

Section 1915 (c) Home and Community-Based Waivers

APPENDIX K:

Emergency Preparedness and Response

Background:

This standalone Appendix may be utilized by the state during emergency situations to request temporary/time-limited amendments to its approved 1915(c) waiver, to multiple approved 1915(c) waivers in the state, and/or to all approved 1915(c) waivers in the state. It includes actions that states can take under the existing section 1915(c) Home and Community-Based Services waiver authority in order to respond to an emergency. Other activities may require the use of other authorities such as the section 1115 demonstrations or the section 1135 authority.ⁱ This appendix may be applied retroactively as needed by the state. States are not required to apply the 1915(c) public input requirements in an Appendix K amendment; however, the Medicaid Tribal Notice/Consultation requirements do apply.

Appendix K-1: General Information

General Information:

This Appendix K request is ☒ an initial request or ☐ an addition to a previously approved Appendix K. (Must check only 1 box.)

A. State:

Washington

B. Waiver Title(s) and Control Number(s):

Waiver Title	Control Number
COPES	WA.0049.R09.03
Residential Support Waiver	WA1086.R02.03
New Freedom	WA.0443.R04.03

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

☐	Pandemic or Epidemic
☒	Natural Emergency
☐	National Security Emergency
☐	Environmental
☐	Other (specify):

- D. Brief Description of Emergency:** *In no more than one paragraph each*, briefly describe the nature of the emergency. The state should provide this information for each emergency checked if those emergencies affect different geographic areas and require different changes to the waiver. In this section summarize the flexibilities being requested.

On August 1, 2026, after historic wildfires in Eastern Washington, a statewide emergency disaster proclamation was declared by Governor Ferguson. The primary affected counties are Chelan, Ferry, Okanogan, Spokane, Stevens and Yakima, as well as the Confederated Tribes and Bands of the Yakama Nation, Confederated Tribes of the Colville Reservation and the Spokane Tribe of Indians.

To date, over 65,000 people have evacuated their homes and over 900 structures have been damaged or destroyed. The fires causing this emergency are under 15% containment with more destruction and evacuation expected to occur.

As a result of this natural disaster, Washington state is requesting numerous Appendix K flexibilities for individuals living in impacted counties. These flexibilities include extending the timeframe in which a waiver service is provide while a client remains eligible, allowing the replacement of goods, environmental modifications, and specialized equipment and supplies that were lost or damaged in the fires, temporarily increase the amount and duration of services, expand settings where services can be provided, and allow retainer payments to adult day health and adult day care providers and residential providers (AFH, ALF, ESF).

- E. Proposed Effective Date:** Specify the effective date. Indicate the end date (not to exceed one year from the effective date).

Start Date: 08/1/2026
End Date: 07/31/2027

- F. Description of Transition Plan:**

Individuals will transition to pre-emergency service status as soon as circumstances allow. Individual needs will be reassessed, as necessary, on a case-by-case basis following the return to pre-emergency services.

- G. Geographic Areas Affected:**

The following counties: Chelan, Ferry, Okanogan, Spokane, Stevens and Yakima, as well as the Confederated Tribes and Bands of the Yakama Nation, Confederated Tribes of the Colville Reservation and the Spokane Tribe of Indians.

- H. Description of State Emergency Plan (if available)** *Reference to external documents is acceptable:*

The State Disaster Plan is known as the Washington State Comprehensive Emergency Management Plan (CEMP). There is Base Plan and there are also Response Plans known as Emergency Support Functions (ESFs). ESF 8 is the Public Health, Medical, and Mortuary Services and can be found here: [WA_CEMP_ESF8](#).

Appendix K-2: Temporary Emergency-Specific Amendment to Approved Waiver

Temporary Emergency-Specific Amendment to Approved Waiver:

These are changes that are directly related to the state's response to an emergency situation and 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

[Provide explanation of changes.]

b. ☒ Services

i. ☒ Temporarily modify service scope or coverage

[Complete Section A- Services to be Modified during the emergency. If the state wishes to temporarily allow for remote/telehealth delivery of services, complete K-2-b-ii below.]

