210.R06.08 & IN.4197.R04.06

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 is additive to the previously approved Appendix K amendments. 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.) This amendment includes the following changes:

1. Effective 7/01/2021, 3.9% rate increase for Assisted Living providers;
2. Effective 1/1/2022 through 6/30/2022, Temporary COVID-19 related assisted living expenses.
3. Effective 8/01/2021, expand self-direct options for Home Care service to 46260 and 46143-zip codes; Additionally, have an option to include foster children who are under the oversight of a separate state agency,
4. Delay the submission of 372 reporting, quality reporting for evidence & other data not H&W;
5. Increase flexibility for impaired hearing participants within the specialized medical equipment and supplies service.

**F. Proposed Effective Date: Start Date:** March 1, 2020 **Anticipated End Date:** 6 months after the end of the federal 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 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. \_\_\_ Services

##### i. X Temporarily modify service scope or coverage.

[Complete Section A- Services to be Added/Modified During an Emergency.]

##### ii. \_\_\_ Temporarily exceed service limitations (including limits on sets of services as described in Appendix C-4) or requirements for amount, duration, and prior authorization to address health and welfare issues presented by the emergency.

[Explanation of changes]

Modify Specialized Medical Equipment & Supplies to allow interpreter services to the hearing impaired as needed. See Section A for details.

##### iii. \_\_\_ Temporarily add services to the waiver to address the emergency situation (for example, emergency counseling; heightened case management to address emergency needs; emergency medical supplies and equipment; individually directed goods and services; ancillary services to establish temporary residences for dislocated waiver enrollees; necessary technology; emergency evacuation transportation outside of the scope of non-emergency transportation or transportation already provided through the waiver).

[Complete Section A-Services to be Added/Modified During an Emergency]

**iv. \_\_\_ Temporarily expand setting(s) where services may be provided (e.g. hotels, shelters, schools, churches). Note for respite services only, the state should indicate any facility-based settings and indicate whether room and board is included:**

[Explanation of modification, and advisement if room and board is included in the respite rate]:

**v. \_\_\_ Temporarily provide services in out of state settings (if not already permitted in the state's approved waiver). [Explanation of changes]**

**c. \_\_\_ Temporarily permit payment for services rendered by family caregivers or legally responsible individuals if not already permitted under the waiver.** Indicate the services to which this will apply and the safeguards to ensure that individuals receive necessary services as authorized in the plan of care, and the procedures that are used to ensure that payments are made for services rendered.

**d. \_\_\_ Temporarily modify provider qualifications (for example, expand provider pool, temporarily modify or suspend licensure and certification requirements).**

**i. \_\_\_ Temporarily modify provider qualifications.**

[Provide explanation of changes, list each service affected, list the provider type, and the changes in provider qualifications.]

**ii. \_\_\_ Temporarily modify provider types.**

[Provide explanation of changes, list each service affected, and the changes in the provider type for each service].

**iii. \_\_\_ Temporarily modify licensure or other requirements for settings where waiver services are furnished.**

[Provide explanation of changes, description of facilities to be utilized and list each service provided in each facility utilized.]

e. \_\_\_ Temporarily modify processes for level of care evaluations or re-evaluations (within regulatory requirements). [Describe]

f. X 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.]

Assisted Living reimbursement rates will increase effective July 1, 2021, by 3.9%, through the end of the Appendix K authority, six months after the end of the PHE. Please see the table below.

	Daily	Daily	Monthly	Monthly
Assisted Living Service	Previous	Effective 7/01/2021	Previous	Effective 07/01/2021
Level 1	\$72.52	\$75.35	\$2,153.84	\$2,237.90
Level 2	\$80.52	\$83.68	\$2,391.44	\$2,485.30
Level 3	\$93.20	\$96.85	\$2,768.04	\$2,876.45

In addition to the increase outlined above, the Assisted living reimbursement rates will also have a temporary 4.6% increase effective January 1, 2022. Please see the table below.

	Daily	Daily	Monthly	Monthly
Assisted Living Service	Increase Above	Effective 1/1/2022 through 6/30/2022	Increase Above	Effective 1/1/2022 through 6/30/2022
Level 1	\$75.35	\$78.82	\$2,237.90	\$2,340.96
Level 2	\$83.68	\$87.53	\$2,485.30	\$2,599.65
Level 3	\$96.85	\$101.31	\$2,876.45	\$3,008.91

This temporary increase is related to increased pandemic costs. These costs are for increased infection control methods such as additional cleaning protocols and PPE for staff; additional cost related to the delivery of food (not for the food itself or the preparation of food) to rooms for individuals who are quarantined, unable, or prefer to not visit a congregate cafeteria or restaurant in the facility; additional staffing, different staffing, shift differentials, sign-on bonuses, and retention payments related to pandemic costs; transportation for COVID-19 testing; screening technology for staff and visitors, and telehealth infrastructure improvement.

g. \_\_\_ Temporarily modify person-centered service plan development process and individual(s) responsible for person-centered service plan development, including qualifications.

