

APPENDIX K: Emergency Preparedness and Response

Background:

This standalone appendix may be utilized by the state during emergency situations to request amendment to its approved waiver. 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 completed retroactively as needed by the state.

Appendix K-1: General Information

General Information:

A. State: Indiana

B. Waiver Title: Community Integration and Habilitation (CIH)

C. Control Number:

IN.0378.R04.01

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.

1. On March 6, 2020, Indiana Governor Eric Holcomb declared a public health emergency in all 92 Indiana counties. This statewide declaration from the Governor complements President Donald Trump's declaration of a national emergency on March 13, 2020. In response to the emergence and spread of Coronavirus disease (COVID-19) and the serious health risk it poses to Indiana's intellectual and developmental disabilities population living in the community, Indiana Division of Disability and Rehabilitative Services (DDRS) anticipates providers will encounter difficulty delivering CIH waiver services according to current waiver requirements. DDRS seeks temporary amendments to its waiver authority to ensure the health and safety of both individuals receiving and providers delivering CIH waiver services.

2. This waiver amendment is applicable to participants in all 92 Indiana counties as part of the statewide public health emergency. Indiana's CIH waiver serves approximately 20,000 participants throughout the 92 counties. DDRS will rely on case managers and waiver providers as front-line contacts for addressing concerns of waiver participants (and family members). Additionally, case managers and waiver providers will assist waiver participants in developing a plan to continue services to the extent feasible during this public health emergency. DDRS will continue to communicate regularly with case managers and waiver providers with updates on the waiver. DDRS will continue to direct participant and provider general questions about COVID-19 to the ISDH Epidemiology Resource Center.

3. These roles are defined in Appendix A in section A-1 and 2.

4. This Appendix K amendment is additive to the previously approved Appendix K and includes the following:

- Updated to align with services (Community-Based Habilitation, Facility-Based Habilitation, and Day Habilitation) in renewal approved on July 16, 2020 and effective September 1, 2020
- Expanded language in family paid caregiver in redefined circumstances effective September 1, 2020
- Expanded language waiving the 40 hour per week per paid caregiver limitation on family members when existing services on the participant's Person-Centered Individualized Support Plan (PC/ISP) have been interrupted due to circumstances related to COVID-19 effective as of September 1, 2020
- Updated flexibility on potential staff's limited criminal history checks to be initiated prior to hire effective September 1, 2020
- Removed annual level of care assessments timeline extension effective as of September 1, 2020
- Removed delay of requirements for new provider enrollment effective September 1, 2020
- Removed temporary allowances on respite effective September 1, 2020
- Removed allowances under Rent and Food for Unrelated Caregiver effective September 1, 2020
- Expanded language for RHS reimbursement for overnight staff/paid caregiver effective September 1, 2020
- Expanded language for SFC allowances effective September 1, 2020
- Modify SFC visits to require at least one face to face visit effective September 1, 2020

The state is requesting immediate implementation to avoid any adverse effect on participants' health and safety and providers' capacity to deliver services. Should a provider be unable to deliver services during this emergency, another enrolled BDDS approved HCBS Community Integration and Habilitation (CIH) waiver service provider or providers will be authorized immediately, and the participant's service plan will be updated. Providers will be asked to submit monthly reports to

case managers and BDDS of agency or facility temporary closure as well as ongoing efforts to re-start services for participants. Based on the provider reports and Indiana State Department of Health, Indiana BDDS will report on the state of the state monthly, as well. Indiana will report on the status of utilization of services outlined in Appendix K in a format acceptable to CMS.

F. Proposed Effective Date: Start Date: 03/01/2020 Anticipated End Date: 12/31/2020

G. Description of Transition Plan.

Indiana DDRS proposes in this Appendix K to temporarily waive certain service limitations and temporarily expand the possible service settings and provider qualifications. These temporary changes do not relax CIH waiver eligibility criteria and are not expected to result in an increase in waiver participation enrollment.

Indiana DDRS does not anticipate the temporary changes captured in this Appendix K to have any adverse impact on waiver participants either during the effective period of Appendix K or in the transition period back to the current approved CIH waiver. At the expiration of Appendix K, service limitations, service settings and provider qualifications will revert back to the levels found in the currently approved CIH waiver.

