

**Rules waived or suspended to Facilitate
State Response to COVID-19
Department of Health and Welfare
Compiled March 18, 2020**



Governor Brad Little has signed an emergency declaration to aid in the COVID-19 response effort in Idaho. Under Section 46-1008(5)(a), Idaho Code, the Governor may suspend the provisions of any regulations that would in any way prevent, hinder, or delay necessary action in coping with the emergency.

The following rules have been waived or suspended for the Department of Health and Welfare to facilitate the state’s response to the current emergency:

IDAPA Chapter and Title	Specific Rule(s) or Rule Subpart(s) to Suspend	Brief Description of Need to Suspend These Rules to Address the Emergency
16.03.19 CERTIFIED FAMILY HOMES	16.03.19.100.06.b CERTIFICATION REQUIREMENTS	This will lift the requirement that CPR/First Aid be kept current, removing the expectation that the provider participate in a class to limit meeting in groups.
16.03.19 CERTIFIED FAMILY HOMES	16.03.19.110.01 ISSUANCE OF CERTIFICATE	The certifying agents may extend some certificates past 12 months when the provider has a hardship meeting desk review criteria (e.g., the provider does not use a computer to scan/email documents and cannot make physical copies of documentation from home to send in to the certifying agent).
16.03.19 CERTIFIED FAMILY HOMES	16.03.19.110.01.a ISSUANCE OF CERTIFICATE	Certifying agents will conduct desk reviews instead of home inspections for initial certification studies. The applicant will be asked to take the required room measurements and supply that information to the certifying agent. Certifying agents will issue certificates based on the information from the applicant, and verify that information after the threat of COVID-19 passes. The Department will still conduct in-

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		home inspections when investigating complaints alleging immediate harm to residents.
16.03.19 CERTIFIED FAMILY HOMES	16.03.19.111.01 RENEWAL OF CERTIFICATE	This will lift the requirement that a home inspection is required the year after the initial certification study and at least 24 months thereafter, allowing desk reviews across the board regardless of when the last desk review or initial certification study was conducted. The Department will still conduct in-home inspections when investigating complaints alleging immediate harm to residents.
16.03.19 CERTIFIED FAMILY HOMES	16.03.19.116.02.a REQUIRED ONGOING TRAINING	This will lift the requirement that half of required ongoing training hours be interactive, allowing providers to meet all training requirements through independent study.
16.03.19 CERTIFIED FAMILY HOMES	16.03.19.140.07 VARIANCE TO TWO RESIDENT LIMIT	This will lift the prohibition of desk reviews for providers caring for 3 or 4 residents. The Department will still conduct in-home inspections when investigating complaints alleging immediate harm to residents.
16.03.19 CERTIFIED FAMILY HOMES	03.19.174.01 ACTIVITIES AND COMMUNITY INTEGRATION	This will lift the requirement that providers offer trips to social functions.
16.03.19 CERTIFIED FAMILY HOMES	16.03.19.174.03 ACTIVITIES AND COMMUNITY INTEGRATION	This will lift the requirement that providers arrange transportation to community, recreational, and religious activities.
16.03.19 CERTIFIED FAMILY HOMES	16.03.19.200.06.a-d RESIDENT RIGHTS	This allows the provider to limit access to the resident. Providers are advised that the decision to limit access must be based on risk from the visitor, and the susceptibility of the resident and others living in the home to major health complications from COVID-19.
16.03.19 CERTIFIED FAMILY HOMES	16.03.19.200.08 RESIDENT RIGHTS	This allows the provider to limit the resident's participation in community health services (e.g., a DDA). Providers are advised that the decision to so limit must be based on the risk in the specific group setting, and the susceptibility of the residents and others living in the home to major health complications from COVID-19.

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16.03.14 RULES AND MINIMUM STANDARDS FOR HOSPITALS	16.03.14.150.02(b) LICENSING PROVISIONS	Waiving this requirement will allow hospitals to exceed their licensed bed capacity.
16.06.02 CHILD CARE LICENSING	16.06.02.107 SUSPENSION OF LICENSES	Licenses should not be suspended during this time if the program is out of compliance with state law or licensing rules during this time. We will take action on licenses only if our investigation of an allegation of immediate harm to residents validates conditions that put residents in immediate danger.
16.06.02 CHILD CARE LICENSING	16.06.02.552 EMPLOYEE AND VOLUNTEER TRAINING	Programs are already experiencing a shortage of staff due to school closings and staffing is likely to become more difficult.
16.06.02 CHILD CARE LICENSING	16.06.02.710.01-06 – STAFF RATIOS	Programs are already experiencing a shortage of staff due to school closings and staffing is likely to become more difficult.
16.06.02 CHILD CARE LICENSING	16.06.02.718 FIRE SAFETY REQUIREMENTS	Each of the buildings utilized by currently licensed programs has been inspected by the local fire authority. One fire marshal has canceled an annual inspection with a facility already. Emergency services should be able to concentrate on more pressing matters.
16.06.02 CHILD CARE LICENSING	16.06.02.721PUBLIC HEALTH DISTRICT INSPECTION	Each facility used to house children has had at least an initial inspection by the Health District. An annual inspection that is due during this time should be postponed and not required.
16.06.02 CHILD CARE LICENSING	16.06.02.729 BATHROOM FACILITIES	This requirement should be waived so facilities can utilize their spaces to meet their needs.
16.06.02 CHILD CARE LICENSING	16.06.02.730.01-03 – SLEEPING ROOMS	Programs need flexibility regarding beds and sleeping equipment.