[Describe any modifications including qualifications of individuals responsible for service plan development, and address Participant Safeguards. Also include strategies to ensure that services are received as authorized.]

**h. \_\_\_ Temporarily modify incident reporting requirements, medication management or other participant safeguards to ensure individual health and welfare, and to account for emergency circumstances. [Explanation of changes]**

**i. \_\_\_ Temporarily allow for payment for services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay when necessary supports (including communication and intensive personal care) are not available in that setting, or when the individual requires those services for communication and behavioral stabilization, and such services are not covered in such settings.**  
[Specify the services.]

**j. \_\_\_ Temporarily include retainer payments to address emergency related issues.**

[Describe the circumstances under which such payments are authorized and applicable limits on their duration. Retainer payments are available for habilitation and personal care only.]

**k. \_\_\_ Temporarily institute or expand opportunities for self-direction.**

[Provide an overview and any expansion of self-direction opportunities including a list of services that may be self-directed and an overview of participant safeguards.]

Effective August 1, 2021, expand the current Participant Directed Home Care Service beyond its initial geographic limitation to additionally include the 46260 and 46143-zip code. Additionally, include the option for foster children who are under the oversight of a separate state agency in existing and newly added zip-codes. Note the foster parent would only direct the home care service and is not rendering the HCBS funded through the waiver.

**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. \_\_X\_\_ 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]

Effective March 1, 2020, 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.

## Appendix K Addendum: COVID-19 Pandemic Response

### 1. HCBS Regulations

- a. ☐ Not comply with the HCBS settings requirement at 42 CFR 441.301(c)(4)(vi)(D) that individuals are able to have visitors of their choosing at any time, for settings added after March 17, 2014, to minimize the spread of infection during the COVID-19 pandemic.

### 2. Services

- a. ☐ Add an electronic method of service delivery (e.g., telephonic) allowing services to continue to be provided remotely in the home setting for:
  - i. ☐ Case management
  - ii. ☐ Personal care services that only require verbal cueing
  - iii. ☐ In-home habilitation
  - iv. ☐ Monthly monitoring (i.e., in order to meet the reasonable indication of need for services requirement in 1915(c) waivers).
  - v. ☐ Other *[Describe]*:

- b. ☐ Add home-delivered meals
- c. ☒ Add medical supplies, equipment and appliances (over and above that which is in the state plan)
- d. ☐ Add Assistive Technology

### 3. Conflict of Interest: The state is responding to the COVID-19 pandemic personnel crisis by authorizing case management entities to provide direct services. Therefore, the case management entity qualifies under 42 CFR 441.301(c)(1)(vi) as the only willing and qualified entity.

- a. ☐ Current safeguards authorized in the approved waiver will apply to these entities.
- b. ☐ Additional safeguards listed below will apply to these entities.

#### 4. Provider Qualifications

- a. ☐ Allow spouses and parents of minor children to provide personal care services
- b. ☐ Allow a family member to be paid to render services to an individual.
- c. ☐ Allow other practitioners in lieu of approved providers within the waiver. *[Indicate the providers and their qualifications]*

- d. ☐ Modify service providers for home-delivered meals to allow for additional providers, including non-traditional providers.

#### 5. Processes

- a. ☐ Allow an extension for reassessments and reevaluations for up to one year past the due date.
- b. ☐ Allow the option to conduct evaluations, assessments, and person-centered service planning meetings virtually/remotely in lieu of face-to-face meetings.
- c. ☐ Adjust prior approval/authorization elements approved in waiver.
- d. ☐ Adjust assessment requirements
- e. ☐ Add an electronic method of signing off on required documents such as the person-centered service plan.