H. Geographic Areas Affected:

92 of 92 counties.

https://www.in.gov/fssa/files/Indiana_county_numbers_names.pdf

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

Indiana's State Emergency Operations Plan can be found at:

<https://www.in.gov/isdh/28470.htm>

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]

The 40-hour-per-week per paid caregiver limitation will be temporarily modified to exceed service limitations for:

- Residential Habilitation and Support (RHS) available on the CIH

Under this temporarily modified service allowance, paid caregivers may exceed the 40 hour per week per paid caregiver limit up to the existing approved RHS units on the Plan of Care/Cost Comparison Budget (POC/CCB) for a total of 30 consecutive days per occurrence when existing RHS services on the Person-Centered Individualized Support Plan (PC/ISP) have been interrupted due to the individual and/or current Direct Support Professional having a positive test for COVID-19 or confirmed exposure of COVID-19 effective 9/01. Exceeding the 40-hour rule could be accomplished by one sole paid caregiver providing over 40 hours of services. When applicable, paid caregiver hours would be subject to overtime rules.

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. X 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.

When existing Day Habilitation services on the participant's Person-Centered Individualized Support Plan (PC/ISP) are interrupted due to the individual and/or current Direct Support Professional having a positive test for COVID-19 or confirmed exposure of COVID-19,

- Parent(s), stepparent(s), and legal guardian(s) will temporarily be allowed to provide services (as direct support staff via an existing BDDS approved provider) to minors up to 40 hours per week per paid caregiver but not to exceed the individual's current Plan of Care/Cost Comparison Budget (POC/CCB) approved units who are currently using the following services up to a total of 30 consecutive days per occurrence effective 9/01:
 - Day Habilitation available on the CIH
 - Residential Habilitation and Support (RHS) available on the CIH

In situations where services are being provided to a minor by parents, stepparents and legal guardians, these waiver supports must not be used to supplant or replace services that would otherwise be funded by and the responsibility of another funding source, such as a school district, to provide.

- An adult spouse will temporarily be allowed to provide services to an adult individual in the following services up to 40 hours per week but not to exceed the individual's current Plan of Care/Cost Comparison Budget (POC/CCB) approved units up to a total of 30 consecutive days per occurrence effective 9/01 for the following service:
 - Structured Family Caregiving (SFC) available on the CIH

Temporarily allow for RHS services to be provided by a participant's spouse when existing services on the Person-Centered Individualized Support Plan (PC/ISP) have been interrupted due to the individual and/or current Direct Support Professional having a positive test for COVID-19 or confirmed exposure of COVID-19, limit up to a total of 30 consecutive days per occurrence effective 9/01.

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

i. X Temporarily modify provider qualifications.

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

Explanation of change	Service(s) affected	Provider type	Change in Provider qualifications
Need availability of more staff in a shortened timeframe – Indiana and county criminal background checks prior to hire	All services	All types	<p>BDDS will temporarily accept a copy of a limited criminal history checks conducted through the Indiana Central Repository within the last six (6) months from another entity.</p> <p>Effective September 1, 2020 BDDS will temporarily suspend the requirement for an existing, approved BDDS provider agency to have a <u>completed</u> limited criminal history check from the Indiana central repository for potential staff prior to hire. Instead, the staff member may begin work while the Indiana central repository results are pending, only if the provider has</p> <ul style="list-style-type: none"> • requested the limited criminal history check from the Indiana central repository prior to hire, and • the employee has successfully completed checks through: <ul style="list-style-type: none"> ○ the county level criminal history checks, as required by 460 IAC 6-10-5(c), ○ the ISDH nurse aide registry, as required by 460 IAC 6-10-5(d), and ○ the OIG-HHS Exclusion Database, <p>If when the limited criminal history check from the Indiana central repository is received, the employee does not pass the background check, the provider must ensure that the employee is immediately suspended from delivering direct supports to individuals in BDDS-funded services.</p>

ii. ___ Temporarily modify provider types.

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

Explanation of changes	Service affected	Change in provider type

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.]

Facilities to be Utilized	Explanation of Changes	Each serviced provided in each facility utilized

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

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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].

The state will offer the current, existing Residential Habilitation rate of \$21.97/hour for staff to stay overnight in the residence in emergent situations where an individual has been quarantined to their home with staff due to COVID-19 exposure or positive testing, and no other staff or means to support the individual overnight have been established (remote supports/electronic monitoring, family or natural supports). The state will only allow for this reimbursement for a maximum of 30 days from the initial determination effective 9/01. During this time period the team will be required to determine and plan for alternate supports as soon as feasible.