Name of Services	Type of Change
Environmental Modifications under WA.0049 and WA.0043	Allow the replacement of, or repair to existing, environmental modifications due to damage as result of the wildfires; or new installation that requires additional specifications as result of the wildfires. The State is only requesting to replace or repair waiver modifications. The State is not requesting general home repairs. Modify scope of this service to include remediation of damage occurred due to the wildfires.

Community Support: Goods and Services under WA.0049	Allow the replacement of, or repair to, previously obtained goods and services that were lost or damaged during the wildfires; or approval of new services or goods related to a need that stems from the flooding. The State is only requesting to replace or repair waiver goods and services. Expand who is eligible for this service to include people who are not transitioning from residential to in-home, but to include stabilization.
Specialized Medical Equipment and Supplies under WA.0049 and WA.1086	Allow the replacement of, or repair to, previously obtained specialized medical equipment and supplies that were lost or damaged during the wildfires; or approval of new services or goods related to a need that stems from the wildfires. The State is only requesting to replace or repair waiver specialized medical equipment and supplies. Emergency medical supplies and equipment may be authorized immediately to ensure the health and safety of the client.

ii. ___ Temporarily allow for remote/telehealth delivery of waiver services

[Specify the waiver service that can be delivered remotely/via telehealth. Check the assurance boxes.]

- ☐ The remote service will be delivered in a way that respects the privacy of the individual especially in instances of toileting, dressing, etc.
- ☐ The telehealth service delivery will facilitate community integration.

- ☐ The telehealth will ensure the successful delivery of services for individuals who need hands on assistance/physical assistance, including whether the service may be rendered without someone who is physically present or is separated from the individual.
- ☐ The state will support individuals who need assistance with using the technology required for telehealth delivery of the service.
- ☐ The telehealth will ensure the health and safety of an individual.

iii. **X Temporarily exceed service limitations (including limits on services as described in Appendix C-4) or requirements for amount, duration, or prior authorization to address health and welfare issues presented by the emergency**

Temporary increase in the amount and duration for the following services within the waivers, as necessary on a case-by-case basis:

COPES:

Home Delivered Meals- HDM will increase from one meal per day to two meals per day during the PHE.

[Provide explanation of changes.]

iv. **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; assistive technology; non-medical transportation)**

[Complete Section A-Services to be Added/Modified during the emergency.]

v. **XTemporarily expand setting(s) where services may be provided (e.g. hotels, shelters, schools, churches) due to the emergency. Note for respite services only, the state should indicate any facility-based settings and indicate whether room and board is included:**

[Provide explanation of modification, and advisement if room and board is included in the respite rate.]

HCBS paid providers may provide personal care/services in a hotel, shelter, church, alternative HCBS setting or the home of a direct care worker when the waiver participant is displaced from the home because of the wildfires or the provider facility is inaccessible/damaged.

Services authorized in a hotel, shelter, church, alternative HCBS setting or the home of a direct care worker will be documented in the client's record, and service providers will continue to offer service within the scope of the service and contractual requirements. Services provided in these locations will be at the request of the individual and case manager, and service monitoring will occur monthly to ensure the client continues to be satisfied with service delivery, that the provider is delivering the service in alignment with the person centered service plan and contract, and to remind the client if they want any changes to their services they can request and access that any time.

vi. ___ Temporarily provide services in out-of-state settings (if not already permitted in the state's approved waiver)

[Check the assurance boxes below.]

☐	Provider qualifications in the approved waiver apply. If there are additional provider qualifications for out-of-state providers, specify them in the narrative section below.
☐	If there are any licensure or certification requirements for out-of-state providers, those out-of-state requirements must be met.

[In the narrative section, indicate if the state is using a different rate methodology for the out-of-state providers and provide information regarding the different rate methodology.]