### Contact Person(s)

#### A. The Medicaid agency representative with whom CMS should communicate regarding the request:

**First Name:** Brian  
**Last Name** Gilbert  
**Title:** Program Administration Manager  
**Agency:** Office of Medicaid Planning and Policy  
**Address 1:** 402 W. Washington St.  
**Address 2:** Room W374  
**City** Indianapolis  
**State** IN  
**Zip Code** 46204  
**Telephone:** 317-233-3340  
**E-mail** brian.gilbert@fssa.in.gov  
**Fax Number** 317-234-5076

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



**First Name:** Jesse  
**Last Name** Wyatt  
**Title:** Deputy Director, Division of Aging  
**Agency:** Indiana Family & Social Services Administration  
**Address 1:** 402 West Washington Street, Room W454  
**Address 2:** Click or tap here to enter text.  
**City** Indianapolis  
**State** Indiana  
**Zip Code** 46204  
**Telephone:** 317-612-4294  
**E-mail** Jesse.wyatt@fssa.in.gov  
**Fax Number** 317-232-2182

## 8. Authorizing Signature

**Signature:**

**Date:** August 6, 2021

\_\_\_\_\_/S/\_\_\_\_\_  
State Medicaid Director or Designee

**First Name:** Allison  
**Last Name** Taylor  
**Title:** Medicaid Director  
**Agency:** Office of Medicaid Planning and Policy  
**Address 1:** 402 W. Washington St.  
**Address 2:** W374, MS 07  
**City** Indianapolis  
**State** IN  
**Zip Code** 46204  
**Telephone:** 317-234-8725  
**E-mail** Allison.taylor@fssa.in.gov  
**Fax Number** 317-234-5076

## **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:	Specialized Medical Equipment & Supplies (SMES)
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope):	

Specialized Medical Equipment and Supplies are medically prescribed items required by the participant's service plan, which assist the participant in maintaining their health, welfare and safety, and enable the participant to function with greater independence in the home. Specialized Medical Equipment provides therapeutic benefits to a participant in need, because of certain medical conditions and/or illnesses. Specialized Medical Equipment primarily and customarily are used to serve a medical purpose and are not useful to a person in the absence of illness or injury. All Specialized Medical Equipment and Supplies must be approved by the waiver program prior to the service being rendered.

- A. Participants requesting authorization for this service through utilization of Home and Community Based Services (HCBS) waivers must first exhaust eligibility of the desired equipment or supplies through Indiana Medicaid State Plan, which may require Prior Authorization (PA). The Division of Aging will deny any provider claim that did not follow the correct Medicaid billing practices.
- There should be no duplication of services between HCBS waiver and Medicaid State Plan; or
  - The refusal of a Medicaid vendor to accept the Medicaid reimbursement through the Medicaid State Plan is not a justification for waiver purchase; or
  - Preference for a specific brand name is not a medically necessary justification for waiver purchase; or
  - Medicaid State Plan often covers like equipment but may not cover the specific brand requested. When this occurs, the participant is limited to the Medicaid State Plan covered service/brand; or
  - Reimbursement is limited to the Medicaid State Plan fee schedule, if the requested item is covered under Medicaid State Plan; or
  - All requests for items to be purchased through a Medicaid waiver must be accompanied by documentation of Medicaid State Plan PA request and decision, if requested item is covered under State Plan.
- B. Requests will be denied if the DA director or designee determines the documentation does not support the service requested.

**ALLOWABLE ACTIVITIES** Justification and documentation is required to demonstrate that the request is necessary in order to meet the participant's identified need(s).

- Lift chairs-The HCBS program will cover the chair. State Plan should be pursued first for prior approval of the lift mechanism.
- Medication Dispensers.
- Toileting and/or incontinence supplies that do not duplicate State Plan Services.
- Slip resistant socks.
- Self-help devices - including over the bed tables, reachers, adaptive plates, bowls, cups, drinking glasses and eating utensils.
- Strollers - when needed because participant's primary mobility device does not fit into the participant's vehicle/mode of transportation, or when the participant does not require the full time use of a mobility device, but a stroller is needed to meet the mobility needs of the participant outside of the home setting.
- Voice active smart devices.
- Interpreter service - provided in circumstances where the interpreter assists the individual in communication during specified scheduled meetings for service planning (e.g., waiver case conferences, team meetings) or for the hearing impaired (see item below for more detail) and is not available to facilitate communication for other service provision.
- Video Remote Interpreting Technology: On-demand service that provides communication between deaf or hard-of hearing persons and hearing persons that are in the same location, utilizing an interpreter by way of a computer with a webcam or a tablet using high-speed data connection.
- Maintenance - limited to \$1,000.00 annually for the repair and service of items that have been provided through a HCBS waiver:

- Requests for service must detail parts cost and labor cost.
- If the need for maintenance exceeds \$500.00, the care manager will work with other available funding streams and community agencies to fulfill the need. If service costs exceed the annual limit, those parts and labor costs funded through the waiver must be itemized clearly to differentiate the waiver service provision from those parts and labor provided through a non-waiver funding source.

