

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: ILLINOIS

B. Waiver Title(s):

Persons who are Elderly (ELD)
Persons with Disabilities (PD)
Persons with HIV/AIDS (HIV)
Persons with Brain Injury (BI)
Persons who are Medically Fragile, Technology Dependent (MFTD)
Supportive Living Program(SLP)
Adults with Developmental Disabilities (DD)
Support Waiver for Children and Young Adults with Developmental Disabilities (CSW)
Residential Waiver for Children and Young Adults with Developmental Disabilities (CRW)

C. Control Number(s):

IL.0143.R06.06 (ELD)
IL.0142.R06.07 (PD)
IL.0202.R06.05 (HIV)
IL.0329.R04.06 (BI)
IL.0350.R04.07 (DD)
IL.0464.R02.08 (CSW)
IL.0473.R02.08 (CRW)
IL.0278.R05.04 (MFTD)
IL.0326.R04.05 (SLP)

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

☒	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.*

COVID-19 pandemic. This amendment is to make an update to the previously approved Appendix K.

- 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. X 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).

[Adults with Developmental Disabilities (0350): Adding Virtual Day Service.]

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. X **Temporarily modify provider qualifications (for example, expand provider pool, temporarily modify or suspend licensure and certification requirements).**

i. X **Temporarily modify provider qualifications.**

[Provide explanation of changes, list each service affected, list the provider type, and the changes in provider qualifications.]

Elderly (0143): Homecare aide:

1. **Illinois Administrative Code: Title 89, Chapter II, Section 240.1520.0** For homecare aides hired during the remainder of calendar year 2020 and through January 26, 2021, the pre-service training requirements must be completed within twelve months of the initial hire date.
2. **Illinois Administrative Code: Title 89, Chapter II, Section 240.1535(b)(3)(C) (i-xxiii)** For the remainder of calendar year 2020 and through January 26, 2021, a minimum of six hours of in-service training is mandatory.

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.]

The state may temporarily increase the rate for Community Day Service (CDS) services (31C/31U) and At-Home Day Program (37U) not to exceed 25% effective September 1, 2020 in order to assist providers with increased costs due to additional staffing for support, monitoring and cleaning, cleaning supplies, PPE, and transportation costs.

Virtual Day Services (VDS) is being developed in response to the changing needs of the individuals served during the Public Health Emergency. This is intended to be a temporary service provided during the Public Health Emergency. The service is expected to result in the person experiencing meaningful interactions with people outside their home.

The rate for Virtual Day Services (VDS) effective September 1, 2020 will be \$5.46 per hour. The rate was developed based on the current Community Day Service (CDS) model with adjustments to 1) increase wage and fringe benefit assumptions; 2) remove costs related to transportation, which is not required for VDS; and 3) increase staffing ratio and productivity assumptions to reflect the virtual delivery model for day services.

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. X 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]

Elderly (0143), Persons with Disabilities (0142), Persons with HIV/AIDS (0202), Persons with Brain Injury (0329), Adults with Developmental Disabilities (0350): Beginning July 15, 2020, APS agencies will resume face to face (FTF) visits for new Priority 1 (a FTF within 24 hours) and Priority 2 (contact within 72 hours and a FTF within 30 days) intakes received July 15, 2020 and after. Cases initiated between March 16-July 14, 2020, classified as Priority 1 and those cases that have the most recently completed Risk Assessment as high risk should complete an FTF within 15 calendar days. Cases initiated between March 16-July 14, 2020, where the alleged victim is in a hospital/long-term care facility/community integrated living arrangement or has been unable to locate or contact will complete an FTF within 30 calendar days. For any case that there is a concern for the health, safety, and/or welfare of the alleged victim an FTF shall be completed, with Department on Aging management review.

For all Priority 3 cases, or any other case type not listed, the investigative process for abuse/neglect/ exploitation will be conducted by telephone outreach with the alleged victim. For new Priority 3 cases, the APS worker shall telephonically reach out to the client no later than seven days from the intake report. A substantiation decision shall not be rendered until an FTF has been completed, but the APS worker will continue to outreach and work with the client during this time to mitigate any risk to the health, safety, and/or welfare of the client.

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.]

Persons with Disabilities (0142), Persons with HIV/AIDS (0202), Persons with Brain Injury (0329), Supportive Living Program (0326), Persons who are Medically Fragile, Technology Dependent (0278), Adults with Developmental Disabilities (0350), CSW (0464), CRW (0473)

The State will authorize retainer payments for two additional consecutive 30 day periods for services that include habilitation and personal care (total of three 30 day periods).

Consecutive days are those days that are eligible for billing. Through expense reporting and billing procedures, the State will ensure that there will be no duplicative payments.

Retainer payments will be paid at 100% of the current rate. Retainer payments must be attributable to individuals and will not be paid to agencies as a lump sum.