--

c. ___ Temporarily Permit or Revise Payment for Provision of Services by Relatives, Legal Guardians, and/or Legally Responsible Individuals

[Indicate the services to which this will apply and the safeguards to ensure that individuals receive necessary services as authorized in the person-centered service plan, and the procedures that are used to ensure that payments are only 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 describe the changes in provider qualifications.]

ii. ____ Temporarily modify provider types

[Provide explanation of changes, list each service affected, and describe 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, a description of settings impacted, and the services provided in those settings.]

e. ____ Temporarily modify processes for level of care evaluations or re-evaluations (within regulatory requirements)

[Describe changes in processes and/or the revised timeframes in which the evaluations or re-evaluations will be completed. Note that any changes in the timeline for initial evaluations can only be authorized via section 1135. In addition, states may not extend the timeframes for re-evaluations beyond 12 additional months past when the level of care is due.]

f. ___ Temporarily increase payment rates or allow for supplemental payments

[Provide an explanation for the increase or supplemental payment. As necessary, list the provider types, the revised rates by service, the percentage of the rate increase 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 or supplemental payment varies by provider, list the rate or supplemental payment by service and by provider. Note that no room and board costs should be included in any changes, except as permitted for respite services in certain facilities.]

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. Note that any changes to exceed the one-year timeline required by regulation for the review of the person-centered service plan can only be authorized via a section 1135 waiver authority.]

h. ___ Temporarily modify incident reporting requirements, medication management or other participant safeguards to ensure individual health and welfare, and to account for emergency circumstances

[Provide explanation of changes.]

i. ___ Temporarily allow payment for waiver services provided in an acute care hospital in accordance with section 1902(h)(1) of the Act, under the following conditions:

[Check the boxes below to affirm that the conditions are met for waiver services rendered in an acute care hospital. Also, in the text box below the conditions, specify the waiver services that can be provided by the 1915(c) HCBS provider when they are not duplicative of services available in the acute care hospital setting; how the 1915(c) HCBS will assist the individual in returning to the community; and whether there is any difference from the typically billed rate for these HCBS provided during an acute care hospitalization.]

- ☐ The HCBS are provided to meet the needs of the individual that are not met through the provision of acute care hospital services;

- ☐ The HCBS are in addition to, and may not substitute for, the services the acute care hospital is obligated to provide;
- ☐ The HCBS must be identified in the individual's person-centered service plan; and
- ☐ The HCBS will be used to ensure smooth transitions between acute care settings and home and community-based settings, and to preserve the individual's functional abilities.

j. X Temporarily include retainer payments to address emergency related issues

[Describe the circumstances under which such payments are authorized for 1915(c) waiver providers of personal care services and/or habilitation services that includes a personal care component, including the limit on their duration. Retainer payments are only available for 1915(c) waiver providers furnishing personal care and habilitative services that include personal care as a service component for the lessor of the number of bed-hold days approved in the state plan or 30 consecutive days. Include the percentage of the current rate to be paid if the retainer payment is less than 100% of the service rate. Also, specify the process the state will utilize to monitor payments to avoid duplication of billing. Please note for states that use managed care delivery systems for these services, in addition to the Appendix K approval, approval of a state-directed payment will be necessary to effectuate retainer payments in Medicaid managed care.]

The state elects to make retainer payments to adult day health and adult day care providers in instances where the waiver participant is unable to get to the facility as a result of the wildfires. Adult Day Health and Adult Day Care includes the provision of personal care services.

The state elects to make retainer payments to personal care providers in the Residential Support Waiver including Adult Family Homes, Licensed Assisted Living facilities, or Enhanced Services Facilities.

A provider can be authorized up to one retainer payment episodes. A retainer payment episode may be authorized for up to 30 consecutive days. Retainer payment amounts cannot exceed 70% of the payment for the relevant service and will be recouped when identified, if other resources are used for the same purpose.