Instances of overnight stays where as these situations are occurring, it is a result of existing authorized services that would have normally been provided by allowable night shift staff, that would now allow flexibility for allowable day shift staff to continue supporting someone when relief staff or new shift staff are in shortage or not otherwise available due to COVID-19. No new services are being created, and no new rate or increase in rate is being realized by the Residential Habilitation 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.]

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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].

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: BreAnn
Last Name Teague
Title: Senior Manager, Program Administration
Agency: Indiana Family & Social Services Administration, Office of Medicaid Policy & Planning
Address 1: 402 West Washington Street, Room W374 (MS07)
Address 2: Indianapolis
City Indiana
State 46204
Zip Code 46204
Telephone: 317-232-7294
E-mail breann.teague@fssa.in.gov
Fax Number 317-232-7382

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

First Name: Cathy
Last Name Robinson
Title: Director, Bureau of Developmental Disabilities Services
Agency: Indiana Family & Social Services Administration/Division of Disability and Rehabilitative Services

Address 1: 02 West Washington Street, Room W453

Address 2: Click or tap here to enter text.

City Indianapolis

State Indiana

Zip Code 46204

Telephone: 317-234-4736

E-mail Cathy.robinson@fssa.in.gov

Fax Number 317-232-0164

8. Authorizing Signature

Signature:

Date: 08/25/2020

_____/S/_____
State Medicaid Director or Designee

First Name: Allison

Last Name Taylor

Title: Medicaid Director

Agency: Indiana Family & Social Services Administration/Office of Medicaid Planning and Policy

Address 1: 402 W. Washington St.

Address 2: Click or tap here to enter text.

City Indianapolis

State Indiana

Zip Code 46204

Telephone: 317-232-4354

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 which the state is temporarily modifying, enter the entire service definition and highlight the change. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
Service Title:	Residential Habilitation
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope):	

Residential Habilitation and Support (RHS) Level 1 and Level 2 services provide up to a full day (24-hour basis) of services and/or supports for participants designated as Algo 0, 1, or 2*, or individuals at any Algo level not meeting criterion for RHS Daily Rate, which are designed to ensure the health, safety and welfare of the participant, and assist in the acquisition, improvement, and retention of skills necessary to support participants to live successfully in their own homes.

Billable under one of two level-specific Billing Codes:

- ☐ RH1O – Level 1 - for intermittent use of RHS Level 1 at 35 or fewer hours per week, OR
- ☐ RH2O – Level 2 - for greater than 35 hours per week of RHS

RHS services may temporarily be provided at a BDDS approved HCBS day program setting or an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IDD) if the individual's home is compromised due to a positive COVID-19 test or confirmed exposure of COVID-19 effective 9/01. The alternate residential setting must be accessible to participants and ensure participant health and safety. Alternate service delivery in an Intermediate Care Facility (ICF) setting may not exceed thirty (30) days for each participant.

*** FROM 8/01/2018 FORWARD ***

*Participants designated as Algo 3, 4 or 5 and meeting criteria for RHS Daily services may choose to utilize RHS Daily.

Level: 0 (low)

Descriptor: Algo level zero (0):

- (A) high level of independence with few supports needed;
- (B) no significant behavioral issues; and
- (C) requires minimal residential habilitation services.

Level: 1(Basic)

Descriptor: Algo level one (1):

- (A) moderately high level of independence with few supports needed;
- (B) behavioral needs, if any, can be met with medication or informal direction by caregivers through the Medicaid state plan services; and
- (C) likely a need for day programming and light residential habilitation services to assist with certain tasks, but the individual can be unsupervised for much of the day and night.

Level: 2 (Regular)

Descriptor: Algo level two (2):

- (A) moderate level of independence with frequent supports needed;
- (B) behavioral needs, if any, can be met with medication or light therapy, or both, every one (1) to two (2) weeks;
- (C) does not require twenty-four (24) hours a day supervision; and
- (D) generally able to sleep unsupervised, but needs structure and routine throughout the day.

Level: 3 (Moderate)

Descriptor: Algo level three (3):

- (A) requires access to full-time supervision for medical or behavioral, or both, needs;
- (B) twenty-four (24) hours a day, seven (7) days a week staff availability;
- (C) behavioral and medical supports are not generally intense; and
- (D) behavioral and medical supports can be provided in a shared staff setting.

