

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.¹ 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): Community Choices Waiver & Adult Day Health Care Waiver

C. Control Number(s): Reference LA.0866.R02.12 & LA.0121.R07.12

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.

This Appendix K is additive to the previously approved Appendix K documents and has the same start date as the other previously approved Appendix K documents.

This Appendix K request includes activities in the State's approved HCBS Spending Plan authorized under Section 9817 of the American Rescue Plan Act. The following activities are included in the State's Plan:

- Effective 10/1/2021 through 6 months after the PHE ends: Time limited rate increases for Personal Assistance Services (PAS) under the Community Choices Waiver (CCW);
- Effective 10/1/2021 through 6 months after the PHE ends: time limited rate increases for Adult Day Health Care (ADHC) services under the CCW and ADHC Waiver;
- Effective 10/1/2021 through 6 months after the PHE ends: time limited rate increases for Support Coordination services under the CCW and ADHC Waiver;
- Effective 4/1/2021: Supplemental payments to PAS, ADHC and Support Coordination Agencies to stabilize the direct support workforce, recruitment and retention;
- Effective 7/1/2022: Adding a new service under CCW & ADHC Waiver programs – Assistive Technology, which pays for an assistive technology device and certain associated costs.
- Effective 7/1/2022: Modifying the service definition for Home Delivered Meals under the Community Choices Waiver to add the provision of medically tailored meals for certain participants.

This Appendix K also increases the rates for the Monitored In-Home Caregiving (MIHC) and Caregiver Temporary Support (in home and at ADHC) services beginning October 1, 2021 and increases the number of individuals that may be served in the CCW during waiver years 3 and 4.

F. Proposed Effective Date: Start Date: January 27, 2020 **Anticipated End Date:** 6 months after the conclusion of the Public Health Emergency (PHE)

G. Description of Transition Plan.

All activities will take place in response to the impact of COVID-19 as efficiently and effectively as possible based upon the complexity of the changes.

H. Geographic Areas Affected:

These actions will apply across the waivers to all individuals impacted by COVID-19.

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. 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.]

Effective 10/01/21 through 6 months after the PHE ends: The State will provide a time limited reimbursement rate increase to Personal Assistance Services (PAS) under the Community Choices Waiver (CCW), and Adult Day Health Care (ADHC) providers and Support Coordination Agencies (SCAs) under the CCW and ADHC Waiver. These provider payments are aimed at strengthening and stabilizing the HCBS workforce serving the aging and adults with physical disabilities population. A portion of the funds must be passed on directly to their direct service workers. This is funded under Section 9817 of the American Rescue Plan. For PAS and ADHC services, the state is requiring that 70% of the funding associated with the increase be passed directly to the direct service worker in the form of wages or other wage and non-wage benefits.

Effective 10/01/21 through 6 months after the PHE ends: The State will provide a time limited reimbursement rate increase to Caregiver Temporary Support Services (in home and ADHC) and Monitored In-Home Caregiving (MIHC) services under the Community Choices Waiver.

The rate development methodology for these services is not different from the current approved waiver.

Effective October 1, 2021 through March 31, 2025 or until the state's funding authorized under Section 9817 of the American Rescue Plan is exhausted, PAS providers will receive a 42% reimbursement rate increase; from \$3.25 per 15 minute unit (\$13.00 per hour) to \$4.63 per 15 minute unit (\$18.50 per hour) for PAS. The State will amend the two waivers prior to the expiration of the PHE/Appendix K to add this rate increase to the base waiver documents if funding is not exhausted.

Effective October 1, 2021 through March 31, 2025 or until the state's funding authorized under Section 9817 of the American Rescue Plan is exhausted, ADHC service reimbursement rates will be increased by 35%; median rate will increase from \$2.97 per 15 minute unit to \$4.02 per 15 minute unit (rates differ based on facility specific transportation rate). The State will amend the two waivers prior to the expiration of the PHE/Appendix K to add this rate increase to the base waiver documents if funding is not exhausted.

Effective October 1, 2021 through March 31, 2025 or until the state's funding authorized under Section 9817 of the American Rescue Plan is exhausted, the SCA reimbursement rates will be increased by 30% for the Community Choices Waiver and the ADHC Waiver. Reimbursement for support coordination services will increase from \$155 per participant per month to \$202 per participant per month. Reimbursement for Transition Intensive Support Coordination services will increase from \$172 per participant per month to \$224 per participant per month. The State will amend the two waivers prior to the expiration of the PHE/Appendix K to add this rate increase to the base waiver documents if funding is not exhausted.

