

APPENDIX K: Emergency Preparedness and Response and COVID-19 Addendum

Background:

This standalone appendix may be utilized by the state during emergency situations to request amendments to its approved waiver, to multiple approved waivers in the state, and/or to all approved waivers in the state. It includes actions that states can take under the existing Section 1915(c) home and community-based waiver authority in order to respond to an emergency. Other activities may require the use of various other authorities such as the Section 1115 demonstrations or the Section 1135 authorities.ⁱ This appendix may be applied retroactively as needed by the state. Public notice requirements normally applicable under 1915(c) do not apply to information contained in this Appendix.

Appendix K-1: General Information

General Information:

A. State: Connecticut

B. Waiver Title(s):

CT Comprehensive Supports Waiver (Comp) Individual and Family Support Waiver(IFS), Employment and Day Support Waiver (EDS)

C. Control Number(s):

CT.0437.R03.06, CT.0426.R03.07, CT.0881.R01.07

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

<input checked="" type="radio"/>	Pandemic or Epidemic
<input type="radio"/>	Natural Disaster
<input type="radio"/>	National Security Emergency
<input type="radio"/>	Environmental
<input type="radio"/>	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.

This amendment is additive to the previously approved Appendix Ks for each of the waivers referenced in Appendix K.1-B. It modifies the language of various provisions in Appendix K 1-3; terminates, as of 3/15/21, Meals on Wheels, which had previously been temporarily added under Appendix K as a service; and modifies the service definitions for Senior Supports, Behavioral Support Services, Individual Home Supports, and Individual Supported Employment, to expand the settings in which the service is authorized to be delivered, including virtual and telephonic methods in accordance with HIPAA requirements and there may be a temporary increase in the amount of personal care/assistance provided in these services, but personal care/assistance will not comprise the entirety of these services. Section A also includes temporary modifications to six separate services.

F. Proposed Effective Date: Start Date: March 16, 2020 **Anticipated End Date:** Six months after the end of the public health emergency unless an earlier date for a flexibility is noted in the approved Appendix K.

G. Description of Transition Plan.

H. Geographic Areas Affected:

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

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

Temporary or Emergency-Specific Amendment to Approved Waiver:

These are changes that, while directly related to the state's response to an emergency situation, require amendment to the approved waiver document. These changes are time limited and tied specifically to individuals impacted by the emergency. Permanent or long-ranging changes will need to be incorporated into the main appendices of the waiver, via an amendment request in the waiver management system (WMS) upon advice from CMS.

a. X Access and Eligibility:

i. X Temporarily increase the cost limits for entry into the waiver.

[Provide explanation of changes and specify the temporary cost limit.]

The state will temporarily permit an emergency increase in the individual cost limit for existing participants if needed to support such participants in the community safely during the emergency, and in order to avoid institutionalization. All modifications resulting in exceeding the individual cost cap are required to go through the prior authorization process.

ii. ___ Temporarily modify additional targeting criteria.

[Explanation of changes]

b. X 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]

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

[Explanation of modification, and advisement if room and board is included in the respite rate]:

v. X Temporarily provide services in out of state settings (if not already permitted in the state's approved waiver). [Explanation of changes]

For the following services: CLA - Community Living Arrangement, CRS - Continuous Residential Supports, Individual Home Supports, Individualized Day Supports, Personal Supports

The State is adding the additional services: Individualized Supported Employment, Behavioral Support Services

State is removing the language stating: In order to ensure health and safety, these services may temporarily be provided out of state provided that the provider meets the state of Connecticut's provider qualifications for those services.

State is adding the language: In order to ensure health and safety, these services may temporarily be delivered by a provider/self-hire in a neighboring state as long as that provider has been determined by the Department of Developmental Services to meet Connecticut's provider/self-hire qualifications for those services.

c. **X** **Temporarily permit payment for services rendered by family caregivers or legally responsible individuals if not already permitted under the waiver.** Indicate the services to which this will apply and the safeguards to ensure that individuals receive necessary services as authorized in the plan of care, and the procedures that are used to ensure that payments are made for services rendered.

State is adding the language: The state will no longer permit payment to legally liable relatives, as articulated in this provision, effective 8/1/2021.

