

APPENDIX K: Emergency Preparedness and Response and COVID-19 Addendum

Background:

This standalone appendix may be utilized by the state during emergency situations to request amendments to its approved waiver, to multiple approved waivers in the state, and/or to all approved waivers in the state. It includes actions that states can take under the existing Section 1915(c) home and community-based waiver authority in order to respond to an emergency. Other activities may require the use of various other authorities such as the Section 1115 demonstrations or the Section 1135 authorities.ⁱ This appendix may be applied retroactively as needed by the state. Public notice requirements normally applicable under 1915(c) do not apply to information contained in this Appendix.

Appendix K-1: General Information

General Information:

A. State: Louisiana

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

C. Control Number(s):

LA.0401.R03.11
LA.0472.R02.08
LA.0453.R03.07

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

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

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

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

The changes addressed in this amendment will be added to the previously approved Appendix K for the New Opportunities Waiver (NOW) (LA.0401), Supports Waiver (LA.0453), and Residential Options Waiver (ROW) (LA.0472).

If the COVID19 pandemic ends sooner than the anticipated end date, the State may elect to rollback some items listed in this Appendix K request.

The State is making two additional rounds of retainer payments to equal three rounds total for vocational services (Day Habilitation, Pre Vocational, Supported Employment in LA 0401, 0472 and 0453 and the Adult Day Health Care in LA 0472).

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 waiver to all individuals impacted by the COVID-19 virus

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

N/A

Appendix K-2: Temporary or Emergency-Specific Amendment to Approved Waiver

Temporary or Emergency-Specific Amendment to Approved Waiver:

These are changes that, while directly related to the state's response to an emergency situation, require amendment to the approved waiver document. These changes are time limited and tied specifically to individuals impacted by the emergency. Permanent or long-ranging changes will need to be incorporated into the main appendices of the waiver, via an amendment request in the waiver management system (WMS) upon advice from CMS.

a.____ Access and Eligibility:

i. ___ Temporarily increase the cost limits for entry into the waiver.

[Provide explanation of changes and specify the temporary cost limit.]

ii. ___ Temporarily modify additional targeting criteria.

[Explanation of changes]

b. ___ Services

i. ___ 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._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, 0453, and 0472:

The state is making two additional rounds of retainer payments to equal three episodes total. Services associated with these payments include Day Habilitation, Pre Vocational, and Supported Employment for all three waivers, and Adult Day Health Care Center for LA.0472. These services allow personal care services to be delivered as a component of each service. Each round will cover 22 consecutive days of billing which is consistent with the state's non-mutually exclusive nursing home bed hold periods of 15 days for home leave and 7 days for hospital leave. Each 22-day period will immediately follow the first round of retainer payments and will cover dates of service 4/23/20-5/22/20 and 5/25/20-6/23/20. Retainer payments will be made based on the number of participants authorized to receive services and are absent from the service for each provider at 75% of the current rate. Retainer payments will be based on previous payments issued during calendar year 2019, quarter 4 (9/1/19-12/31/19).

The state will impose the following guardrails to ensure that the federal share on retainer payments are reduced accordingly for provider staff reductions including lay-offs, furloughs, and COVID-related terminations. Providers will be surveyed to determine whether any staff were laid off during the period of the retainer payments. As part of the survey, each provider will acknowledge/attest that:

- Retainer payments shall be subject to recoupment if inappropriate billing or duplicate payments for services occur, or in periods of disaster, if duplicate uses of available funding streams occur, as identified in a state or federal audit or by any other authorized third party review. Duplicate uses of available funding streams mean using more than one funding stream for the same purpose.
- It has not received funding from any other sources, including but not limited to unemployment benefits and Small Business Administration loans, that exceed its revenue for the last full quarter prior to the Coronavirus Public Health Emergency (October 1, 2019 – December 31, 2019).
- Retainer payments at the level provided by Louisiana Medicaid would not result in its revenue exceeding that of the quarter prior to the Coronavirus Public Health Emergency (October 1, 2019 – December 31, 2019).
- Provider is in the process of reopening or has reopened and will be or is providing services to Louisiana Medicaid recipients as per reopening guidance issued by the Louisiana Department of Health.
- If it has not already received revenues exceeding that of the quarter prior to the Coronavirus Public Health Emergency, but receipt of retainer payments in addition to those prior sources of funding results in revenue exceeding that of the quarter prior to the Coronavirus Public Health Emergency, that any retainer payment amounts in excess shall be subject to recoupment.

Providers will also report whether they have laid off any staff due to the Coronavirus Public Health Emergency and provide counts of employed staff prior to the PHE, after each round of retainer payments, and after all retainer payments have been made so the state may assess and make reductions to adjust for staff layoffs.

A signed response attesting to these conditions and requirements from each provider will be required before payments are made. The state will analyze the provider survey data to calculate the average reduction in staffing levels due to COVID-related layoffs and will make reductions accordingly across the board (i.e. if providers report on average a 15% reduction in staffing levels during the COVID-19 event, the total retainer payment amount will reflect a 15% overall reduction).

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

- b. ☒ Add home-delivered meals

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

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

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

4. Provider Qualifications

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

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

5. Processes

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

Contact Person(s)

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

First Name: Brian
Last Name 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: 2253429846
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 N. 4th St
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:

/S/

Date: 1/11/2021


State Medicaid Director or Designee

First Name:	<i>Tara A.</i>
Last Name	<i>LeBlanc</i>
Title:	Interim Medicaid Director
Agency:	Bureau of Health Services Financing
Address 1:	628 N. 4 th St
Address 2:	Click or tap here to enter text.
City	Baton Rouge
State	La
Zip Code	70821
Telephone:	225 342-8908
E-mail	Click or tap here to enter text.
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).

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) (check one or both):	<input type="checkbox"/>	Individual. List types:	<input type="checkbox"/>	Agency. List the types of 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)		
Verification of Provider Qualifications					
Provider Type:	Entity Responsible for Verification:		Frequency of Verification		
Service Delivery Method					
Service Delivery Method (check each that applies):	<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 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 1902(a) to which 1915(c) is typically bound.