Items requested which are not listed above, will be submitted in the service plan and will be reviewed by the State DA Director.

#### SERVICE STANDARDS

Specialized Medical Equipment and Supplies must be of direct medical or remedial benefit to the participant;

All items shall meet applicable standards of manufacture, design and service specifications

#### DOCUMENTATION STANDARDS

Care Manager Documentation Standards:

Responsible to document the need for medical specialized equipment.

Describe the how the equipment is expected to improve the participants quality of ADL.

Collect 2 bids if over \$1,000.00. If 1 bid is obtained the CM must document the date of contact, the provider's name, and why the bid was not obtained from that provider.

Bid must contain warranty information Picture of the equipment State plan denial for the equipment and/or supplies.

Provider Standards:

Date of installation,

Documentation of expense for installation All Documentation standards include the following:

- A. The identified direct benefit or need must be documented within:
  - POC/SERVICE PLAN; and
  - Physician prescription and/or clinical evaluation as deemed appropriate.
- B. Medicaid State Plan Prior Authorization request and the decision rendered, if applicable;
- C. Signed and approved Request for Approval to Authorize Services (RFA);
- D. Signed and approved POC/SERVICE PLAN;
- E. Provider of services must maintain receipts for all incurred expenses related to this service;
- F. Must be in compliance with FSSA and Division specific guidelines and/or policies.

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

Maintenance - limited to \$1,000.00 annually for the repair and service of items that have been provided through a HCBS waiver:

- Requests for service must detail parts cost and labor cost; and
- If the need for maintenance exceeds \$1,000.00, the care manager will work with other available funding streams and community agencies to fulfill the need. If service costs exceed the annual limit, those parts and labor costs funded through the waiver must be itemized clearly to differentiate the waiver service provision from those parts and labor provided through a non-waiver funding source.

#### ACTIVITIES NOT ALLOWED

A. Unallowable items include, but are not limited to the following:

1. hospital beds, air fluidized suspension mattresses/beds;
2. therapy mats;
3. parallel bars;
4. scales;
5. paraffin machines or baths;
6. therapy balls;
7. books, games, toys;
8. electronics - such as CD players, radios, cassette players, tape recorders, television, VCR/DVDs, cameras or film, videotapes and other similar items;
9. computers and software;
10. exercise equipment such as treadmills or exercise bikes;
11. furniture;
12. appliances – such as refrigerator, stove, hot water heater;
13. indoor and outdoor play equipment such as swing sets, swings, slides, bicycles adaptive tricycles, trampolines, play houses, merry-go-rounds;
14. swimming pools, spas, hot tubs, portable whirlpool pumps;
15. adjustable mattresses (such as, but not limited to, Tempur-Pedic), positioning devices, pillows;
16. motorized scooters;
17. barrier creams, lotions, personal cleaning cloths;
18. essential oils
19. totally enclosed cribs and barred enclosures used for restraint purposes;
20. manual wheelchairs;
21. Vehicle modifications.

B. Any equipment or items that can be authorized through Medicaid State Plan;

C. Any equipment or items purchased or obtained by the participant, his/her family members, or other non- waiver providers.

D. The services under specialized medical equipment and supplies are limited to additional services not otherwise covered under the state plan, including EPSDT, but consistent with waiver objectives of avoiding institutionalization.

#### Provider Specifications

Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	X	Agency. List the types of agencies:

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	
<b>Provider Qualifications</b> ( <i>provide the following information for each type of provider</i> ):					
Provider Type:	License ( <i>specify</i> )	Certificate ( <i>specify</i> )	Other Standard ( <i>specify</i> )		
<b>Licensed Home Health Agency</b>	IC 16-27-1		DA approved 455 IAC 2		
<b>FSSA/DA approved SMES Agency</b>	IC 25-26-21; IC 6-2.5-8-1		DA approved 455 IAC 2		
<b>Verification of Provider Qualifications</b>					
Provider Type:	Entity Responsible for Verification:		Frequency of Verification		
<b>All</b>	<b>Division of Aging</b>		<b>Up to three years</b>		
<b>Service Delivery Method</b>					
<b>Service Delivery Method</b> ( <i>check each that applies</i> ):	<input type="checkbox"/>	Participant-directed as specified in Appendix E		<input type="checkbox"/>	Provider managed

<sup>i</sup> Numerous changes that the state may want to make 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; (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.