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16.06.02 CHILD CARE LICENSING	16.06.02.731 BEDS	Programs need flexibility regarding beds and sleeping equipment.
16.03.21 DEVELOPMENTAL DISABILITIES AGENCIES	16.03.21.125 – RENEWAL AND EXPIRATION OF CERTIFICATE	On site agency recertifications have been suspended. There is no need to require this rule currently.
16.03.21 DEVELOPMENTAL DISABILITIES AGENCIES	16.03.21.400.03.a-b GENERAL STAFFING REQUIREMENTS	During this time, agency staff need to be able to do what is needed to protect staff and clientele and not focus on program related duties.
16.03.21 DEVELOPMENTAL DISABILITIES AGENCIES	16.03.21.410.01-03 GENERAL TRAINING REQUIREMENTS	Currently all agency direct care staff are certified and trained as above. Agencies may be required to bring on untrained direct care staff such as office staff or staff from another of the agency’s programs to assist or supervise clientele without fear of lack of training.
16.03.21 DEVELOPMENTAL DISABILITIES AGENCIES	16.03.21.420 VOLUNTEER WORKERS	As agencies experience difficulty with staffing they may turn to staff family and other volunteers for assistance with supervision and care.
16.03.21 DEVELOPMENTAL DISABILITIES AGENCIES	16.03.21.500.03 CENTER-BASED SERVICES	Each building currently utilized by an agency has had at least one fire inspection and at least one local fire inspector has canceled an annual fire inspection in other programs already. Emergency services should be available for other more emergent needs.
16.03.21 DEVELOPMENTAL DISABILITIES AGENCIES	16.03.21.511.04.a – MEDICATION STANDARDS	At least one training entity has already canceled assistance with medications training classes and with the colleges closed it will be impossible to train new staff.
16.04.17 RESIDENTIAL HABILITATION AGENCIES	16.04.17.103 RENEWAL AND EXPIRATION OF CERTIFICATE	All onsite agency reviews have been suspended so there is not a need to require compliance to this rule at this time.
16.04.17	16.04.17.201.03.g – AGENCY ADMINISTRATOR	Agencies are already experiencing staffing difficulties which are likely to worsen. Agencies need flexibility with staffing.

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RESIDENTIAL HABILITATION AGENCIES		
16.04.17 RESIDENTIAL HABILITATION AGENCIES	16.04.17.203.05 DIRECT SERVICE STAFF	At least one training entity has already canceled assistance with medications training classes and with the colleges closed it will be impossible to train new staff.
16.04.17 RESIDENTIAL HABILITATION AGENCIES	16.04.17.204.01-02 - DIRECT SERVICE STAFF	Agencies are already experiencing difficulties with staffing and may utilize non-direct care staff such as office staff or staff from the agency's other programs to cover its residential program.
16.04.17 RESIDENTIAL HABILITATION AGENCIES	16.04.17.302.04.a - MEDICATION STANDARDS	At least one training entity has already canceled assistance with medications training classes and with the colleges closed it will be impossible to train new staff.
16.04.17 RESIDENTIAL HABILITATION AGENCIES	16.04.17.404.04 AGENCY REPORTING AND COMMUNICATION	The agency should focus on more pressing matters rather than ensure the form is submitted to the Department timely.
16.06.01 CHILD AND FAMILY SERVICES	16.06.01.50.06. VISITATION FOR CHILD'S PARENT(S) OR LEGAL GUARDIAN(S).	This rule section is related to the requirement for Child and Family Services (CFS) to provide visitation between a child and his or her parent(s) and the requirement that that a CFS worker have face to face contact with each child placed in foster care. We are moving to video visits with children in foster homes and are assessing the option for video visits between children and parents. CFS also needs the ability to notify parent(s) or guardian(s) by telephone of the change in visitation rather than in writing. Children in their birth homes will still be seen face to face.
16.06.01 CHILD AND FAMILY SERVICES	16.06.01.50.07 NOTIFICATION OF CHANGE IN VISITATION.	This rule section is related to the requirement for Child and Family Services (CFS) to provide visitation between a child and his or her parent(s) and the requirement that that a CFS worker have face to face contact with each child placed in foster care. We are moving to video visits with children in foster homes and are assessing the option for video visits between children and parents. CFS also needs