Level: 4 (High)

Descriptor: Algo level four (4):

- (A) requires access to full-time supervision for medical or behavioral, or both, needs:
 - (i) twenty-four (24) hours a day, seven (7) days a week frequent staff interaction; and
 - (ii) requires line of sight support; and
- (B) has moderately intense needs that can generally be provided in a shared staff setting.

Level: 5 (Intensive)

Descriptor: Algo level five (5):

- (A) requires access to full-time supervision with twenty-four (24) hours a day, seven (7) days a week absolute line of sight support;
- (B) needs are intense;
- (C) needs require the full attention of a caregiver with a one-to-one staff to individual ratio; and
- (D) typically only needed by those with intense behavioral needs, not medical needs alone.

Level: 6 (High Intensive)

Descriptor: Algo level six (6):

- (A) requires access to full-time supervision:
 - (i) twenty-four (24) hours a day, seven (7) days a week; and
 - (ii) more than a one-to-one staff to individual ratio;
- (B) needs are exceptional;
- (C) needs require more than one (1) caregiver exclusively devoted to the individual for at least part of each day; and
- (D) imminent risk of individual harming self or others, or both, without vigilant supervision.

The nationally recognized Inventory for Client and Agency Planning or ICAP was selected to be the primary tool for individual assessment. The ICAP assessment determines an individual's level of functioning for broad independence and general maladaptive factors. The ICAP addendum, commonly referred to as the behavior and health factors, determines an individual's level of functioning on behavior and health factors. These two assessments determine an individual's overall Algo level, which can range from 0-6. Algos 0 and 6 are considered outliers representing those who are the lowest and the highest on both ends of the functioning spectrum. On review, the State may manually adjust the designation of an individual from an Algo 5 to an Algo 6. Although this individual continues receiving the Algo 5 budget, the Algo 6 designation indicates a need for additional oversight of the individual.

The stakeholder group designed a grid to build the allocations. The grid was developed with the following tenets playing key roles:

- Focus on daytime programming
- Employment
- Community integration
- Housemates

The OBA is then determined by combining the overall Algo (determined by the ICAP and ICAP addendum), age, employment, and living arrangement.

RHS includes the following activities:

- Direct supervision, monitoring and training to implement the Person-Centered/Individualized Support Plan (PC/ISP) outcomes for the participant through the following:
 - Assistance with personal care, meals, shopping, errands, chore and leisure activities and transportation (excluding transportation that is covered under the Medicaid State Plan)
 - Assurance that direct service staff are aware of and actively participate in the development and implementation of PC/ISP, Behavior Support Plans and Risk Plans**
 - Coordination and facilitation of medical and non-medical services to meet healthcare needs,

including physician consults, medications, development and oversight of a health plan, utilization of available supports in a cost effective manner and maintenance of each participant's health record when the participant receiving RHS does not also utilize Wellness Coordination Services

- Collaboration and coordination with the wellness coordinator when the participant receiving RHS also utilizes Wellness Coordination Services.

****When Wellness Coordination services are utilized in addition to RHS services, the Wellness Coordinator who must be an RN/LPN is responsible for the development, oversight and maintenance of a Wellness Coordination plan as well the development, oversight and maintenance of the health-related Risk Plan, noting that a Comprehensive Medical Risk Plan may substitute for the Wellness Coordination Plan or individual risk plans. The RN/LPN determines the appropriate mode of training to be used for the Direct Support Professional to ensure implementation of Risk Plans, noting that training may be by staff trained by the RN/LPN with the exception of nursing delegated tasks or other items the nurse feels that only a licensed nurse should train. Additionally, the RN/LPN ensures completion of training of the Direct Support Professional to ensure implementation of Risk Plans.**

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

LIMITATIONS

Reimbursable waiver funded Residential Habilitation services furnished to an adult waiver participant by a paid relative and/or legal guardian may not exceed a total of 40 hours a week per paid relative and/or legal guardian caregiver. (Definition of a relative follows the below Activities Not Allowed)

RHS services may be provided in excess of 40 hours per week per paid relative and/or legal guardian when existing services on the participant's Person-Centered Individualized Support Plan (PC/ISP) have been interrupted due to the individual and/or current Direct Support Professional having a positive test for COVID-19 up to a total of 30 consecutive days per occurrence effective 9/01.