To ensure compliance the state has developed an attestation that delineates the following:

- Acknowledges that retainer payments will be subject to recoupment if inappropriate billing or duplicate payments for services occurred (or in periods of disaster, duplicate uses of available funding streams), as identified in a state or federal audit or any other authorized third-party review.
- The provider will not lay off staff and will maintain wages at existing levels.
- The provider has 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 wildfires, 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 wildfires.
 - If a provider had not already received revenues in excess of the pre-wildfires level but receipt of the retainer payment in addition to those prior sources of funding results in the provider exceeding the pre-wildfires level, any retainer payment amounts in excess would be recouped.
 - If a provider had already received revenues in excess of the pre-wildfires 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

[Complete the table below. For the number of additional participants for each waiver, please note that this number is over the state's approved Factor C.]

Waiver Title	Control Number	Requested Additional Number of Participants

[In the text box, explain the reason for the increase in Factor C.]

m. X Other Changes Necessary

[Note that changes must be in accordance with what is permissible under Medicaid 1915(c) statute/regulation.]

i. X 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

[Provide explanation of changes.]

Waiver participant does not have to use waiver services planned in the service plan that are available to them during a period of 90 days and will not be terminated from the waiver due to an inability to access services because of wildfires. The state is requesting that if an individual is unable to use a waiver service for 30 days that they are not terminated from the waiver. Some individuals have been evacuated and may not have access to a willing provider of services in their area. A large number of staff have been displaced from their homes as well, causing staffing shortages. This will be on a case-by-case basis. The state is requesting that the minimum frequency for provision of waivers services be extended to 90 days, in which monthly monitoring will be required to assure health and welfare.

ii. Reporting requirements (e.g., 372, evidentiary reports)

[Provide explanation of changes.]

Contact Person(s)

A. The Medicaid agency representative with whom CMS should communicate regarding the request:

First Name: Ann
Last Name Myers
Title: State Plan Coordinator
Agency: Health Care Authority
Address 1: Click or tap here to enter text.
Address 2: Click or tap here to enter text.
City Click or tap here to enter text.
State Click or tap here to enter text.
Zip Code Click or tap here to enter text.
Telephone: 360-622-1978
E-mail Ann.myers@hca.wa.gov
Fax Number Click or tap here to enter text.

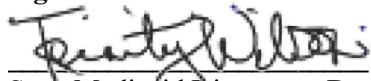
B. If applicable, the State operating agency representative with whom CMS should communicate regarding the waiver is:

First Name: Rebecca
Last Name Howard
Title: HCBS Waiver Program Manager
Agency: Home and Community Living Administration
Address 1: 4500 10th Avenue Southeast
Address 2: Click or tap here to enter text.
City Lacey
State WA
Zip Code 98503
Telephone: 564-263-0839
E-mail Rebecca.howard@dshs.wa.gov
Fax Number 360-464-2992

Authorizing Signature

Signature:

Date: 08/06/2026



State Medicaid Director or Designee

First Name: *Trinity*
Last Name *Wilson*
Title: Medicaid Director
Agency: Washington State Health Care Authority
Address 1: PO Box 45502
Address 2:
City Olympia
State Washington
Zip Code 98054
Telephone: 360-725-1863
E-mail Trinity.wilson@hca.wa.gov
Fax Number Click or tap here to enter text.

Section A---Services to be Temporarily Added/Modified during an Emergency Response