The State will require an attestation from the provider acknowledging:

- Retainer payments will be subject to recoupment if inappropriate billing or duplicate payments for services occurred as identified in a state or federal audit or any other authorized third-party review. (Duplicate uses of available funding streams means using more than one funding stream for the same purpose).
- The provider will not lay off staff and will maintain wages at existing levels.
- The provider had not received funding from any other sources, including but not limited to unemployment benefits and Small Business Administration loans, that would exceed their revenue for the last full quarter prior to the PHE, or that the retainer payments at the level provided by the state would not result in their revenue exceeding that of the quarter prior to the PHE.
 - If a provider has not already received revenues in excess of the pre-PHE level but receipt of the retainer payment in addition to those prior sources of funding results in the provider exceeding the pre-PHE level, any retainer payment amounts in excess will be recouped.
 - If a provider had already received revenues in excess of the pre-PHE level, retainer payments are not available.

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]

Persons who are Elderly (0143), Persons with Disabilities (0142), Persons with HIV/AIDS (0202), Persons with Brain Injury (0329), Supportive Living Program (0326), Persons who are Medically Fragile, Technology Dependent (0278), Adults with Developmental Disabilities (0350), CSW (0464), CRW (0473)

The State will initiate remote/virtual monitoring of participant record reviews.

Remote/virtual record reviews will assess the same components as onsite record reviews.

Onsite provider reviews are suspended until the end of the Public Health Emergency, but no later than the end of Appendix K (January 26, 2021).

Persons who are Elderly (0143), Persons with Disabilities (0142), Persons with HIV/AIDS (0202), Persons with Brain Injury (0329), Supportive Living Program (0326), Persons who are Medically Fragile, Technology Dependent (0278), Adults with Developmental Disabilities (0350), CSW (0464), CRW (0473)

The timeframes for the submission of the CMS 372s and the evidentiary package(s) will be extended as needed pursuant to the emergency. In addition, the state may suspend the collection of data for performance measures other than those identified for the Health and Welfare assurance and notes that as a result the data will be unavailable for this time frame in ensuing reports due to the circumstances of the pandemic.

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]*:

Persons who are Elderly (0143), Persons with Disabilities (0142), Persons with HIV/AIDS (0202), Persons with Brain Injury (0329): Effective 8/1//2020 Adult Day Service (ADS) may be provided in-person (upon approval by the Department on Aging), or remotely (upon approval by the Department on Aging).

Adults with Developmental Disabilities (0350): Effective 8/1//2020 Community Day Services (CDS) may be provided in-person (upon approval by the Division of Developmental Disabilities), or remotely (upon approval by the Division of Developmental Disabilities)

Persons with Brain Injury (0329): Modify Day Habilitation, Prevocational Services, and Cognitive Behavioral Therapies may be provided in-person (upon approval by the Division of Rehabilitation Services), or remotely (upon approval by the Division of Rehabilitation Services)

- 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: Pamela
Last Name: Winsel
Title: Senior Public Service Administrator
Agency: Department of Healthcare and Family Services
Address 1: 201 S. Grand Ave.
Address 2: 2nd floor
City: Springfield
State: IL
Zip Code: 62763
Telephone: 217-782-6359
E-mail: Pamela.Winsel@ILLINOIS.gov
Fax Number: 217-557-2780

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

First Name: Persons who are Elderly 0143
Last Name Lora McCurdy
Title: Deputy Director
Agency: Illinois Department on Aging
Address 1: 100 Natural Resources Way
Address 2: Click or tap here to enter text.
City Springfield
State IL
Zip Code 62702
Telephone: 217-558-3925
E-mail Lora.McCurdy@ILLINOIS.gov
Fax Number Click or tap here to enter text.

First Name: Disabilities 0142, HIV/AIDS 0202, Brain Injury 0329
Last Name Lyle VanDeventer
Title: Waiver Manager, Home Services Program
Agency: Department of Human Services, Division of Rehabilitation Services
Address 1: 100 S. Grand Ave
Address 2: PO Box 19429
City Springfield
State IL
Zip Code 62794-9429
Telephone: 217-557-1875
E-mail Lyle.VanDeventer@ILLINOIS.gov
Fax Number 217-558-0083

First Name: MFTD 0278
Last Name Stephanie Leach
Title: Assistant Director of Operations
Agency: UIC Division of Specialized Care for Children
Address 1: 3135 Old Jacksonville Rd
Address 2: Click or tap here to enter text.
City Springfield
State IL
Zip Code 62704
Telephone: 217-558-2350
E-mail sleach1@exchange.dscc.uic.edu
Fax Number 217-782-9444

First Name: SLP 0326
Last Name Mark McCurdy

Title: Chief, Bureau of Long Term Care
Agency: Department of Healthcare and Family Services
Address 1: 201 S. Grand
Address 2: Click or tap here to enter text.
City Springfield
State IL
Zip Code 62763
Telephone: 217-782-0545
E-mail Mark.McCurdy@ILLINOIS.gov
Fax Number 217-557-5061