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		the ability to notify parent(s) or guardian(s) by telephone of the change in visitation rather than in writing. Children in their birth homes will still be seen face to face.
16.06.01 CHILD AND FAMILY SERVICES	16.06.01.50.09. NOTIFICATION OF RIGHT TO PARTICIPATE AND APPEAL.	This rule section is related to the requirement for Child and Family Services (CFS) to provide visitation between a child and his or her parent(s) and the requirement that that a CFS worker have face to face contact with each child placed in foster care. We are moving to video visits with children in foster homes and are assessing the option for video visits between children and parents. CFS also needs the ability to notify parent(s) or guardian(s) by telephone of the change in visitation rather than in writing. Children in their birth homes will still be seen face to face.
16.06.01 CHILD AND FAMILY SERVICES	16.06.01.405.05(b) CONTACT WITH CHILD	This rule section is related to the requirement for Child and Family Services (CFS) to provide visitation between a child and his or her parent(s) and the requirement that that a CFS worker have face to face contact with each child placed in foster care. We are moving to video visits with children in foster homes and are assessing the option for video visits between children and parents. CFS also needs the ability to notify parent(s) or guardian(s) by telephone of the change in visitation rather than in writing. Children in their birth homes will still be seen face to face.
16.06.01 CHILD AND FAMILY SERVICES	16.06.01.405.05(c) CONTACT WITH CHILD	This rule section is related to the requirement for Child and Family Services (CFS) to provide visitation between a child and his or her parent(s) and the requirement that that a CFS worker have face to face contact with each child placed in foster care. We are moving to video visits with children in foster homes and are assessing the option for video visits between children and parents. CFS also needs the ability to notify parent(s) or guardian(s) by telephone of

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		the change in visitation rather than in writing. Children in their birth homes will still be seen face to face.
16.06.01 CHILD AND FAMILY SERVICES	16.06.01.405.05 (d) CONTACT WITH CHILD	This rule section is related to the requirement for Child and Family Services (CFS) to provide visitation between a child and his or her parent(s) and the requirement that that a CFS worker have face to face contact with each child placed in foster care. We are moving to video visits with children in foster homes and are assessing the option for video visits between children and parents. CFS also needs the ability to notify parent(s) or guardian(s) by telephone of the change in visitation rather than in writing. Children in their birth homes will still be seen face to face.
16.06.01 CHILD AND FAMILY SERVICES	16.06.01.860 PROCEDURES FOLLOWING ADOPTIVE PLACEMENTS	This rule section is related to the requirement for Child and Family Services (CFS) to provide visitation between a child and his or her parent(s) and the requirement that that a CFS worker have face to face contact with each child placed in foster care. We are moving to video visits with children in foster homes and are assessing the option for video visits between children and parents. CFS also needs the ability to notify parent(s) or guardian(s) by telephone of the change in visitation rather than in writing. Children in their birth homes will still be seen face to face.
16.06.01 CHILD AND FAMILY SERVICES	16.06.01.020(c) INFORMATION, REFERRAL AND SCREENING	This rule section relates to CFS's assignment of referrals for investigation and the timeframes in which CFS must respond. In the event CFS there is a significant shortage of CFS staff to respond to referrals, CFS needs the ability to either suspend the requirement for assignment of Priority III referrals or extend the required timeframe to respond.
16.06.01 CHILD AND FAMILY SERVICES	16.06.01.553. ASSIGNING REPORTS FOR SAFETY ASSESSMENT.	This rule section relates to CFS's assignment of referrals for investigation and the timeframes in which CFS must respond. In the event CFS there is a significant shortage of CFS staff to respond to referrals, CFS needs the ability to