Complete for each service added during a time of the 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 Title:	Community Support: Goods and Services
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope): Community Support: Goods and Services are non-recurring set-up expenses for individuals that are not eligible for Community Transition Services provided under 1915(k) and who are transitioning from a provider operated living arrangement to a living arrangement in a private residence where the person is directly responsible for his or her own living expenses. Allowable expenses are those necessary to enable a person to establish a basic household that do not constitute room and board and may include (a) security deposits that are required to obtain a lease on an apartment or home; (b) essential household furnishings, including furniture, window coverings, food preparation items, and bed/bath linens; (c) set-up fees or deposits for utility or service access, including telephone, electricity, heating and water; (d) services necessary for the individual's health and safety such as pest eradication and non-recurring cleaning prior to occupancy; (e) moving expenses; (f) necessary home accessibility adaptations; and, (g) activities to assess need, arrange for and procure needed/resources. These services are furnished only to the extent that they are reasonable and necessary as determined through the service plan development process, clearly identified in the service plan and the person is unable to meet such expense or when the services cannot be obtained from other sources. These services do not include monthly rental or mortgage expenses, food, regular utility charges, and/or household appliances or items that are intended for purely diversional/recreational purposes. <u>Replacement of, or repair to, previously obtained goods and services that were lost or damaged during the wildfires; or approval of new services or goods related to a need that stems from the wildfires. The State is only requesting to replace or repair waiver goods and services.</u> <u>Expand who is eligible for this service to include people who are not transitioning from residential to in-home, but to include stabilization. The expansion is for the provision of services after waiver enrollment to waiver participants needing to stabilize in their existing residential setting or in-home setting or to move to new permanent residential or in-home setting due to impacts of the fire PHE. The scope of coverage will include the community transition waiver services necessary to live in the community and avoid institutionalization.</u> <u>Community Transition Services may not be used to pay for furnishing living arrangements that are owned or leased by a waiver provider where the provision of these items and services are inherent to the service they are already providing.</u>	
Specify applicable (if any) limits on the amount, frequency, or duration of this service:	
n/a	

Provider Category(s) (check one or both):	☒	Individual. List types:	☒	Agency. List the types of agencies:
		Community Vendor		Community Vendor
		Community Transition Service Provider		Centers for Independent Living
				Community Transition Service Professional

Service Title: Community Support: Goods and Services						
Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:						
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 Vendor (individual)	Business licensing requirements per Title 308 WAC. Based on service provided, a vendor may require a license through WA State Dept. of Agriculture per Chapter 15.58 RCW and Chapter 17.21 RCW		Vendors will comply with standards that correlate to specific service type provided: WA State Utilities and Transportation Commission (UTC) per Title 480 WAC, Title 80 RCW, Title 54 RCW, Chapter 480-15 WAC, Chapter 81.80 RCW WA State Dept. of Labor and Industries: Chapter 18.27 RCW and Chapter 296-200A WAC Additionally if the needed service is not one that is regulated, the State will ensure that such services are delivered as specified by waiver beneficiary and detailed in the plan of care.			
Community Vendor (agency)	Business licensing requirements per Title 308 WAC. Based on service provided, a vendor may require a license through WA State Dept. of Agriculture per Chapter 15.58 RCW and Chapter 17.21 RCW		Vendors will comply with standards that correlate to specific service type provided: WA State Utilities and Transportation Commission (UTC) per Title 480 WAC, Title 80 RCW, Title 54 RCW, Chapter 480-15 WAC, Chapter 81.80 RCW WA State Dept. of Labor and Industries: Chapter 18.27 RCW and Chapter 296-200A WAC Additionally if the needed service is not one that is regulated, the State will ensure that such services are delivered as specified by waiver beneficiary and detailed in the plan of care.			

Community Transition Service Provider			Bachelor's degree or higher in Psychology, Social Work, or other related field including a medical field, with a minimum of two years' experience providing services to aging or disabled populations or A Bachelor's degree in social work or psychology with two years' experience in the coordination or provision of independent living services (e.g., housing, personal assistance services recruitment or management, independent living skills training, etc.) in a social service setting under qualified
---------------------------------------	--	--	--

Service Title:	Community Support: Goods and Services		
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>			
			supervision; or four years personal experience with a disability.
Centers for Independent Living			Community based non-profit organizations in Washington State which provide services by and for people with disabilities. Centers for Independent Living receive funding through the Federal Department of Education/Rehabilitation Services Administration and are contracted in the state of Washington through the Department's Division of Vocational Rehabilitation.
Community Transition Service Professional			An agency that employs individuals to provide this service who meet the following qualifications: Bachelor's degree or higher in Psychology, Social Work, or other related field including a medical field, with a minimum of two years' experience providing services to aging or disabled populations or A Bachelor's degree in social work or psychology with two years' experience in the coordination or provision of independent living services (e.g., housing, personal assistance services recruitment or management, independent living skills training, etc.) in a social service setting under qualified supervision; or four years personal experience with a disability.
Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
Community Vendor (individual)	Area Agency on Aging		Upon initial contracting and every two years
Community Vendor (agency)	Area Agency on Aging		Upon initial contracting and every two years