Individualized Home Supports- (COMP and IFS Waiver) and Individualized Day Support (COMP, IFS and EDS Waiver) The state will temporarily permit family members and legally liable relatives to provide services. Individuals on the OIG's excluded provider list remain excluded from payment. DDS Family Hire Process will be used as a safe guard.

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

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

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

For self-directed providers of Individualized Home Supports, Personal Supports, Individualized Day Supports, the Department will:

- Extend time limit to complete required training (State is adding clarifying language as underlined). New Hire Orientation training and College of Direct Support Trainings from 90 to 180 days

- Amend provider standards to qualify a direct worker while his/her background check and pre-employment screenings are in pending status. This allowance will be applied to participant-directed service (PDS) Further, should a pending screening come back demonstrating concerns with the background check and/or pre-employment screening that would not allow the worker to continue employment long term, that worker continues to be qualified until an alternative employee is identified unless the worker poses an immediate jeopardy to health, safety, and/or welfare of the participant, or is found to be guilty of past abuse, neglect, exploitation (the state is adding clarifying language as underlined) or has committed a violent felony (and in the case of self-directed individuals, the individual has not signed an acknowledgment form) and therefore is immediately unqualified

ii. Temporarily modify provider types.

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

iii. Temporarily modify licensure or other requirements for settings where waiver services are furnished.

[Provide explanation of changes, description of facilities to be utilized and list each service provided in each facility utilized.]

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

f. x Temporarily increase payment rates.

[Provide an explanation for the increase. List the provider types, rates by service, and specify whether this change is based on a rate development method that is different from the current approved waiver (and if different, specify and explain the rate development method). If the rate varies by provider, list the rate by service and by provider.]

State is adding the language: Residential services (Individualized Home Supports and Personal Supports) had their rates temporarily increased by 20% of the authorized residential services system for service in May, June and July 2020, due to increased staffing costs. Some of the rate increase was paid by federal coronavirus relief funds (CRF) and those funds will be factored out when determining what is subject to reimbursement through CMS.

A temporary 5% increase was also issued for day and employment services for authorized services in April, May, June and July 2020 due to the combination of emergency staffing needs and increased costs associated with pandemic related expenses. Some of the rate increase was paid by federal coronavirus relief funds (CRF) and those funds will be factored out when determining what the state will submit for reimbursement.

Both increases are considered one-time increases for the months outlined above.

g. x 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.]

State is adding the language: person-centered service plan (PCSP) development and annual reviews may be conducted using telephonic, video-conferencing or other virtual means in accordance with HIPAA requirements.

The case manager may share forms requiring signature and receive documented signature consenting to a modified plan using fax or by sharing scanned documents via secured email. Review and consent may also be provided electronically via email.

Specific to the development and modification process for person-centered service plans, electronic documentation of participants is also acceptable during the emergency period as such processes may be conducted using remote contact methods, in keeping with all other allowances for case management activities during the emergency period.

If requested and/or necessary, modifications to a person-centered plan may be made, as driven by individualized participant need, circumstance and consent reviewed on an individualized basis, without the input of the entire person-centered service team.

The state will ensure the person-centered service plan is modified to allow for additional supports/and or services to respond to the COVID-19 pandemic. The specificity of such services will be appended as soon as possible but no later than 30 days after the service is initiated to ensure that documentation outlining the specific service is delineated accordingly to the date it began to be received.

h. X Temporarily modify incident reporting requirements, medication management or other

participant safeguards to ensure individual health and welfare, and to account for emergency circumstances. [Explanation of changes]

State is adding the language: the suspension of the HRC approval process described below in its entirety is terminated as of 3/15/2021.

Human Rights Committee (HRC) approval will be suspended until after the outbreak, as long as the individual's team approve of the proposed measures. In case of an emergency, the Regional Director may override the planning team's decision for remote monitoring based on the needs of the individual and availability of staff. If this remote monitoring is being used to assist staff during times when minimum staffing levels are not met, the provider must have staff available to monitor the individual's home during the entirety of the time the equipment is in use and staff are not directly supporting the individual. Once the outbreak has ended, continuance of the remote monitoring equipment will require HRC approval.

i. Temporarily allow for payment for services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay when necessary supports (including communication and intensive personal care) are not available in that setting, or when the individual requires those services for communication and behavioral stabilization, and such services are not covered in such settings.