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		either suspend the requirement for assignment of Priority III referrals or extend the required timeframe to respond
16.06.01 CHILD AND FAMILY SERVICES	16.06.01.554.01 RESPONSE PRIORITIES	This rule section relates to CFS's assignment of referrals for investigation and the timeframes in which CFS must respond. In the event CFS there is a significant shortage of CFS staff to respond to referrals, CFS needs the ability to either suspend the requirement for assignment of Priority III referrals or extend the required timeframe to respond
16.06.01 CHILD AND FAMILY SERVICES	16.06.01.447. MEDICAL EXAMINATION UPON ENTERING ALTERNATE CARE	Related to this rule section, we would need to suspend this requirement only in the event there is an issue with the availability of medical personnel or access to medical personnel.
16.03.09 MEDICAID BASIC PLAN BENEFITS	16.03.09.586.01 EARLY INTERVENTION SERVICES	Currently a physician signature is required within 30 days for all changes to a child's plan. As we are moving ITP to telehealth we will not be able to get physician's signatures in time. The physician signature requirement should be waived for the duration of this crisis.
16.06.02 CHILD CARE LICENSING	16.06.02.102 DISPOSITION OF APPLICATIONS	This rule section relates to foster care licenses only being in effect for a one year period. In the event we have licenses up for renewal during this crisis period we need the ability to allow the license to remain in effect.
16.06.02 CHILD CARE LICENSING	16.06.02.104 MANDATORY VISTATIONS	This rule section relates to foster care licenses only being in effect for a one year period. In the event we have licenses up for renewal during this crisis period we need the ability to allow the license to remain in effect.
16.06.02 CHILD CARE LICENSING	16.06.02.107 SUSPENSION FOR CIRCUMSTANCES BEYOND CONTROL OF FOSTER PARENT OR OPERATOR	This rule section is related to foster care licenses only being in effect for a one year period. In the event we have licenses up for renewal during this crisis period we need the ability to allow the license to remain in effect. We will consider the current COVID-19 pandemic as one of these factors.

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16.05.06 CRIMINAL HISTORY BACKGROUND CHECKS	16.05.06.150.03 NO EXTENSION OF TIME FRAME	<p>With CHU's decreased capability to fingerprint large numbers of applicants for DHW's background check within the specified time frames in IDAPA 16.05.06.150, the failure of applicants to be fingerprinted as required can result in the imposition of substantial Civil Monetary Penalties to providers that are unable meet that requirement through no fault of their own.</p> <p>We plan to grant temporarily grant extensions, and we have mitigated the risk as follows:</p> <ul style="list-style-type: none"> • IDAPA 16.05.06.061.01 requires providers to know DHW's disqualifying criteria, to screen and determine fitness of the applicant by reviewing applicants disclosures on their background check applications against that disqualifying criteria before applicants have access to the vulnerable. • The percentage of applicants that ultimately do not receive a clearance is roughly 1%. This is reflective of the effective screening efforts of providers which cull out unfit applicants before they send applicants to be background checked.
16.03.22 RESIDENTIAL CARE OR ASSISTED LIVING FACILITIES	16.03.22.550.07 REQUIREMENTS FOR ACCESS AND VISITATION	Rules we need to waive industry-wide in order to allow facilities to comply with the "Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Residential Assisted Living Facilities"
16.03.22 RESIDENTIAL CARE OR ASSISTED LIVING FACILITIES	16.03.22.550.14 PARTICIPATION IN RESIDENT AND FAMILY GROUPS	Rules we need to waive industry-wide in order to allow facilities to comply with the "Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Residential Assisted Living Facilities"

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16.03.22 RESIDENTIAL CARE OR ASSISTED LIVING FACILITIES	16.03.22.550.17 ACCESS BY ADVOCATES AND REPRESENTATIVES	Rules we need to waive industry-wide in order to allow facilities to comply with the “Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Residential Assisted Living Facilities”
16.03.22 RESIDENTIAL CARE OR ASSISTED LIVING FACILITIES	16.03.22.151 WAIVING THE REQUIREMENTS FOR GROUP ACTIVITIES	Rules we need to waive industry-wide in order to allow facilities to comply with the “Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Residential Assisted Living Facilities”
16.03.22 RESIDENTIAL CARE OR ASSISTED LIVING FACILITIES	16.03.22.410 – REQUIREMENT FOR FIRE DRILLS	Assisted living facilities have a fire safety/building inspection upon initial licensure. The required quarterly fire drills would disrupt the facility’s ability to provide the care needed during this pandemic.
16.03.22 RESIDENTIAL CARE OR ASSISTED LIVING FACILITIES	16.03.22.415 REGULAR INSPECTIONS OF FIRE EQUIPMENT AND HEATING SYSTEMS	Assisted living facilities have a fire safety/building inspection upon initial licensure. The required quarterly fire drills would disrupt the facility’s ability to provide the care needed during this pandemic.
16.03.09 MEDICAID BASIC PLAN BENEFITS	16.03.09.210.07 CONDITIONS FOR PAYMENT	Services provided without a referral, when one is required, are typically not covered and are subject to sanctions, recoupment, or both. Suspending this will allow for medically necessary services to be provided in a responsive and safe manner.
16.03.09 MEDICAID BASIC PLAN BENEFITS	16.03.09.412.03 OUTPATIENT HOSPITAL SERVICES: COVERAGE AND LIMITATIONS. .	Reduces barriers to receive care related to the COVID-19 outbreak. Services ensure identification and appropriate response to the virus.
16.03.09 MEDICAID BASIC PLAN BENEFITS	16.03.09.563.01 HEALTHY CONNECTIONS: PROCEDURAL REQUIREMENTS	Suspending public noticing and comment requirements for changes to Healthy Connections will allow for more timely response to participant and provider needs.
16.03.09 MEDICAID BASIC PLAN BENEFITS	16.03.09.573.05.a.i – HABILITATIVE SKILL BUILDING	In order to ensure access to services when staffing limitations are present, Medicaid is requesting suspension of the following language within this subpart: <i>for two (2) or three (3) participants.</i>