Effective October 1, 2021 through March 31, 2025, reimbursement rates for the Monitored In-Home Caregiving (MIHC) services will be increased by 32%. Tier I acuity level rates increase from \$59.69 per day per participant to \$78.63 per day per participant. Tier II acuity level rates increase from \$89.40 per day per participant to \$117.94 per day per participant. The State will amend the CCW waiver prior to the expiration of the PHE/Appendix K to add this rate increase to the base waiver documents.

Effective October 1, 2021 through March 31, 2025, reimbursement rates for Caregiver Temporary Support Services (in home) will be increased by 42%. The reimbursement rate will increase from \$3.25 per 15 minute unit (\$13.00 per hour) to \$4.63 per 15 minute unit (\$18.50 per hour). The State will amend the CCW waiver prior to the expiration of the PHE/Appendix K to add this rate increase to the base waiver documents.

Effective October 1, 2021 through March 31, 2025, reimbursement rates for Caregiver Temporary Support Services (at ADHC) will be increased by 35%. The reimbursement rate will increase from \$2.97 per 15 minute unit to \$4.02 per 15 minute unit. The State will amend the CCW waiver prior to the expiration of the PHE/Appendix K to add this rate increase to the base waiver documents.

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. X Increase Factor C.

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

Community Choices Waiver (LA.886) Increases to the unduplicated counts are needed to provide additional waiver opportunities for years 3-4 as follows:

Unduplicated # of CCW participants:

Year 3 – 5,305 to 6,005

Year 4 – 5,305 to 6,883

Maximum # of participants at any point in the year:

Year 3 – 5,112 to 5,303

Year 4 – 5,112 to 5,803

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

The State will provide supplemental payments to PAS providers under the CCW and for the ADHC providers under the CCW and ADHC Waiver, in the amount of \$150 per month for every month worked by the direct support staff, of which \$125 must be paid directly to the direct support staff and the provider retains \$25. The effective date for these providers is April 1, 2021 through March 31, 2025 or until the state's funding authorized under Section 9817 of the American Rescue Plan is exhausted. The State will amend the two waivers prior to the expiration of the PHE/Appendix K to add these supplemental payments to the base waiver documents if funds have not been exhausted.

The State will provide supplemental payments to SCAs under the CCW and ADHC Waiver, in the amount of \$150 per month for every month worked by the support coordinator, of which \$125 must be paid directly to the support coordinator and the agency retains \$25. The effective date for these supplemental payments is April 1, 2021 through March 31, 2025 or until the state's funding authorized under Section 9817 of the American Rescue Plan is exhausted. The State will amend the two waivers prior to the expiration of the PHE/Appendix K to add these supplemental payments to the base waiver documents if the funds have not been exhausted.

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: Medicaid Section Chief
Agency: Bureau of Health Services Financing
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 225-342-9168

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

First Name: Melinda
Last Name Richard
Title: Assistant Secretary
Agency: Office of Aging and Adult Services
Address 1: P.O. Box 2031
Address 2: Click or tap here to enter text.
City Baton Rouge
State La
Zip Code 70821-2031
Telephone: 225-219-0223
E-mail Melinda.Richard@la.gov
Fax Number 225-219-0202

8. Authorizing Signature

Signature: /S/

Date: May 16, 2022

State Medicaid Director or Designee

First Name: Patrick
Last Name Gillies
Title: Medicaid Executive 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: 225-342-0327
E-mail Patrick.Gillies@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).