First Name: Adult DD 0350, Children Support 0464, Children Residential 0473
Last Name Derek Hedges
Title: Public Service Administrator
Agency: Department of Human Services, Division of Developmental Disabilities
Address 1: 600 E. Ash St.,
Address 2: Building 400
City Springfield
State IL
Zip Code 62703
Telephone: 2178-782-5919
E-mail Derek.Hedges@ILLINOIS.gov

Fax Number 217-782-9444

Authorizing Signature

Signature:

Date: 8/26/2020

/S/

State Medicaid Director or Designee

First Name: Kelly
Last Name Cunningham
Title: Acting Medicaid Director
Agency: Department of Healthcare and Family Services
Address 1: 201 S. Grand Ave
Address 2: 3rd floor
City Springfield
State IL
Zip Code 62763
Telephone: 217-524-7023
E-mail Kelly.Cunnigham@illinois.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:	Adult DD (0350) Virtual Day Services
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope):	

Virtual Day Services (VDS) is being developed in response to the changing needs of the individuals served during the Public Health Emergency. This is intended to be a temporary service provided during the Public Health Emergency. The service is expected to result in the person experiencing meaningful interactions with people outside their home. Anyone receiving virtual services will be notified and agree to remote services. The individual must be able to respond to verbal cueing and will not require physical assistance for services rendered remotely.

VDS shall support and enhance, rather than supplant, an individual's involvement in public education, post-secondary education/training, individualized integrated employment or self-employment, and community engagement activities that decrease an individual's risk to social isolation. For people who are aging, VDS provides supports for integrated age-appropriate activities and social connection.

VDS assists with the acquisition, retention, or improvement in self-help, socialization, adaptive skills and mitigates the risks individuals may experience from social isolation. Some risks include loneliness, skill atrophy, memory decline, personal hygiene deterioration and physical/mental health deterioration. VDS programming must be person-centered and take into consideration the individual's personal interests and needs.

VDS can only be provided by a Community Day Services (CDS) provider certified by the Bureau of Accreditation, Licensure and Certification (BALC). Virtual supports may take place in a residential setting, similar to the individual's private residence or other residential living arrangement, or other setting where the individual is able to connect virtually to an electronic device and participate in the programming.

Services may be provided two or fewer hours per day on a regularly scheduled basis or as specified in the individual's personal plan. This service cannot exceed 10 hours per week. A "virtual support" takes place over video between a staff member and an individual. This can be done in a group setting with no more than 10 individuals, as recommended, unless the programming is enhanced by additional people.

The following are examples of VDS Programming:

- Activities related to the development of hobbies or leisure/cultural interests or to promote personal health and wellness (e.g. yoga class, meditation group, etc.)
- Activities related to training and education for self-determination and self-advocacy
- Activities that encourage interaction among individuals in separate home settings
- Activities that encourage discussion of current events
- Activities that encourage exploration of the individual's community

This list is not exhaustive and can include other activities that are meaningful to the individual, can be adapted virtually and based on the individual's preferences and interests.

VDS does not include the following:

- Special education and related services, as defined in Section 601 (16) and (17) of the Individuals with Disabilities Education Act, which otherwise are available to the Individual through a local education agency.
- Vocational rehabilitation services which otherwise are available to the Individual through a program funded under Section 110 of the Rehabilitation Act of 1973.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

This definition is valid during the COVID-19 crisis and all payments are COVID-19 related.				
Documentation is maintained that the service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.). Federal financial participation is not claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following:				
1) Incentive payments made to an employer to encourage or subsidize the employer's participation in supported employment; or 2) Payments that are passed through to users of supported employment services.				
For individuals who choose self-directed supports, this service is included in the individual's monthly cost limit. See Appendix C-4.				
The annual rate is spread over a State fiscal year maximum of 1,100 hours for any combination of day programs. Monthly payment is limited to a maximum of 115 hours for any combination of day programs.				
Provider Specifications				
Provider Category(s) (check one or both):	☐	Individual. List types:	☒	Agency. List the types of agencies:
				Community Based Agency
				Special Recreation Association
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)	
Community Based Agency	N/A	59 Ill. Adm. Code 119 (Developmental Training)	59 Ill. Adm. Code 50 59 Ill. Adm. Code 120 The Provider must have a current contract with the Operating Agency (OA) and meet all contractual requirements.	
Special Recreation Association	N/A	59 Ill. Adm. Code 119 (Developmental Training)	59 Ill. Adm. Code 50 59 Ill. Adm. Code 120 The Provider must have a current contract with the Operating Agency (OA) and meet all contractual requirements.	
Verification of Provider Qualifications				
Provider Type:	Entity Responsible for Verification:		Frequency of Verification	
Community Based Agency	OA		Annual certification survey	
Special Recreation Association	OA		Annual certification survey	
Service Delivery Method				
Service Delivery Method (check each that applies):	☐	Participant-directed as specified in Appendix E	☒	Provider managed
				Community Based Agency
				Special Recreation Association

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.