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		By suspending this portion of rule, IDHW will be able to allow providers to continue to serve children with fewer staff when it is safe to do so.
16.03.09 MEDICAID BASIC PLAN BENEFITS	16.03.09.573.05.e.iv – ASSESSMENT AND CLINICAL TREATMENT PLAN (ACTP)	To facilitate social distancing and ensure children are able to access services as needed, Medicaid requests suspension of this subpart. By suspending this rule, IDHW will be able to allow completion of needed assessments for services without face-to-face observation.
16.03.09 MEDICAID BASIC PLAN BENEFITS	16.03.09.753. 05 DURABLE MEDICAL EQUIPMENT AND SUPPLIES: PROCEDURAL REQUIREMENTS.	Suspending public noticing and comment requirements for changes to Durable Medical Equipment prior authorizations will allow for more timely response to participant and provider needs.
16.03.09 MEDICAID BASIC PLAN BENEFITS	16.03.09.586.01 – PHYSICIAN RECOMMENDATION	To facilitate social distancing and ensure children are able to access necessary services without undue delay, Medicaid requests suspension of the following language within this subpart: <i>ITP may not seek reimbursement for services provided more than thirty (30) days prior to the signed and dated physician recommendation.</i> By suspending this portion of rule, IDHW will be able to allow children to receive medically necessary services, and allow providers to bill for said services, even when the physician’s signature has not been obtained within the 30-day timeframe. The provider would be expected to obtain the physician’s signature when reasonable, or within 30 days of the end of the state of emergency.
16.03.09 MEDICAID BASIC PLAN BENEFITS	16.03.09.852.01.a – SKILLS BUILDING/COMMUNITY BASED REHABILITATION SERVICES (CBRS)	School districts may be out of compliance when school resumes if the 365 days hits while school is cancelled. This would leave school districts providing the required services on an IEP with no payment due to not complying with this rule.

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16.03.09 MEDICAID BASIC PLAN BENEFITS	16.03.09.853.03 – REIMBURSABLE SERVICES	School districts may be out of compliance when school resumes if the 365 days hits while school is cancelled. This would leave school districts providing the required services on an IEP with no payment due to not complying with this rule.
16.03.09 MEDICAID BASIC PLAN BENEFITS	16.03.09.854.01 – INDIVIDUALIZED EDUCATION PROGRAM (IEP) AND OTHER SERVICE PLANS	School districts may be out of compliance when school resumes if the 365 days hits while school is cancelled. This would leave school districts providing the required services on an IEP with no payment due to not complying with this rule.
16.03.09 MEDICAID BASIC PLAN BENEFITS	16.03.09.854.02 – EVALUATIONS AND ASSESSMENTS	School districts may be out of compliance when school resumes if the 3 years hits while school is cancelled. This would leave school districts providing the required services on an IEP with no payment due to not complying with this rule. This is an IDEA rule requirement that school districts must meet, Suspend indefinitely as duplicative.
16.03.09 MEDICAID BASIC PLAN BENEFITS	16.03.09.854.04 – ONE HUNDRED TWENTY DAY REVIEW	School districts may be out of compliance when school resumes if the 120 days hits while school is cancelled. This would leave school districts providing the required services on an IEP with no payment due to not complying with this rule.
16.03.09 MEDICAID BASIC PLAN BENEFITS	16.03.09.854.06.c. – COPIES OF REQUIRED REFERRALS AND RECOMMENDATIONS	School districts may be out of compliance when school resumes if the 365 days hits while school is cancelled. This would leave school districts providing the required services on an IEP with no payment due to not complying with this rule
16.03.09 MEDICAID BASIC PLAN BENEFITS	16.03.09.855.01.a. – INTERVENTION PARAPROFESSIONAL	Monthly supervision may not be feasible during this time. The requirement would begin when this emergent situation ends.
16.03.09 MEDICAID BASIC PLAN BENEFITS	16.03.09.855.12.k.ii.SKILLS BUILDING COMMUNITY-BASED REHABILITATION SPECIALIST	Providers may be outside of the 30-month period. There are currently no testing windows available for providers.

