

# 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>1</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: Louisiana

B. Waiver Title(s): New Opportunities Waiver, Residential Options Waiver, Children’s Choice Waiver, Supports Waiver

C. Control Number(s): LA.0401.R03.06  
LA.0472.R02.02  
LA.0361.R04.03  
LA.0453.R03.02

D. Type of Emergency (The state may check more than one box):

<input checked="" type="checkbox"/>	<b>Pandemic or Epidemic</b>
<input type="checkbox"/>	<b>Natural Disaster</b>
<input type="checkbox"/>	<b>National Security Emergency</b>
<input type="checkbox"/>	<b>Environmental</b>
<input type="checkbox"/>	<b>Other (specify):</b>

E. **Brief Description of Emergency.** *In no more than one paragraph each*, briefly describe the: 1) nature of emergency; 2) number of individuals affected and the state’s mechanism to identify individuals at risk; 3) roles of state, local and other entities involved in approved waiver operations; and 4) expected changes needed to service delivery methods, if applicable. The state should provide this information for

each emergency checked if those emergencies affect different geographic areas and require different changes to the waiver.

COVID-19 pandemic. This amendment will apply waiver-wide for 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.)

**F. Proposed Effective Date: Start Date:** January 27, 2020 **Anticipated End Date:** January 26, 2021

**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. x Services**

**i. \_\_\_ 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]

LA. 0401-C1/C3, Individual/Family Support: Allow sharing of staff when needed.  
Day Habilitation: Convert Day Habilitation Hours to one to one IFS hours weekly of Individual/Family Support as Day Habilitation programs are closed.

LA. 0472-C1/C3, Community Living Supports: Allow sharing of staff when necessary.  
Day Habilitation: Convert Day Habilitation Hours to one to one CLS hours weekly of Community Living Supports as Day Habilitation programs are closed.

LA.0453 Day Habilitation: Day Habilitation: Convert Day Habilitation Hours to 20 hours weekly of Respite Supports as Day Habilitation programs are closed.

LA. 0361 Family Support Service: Allow the addition of 20 hours weekly to address health and safety needs presented due to school closures in the event participant has used all hours in the capped waiver.

**iii. x 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]

LA.0401; LA.0472 Add the Monitored In Home Care Giving Service to the New Opportunities Waiver and the Residential Options Waiver to increase home care services where the caregiver will be provided oversight of the individual's health condition.

**iv. x 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]:

LA. 0401-C2,3 of 3.e; Allow participant and worker to live in the same setting so that the recipient may receive Individual and Family Support services

LA. 0453-C2, 3 of 3.e; Allow participant and worker to live in the same setting so that the recipient may receive respite and habilitation services

LA. 0361-C2, 3 of 3.e; Allow participant and worker to live in the same setting so that the recipient may receive Family Support services

LA. 0472-C2, 3 of 3.3; Allow participant and worker to live in the same setting so that the recipient may receive Community Living Services

**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.

LA.0401, LA.0472, & LA.0361-Allow legally responsible relatives to be temporary Individual Family Support, Companion Care, Community Living Support and Family Support workers during the pandemic crisis in the absence of Direct Support Worker care

LA.0453-C-2 3 of 3.e; Allow payment to legally responsible relatives for Respite and Habilitation during the pandemic crisis if necessary during the absence of Direct Support Worker care.

Documentation of services rendered is required and will be verified by the Support Coordination Agency.

**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.]

LA 0472 & LA0361 Allow the age 16 and up if necessary (emergency-no other staff/support available) and remove the requirement for a high school diploma for Direct Support Workers in Self-Direction.

LA.0401, LA.0472, LA.0453 & LA.0361 Suspend background checks for immediate family members who live in the home with the participant.

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

LA.0401, LA.0472, LA.0453, LA.0361:B.6i: Re-evaluation requires a doctor's visit (well visit) to obtain a 90L for the waiver level of care. To reduce viral exposure to participants; allow the current evaluation to remain in effect until resolution of pandemic crisis not to exceed beyond 12 additional months past when the level of care is due.

LA.0401, LA.0472, LA.0453, LA.0361:B.6i: For initial waiver participants allow the Statement of Approval of ID/DD services to suffice for the level of care until the pandemic crisis is resolved so as not to hold up waiver services for those who have been waiting.

**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.]

LA. 0401, LA.0472, LA.0361 & LA. 0453: Add \$2.00 per hour (\$.79 per quarter hour) for services of Individual Family Supports, Community Living Supports, Family Support, Respite and Habilitation for a hazard premium for Direct Support Workers who still go into the homes of persons who are positive or presumptive positive or quarantined for the Coronavirus.

**g. x 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.]

LA. 0401, LA.0472, LA. 0361, & LA. 0453:

The following services and processes will be modified:

Allow virtual/remote/phone call visits in accordance with HIPAA requirements and in place of

- 10-day initial home visit
- Initial assessment
- Quarterly home visit
- OCDD waiver certification visits
- Yearly plan-of-care visit (signatures may be obtained electronically or by mail)
- Waive the 30-day Continuity of Care rule in the NOW (LA.0401) as families are frightened of the virus at this time and may elect to provide natural supports in lieu of services

The participant will continue to receive monthly monitoring by support coordination.

**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. x \_\_\_ 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.]

LA. 0401, LA. 0472, & LA.0453: Under this declared federal and state emergency, when an Adult Day Habilitation Center and an Adult Day Health Care who provide personal care services is ordered to close by local, state or federal officials, the state may elect to make retainer payments to providers to assure their ability to resume community based services.