Community Transition Service Provider	Area Agency on Aging	Upon initial contracting and every two years
Centers for Independent Living	Area Agency on Aging	Upon initial contracting and every two years
Community Transition Service Professional	Area Agency on Aging	Upon initial contracting and every two years
Service Delivery Method (<i>check each that applies</i>):	☐ Participant-directed as specified in Appendix E	☒ Provider managed
		X

Service Title:	Specialized Medical Equipment and Supplies
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope): Specialized medical equipment and supplies include devices, controls, or appliances, specified in the plan of care, which enable the participants to increase their abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live. This service also includes items necessary for life support, ancillary supplies and equipment necessary to the proper functioning of such items, and durable/non-durable medical equipment not available under the Medicaid State Plan. Items reimbursed with waiver funds shall be in addition to any medical equipment and supplies furnished under the State Plan and shall exclude those items which are not of direct medical or remedial benefit to the individual. All items shall meet applicable standards of manufacture, design and installation. This service also includes maintenance and upkeep of items covered under the service and training for the participant/caregivers in the operation and maintenance of the item. Training may not duplicate training provided in other waiver services. The services under the waiver are limited to additional services not otherwise covered under the state plan, including EPSDT, but consistent with waiver objectives of avoiding institutionalization.	

Service Title:	Specialized Medical Equipment and Supplies
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	

Replacement of, or repair to, previously obtained goods and services that were lost or damaged during the wildfires; or approval of new services or goods related to a need that stems from the wildfires. The State is only requesting to replace or repair waiver goods and services.

Emergency medical supplies and equipment may be authorized immediately to ensure the health and safety of the client.

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

Service provided only as identified in the participant's CARE assessment and service plan. Items reimbursed with waiver funds shall be in addition to any medical equipment and supplies furnished under the State Plan and shall exclude those items which are not of direct medical or remedial benefit to the participant.

Provider Category(s) (check one or both):	☐	Individual. List types:	☐	Agency. List the types of agencies:
				Medical Equipment and Supply Contractor

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)
Medical Equipment and Supply Contractor			Must have a Core Provider Agreement with the State Medicaid Agency

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Medical Equipment and Supply Contractor	State Medicaid Agency	Upon purchase of specialized equipment

Service Title:	Specialized Medical Equipment and Supplies
----------------	--

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:				
Service Delivery Method (check each that applies):	☐	Participant-directed as specified in Appendix E	☐	Provider managed
				X

Service Title: Environmental Modifications	
Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:	
Service Definition (Scope): Those physical modifications to the private residence of the participant or the participant's family, identified by the participant's service plan, that are necessary to ensure the health, welfare, and safety of the participant or that enable the participant to function with greater independence in the home. Such modifications include the installation of ramps, grab-bars, widening of doorways, modifications of bathroom facilities, or the installation of specialized electric and plumbing systems that are necessary to accommodate the medical equipment and supplies that are necessary for the welfare of the participant. Excluded are those modifications or improvements to the home that are of general utility, and are not of direct medical or remedial benefit to the participant. Environmental modifications include the performance of necessary assessments to determine the types of modifications that are necessary. Home modifications may be authorized up to 180 days in advance of the community transition of an institutionalized person. Replacement of, or repair to existing, environmental modifications due to damage as result of the wildfires; or new installation that requires additional specifications as result of the wildfires. The State is only requesting to replace or repair waiver modifications. The State is not requesting general home repairs. Modify scope of this service to include remediation of damage occurred due to the wildfires.	
Specify applicable (if any) limits on the amount, frequency, or duration of this service:	
Modifications that add to the total square footage of the home are excluded from this benefit except when necessary to complete the modification (e.g., in order to improve entrance/egress to a residence or to configure a bathroom to accommodate a wheelchair). Environmental modifications may not be furnished to adapt living arrangements that are owned or leased by providers of waiver services.	