Parent(s), stepparent(s) and legal guardians may not be paid to provide care to minor children with the exception to temporarily allow for RHS services to be provided to a minor by parent(s), stepparent(s) and legal guardian(s) up to a total of 30 consecutive days per occurrence when existing RHS services on the Person-Centered Individualized Support Plan (PC/ISP) have been interrupted due to the minor child and/or current Direct Support Professional having a positive test for COVID-19 or a confirmed exposure of COVID-19 up to 40 hours a week but not exceeding the current plan approved units. In situations where services are being provided to a minor by parents, stepparents and legal guardians, these waiver supports must not be used to supplant or replace services that would otherwise be funded by and the responsibility of another funding source, such as a school district, to provide.

Temporarily allow for RHS services to be provided by a participant's spouse up to a total of 30 consecutive days when existing RHS services on the Person-Centered Individualized Support Plan (PC/ISP) have been interrupted due to the individual and/or direct support professional having a positive test for COVID-19 up to 40 hours a week but not exceeding the current plan approved units.

Additionally,

- Only awake, engaged staff can be counted in reimbursement. (A team may decide that a staff or contractor may sleep while with a participant, but this activity is not billable) The state will temporarily offer the current, existing Residential Habilitation rate of \$21.97/hour for staff to stay overnight in the residence in emergent situations where an individual has been quarantined to their home with staff due to COVID-19 exposure or positive testing, and no other staff or means to support the individual overnight have been established (remote supports/electronic monitoring, family or natural supports). The state will only allow for this reimbursement for a maximum of 30 days from the initial determination. Effective 9/01 During this time period the team will be required to determine and plan for alternate supports as soon as feasible
- RHS Level 1 and RHS Level 2 and remote support services are not billable concurrently/during the same time period.
- Intermittent use of RHS Level 1 may not exceed thirty-five (35) hours of service per week

Activities Not Allowed

Reimbursement is not available through RHS in the following circumstances:

- Services to participants in Structured Family Caregiving or Children's Foster Care.
- Services that are available under the Medicaid State Plan.

*** Related/relative implies any of the following natural, adoptive and/or step relationships, whether by blood or by marriage, inclusive of half and/or in-law status:

- 1) Aunt (natural, step, adopted)
- 2) Brother (natural, step, half, adopted, in-law)

- 3) Child (natural, step, adopted)
- 4) First cousin (natural, step, adopted)
- 5) Grandchild (natural, step, adopted)
- 6) Grandparent (natural, step, adopted)
- 7) Niece (natural, step, adopted)
- 8) Nephew (natural, step, adopted)
- 9) Parent (natural, step, adopted, in-law)
- 10) Sister (natural, step, half, adopted, in-law)
- 11) Spouse (husband or wife)
- 12) Uncle (natural, step, adopted)

Provider Specifications

Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
				FSSA/DDRS Approved Residential Habilitation 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)
FSSA/DDRS Approved Provider of any HCBS service			<p>Enrolled as an active Medicaid provider</p> <p>Must be FSSA/DDRS-approved</p> <p>Must comply with Indiana Administrative Code, 460 IAC 6, including but not limited to:</p> <p>460 IAC 6-10-5 Criminal Histories (IN emergency code waiver) effective 9/01,</p> <p>460 IAC 6-12 Insurance,</p> <p>460 IAC 6-11 Financial Status of Providers (IN emergency code waiver),</p> <p>460 IAC 6-5 Provider Qualifications (IN emergency code waiver),</p> <p>460 IAC 6-14-5 Direct Care Staff Qualifications (IN emergency code waiver) effective 9/01,</p> <p>460 IAC 6-14-4 Staff Training (IN emergency code waiver) effective 9/01,</p> <p>Must comply with any applicable FSSA/BDDS service standards, guidelines, policies and/or manuals, including FSSA/DDRS BDDS policies and the FSSA/DDRS HCBS Waivers module on the IHCP Provider Reference Materials webpage.</p>

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:		Frequency of Verification	
FSSA/DDRS Approved Provider of any HCBS service	Initially, BDDS. For re-approval, BDDS or BQIS.		Up to 3 years.	
Service Delivery Method				
Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed

Service Specification	
Service Title:	Day Habilitation
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope):	

As indicated in Section K-1-E, Day Habilitation services are being added to match the services in the renewed CIH waiver. Day Habilitation replaces Facility-Based Habilitation and Community-Based Habilitation. Day Habilitation (effective 8/1/2020) are services that are specified in the PCISP and support learning and assistance in the areas of: self-care, sensory/motor development, socialization, daily living skills, communication, community living, and social skills. Day Habilitation activities are intended to build relationships and natural supports.