Retainer payments will be made based on the number of enrollees absent from the Day Habilitation Program and/or the Adult Day Health Care Center at 75% of the current rate. Retainer payments will be made for 22 consecutive days of billing which corresponds to Louisiana's non-mutually exclusive Nursing Home bed hold periods of 15 days for home leave and 7 days for hospital leave.

**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]**

**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.  Monthly monitoring (i.e., in order to meet the reasonable indication of need for services requirement in 1915(c) waivers).
- iv.  Other *[Describe]*: Supervised Independent Living visits, Monitored In Home Caregiving
- v.  In-home habilitation

- 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** Bennett  
**Title:** Section Chief  
**Agency:** Medicaid Program Support and Waivers  
**Address 1:** P.O. Box 91030 Bin #24  
**Address 2:** Click or tap here to enter text.  
**City** Baton Rouge  
**State** LA  
**Zip Code** 70821  
**Telephone:** 225-342-9846  
**E-mail** Brian.Bennett@la.gov  
**Fax Number** Click or tap here to enter text.

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

**First Name:** Julie  
**Last Name** Hagan  
**Title:** Assistant Secretary  
**Agency:** Office for Citizens with Developmental Disabilities  
**Address 1:** 628 North Fourth Street  
**Address 2:** Click or tap here to enter text.  
**City** Baton Rouge  
**State** LA.  
**Zip Code** 70821  
**Telephone:** 225-342-0095  
**E-mail** Julie.Hagan@la.gov  
**Fax Number** Click or tap here to enter text.

## 8. Authorizing Signature

**Signature:**

**Date:** 3/16/2020

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

**First Name:** *Erin*  
**Last Name** *Campbell*  
**Title:** Interim Medicaid Director  
**Agency:** Bureau of Health Services Financing  
**Address 1:** 628 North Fourth Street  
**Address 2:** Click or tap here to enter text.  
**City** Baton Rouge  
**State** LA  
**Zip Code** 70821  
**Telephone:** 225-342-9767  
**E-mail** [Erin.Campbell@la.gov](mailto:Erin.Campbell@la.gov)  
**Fax Number** Click or tap here to enter text.

## 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).

**NOTE: Requesting to add this service in the New Opportunities Waiver and the Residential Options Waiver**

**Service Specification**

**Service Title:** Monitored In Home Caregiving

*Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:*

**Service Definition (Scope):**

Monitored In-Home Caregiving are services provided to a participant living in a private home with a principal caregiver. The goal of this service is to provide a community-based option that provides continuous care, supports, and professional oversight. This goal is achieved by promoting a cooperative relationship between a participant, a principal caregiver, the professional staff of a Monitored In-Home Caregiver agency provider, and the participant’s support coordinator.

The principal caregiver is responsible for supporting the participant to maximize the highest level of independence possible by providing necessary care and supports that may include:

1. Supervision or assistance in performing activities of daily living.
2. Supervision or assistance in performing instrumental activities of daily living.
3. Protective supervision provided solely to assure the health and welfare of a participant.
4. Supervision or assistance with health related tasks (any health related procedures governed under the Nurse Practice Act) in accordance with applicable laws governing the delegation of medical tasks/medication administration.
5. Supervision or assistance while escorting / accompanying the individual outside of the home to perform tasks, including instrumental activities of daily living, health maintenance or other needs as identified in the plan of care, and to provide the same supervision or assistance as would be rendered in the home.
6. Extension of therapy services to maximize independence when the caregiver has been instructed in the performance of the activities by a licensed therapist or registered nurse.

Monitored In-Home Caregiving providers must be agency providers who employ professional nursing staff and other professionals to train and support caregivers to perform the direct care activities performed in the home. The agency provider must assess and approve the home in which services will be provided, and enter into contractual agreements with caregivers who the agency has approved and trained. The agency provider will pay a per diem stipend to caregivers.

The agency provider must capture daily notes electronically and use the information collected to monitor participant health and caregiver performance. The agency provider must make such notes available to support coordinators and the state, upon request.

LDH will reimburse for Monitored In-Home Caregiving based on a two tiered model which is designed to address the participant’s acuity

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

Participants electing Monitored In-Home Caregiving are not eligible to receive the following Residential Options Waiver services: Community Living Supports (CLS), Companion Care Supports, Host Home, Shared Living Supports, Adult Day Health Care, Day Habilitation, pre Vocational or supportive employment services during the period of time the participants is receiving Monitored In-Home Caregiving.

**Provider Specifications**

<b>Provider Category(s)</b> <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
				Monitored In Home Caregiving

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> )	
Monitored In Home Caregiving	Must be licensed according to Louisiana Revised Statute (R.S. 40:2120.2).		Must enroll as a Medicaid Monitored In-Home Caregiving provider. Must comply with LDH rules and regulations.	
<b>Verification of Provider Qualifications</b>				
Provider Type:	Entity Responsible for Verification:		Frequency of Verification	
Monitored In Home Caregiving	Health Standards Section		Initial and as deemed necessary	
<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 may necessitate authority outside of the scope of section 1915(c) authority. States interested in changes to administrative claiming or changes that require section 1115 or section 1135 authority should engage CMS in a discussion as soon as possible. Some examples may include: (a) changes to administrative activities, such as the establishment of a hotline; or (b) suspension of general Medicaid rules that are not addressed under section 1915(c) such as payment rules or eligibility rules or suspension of provisions of section

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1902(a) to which 1915(c) is typically bound.