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: Iowa

B. Waiver Title(s):

Iowa Children's Mental Health Waiver; Iowa HCBS AIDS Waiver; Iowa HCBS Elderly Waiver; Iowa HCBS Intellectual Disabilities Waiver; Iowa HCBS Waiver for Persons w/Physical Disabilities; Iowa HCBS - Brain Injury (BI) Waiver; Iowa HCBS Health and Disability Waiver

C. Control Number(s):

- IA.0213.R06.09
- IA.0299.R05.08
- IA.0345.R04.07
- IA.0819.R02.08
- IA.4111.R07.06
- IA.4155.R06.06
- IA.0242.R06.09

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

X	**Pandemic or Epidemic**
○	**Natural Disaster**
○	**National Security Emergency**
○	**Environmental**
○	**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 in addition to Iowa's previously approved Appendix Ks. It is being submitted to implement the State's ARP 9817 spending plan.

F. Proposed Effective Date: Start Date: 1/27/20 **Anticipated End Date:** Six months after the expiration of the 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 change.

H. Geographic Areas Affected:

These actions will apply across the waiver, statewide, 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.___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. _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]

To address the HCBS provider workforce shortages exacerbated by the COVID-19 public health emergency, Iowa will make one-time recruitment and retention payments to HCBS Waiver Individual Consumer Directed Attendant Care (ICDAC) providers, HCBS Waiver Agency Consumer Directed Attendant Care (CDAC), HCBS Waiver Consumer Choices Option Employees (CCO), HCBS Waiver Day Habilitation Providers, HCBS Waiver Supported Community Living (SCL) Providers, and HCBS Waiver Respite Providers that meet the following criteria:

1. Provided services:
   - Between July 1, 2020, and June 30, 2021; and
   - Continued to provide patient care after April 1, 2021.
2. Has not permanently ceased providing patient care directly or indirectly.
3. With respect to Medicare, any state Medicaid program, and any Federal health care program, is not:
   - Suspended or excluded from participation;
   - Suspended from receiving payments; or
   - Under any other sanction or penalty.

The State Medicaid Agency collected information from provider agencies on the total number of full-time equivalents (FTEs) to be recruited and the total number of FTEs to be retained, the total number of ICDAC providers, and the total number of CCO members employing direct care workers to identify the total number of FTEs eligible for distribution of funds. For purposes of calculating the amount to be distributed per FTE:

- ICDAC providers are considered 1 FTE.
- CCO employees providing self-directed personal care services, self-directed community supports, and employment or individual-directed goods and services are considered as 1 FTE.
- For agency providers, an FTE is equal to a 32-hour work week. Two direct care workers working 16 hours per week are treated as 1 FTE.

The amount to be distributed per FTE = Total dollars/Total FTEs.

For CCO employees, the funds will be issued to, and managed by, the CCO Financial Management Service. The CCO participant employer retains the authority to determine how the recruitment and retention funds will be distributed to their employees and the amount to be distributed.

Provider agencies must use the recruitment and retention payment for expenses that:

1. Are related to making one-time recruitment payments to newly hired direct care workers filling vacant positions; or
2. Are related to making one-time retention payments to current direct care workers.

The provider agency must spend all funds for allowable purposes on or before March 31, 2024. Any funds not spent for allowable purposes within this time constitute an overpayment subject to recoupment. These payments will be reconciled by Iowa Medicaid for integrity of the investment in recruiting and retention. Information on payments made, including provider's or CCO participant’s identifiable information and date of payment, will be collected and reconciled periodically.

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: Wines
Title: Program Manager
Agency: Iowa Department of Human Services/Iowa Medicaid Enterprise
Address 1: 1305 East Walnut Street
Address 2: Click or tap here to enter text.
City: Des Moines
State: Iowa
Zip Code: 50319
Telephone: 515-321-6218
E-mail: bwines@dhs.state.ia.us
Fax Number: 515-725-1360

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

First Name: Jennifer
Last Name: Steenblock
Title: Federal Compliance Officer
Agency: Iowa Medicaid Enterprise
Address 1: 1305 East Walnut Street
Address 2: Click or tap here to enter text.
City: Des Moines
State: Iowa
Zip Code: 50319
Telephone: 515-782-1509
E-mail: jsteenb@dhs.state.in.us
Fax Number: 515-725-1360

8. Authorizing Signature

Signature:

Date:

3/24/2022

State Medicaid Director or Designee

First Name:	Elizabeth
Last Name:	Matney
Title:	Medicaid Director
Agency:	Iowa Medicaid Enterprise
Address 1:	1305 East Walnut Street
Address 2:	Click or tap here to enter text.
City:	Des Moines
State:	Iowa
Zip Code:	50319
Telephone:	515-256-4640
E-mail:	ematney@dhs.state.ia.us
Fax Number:	515-725-1360

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:	
Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:	
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)***:**	☐	Individual. List types:	☐	Agency. List the types of agencies:

Specify whether the service may be provided by *(check each that applies):*	☐	Legally Responsible Person	☐	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)*:	☐	Participant-directed as specified in Appendix E	☐	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.