Services are provided in a variety of settings in the community or in a facility owned or operated by an FSSA/DDRS-approved provider. Settings are non-residential and separate from a participant's private residence or other residential living arrangements.

Ratio Sizes: • 1:1 Individual • 2:1 to 4:1 Small Group • 5:1 to 10:1 Medium Group • 11:1 to 16:1 Large Group (applies only to a facility setting)

Adherence to ratios is temporarily modified due to circumstances related to COVID-19 crisis.

Due to the need to limit social interaction in response to COVID-19, the agency will temporarily expand settings where Day Habilitation may be provided. Day Habilitation may be temporarily provided at a facility-based day program, the home of the participant, an Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID), or, upon approval from the participant's team, the home of a direct support professional. The alternate service delivery setting must be accessible to the participant and ensure the participant's health and safety to the fullest extent possible. The alternate service delivery in an Intermediate Care Facility (ICF) setting may not exceed thirty (30) days for each participant.

REIMBURSABLE ACTIVITIES:

Monitoring, training, education, demonstration, or support to assist with the acquisition and retention of skills in the following areas:

- Leisure activities (i.e. segregated camp settings)
- Educational activities
- Hobbies
- Unpaid work experiences (i.e. volunteer opportunities)
- Maintaining contact with family and friends

Training and education in self-direction designed to help participants achieve one or more of the following outcomes:

- Develop self-advocacy skills
- Exercise civil rights
- Acquire skills that enable the ability to exercise self-control and responsibility over services and supports received or needed
- Acquire skills that enable the participant to become more independent, integrated or productive in the Community

Day Habilitation waiver service locations may be temporarily utilized as alternate residential or community-based habilitation setting for participants displaced during the COVID-19 crisis. The facility-based habilitation setting must be accessible to participants and ensure participant health and safety.

Parent(s), stepparent(s) and legal guardians may not be paid to provide care to minor children with the exception to temporarily allow for Day Habilitation services to be provided to a minor by parent(s), stepparent(s) and legal guardian(s) up to a total of 30 consecutive days per occurrence, effective 9/01 when existing Day Habilitation services on the Person-Centered Individualized Support Plan (PC/ISP) have been interrupted due to the minor child

and/or current Direct Support Professional having a positive test for COVID-19 or a confirmed exposure of COVID-19 up to 40 hours a week but not exceeding the current plan approved units. In situations where services are being provided to a minor by parents, stepparents and legal guardians, these waiver supports must not be used to supplant or replace services that would otherwise be funded by and the responsibility of another funding source, such as a school district, to provide.

Temporarily allow for Day Habilitation services to be provided by a participant's spouse up to a total of 30 consecutive days per occurrence effective 9/01 when existing Day Habilitation services on the Person-Centered Individualized Support Plan (PC/ISP) have been interrupted due to the minor child and/or current Direct Support Professional having a positive test for COVID-19 or a confirmed exposure of COVID-19 up to 40 hours a week but not exceeding the current plan approved units

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

Activities Not Allowed:

- Services that are available under the Rehabilitation Act of 1973 or PL 94-142.
- Skills training for any activity that is not identified as directly related to a participant habilitation outcome.
- Activities that do not foster the acquisition and retention of skills.
- Activities that would typically be a component of a person's residential life or services, such as: shopping, banking, household errands, appointments, etc.
- Day habilitation services reimbursement does not include reimbursement for the cost of the activities in which the participant is participating when they receive skills training, such as the cost to attend a community event or a camp.