--

Service Title:		Environmental Modifications				
Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:						
Home modification begun while a person is institutionalized is not considered complete until the date the person leaves the institution and enters the waiver.						
Provider Category(s) (check one or both):	☐	Individual. List types:		☐	Agency. List the types of agencies:	
	Volunteer					
	Home Modifications Contractor					
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)	
Volunteer					Must sign confidentiality statement Must have knowledge of building codes as applicable to the specific task Cost must be less than \$500 per Chapter 18.27.090(9) RCW (Volunteers are reimbursed for costs of supplies and materials but are not reimbursed for labor).	
Home Modifications Contractor					Meet the standards of Chapter 18.27 RCW Registration of Contractors	
Verification of Provider Qualifications						
Provider Type:	Entity Responsible for Verification:			Frequency of Verification		
Volunteer	Area Agency on Aging			Upon initial contracting and every two years		
Home Modifications Contractor	Area Agency on Aging			Upon initial contracting and every two years		
Service Delivery Method (check each that applies):	☐	Participant-directed as specified in Appendix E			☐	Provider managed
						X



Service Title:	Home Delivered Meals
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope): Home Delivered Meal services provide nutritional balanced meals delivered to the participant's home. Services may be delivered by mail or may include an additional face to face contact to monitor the client's well-being and safety. Face to face visits completed during in person meal delivery are in addition to ongoing health and safety monitoring responsibilities completed by case managers. These meals shall not replace nor be a substitute for a full day's nutritional regimen but shall provide at least one-third (1/3) of the current recommended dietary allowance as established by the Food and Nutrition Board of National Academy of Sciences, National Research Council. A unit of service equals one meal. No more than one meal per day will be reimbursed under the waiver. Home delivered meals are provided to an individual at home and included in the approved plan of care only when the participant is homebound, unable to prepare the meal and there is no other person, paid or unpaid, to prepare the meal. Receiving a meal is more cost effective than having a personal care provider prepare the meal. When a participant's needs cannot be met by a Title III provider due to geographic inaccessibility, special dietary needs, the time of day or week the meal is needed, or existing Title III provider waiting lists, a meal may be provided by restaurants, cafeterias, or caterers who comply with Washington State Department of Health and local board of health regulations for food service establishments. Verification of the receipt of services is conducted by case managers during the face-to-face visits, client communication, and annual assessments. <u>Expand this service to allow two meals per day to impacted WA.0049 participants.</u>	
Specify applicable (if any) limits on the amount, frequency, or duration of this service:	
Service is provided only as identified in the participant's CARE assessment and service plan. No more than one meal per day is reimbursed under the waiver. Face-to-face visits are provided with each in-person delivery of home delivered meals. The frequency of meal deliveries is determined by the participant's assessed needs and preferences and the number of meals authorized to the participant per month. Participant must be home bound, unable to prepare the meal, and there is no other person paid or unpaid to prepare the meal.	

Service Title: Home Delivered Meals					
Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:					
Allow for one additional home delivered meal be provided to impacted individuals for WA.0049 and WA.0443 waivers. Currently, WA waivers only allow one meal per day.					
Provider Category(s) (check one or both):	☐	Individual. List types:		☐	Agency. List the types of agencies:
					Food Service Vendor
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)	
Food Service Vendor				Title III Home delivered nutritional program standards and Chapter 246-215 WAC (food service)	
Verification of Provider Qualifications					
Provider Type:	Entity Responsible for Verification:			Frequency of Verification	
Food Service Vendor	Area Agency on Aging			Upon initial contracting and every two years	
Service Delivery Method (check each that applies):					
	☐	Participant-directed as specified in Appendix E			☐
					X

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.