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		Providers are unable to obtain this credential. Suspend indefinitely.
16.03.09 MEDICAID BASIC PLAN BENEFITS	16.03.09.855.12.k.iii. SKILLS BUILDING COMMUNITY-BASED REHABILITATION SPECIALIST	Monthly supervision may not be feasible during this time. The requirement would begin when this emergent situation ends.
16.03.09 MEDICAID BASIC PLAN BENEFITS	16.03.09.855.12.k.iv.(1) SKILLS BUILDING COMMUNITY-BASED REHABILITATION SPECIALIST	There are currently no testing windows available for providers. Providers are unable to obtain this credential. Suspend indefinitely.
16.03.09 MEDICAID BASIC PLAN BENEFITS	16.03.09.855.12.k.iv.(2) SKILLS BUILDING COMMUNITY-BASED REHABILITATION SPECIALIST	There are currently no testing windows available for providers. Providers are unable to obtain this credential. Suspend indefinitely.
16.03.09 MEDICAID BASIC PLAN BENEFITS	16.03.09.855.12.k.iv.(3) SKILLS BUILDING COMMUNITY-BASED REHABILITATION SPECIALIST	There are currently no testing windows available for providers. Providers are unable to obtain this credential. Suspend indefinitely.
16.03.09 MEDICAID BASIC PLAN BENEFITS	16.03.09.855.12.k.iv.(4) SKILLS BUILDING COMMUNITY-BASED REHABILITATION SPECIALIST	There are currently no testing windows available for providers. Providers are unable to obtain this credential. Suspend indefinitely.
16.03.10 MEDICAID ENHANCED BENEFITS	16.03.10.305.03 PROVIDER EXCLUSION	Limiting the provider pool when there is already a shortage for PCS services is going to significantly impact these participants. Participants still must meet enrollment requirements to provide and bill for services.
16.03.10 MEDICAID ENHANCED BENEFITS	16.03.10.319. HCBS – TERMINATION OF PARTICIPANT ENROLLMENT.	Due to impacts from the further spread of this virus, there could be delays in meeting the requirements in this rule section, which include gathering groups of people together, which CDC currently advises against. Participants shouldn't lose eligibility due to these limitations.
16.03.10 MEDICAID ENHANCED BENEFITS	16.03.10.319.01.c TERMINATION OF PARTICIPANT ENROLLMENT.	To maintain program eligibility for previously approved participants, Medicaid requests suspension of this subpart. By suspending this rule, IDHW will not be required to terminate the eligibility of a participant who does not have an annual reassessment as a result of COVID-19 and the

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		<p>suspension of the redetermination requirement during the emergency.</p> <p>This will also reduce IDHW administrative burden once participant obtains reassessment after the emergency.</p>
<p>16.03.10 MEDICAID ENHANCED BENEFITS</p>	<p>16.03.10.319.03.b-c TERMINATION OF PARTICIPANT ENROLLMENT.</p>	<p>To maintain program eligibility for previously approved participants, Medicaid requests suspension of these subparts.</p> <p>By suspending this rule, IDHW will not be required to terminate the eligibility of a participant who elects not to use services offered under the HCBS waiver or State Plan option, or who declines to engage in person-centered planning as a result of COVID-19.</p> <p>This will also reduce IDHW administrative burden once participant resumes services or engages in person-centered planning after the emergency.</p>
<p>16.03.10 MEDICAID ENHANCED BENEFITS</p>	<p>16.03.10.323.01.d.PARTICIPANT ELIGIBILITY DETERMINATION</p>	<p>Due to provider shortages or other limitations related to expansion of this crisis, participants should not lose access to services for not using them due to no fault of their own.</p>
<p>16.03.10 MEDICAID ENHANCED BENEFITS</p>	<p>16.03.10.509.02 – ANNUAL ASSESSMENT</p>	<p>To facilitate social distancing Medicaid requests suspension of this subpart.</p> <p>By suspending this rule, IDHW will be able to delay face-to-face re-evaluation meetings between the assessor and the participant and/or assessment respondent until the emergency is over.</p> <p>If an annual re-evaluation is scheduled during the emergency period, IDHW will (with participant’s consent) extend authorization for their existing plan of service and will conduct the re-evaluation once the emergency has ended.</p>
<p>16.03.10 MEDICAID ENHANCED BENEFITS</p>	<p>16.03.10.512.03 – DETERMINATION OF</p>	<p>To facilitate social distancing, Medicaid requests suspension of the following language within this subpart:</p>