Provider Specifications

Provider Category(s) (check one or both):	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
		FSSA/DDRS Approved Facility Based Habilitation - Individuals		FSSA/DDRS Approved Facility Based Habilitation 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)	

<p>FSSA/DDRS-approved day habilitation service providers, which include community-based habilitation service providers and facility-based habilitation service providers- group.</p>			<p>Must comply with Indiana Administrative Code, 460 IAC 6, including but not limited to: 460 IAC 6-10-5 Criminal Histories (IN emergency code waiver) effective 9/01, 460 IAC 6-12 Insurance, 460 IAC 6-11 Financial Status of Providers (IN emergency code waiver), 460 IAC 6-14-5 Direct Care Staff Qualifications (IN emergency code waiver) effective 9/01, 460 IAC 6-14-4 Staff Training (IN emergency code waiver) effective 9/01, 460 IAC 6-5-14 Health Care Coordination Services provider qualifications, and Transportation Requirements Must comply with any applicable FSSA/BDDS service standards, guidelines, policies and/or manuals, including FSSA/DDRS BDDS policies and the FSSA/DDRS HCBS Waivers module on the IHCP Provider Reference Materials webpage. Must obtain/maintain accreditation (specific to Indiana programs) by at least one (1) of the following organizations: (1) The Commission on Accreditation of Rehabilitation Facilities (CARF), or its successor. (2) The Council on Quality and Leadership in Supports for People with Disabilities, or its successor. (3) The Joint Commission on Accreditation of Healthcare Organizations (JCAHO), or its successor. (4) The National Committee for Quality Assurance, or its successor. (5) The ISO-9001 human services QA system. (6) An independent national accreditation organization approved by the secretary</p>
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<p>FSSA/DDRS-approved day habilitation service providers, which include community-based habilitation service providers and facility-based habilitation service providers- Individuals</p>			<p>Must comply with Indiana Administrative Code, 460 IAC 6, including but not limited to: 460 IAC 6-10-5 Criminal Histories (IN emergency code waiver) effective 9/01, 460 IAC 6-12 Insurance, 460 IAC 6-11 Financial Status of Providers (IN emergency code waiver), 460 IAC 6-14-5 Direct Care Staff Qualifications (IN emergency code waiver) effective 9/01, 460 IAC 6-14-4 Staff Training (IN emergency code waiver) effective 9/01, 460 IAC 6-5-14 Health Care Coordination Services provider qualifications, and Transportation Requirements Must comply with any applicable FSSA/BDDS service standards, guidelines, policies and/or manuals, including FSSA/DDRS BDDS policies and the FSSA/DDRS HCBS Waivers module on the IHCP Provider Reference Materials webpage. Must obtain/maintain accreditation (specific to Indiana programs) by at least one (1) of the following organizations: (1) The Commission on Accreditation of Rehabilitation Facilities (CARF), or its successor. (2) The Council on Quality and Leadership In Supports for People with Disabilities, or its successor. (3) The Joint Commission on Accreditation of Healthcare Organizations (JCAHO), or its successor. (4) The National Committee for Quality Assurance, or its successor. (5) The ISO-9001 human services QA system. (6) An independent national accreditation organization approved by the secretary</p>
<p>Verification of Provider Qualifications</p>			

Provider Type:	Entity Responsible for Verification:		Frequency of Verification	
FSSA/DDRS Approved Facility Based Habilitation Agencies	Initially, BDDS. For re-approval, BDDS or BQIS.		Up to 3 years.	
FSSA/DDRS Approved Facility Based Habilitation - Individuals	Initially, BDDS. For re-approval, BDDS or BQIS.		Up to 3 years.	
Service Delivery Method				
Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed

Service Specification	
Service Title:	Structured Family Caregiving
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope):	

Structured Family Caregiving (previously known as Adult Foster Care) means a living arrangement in which a participant lives in the private home of a principal caregiver who may be a non-family member (foster care) or a family member who is not the participant's spouse, the parent of the participant who is a minor, or the legal guardian of the minor participant. Temporarily allow for SFC services to be provided by a participant's spouse when existing services on the Person-Centered Individualized Support Plan (PC/ISP) have been interrupted due to the individual and/or current Direct Support Professional having a positive test for COVID-19 up to a total of 30 consecutive days per occurrence effective 9/01.

Necessary support services are provided by the principal caregiver (family caregiver) as part of Structured Family Caregiving. Only agencies may be Structured Family Caregiving providers, with the Structured Family Caregiving settings being approved, supervised, trained, and paid by the approved agency provider. The provider agency must conduct two visits per month to the home. The two required visits may be any combination of the Structured Family Caregiving Home Manager and a registered nurse/licensed practical nurse with a minimum of one visit occurring in face to face effective 9/01. The provider agency must keep daily notes that can be accessed by the state. Separate payment will not be made for homemaker or chore services furnished to an individual receiving Structured Family Caregiving, since these services are integral to and inherent in the provision of Structured Family Caregiving services.