[Specify the services.]

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

[Describe the circumstances under which such payments are authorized and applicable limits on their duration. Retainer payments are available for habilitation and personal care only.]

k. Temporarily institute or expand opportunities for self-direction.

[Provide an overview and any expansion of self-direction opportunities including a list of services that may be self-directed and an overview of participant safeguards.]

l. Increase Factor C.

[Explain the reason for the increase and list the current approved Factor C as well as the proposed revised Factor C]

m. X **Other Changes Necessary** [For example, any changes to billing processes, use of contracted entities or any other changes needed by the State to address imminent needs of individuals in the waiver program]. [Explanation of changes]

- 1) State is adding the additional language: Virtual Day supports may take place in a Continuous Residential Supports, Community Living Arrangement or Community Companion Home and the day provider will be able to bill the corresponding rate at the same time the per diem residential supports are also being provided.

Appendix K Addendum: COVID-19 Pandemic Response

1. HCBS Regulations

- a. ☐ Not comply with the HCBS settings requirement at 42 CFR 441.301(c)(4)(vi)(D) that individuals are able to have visitors of their choosing at any time, for settings added after March 17, 2014, to minimize the spread of infection during the COVID-19 pandemic.

2. Services

- a. ☒ Add an electronic method of service delivery (e.g., telephonic) allowing services to continue to be provided remotely in the home setting for:
- i. ☐ Case management
 - ii. ☐ Personal care services that only require verbal cueing
 - iii. ☐ In-home habilitation
 - iv. ☒ Monthly monitoring (i.e., in order to meet the reasonable indication of need for services requirement in 1915(c) waivers).
 - v. ☐ Other *[Describe]*:

- b. ☐ Add home-delivered meals (terminate effective 3/15/2021)
- c. ☐ Add medical supplies, equipment and appliances (over and above that which is in the state plan)
- d. ☐ Add Assistive Technology

3. **Conflict of Interest: The state is responding to the COVID-19 pandemic personnel crisis by authorizing case management entities to provide direct services. Therefore, the case management entity qualifies under 42 CFR 441.301(c)(1)(vi) as the only willing and qualified entity.**

- a. ☐ Current safeguards authorized in the approved waiver will apply to these entities.
- b. ☐ Additional safeguards listed below will apply to these entities.

4. Provider Qualifications

- a. ☐ Allow spouses and parents of minor children to provide personal care services
- b. ☐ Allow a family member to be paid to render services to an individual.
- c. ☐ Allow other practitioners in lieu of approved providers within the waiver. *[Indicate the providers and their qualifications]*

- d. ☒ Modify service providers for home-delivered meals to allow for additional providers, including non-traditional providers. (terminate effective 3/15/2021- uncheck box)

5. Processes

- a. ☐ Allow an extension for reassessments and reevaluations for up to one year past the due date.
- b. ☐ Allow the option to conduct evaluations, assessments, and person-centered service planning meetings virtually/remotely in lieu of face-to-face meetings.
- c. ☐ Adjust prior approval/authorization elements approved in waiver.
- d. ☐ Adjust assessment requirements
- e. ☐ Add an electronic method of signing off on required documents such as the person-centered service plan.

Contact Person(s)

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

First Name: Amy
Last Name Dumont
Title: Manager, Community Options
Agency: CT Department of Social Services
Address 1: 55 Farmington Ave.
Address 2: Click or tap here to enter text.
City Hartford
State CT
Zip Code 06105
Telephone: 860-424-5173
E-mail Amy.Dumont@ct.gov
Fax Number 860-424-4963

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

First Name: Click or tap here to enter text.
Last Name Click or tap here to enter text.
Title: Click or tap here to enter text.
Agency: Click or tap here to enter text.
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: Click or tap here to enter text.
E-mail Click or tap here to enter text.
Fax Number Click or tap here to enter text.

