

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance



Office of the Senior Deputy Director/Medicaid Director

April 22, 2020

**DHCF Announces Approval of
Appendix K Emergency Preparedness Response Plan**

The District of Columbia Department of Health Care Finance (DHCF) submitted an Appendix K waiver to the Centers for Medicare and Medicaid Services (CMS) on April 8, 2020. An Appendix K is a standalone appendix that may be utilized by states during emergency situations to request amendments to approved Medicaid home-and community-based services Section 1915(c) waivers. The Appendix K includes actions that Medicaid agencies can take under the existing Section 1915(c) home and community-based waiver authority in order to respond to an emergency. On April 17, 2020, CMS approved the District's Appendix K emergency preparedness response plans to combat COVID-19. The District can submit amendments to Appendix K to address additional needs during COVID-19 outbreak. To read the approval letter, and the full Appendix K, click [HERE](#).

This comprehensive set of amendments provides the District with a number of flexibilities for the care of beneficiaries enrolled in the Elderly and Persons with Physical Disabilities (EPD) Waiver, managed by DHCF, and the Individuals with Intellectual and Developmental Disabilities (IDD) Waiver, managed by the Department of Disability Services (DDS). Flexibilities requested and approved under the Appendix K are listed below. More details and specific information on the implementation of Appendix K can be found in the [appropriate transmittal](#) and in guidance issued by the DHCF Long Term Care Administration for the EPD Waiver or the Department of Disability Services (DDS) for the IDD Waiver.

Payments

- Temporarily increase reimbursement rates to IDD providers for In Home Support, Behavioral Support, Respite, and Supported Living Periodic services provided by Direct Support Professionals (DSP):
 - to support increased costs associated with overtime.
 - to support increased costs associated with utilizing staffing agencies charging a rate higher than that reimbursed by DHCF.
 - to support increased costs associated with DSPs providing services to and working with persons who have been medically quarantined.

- Temporarily increase reimbursement rates to home health agencies (HHAs)
 - to support increased costs associated with utilizing staffing agencies charging a rate higher than that reimbursed by DHCF

- for PCA services to accommodate additional costs associated with the need to pay overtime compensation
 - to support costs associated with PCAs working with persons who have been medically quarantined.
- Temporarily allow payments equal to 75% of the FFS per diem rate to Adult Day Health Programs (AHDPs) for wellness checks provided via video conferencing/other electronic modality
 - Temporarily allow retainer payments equal to 25% of the standard per diem rate to an AHDP if a participant is unable to attend the ADHP because services could not be rendered as a result of the public health emergency.
 - Temporarily allow retainer payments for authorized day program services providers if a participant is unable to attend day program services as a result of the public health emergency, and the participant instead received natural supports, companion services, or in-home supports.
 - Temporarily allow payment for participant-directed services provided by family members of EPD waiver beneficiaries currently enrolled in the Services My Way program whose approved participant-directed worker (PDW) is unable to provide services as a result of the COVID-19 emergency. This option is only available to beneficiaries actively enrolled in the Services My Way program as of the start date of the COVID-19 emergency.

Electronic Service Delivery (EPD & IDD Waiver)

- Temporarily allow the following services to be conducted electronically, in accordance with HIPAA requirements:
 - the ISP development and review
 - Service Coordinators to monitor services through a minimum of monthly contact
 - Case managers to conduct person-centered service plan (PCSP) initial and annual meetings
 - In-Home and Community Support, Companion, and Behavioral Support services
 - Level of Care (LOC) assessments
 - Training on a person's Individual Support Plan (ISP), Health Management Care Plan, Behavior Support Plan, Individual Program Plan (IPP), Personal Emergency Preparedness Plan (PEP), Nutrition, Specialized Dining Techniques, Transfer and Mobility Procedures, Seizure Disorders/Protocols, Medication/Sides Effects, etc.
 - Support broker visits
 - Adult Day Health Program (ADHP) services

EPD Waiver

- Initial request for LOC assessment and request for re-assessment will not require physician or APRN authorization for the duration of the emergency period.
- Temporarily allow Liberty to conduct level of care (LOC) assessments/ reassessments via video conferencing/other electronic modality or telephone for the duration of the emergency in accordance with HIPAA.
- Temporarily extend the CPR and First Aid training and certification deadline for Service My Way participant-directed workers (PDWs) with current CPR and First Aid certification at the start of the public health emergency, but whose CPR and First Aid certification expired during the public health emergency period

IDD Waiver

- Services may temporarily exceed the limitation of 20% of total hours being provided by telephone or other technology to communicate up to 100%
- Companion Services may be provided by the residential provider should that provider be an approved companion services provider
- Temporarily allow, for the duration of the public health emergency, the use of alternative settings and the use companion services in place of day services. The use of companion services, the increase of in-home supports as needed, and other required changes may be authorized prior to updating the participant's individual service plan (ISP).
- Respite services may be provided in any setting necessary to ensure the health and safety of the participants
- Host Home service recipients may receive Companion services if the person was previously receiving day services and is unable to attend the day program as a result of the public health emergency
- Allow currently approved HCBS supported living, residential habilitation, and host home providers be considered qualified to provide companion services
- Participants that require hospitalization due to a diagnosis of COVID-19 may receive Residential Habilitation Supported Living and/or In Home and Companion services in a hospital setting when the participant requires these services for communication, behavioral stabilization and/or intensive personal care needs.

- Temporary suspend some qualification requirements for Direct Support Professional (DSP) staff:
 - Initial and annual training including CPR and First Aid, pre-service and in-service training described in DDS policy, etc.) until 45 days after the end of the public health emergency.
 - Pre-employment background checks until 45 days after the end of the public health emergency.
- Service Coordinators may review a participant's current level of need and extend the efficacy of the current annual level of care for a period of up to twelve (12) months.
- Temporarily allow the annual physical examination requirement to be extended by a period of up to 180 days, if a participant is recommended by the physician or support team not to travel into the physician's office or clinic during this public health emergency.
- Allow staffing ratios to be modified in cases where the emergency back-up plan cannot be met. Providers must ensure the health and safety of the participant and must maintain documentation.
- Temporarily postpone agency certification reviews for the following services:
 - supported living,
 - residential habilitation,
 - host home, and
 - in-home supports
- Incident Management changes:
 - Suspended the requirement to conduct an investigation of any incident of deviation in staffing.
 - Suspended the requirement to submit an incident report for any deviation in staffing. Providers must report any incidents in which staffing shortages result in a failure to provide care.