SERVICE LEVELS AND RATES

There are three service levels of Structured Family Caregiving (SFC), each with a unique rate.

The Algo score assigned to the participant determines the appropriate level of structured family caregiving service and reimbursement to be utilized in the PCISP at the participant's next annual anniversary date.

- Level 1
 - Individuals with a moderate to high level of independence with few supports needed;
 - Minimal behavior needs that can be met with medication or informal direction by caregivers; and
 - Light to minimal support need to assist with certain tasks but can do well without supervision for much of the day and night.
- Level 2
 - Individuals with a moderate level of independence with frequent supports needed;
 - Behavioral needs, if any, can be met with medication or light therapy, or both, every one (1) to two (2) weeks;
 - Individual does not require twenty-four (24) hours a day supervision; and
 - Individual generally able to sleep unsupervised, but needs structure and routine throughout the day.
- Level 3
 - Any individual who does not meet Level One or Two;
 - Generally, means individuals who require full supervision to meet their daily needs;
 - Behavioral support needs range from moderate to intense; and
 - May be able to share staff support; may need some degree of one-to-one support.

The agency will temporarily expand settings where Structured Family Caregiving (SFC) may be provided. If the support for a participant's Residential Habilitation and Support (RHS) setting is compromised due to COVID-19 related reasons and a direct support staff is residing in the home to ensure continuity of care, BDDS will temporarily allow the RHS setting to be converted to a SFC setting

and be provided in the participant's home. This is not a requirement in cases where a direct support staff is temporarily residing in an individual's home, but rather an option for the team to consider.

REIMBURSABLE ACTIVITIES

- Personal care and services
- Homemaker or chore services
- Attendant care and companion care services
- Medication oversight
- Respite services for the family caregiver must be offered and funding for respite services is included in the per diem paid to the service provider. The actual service of respite care may not be billed in addition to the per diem.
- Transporting the participant when indicated in the PCISP.
- Other appropriate supports as described in the Person-Centered/Individualized Support Plan

Transportation services through the waiver may be used in conjunction with Structured Family Caregiving when existing services on the Person-Centered Individualized Support Plan (PC/ISP) have been interrupted due to circumstances related to COVID-19.

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


Activities not allowed:

- Services provided by a caregiver who is the parent of the minor participant.
- Services provided by a caregiver who is the spouse of the participant. Temporarily, SFC services may be provided to an adult waiver participant by a spouse when existing services on the Person-Centered Individualized Support Plan (PC/ISP) have been interrupted due to the individual and/or direct support professional having a positive test for COVID-19 or a confirmed exposure of COVID-19 effective 9/01
- The limit is a maximum of four waiver participants per structured family caregiving household.

Provider Specifications

Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
			FSSA/DDRS Approved Structured Family Caregiving Agencies (previously known as AFC Agencies)	
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
Provider Qualifications (provide the following information for each type of provider):				
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)	

FSSA/DDRS Approved Structured Family Caregiving Agencies (previously known as AFC Agencies)			Enrolled as an active Medicaid provider prior to 3/6/2020 Must be FSSA/DDRS-approved prior to 3/6/2020 Must comply with Indiana Administrative Code, 460 IAC 6, including but not limited to: 460 IAC 6-10-5 Criminal Histories (IN emergency code waiver) effective 9/01, 460 IAC 6-12 Insurance, 460 IAC 6-11 Financial Status of Providers (IN emergency code waiver), 460 IAC 6-5-3 Adult Foster Care qualifications (IN emergency code waiver) effective 9/01, 460 IAC 6-14-5 Direct Care Staff Qualifications (IN emergency code waiver) effective 9/01, 460 IAC 6-14-4 Staff Training (IN emergency code waiver) effective 9/01, and Transportation Requirements. Must comply with any applicable FSSA/BDDS service standards, guidelines, policies and/or manuals, including FSSA/DDRS BDDS policies and the FSSA/DDRS HCBS Waivers module on the IHCP Provider Reference Materials webpage.
Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:	Frequency of Verification	
FSSA/DDRS Approved Structured Family Caregiving Agencies (previously known as AFC Agencies)	Initially, BDDS. For re-approval, BDDS or BQIS.	Up to 3 years.	
Service Delivery Method			
Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/> Provider managed



ⁱ 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.