8. Authorizing Signature

Signature:

Date: 3/22/2021

/s/ Kate McEvoy

State Medicaid Director or Designee

First Name: *Kate*
Last Name *McEvoy*
Title: Director of Health Services
Agency: CT Department of Social Services
Address 1: 55 Farmington Ave
Address 2: Click or tap here to enter text.
City Hartford
State CT
Zip Code 06105
Telephone: 860-424-5383
E-mail Kate.mcevoy@ct.gov
Fax Number 860-424-4963

Complete for each service added during a time of emergency. For services in the approved waiver that the state is temporarily modifying, enter the entire service definition and highlight the change. State laws, regulations and policies referenced in the specification should be readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

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

Complete for each service added during a time of emergency. For services in the approved waiver that the state is temporarily modifying, enter the entire service definition and highlight the change. State laws, regulations and policies referenced in the specification should be readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification			
Service Title:	Group Day Support		
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>			
Service Definition (Scope):			
<p>Services and supports leading to the acquisition, improvement and/or retention of skills and abilities to prepare an individual for work and/or community participation, or support meaningful socialization, leisure and retirement activities. This service is provided by a qualified provider in a facility-based program or appropriate community locations. Transportation to and from home is not included as part of this waiver service. This service may not be provided at the same time as Adult Day Health, Community Companion Homes, Community Living Arrangements, Continuous Residential Services, Prevocational, Group Supported employment, Senior Supports, Blended Supports, Shared Living, Transitional Services, Individualized Day Supports, Individual Supported Employment, Respite, Individualized Home Supports, Companion Supports, or Personal Support.</p> <p><u>Appendix K Temporary addition to service scope:</u> To maintain health and safety during the PHE, this service may temporarily be provided in the individual's home, in a 1 to 1 setting, telephonically or electronic face to face in accordance with HIPAA requirements. There may be a temporary increase in the amount of personal care/assistance provided in this service, but personal care/assistance will not comprise the entirety of this service.</p>			
Specify applicable (if any) limits on the amount, frequency, or duration of this service:			
Provider Specifications			
Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/> Agency. List the types of agencies:
			Private agency/dds providers
Specify whether the service may be provided by (check each that applies):		<input type="checkbox"/> Legally Responsible Person	<input type="checkbox"/> Relative/Legal Guardian
Provider Qualifications (provide the following information for each type of provider):			

Provider Type: Private agency/dds provider	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i> The agency ensures that employees meet the following qualifications prior to employment: <ul style="list-style-type: none"> ·18 yrs. of age ·criminal background check ·registry check ·have ability to communicate effectively with the individual/family ·have ability to complete record keeping as required by the employer The agency ensures that employees meet the following qualifications prior to being alone with the Individual: <ul style="list-style-type: none"> ·demonstrate competence in knowledge of DDS policies and procedures: abuse/neglect; incident reporting; client rights and confidentiality; handling fire and other emergencies, prevention of sexual abuse, knowledge of approved and prohibited physical management techniques ·demonstrate competence/knowledge in topics required to safely support the individual as described in the Individual Plan ·demonstrate competence, skills, abilities, education and/or experience necessary to achieve the specific training outcomes as described in the Individual Plan ·ability to participate as a member of the circle if requested by the individual ·demonstrate understanding of Person Centered Planning ·Medication Administration* * if required by the individual supported

Verification of Provider Qualifications		
Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Private agency or DDS providers	DDS	Initial and every 2 years thereafter.

