

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 Waiver (CIH)

C. Control Number: IN.0378.R04.03

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 Rehabilitation 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:

Extends the effective date from December 31, 2020 to February 28, 2021.

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 Supports Waiver (CIH) 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: 02/28/2021

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. ___ Services

i. ___ Temporarily modify service scope or coverage.

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

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

[Explanation of changes]

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

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

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

[Explanation of modification, and advisement if room and board is included in 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. ___ 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].

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]

l. ___ Increase Factor C.

[Explain the reason for the increase and list the current approved Factor C as well as the proposed revised Factor C]

m. ___ Other Changes Necessary [For example, any changes to billing processes, use of contracted entities or any other changes needed by the State to address imminent needs of individuals in the waiver program]. [Explanation of changes]

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: Click or tap here to enter text.
City Indianapolis
State Indiana
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: 402 West Washington Street, Room W453
Address 2: Click or tap here to enter text.
City Indianapolis
State Indiana
Zip Code 46204
Telephone: 3172344736
E-mail Cathy.robinson@fssa.in.gov
Fax Number 3172320164

8. Authorizing Signature

Signature: 

Date: 12/11/2020

State Medicaid Director or Designee

First Name: *Allison*
Last Name: *Taylor*
Title: Medicaid Director
Agency: Indiana Family & Social Services Administration/Office of Medicaid Policy and Planning
Address 1: 402 West Washington Street
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:			
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>			
Service Definition (Scope):			
Specify applicable (if any) limits on the amount, frequency, or duration of this service:			
Provider Specifications			
Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input type="checkbox"/>
			Agency. List the types of agencies:
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>
			Relative/Legal Guardian
Provider Qualifications <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>
Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
Service Delivery Method			
Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/>
			Provider managed



ⁱ Numerous changes that the state may want to make 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.