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	DEVELOPMENTAL DISABILITY ELIGIBILITY	<p>“and must be reviewed annually to assure it continues to reflect accurate information about the participant’s status.”</p> <p>By suspending this portion of the rule, IDHW will be able to delay face-to-face re-evaluation meetings between the assessor and the participant and/or assessment respondent until the emergency is over. If an annual re-evaluation is scheduled during the emergency period, IDHW will (with participant’s consent) extend authorization for their existing plan of service and will conduct the re-evaluation of the “Medical Social and Developmental History” once the emergency has ended.</p>
16.03.10 MEDICAID ENHANCED BENEFITS	16.03.10.512.04 DETERMINATION OF DEVELOPMENTAL DISABILITY ELIGIBILITY	<p>To facilitate social distancing, Medicaid requests suspension of the following language within this subpart: “and must be reviewed annually to assure it continues to reflect the functional status of the participant.”</p> <p>By suspending this portion of the rule, IDHW will be able to delay face-to-face re-evaluation meetings between the assessor and the participant and/or assessment respondent until the emergency is over.</p> <p>If an annual re-evaluation is scheduled during the emergency period, IDHW will (with participant’s consent) extend authorization for their existing plan of service and will conduct the re-evaluation once the emergency has ended.</p>
16.03.10 MEDICAID ENHANCED BENEFITS	16.03.10.513.12.a PLAN OF SERVICE	<p>To facilitate social distancing, Medicaid requests suspension of this subpart.</p> <p>By suspending this portion of the rule, IDHW will permit participants and plan developers to forego the annual person-centered planning process (i.e. no PCP team meetings).</p> <p>IDHW intends to issue additional guidance to service coordinators reminding them of their remaining obligation</p>

IDAPA Chapter and Title	Specific Rule(s) or Rule Subpart(s) to Suspend	Brief Description of Need to Suspend These Rules to Address the Emergency
		to review service plan under IDAPA 16.03.10.727.02, and direct them to review the existing plan and if still appropriate submit for extension by IDHW during the emergency period.
16.03.10 MEDICAID ENHANCED BENEFITS	16.03.10.513.12.d PLAN OF SERVICE	To facilitate social distancing, Medicaid requests suspension of this subpart. By suspending this portion of the rule, IDHW will permit participants and plan developers to forego the annual person-centered planning process (i.e. the provider review portion of the process). IDHW intends to issue additional guidance to service coordinators reminding them of their remaining obligation to review service plan under IDAPA 16.03.10.727.02, and direct them to review the existing plan and if still appropriate submit for extension by IDHW during the emergency period.
16.03.10 MEDICAID ENHANCED BENEFITS	16.03.10.523.01.f – GROUP RESPIRE CENTER	To address potential direct care staff shortages, Medicaid requests suspension of this subpart. By suspending this subpart, IDHW will allow developmental disability agencies to exceed staffing ratios when direct care workers are not available as a result of COVID-19. While IDHW recognizes the importance of social distancing, in those instances when a participant must obtain the service to remain safe, IDHW wants providers to provide the service despite staffing shortages (i.e. when a large group service is better than no service at all). IDHW intends to issue additional guidance to providers recommending the smallest groups possible while still maintaining the health and safety of the participants they serve.
16.03.10	16.03.10.523.01.g.ii COVERAGE AND LIMITATIONS	To address potential respite shortages, Medicaid requests suspension of this subpart.

IDAPA Chapter and Title	Specific Rule(s) or Rule Subpart(s) to Suspend	Brief Description of Need to Suspend These Rules to Address the Emergency
MEDICAID ENHANCED BENEFITS		<p>By suspending this subpart, IDHW will allow intentent respite providers to exceed staffing ratios as a result of COVID-19.</p> <p>While IDHW recognizes the importance of social distancing, in those instances when a participant must obtain the service to remain safe, IDHW wants providers to provide the service despite staffing shortages (i.e. when a large group service is better than no service at all).</p> <p>IDHW intends to issue additional guidance to providers recommending the smallest groups possible while still maintaining the health and safety of the participants they serve.</p>
16.03.10 MEDICAID ENHANCED BENEFITS	16.03.10.523.02.c – COMMUNITY BASED SUPPORTS	<p>To address potential direct care staff shortages, Medicaid requests suspension of this subpart.</p> <p>By suspending this subpart, IDHW will allow developmental disability agencies to exceed staffing ratios when direct care workers are not available as a result of COVID-19.</p> <p>While IDHW recognizes the importance of social distancing, in those instances when a participant must obtain the service to remain safe, IDHW wants providers to provide the service despite staffing shortages (i.e. when a large group service is better than no service at all).</p> <p>IDHW intends to issue additional guidance to providers recommending the smallest groups possible while still maintaining the health and safety of the participants they serve.</p>
16.03.10 MEDICAID ENHANCED BENEFITS	16.03.10.523.03.b – FAMILY EDUCATION	<p>To address potential direct care staff shortages, Medicaid requests suspension of this subpart.</p> <p>By suspending this subpart, IDHW will allow developmental disability agencies to exceed staffing ratios when direct care workers are not available as a result of COVID-19.</p>