Service Delivery Method

Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	x	Provider managed



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

Complete for each service added during a time of emergency. For services in the approved waiver that the state is temporarily modifying, enter the entire service definition and highlight the change. State laws, regulations and policies referenced in the specification should be readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
Service Title:	Group Supported Employment
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope):	
<p>Group Supported Employment consists of ongoing supports that enable participants in a structured work environment focused towards work. Participants for whom competitive employment at or above the minimum wage is unlikely but are on the path to competitive employment with some ongoing supports and need supports to perform in a regular work setting. Group Supported employment may include assisting the participant with assessments, career planning, locate a job or develop a job on behalf of the participant. Group Supported employment is conducted in a variety of settings, particularly work sites where persons without disabilities are employed. Group Supported Employment includes activities needed to obtain and sustain paid work by participants, including career planning, assistive technology, job development, supervision and training. When group supported employment services are provided at a work site where persons without disabilities are employed, payment is made only for adaptations, and supervision and training required by participants receiving waiver services as a result of their disabilities but does not include payment for supervisory activities rendered as a normal part of the business setting. However, Medicaid funds may not be used to defray the expenses associated with starting up or operating a business. FFP will not be claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following:</p> <ol style="list-style-type: none"> 1. Incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program; 2. Payments that are passed through to users of supported employment programs; 3. Payments for vocational training that is not directly related to a participant's supported employment. <p>Group Supported employment services furnished under the waiver are not available under a program funded by either program funded by either the Rehabilitation Act of 1973 or P.L. 94-142. May not be provided at the same time as Adult Day Health, Community Companion Homes, Community Living Arrangements, Continuous Residential Services, Prevocational, Senior Supports, Shared Living,, Transitional Services, Group Day, Individualized Day Supports, Individual Supported Employment, Respite, Individualized Home Supports, Companion Supports, or Personal Support.</p> <p><u>Appendix K Temporary addition to service scope:</u> To maintain health and safety during the PHE, this service may temporarily be provided in the individual's home or in a larger group, telephonically or electronic face to face in accordance with HIPAA requirements. It may also include the delivery of transferable skill and support services not specifically related to job skill training that enable the waiver participant to be successful in integrating into the community and promote integration into the workplace and social interaction between participants and people without disabilities. There may be a temporary increase in the amount of personal care/assistance provided in this service, but personal care/assistance will not comprise the entirety of this service</p>	
Specify applicable (if any) limits on the amount, frequency, or duration of this service:	
<p>This service is generally limited to no more than 8 hours per day or 40 hours per 7 day week.</p> <p>A prior approval may be issued for additional hours and it will be documented in the Individual Plan.</p> <p>Group Supported Employment consists of 2 or more waiver participants.</p>	
Provider Specifications	

Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
			DDS private provider	
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
Provider Qualifications (provide the following information for each type of provider):				
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)	
DDS Private Provider			<p>The agency will ensure that employees meet the following qualifications:</p> <p>Prior to Employment</p> <ul style="list-style-type: none"> • 21 yrs. of age • criminal background check • registry check • have ability to communicate effectively with the individual/family • have ability to complete record keeping as required by the employer <p>Prior to being alone with the Individual:</p> <ul style="list-style-type: none"> • demonstrate competence in knowledge of DDS policies and procedures: abuse/neglect; incident reporting; client rights and confidentiality; handling fire and other emergencies, prevention of sexual abuse, knowledge of approved and prohibited physical management techniques • demonstrate competence/knowledge in topics required to safely support the individual as described in the Individual Plan • demonstrate competence, skills, abilities, education and/or experience necessary to achieve the specific training outcomes as described in the Individual Plan • ability to participate as a member of the circle if requested by the individual • demonstrate understanding of Person Centered Planning • Medication Administration* <p>* if required by the individual supported</p>	

Verification of Provider Qualifications				
Provider Type:	Entity Responsible for Verification:		Frequency of Verification	
DDS	DDS or designee		Initial	
Service Delivery Method				
Service Delivery Method <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>	



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

Complete for each service added during a time of emergency. For services in the approved waiver that the state is temporarily modifying, enter the entire service definition and highlight the change. State laws, regulations and policies referenced in the specification should be readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification					
Service Title:	Individualized Day Support				
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>					
Service Definition (Scope):					
<p>Services and supports provided to individuals tailored to their specific personal outcomes related to the acquisition, improvement and/or retention of skills and abilities to prepare and support an individual for work and/or community participation and/or meaningful retirement activities, or for an individual who has their own business, and could not do so without this direct support. This service may originate from the participant's home and is not delivered in or from a facility-based program. The individual plan needs to delineate the schedule and detail the path to employment. May not be provided at the same time as Group Day, Supported Employment, Respite, Personal Support, Adult Companion, Individualized Home Supports.</p> <p><u>Appendix K Temporary addition to service scope:</u> To maintain health and safety during the PHE, this service may temporarily be provided in a facility, in a small group or through telephonic or electronic face to face means in accordance with HIPAA requirements. There may be a temporary increase in the amount of personal care/assistance provided in this service, but personal care/assistance will not comprise the entirety of this service.</p>					
Specify applicable (if any) limits on the amount, frequency, or duration of this service:					
This service is limited to no more than 8 hours per day.					
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:
		Individuals hired by participants who self direct			Private 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
Provider Qualifications (provide the following information for each type of provider):					
Provider Type:	License (specify)		Certificate (specify)		Other Standard (specify)

