

# Appendix K

## Overview for ID & LAH

### Waivers

Emergency Preparedness and Response

COVID-19 Addendum

# Temporary or Emergency Specific Amendments

- Time-limited to the Dates of the Declared Emergency
- Tied Specifically to Individuals Impacted by the Emergency

## Points of Note

- Regardless any temporary changes in service amounts, settings, authorizations, etc., ADMH will perform retrospective reviews to assure that fraud, waste, and program abuse do not occur as a result of this emergency response.
- Regardless any waiver of authorization/documentation, any changes to service volume/type must be recorded on the Plan of Care and submitted to Regional Community Services as per the usual protocol.
- Any changes to service settings must be communicated to RCS, along with all applicable contact, safety, and staffing information, *in advance* of implementation.
- Any temporary changes in process and/or rate increases begin on March 1, 2020 and extend through the end of the month in which the PHE terminates, not to exceed the end date of the approved Appendix K.

# Temporary Changes to Access & Eligibility

- Persons enrolled in the Waivers may receive fewer than one service without being subject to discharge.
- For a new applicant for waiver services, in the event that a qualifying evaluation is not possible, and substantiating documentation of all eligibility criteria is not available, the State will temporarily accept limited sources of substantiated data, including the most recent IQ test prior to age 18 with an IQ score less than 70, an ID diagnosis without an adaptive assessment prior to age 18, or a physician's statement verifying an ID diagnosis prior to age 18 that directly causes an adaptive behavior impairment.

# Temporary Changes in Authorization/ Amounts of Services

- Limitations on the number of participants served with Residential Habilitation in each certified home may be exceeded, but only when all other alternatives for supports have been exhausted.
- Minimum staffing ratios in Residential Habilitation settings may be exceeded due to staffing shortages, so long as the health and safety of participants is preserved and required minimum staffing ratios are implemented as often and as soon as possible.
- Any previously authorized Personal Care or Adult Companion services, or any combination of these services, may be modified up to a maximum of 18 hours per day without requesting a variance in order to meet the needs of the participants.
- Respite services, including any combination of In-Home or Out-of-Home Respite, may exceed the fiscal year limit of 4320 units.
- Temporarily allow verbal orders from a physician or other licensed health care provider for non-prescription Specialized Medical Supplies.

# Temporary Changes to Service Settings

- Out-of-Home Respite services may be provided in an alternative (e.g., non-certified), non-facility setting to ensure the health and safety of participants.
- To the extent that the services may be administered while safely observing social distancing guidelines, they may be provided in an alternative, non-community setting (e.g., a provider facility such as a gymnasium or home with sufficient space to allow for ample distancing).

# Temporary Changes to Provider Qualifications

- Provider staff training qualifications may be modified as follows:
  - Required staff training for beginning employment, including Nurse Delegation Program training, may be conducted on-line, by telephone, or electronically, as appropriate.
  - Any staff persons not fully trained must work under supervision of a fully trained staff person.
  - Annual refresher training of staff due through 7/1/2020 may be extended for 90 days.
  - For Residential Habilitation, Adult Companion or Personal Care services, if family members are temporarily approved to provide these services in order to cover gaps in care resulting from issues related to the COVID-19 pandemic, ADMH will temporarily suspend routine employee screening for said family members (e.g., TB, background checks, drug screens). Suspension of said screenings is temporary, and all required screenings will be required to be completed once the emergency period ends.

# Temporary Changes to Provider Types

- Providers may be reimbursed at the approved waiver service limits, per existing Waiver limits and guidelines, when purchasing Specialized Medical Supplies and Assistive Technology items from any available vendor, regardless of inclusion on the existing approved vendor list, who can provide necessary and potentially short-supplied items in stock when supply shortages or costs are impacted by circumstances related to the COVID-19 pandemic.

# Temporary Changes to Provider Certification

- AMDH will temporarily suspend annual and follow-up certification reviews of existing provider agencies until 7/1/2020. All suspended certification reviews will be completed within 90 days of 7/1/20; however, if the PHE continues beyond 7/1/20, the Operating Agency will conduct desk and electronic reviews, instead of on-site reviews, through the end of the month in which the PHE terminates, not to exceed the end date of the approved Appendix K.
- Notwithstanding the foregoing, AMDH will continue to complete “For Cause” on-site certification visits when needed, based on any pattern of incident reports, complaints or other information indicating concerns regarding individuals’ health, safety, rights, access to services, or other aspects of the provider organization's operations.
- For the duration of the Public Health Emergency (PHE) and through the end of the month in which the PHE is terminated, provider applications for new settings and/or services may be submitted electronically.

# Temporary Increases in Payment Rates

- ADMH will temporarily increase Residential Habilitation rates by 19% for all providers, to account for greater needs for staffing and direct service, given the suspension of Day services.
- ADMH will temporarily increase rates for the following services to account for excessive overtime pay for direct support personnel, to cover staffing needs in the event of unusual numbers of sick employees and to account for additional infection control supplies (including personal protective equipment (PPE)) and service costs: Personal Care, Adult Companion, Respite, and Skilled Nursing (LPN Nursing and RN Nursing.) The rate setting methodology remains the same. Upward adjustments are made to account for the supply costs and anticipated overtime for direct support personnel. Resulting temporary rate increases will not exceed 50%. The exact increase will be determined based on current market factors and substantiated, additional costs incurred by providers.
- Self-directed employees may not work more than 16 hours per day, and the sum total of their hours worked in a given week cannot exceed 40. If an exception is required due to issues related to the COVID-19 pandemic, a specific request must be made via Support Coordination through the established request process. In the event an exception is made to allow overtime, ADMH will permit, with documentation of substantiated need, overtime work to allow the needed amount, duration or change in scope within the Waiver to effectively address emergent health, safety and welfare-related needs of participants during the COVID-19 pandemic. This change applies to the following self-directed services: Personal Care, Adult Companion, Respite and Skilled Nursing (LPN Nursing and RN Nursing.)

# Temporary Changes to Person- Centered Plan Development

- The person-centered plan must be modified to allow for additional supports/and or services to respond to the COVID-19 pandemic, to include amount, duration and scope. It will be appended as soon as possible, but no later than 30 days to ensure that the specific service is delineated accordingly to the date it began to be received.

# Temporary Changes in Incident Reporting

- Providers must submit incident reports for participants who test positive for COVID-19 within 48 hours of receiving notification and disclose any exposure of the COVID-19-positive participant to any other waiver participants and/or staff persons. Incident reports must also be submitted within 48 hours for each other participant potentially exposed.