IDAPA Chapter and Title	Specific Rule(s) or Rule Subpart(s) to Suspend	Brief Description of Need to Suspend These Rules to Address the Emergency
		<p>While IDHW recognizes the importance of social distancing, in those instances when a participant must obtain the service to remain safe, IDHW wants providers to provide the service despite staffing shortages (i.e. when a large group service is better than no service at all). IDHW intends to issue additional guidance to providers recommending the smallest groups possible while still maintaining the health and safety of the participants they serve.</p>
<p>16.03.10 MEDICAID ENHANCED BENEFITS</p>	<p>16.03.10.651.01.e COVERAGE REQUIREMENTS AND LIMITATIONS</p>	<p>To address potential direct care staff shortages, Medicaid requests suspension of this subpart. By suspending this subpart, IDHW will allow developmental disability agencies to exceed staffing ratios when direct care workers are not available as a result of COVID-19. While IDHW recognizes the importance of social distancing, in those instances when a participant must obtain the service to remain safe, IDHW wants providers to provide the service despite staffing shortages (i.e. when a large group service is better than no service at all). IDHW intends to issue additional guidance to providers recommending the smallest groups possible while still maintaining the health and safety of the participants they serve.</p>
<p>16.03.10 MEDICAID ENHANCED BENEFITS</p>	<p>16.03.10.702.02.d ADULT DD WAIVER ELIGIBILITY</p>	<p>To maintain program eligibility for previously approved participants, Medicaid requests suspension of this subpart. By suspending this subpart, IDHW will maintain program eligibility for participants who temporarily stop receiving service as a result of COVID-19. (e.g Hospitalized, Institutionalized, or perhaps go out of state to stay with family during the emergency). This will also reduce IDHW administrative burden once participant returns after the emergency.</p>

IDAPA Chapter and Title	Specific Rule(s) or Rule Subpart(s) to Suspend	Brief Description of Need to Suspend These Rules to Address the Emergency
16.03.18 MEDICAID COST SHARING	16.03.18200. PREMIUMS FOR PARTICIPATION UNDER THE STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)	Suspend penalty for failure to pay premiums for families to alleviate public fear of losing coverage and ensure at risk children do not lose coverage.
16.03.18 MEDICAID COST SHARING	16.03.18.200.03 - FAILURE TO PAY PREMIUM	Suspend penalty for failure to pay premiums for families to alleviate public fear of losing coverage and ensure at risk children do not lose coverage.
16.03.18 MEDICAID COST SHARING	16.03.18.205.06 - WAIVER OF PREMIUM	Suspend family requirement to provide "Detailed documentation" to verify hardship to receive waiver of premium. Reduces administrative burden for the department and stress for the family requesting waiver. Allows family to retain funds they may need for additional basic needs during this time.
16.03.18 MEDICAID COST SHARING	16.03.18.215 - PREMIUMS FOR PARTICIPATION IN MEDICAID ENHANCED PLAN	Suspend premium required for Medicaid Workers with Disabilities eligibility group. Provides financial resources for participants who are likely to lose income from wages. This group has significant accessibility issues when applying for this program, so ensuring they retain coverage and have resources is crucial at this time.
16.03.18 MEDICAID COST SHARING	16.03.10.250. DELINQUENT PREMIUM PAYMENTS	Suspend penalty for failure to pay premiums for families to alleviate public fear of losing coverage and ensure at risk children do not lose coverage.
16.03.18 MEDICAID COST SHARING	16.03.18.320 - MEDICAID OUTPATIENT SERVICES SUBJECT TO COPAYMENTS.	Medicaid Administrator Request. Suspend copay requirements for payment and failure to pay penalties to alleviate financial barriers to medical services and administrative burden for providers during the intake process.
16.03.23 UNIFORM ASSESSMENTS FOR STATE-FUNDED CLIENTS	011.05 - REASSESSMENTS	Medicaid requests suspension of the following language within this subpart: " <i>or annually, whichever occurs first.</i> " Suspend annual requirement for reassessments (leave significant change in place) to allow flexibility in prioritizing

IDAPA Chapter and Title	Specific Rule(s) or Rule Subpart(s) to Suspend	Brief Description of Need to Suspend These Rules to Address the Emergency
		assessment volume for new waiver participants and participants with critical conditions arising that require additional services.
16.02.19 IDAHO FOOD CODE	16.02.19.840.01 ESTABLISHING INSPECTION INTERVAL	Waiving this rule helps to limit contact and promote social distancing. Local health districts have communicated that the public health risk of waiving this requirement is minimal.