Service Specification				
Service Title:	Assistive Technology			
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>				
Service Definition (Scope):				
<p>Assistive Technology services include the following for participants in the ADHC Waiver and Community Choices Waiver:</p> <p>Assistive technology means an item, piece of equipment or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of participants. Assistive technology service means a service that directly assists a participant in the selection, acquisition, or use of an assistive technology device. Assistive technology includes the following:</p> <ul style="list-style-type: none"> - Evaluating to determine if an assistive technology device is appropriate for the participant. - Purchasing the most appropriate assistive technology device for the participant. - Costs associated with the delivery, set up and training. <p>This service will:</p> <ul style="list-style-type: none"> - Increase the waiver participant's independence, including improved cognitive, social or behavioral functioning and development or maintenance of personal, social or physical skills for independence. - Increase the waiver participant's ability to continue living in the community and avoid institutionalization. <p>This service must be listed on the Plan of Care. This service may not be used to pay for internet connectivity services.</p> <p>This service will be effective July 1, 2022 and is included as part of the state's approved HCBS Spending Plan authorized under Section 9817 of the American Rescue Plan Act through March 31, 2025 or until the state's authorized funding is exhausted. The State will amend the two waivers prior to the expiration of the PHE/Appendix K to add this new service to the base waiver documents.</p>				
Specify applicable (if any) limits on the amount, frequency, or duration of this service:				
Purchase 1 assistive technology device per participant with a maximum amount of \$250.00.				
Provider Specifications				
Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	X Agency. List the types of agencies:	
			Support Coordination Agency	
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)	

Service Specification			
Service Title:	Assistive Technology		
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>			
Support Coordination Agency		Must be certified as a case management (support coordination) agency by LDH/OAAS.	Must enroll as a Medicaid Support Coordination Agency (SCA) provider. Must sign and comply with the OAAS SCA Performance Agreement.
Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
Support Coordination Agency	OAAS		Initial and annual
Service Delivery Method			
Service Delivery Method (check each that applies):	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/> Provider managed
	<input type="checkbox"/>		

Service Specification	
Service Title:	Home Delivered Meals – Community Choices Waiver
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope):	
<p>Up to two (2) nutritionally balanced meals per day may be delivered to the home of an eligible participant who is unable to leave his/her home without assistance, unable to prepare his/her own meals, and/or has no responsible caregiver in the home. Each meal shall provide a minimum of one-third of the current recommended dietary allowance (RDA) for the participant as adopted by the United States Department of Agriculture. The provision of home delivered meals does not provide a full nutritional regimen. The meal is delivered to the participant's home.</p> <p>The purpose of home delivered meals is to assist in meeting the nutritional needs of an individual in support of the maintenance of self-sufficiency and enhancing the quality of life.</p> <p>Under the Community Choices Waiver, Medically Tailored Meals (MTMs) may be delivered to participants with certain chronic conditions when discharging from the hospital and/or nursing facility. In addition, participants will receive nutritional guidance to support healthy food choices for their third meal and snacks.</p> <p>This service will be effective July 1, 2022 and is included as part of the state's approved HCBS Spending Plan authorized under Section 9817 of the American Rescue Plan Act through March 31, 2025 or until the state's authorized funding is exhausted. The State will amend the waiver prior to the expiration of the PHE/Appendix K to add this new service to the base waiver document.</p>	
Specify applicable (if any) limits on the amount, frequency, or duration of this service:	

Service Specification					
Service Title:	Home Delivered Meals – Community Choices Waiver				
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>					
Participants will either receive regular home delivered meals or medically tailored meals. For MTMs, participants are limited to receive this service up to 12 weeks post their hospitalization/discharge from the nursing facility.					
Provider Specifications					
Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	X	Agency. List the types of agencies:	
			Home Delivered Meals		
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)		
Home Delivered Meals		<p>In-state providers must meet LDH Public Health certification, permit and inspection requirements for retail food preparation, processing, packaging, storage and distribution or contract with an entity that meets said requirements.</p> <p>Out-of-state providers must meet all USDA food preparation, processing, packaging, storage and out-of-state distribution requirements. Must meet home state of operations requirements for food preparation, processing,</p>	<p>Must enroll as Home Delivered Meals provider, except for those providers who choose to sub-contract with an OHCDs that is an enrolled Medicaid provider.</p> <p>Must comply with all LDH rules and regulations.</p>		

Service Specification				
Service Title:	Home Delivered Meals – Community Choices Waiver			
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>				
		packaging, storage and distribution.		
Verification of Provider Qualifications				
Provider Type:	Entity Responsible for Verification:		Frequency of Verification	
Home Delivered Meals	Medicaid Provider Enrollment, local public health, and/or USDA inspectors		Initially and periodically by local public health and/or USDA inspector	
Service Delivery Method				
Service Delivery Method (check each that applies):	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
	<input type="checkbox"/>		<input type="checkbox"/>	



ⁱNumerous 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.