

# APPENDIX K: Emergency Preparedness and Response

## Background:

This standalone appendix may be utilized by the state during emergency situations to request amendment to its approved waiver. 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.<sup>i</sup> This appendix may be completed retroactively as needed by the state.

## Appendix K-1: General Information

### General Information:

A. State: California

B. Waiver Title: HCBS Waiver for Californians with Developmental Disabilities

C. Control Number:

CA.0336.R04.22

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

<input checked="checked" type="checkbox"/>	Pandemic or Epidemic
<input type="checkbox"/>	Natural Disaster
<input type="checkbox"/>	National Security Emergency
<input type="checkbox"/>	Environmental
<input type="checkbox"/>	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 will apply waiver-wide to all individuals impacted by the virus or the response to the virus.

This Appendix K is additive to the Appendix K approved June 8, 2020 and reauthorized March 1, 2021. Effective July 1, 2021, the state will add Self-Directed Support Service as a new service. Self-Directed support services guide and assist an individual and/or their family to make informed planning decisions about services and supports through the person-centered planning process, develop their initial budget and spending plan and gain the skills to coordinate services and supports. The goal of this service is for a participant to learn how to perform these tasks and to increase their independence in locating, selecting and coordinating services and supports.

**F. Proposed Effective Date: Start Date:** February 4, 2020 **Anticipated End Date:** Six months after the end of the PHE.

**G. Description of Transition Plan.**

The new service will take place in response to the impact of COVID-19 as efficiently and effectively as possible.

**H. Geographic Areas Affected:**

These actions will apply to all individuals, across the State of California, for the HCBS Waiver for Californians with Developmental Disabilities waiver impacted by the COVID-19 virus pandemic.

**I. Description of State Disaster Plan (if available) *Reference to external documents is acceptable:***

[State of California Emergency Plan](#) October 2017 (p. 116)

14.4.4 DEPARTMENT OF DEVELOPMENTAL SERVICES (DDS)

## 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.*

**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. ☒ 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).

[Complete Section A-Services to be Added/Modified During an Emergency]

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]

Effective July 1, 2021, the state adds Self-directed support services to provide consumers and their families, as appropriate, with training, coaching, and supports needed to direct their own services. This service is designed to assist consumers in directing their own services. This service would support the following services, which are available for participants to self-direct if they choose:

Supported Employment, Day Service, Respite, Family Support Services, Skilled Nursing, Non-medical Transportation, and/or Community-based Training Services.

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.      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]

## Contact Person(s)

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

**First Name:** Joseph  
**Last Name** Billingsley  
**Title:** Assistant Deputy Director  
**Agency:** Department of Health Care Services  
**Address 1:** 1501 Capitol Avenue, MS 4502  
**Address 2:** P.O. Box 997437  
**City** Sacramento  
**State** CA  
**Zip Code** 95899-7437  
**Telephone:** (916) 713-8389  
**E-mail** Joseph.billingsley@dhcs.ca.gov  
**Fax Number** n/a

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

**First Name:** Jonathan  
**Last Name** Hill  
**Title:** Chief, Federal Programs Operations Section  
**Agency:** Department of Development of Developmental Services  
**Address 1:** 1215 O Street  
**Address 2:** Click or tap here to enter text.  
**City** Sacramento  
**State** CA  
**Zip Code** 95814  
**Telephone:** (916) 653-4541  
**E-mail** Jonathan.hill@dds.ca.gov  
**Fax Number** n/a

## 8. Authorizing Signature

**Signature:** /S/

**Date:** 7/5/2022

\_\_\_\_\_  
State Medicaid Director or Designee

**First Name:** Jacey  
**Last Name** Cooper  
**Title:** State Medicaid Director  
**Agency:** California Department of Health Care Services  
**Address 1:** 1501 Capitol Avenue  
**Address 2:** P.O. Box 997413, MS 0000  
**City** Sacramento  
**State** CA  
**Zip Code** 95899-7413  
**Telephone:** (916) 449-7400  
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**Fax Number** (916) 449-7404

## 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 which the state is temporarily modifying, enter the entire service definition and highlight the change. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification				
Service Title:	Self-Directed Support Services			
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>				
Service Definition (Scope):				
<p>This service guides and assists the individual and/or the participant's family or representative, as appropriate, in arranging for, directing and managing services. With planning team oversight, as part of the person-centered service plan process, support providers assist the participant or family as appropriate in identifying immediate and long-term needs, developing options to meet those needs, and accessing identified supports and services. Practical skills training is offered to enable families and participants to independently direct and manage waiver services. In addition, this service provides training on managing an annual budget for service expenditures.</p> <p>This service is available to consumers who have identified an interest in self-directing some or all their services. Assistance provided to participants and/or their families, if the individual designates them as a representative to assist him or her, consists of guidance and advisement in ensuring a thorough understanding of responsibilities involved with self-direction of services, to make informed planning decisions about services and supports through the person-centered planning process, development of their initial budget and spending plan, and appropriate practices of hiring, managing, and communicating with staff. The extent of the assistance furnished to the participant or family, if the individual designates family members to assist, is specified in the Individual Program Plan (IPP).</p> <p>This service does not duplicate, replace, or supplant other waiver services, including case management.</p> <p>The rate methodology for this service uses a fee schedule which can be found in the following link:  <a href="https://www.dds.ca.gov/wp-content/uploads/2022/03/Self_Directed_Support_Services_Rates.pdf">https://www.dds.ca.gov/wp-content/uploads/2022/03/Self_Directed_Support_Services_Rates.pdf</a> </p>				
Specify applicable (if any) limits on the amount, frequency, or duration of this service:				
This service is limited to 40 hours. Additional hours must be reviewed by the Department and may be authorized if deemed necessary to meet the needs of the consumer.				
Provider Specifications				
Provider Category(s) (check one or both):	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
		Individual		Agency
Specify whether the service may be provided by (check each that applies):	<input checked="" type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative/Legal Guardian

<b>Provider Qualifications</b> <i>(provide the following information for each type of provider):</i>			
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
<b>Individual</b>	As appropriate, a business license as required by the local jurisdiction where the business is located.		Completion of training course about the principles of participant directed services.
<b>Agency</b>	As appropriate, a business license as required by the local jurisdiction where the business is located.		Completion of training course about the principles participant directed services.
<b>Verification of Provider Qualifications</b>			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
<b>Individual</b>	Regional centers, through the vendorization process, verify providers meet requirements/qualifications outlined in Title 17, CCR, § 54310 including the following, as applicable: any license, credential, registration, certificate, permit, or academic degree required for the performance or operation of the service; the staff qualifications and duty statements; and service design.		Verified upon application for vendorization and biennially thereafter.
<b>Agency</b>	Regional centers, through the vendorization process, verify providers meet requirements/qualifications outlined in Title 17, CCR, § 54310 including the following, as applicable: any license, credential, registration, certificate, permit, or academic degree required for the performance or operation of the service; the staff qualifications and duty statements; and service design.		Verified upon application for vendorization and biennially thereafter.
<b>Service Delivery Method</b>			
<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/> Provider managed



<sup>i</sup> Numerous changes that the state may want to make necessitate authority outside of the scope of section 1915(c) authority. States interested in changes to administrative claiming or changes

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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; (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.