Private agency			<p>The agency ensures that employees meet the following qualifications:</p> <p>Prior to Employment:</p> <ul style="list-style-type: none"> ·18 yrs. of age ·criminal background check ·registry check ·have ability to communicate effectively with the individual/family ·have ability to complete record keeping as required by the employer <p>Prior to being alone with the Individual:</p> <ul style="list-style-type: none"> ·demonstrate competence in knowledge of DDS policies and procedures: abuse/neglect; incident reporting; client rights and confidentiality; handling fire and other emergencies, prevention of sexual abuse, knowledge of approved and prohibited physical management techniques ·demonstrate competence/knowledge in topics required to safely support the individual as described in the Individual Plan ·demonstrate competence, skills, abilities, education and/or experience necessary to achieve the specific training outcomes as described in the Individual Plan ·ability to participate as a member of the circle if requested by the individual ·demonstrate understanding of Person Centered Planning ·Medication Administration* <p>* if required by the individual supported</p>
----------------	--	--	--

Individuals Hired by Participants who Self Direct			<p>The FI ensures that employee will meet the following qualifications:</p> <p>Prior to Employment:</p> <ul style="list-style-type: none"> ·18 yrs. of age ·criminal background check ·registry check ·have ability to communicate effectively with the individual/family ·have ability to complete record keeping as required by the employer <p>Prior to being alone with the Individual:</p> <ul style="list-style-type: none"> ·demonstrate competence in knowledge of DDS policies and procedures: abuse/neglect; incident reporting; client rights and confidentiality; handling fire and other emergencies, prevention of sexual abuse, knowledge of approved and prohibited physical management techniques ·demonstrate competence/knowledge in topics required to safely support the individual as described in the Individual Plan ·demonstrate competence, skills, abilities, education and/or experience necessary to achieve the specific training outcomes as described in the Individual Plan ·ability to participate as a member of the team if requested by the individual ·demonstrate understanding of Person Centered Planning ·Medication Administration* <p>* if required by the individual supported</p>
Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
Private agency	DDS		Initial and every 2 years thereafter.
Individuals Hired by Participants who Self Direct	Fiscal Intermediary and DDS		FI Prior to employment DDS Annual sample of consumer directed persons
Service Delivery Method			
Service Delivery Method (check each that applies):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/> Provider managed



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

Complete for each service added during a time of emergency. For services in the approved waiver that the state is temporarily modifying, enter the entire service definition and highlight the change. State laws, regulations and policies referenced in the specification should be readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification			
Service Title:	Prevocational Services		
Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:			
Service Definition (Scope):			
<p>Services that provide learning and work experiences, training to assist the individual prepare for employment. Services include teaching such concepts as compliance, attendance, task completion, problem solving and safety that contribute to the employability in paid and integrated employment. May includes teaching, training, supporting work activities, career assessment and career planning. Services are not job-task oriented, but instead, aimed at a generalized result. Services are reflected in the participant's individual plan with outcomes and timelines towards integrated community employment. An annual community based assessment will be completed for each individual and reviewed by DDS Personnel.</p> <p>Meals provided as part of these services shall not constitute a "full nutritional regimen" (3 meals per day).</p> <p>Documentation is maintained in the file of each individual receiving this service that the service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.). May not be provided at the same time as Adult Day Health, Community Companion Homes, Community Living Arrangements, Continuous Residential Services, Group Supported employment, Senior Supports, Blended Supports, Shared Living, Transitional Services, Group Day, Individualized Day Supports, Individual Supported Employment, Respite, Individualized Home Supports, Companion Supports, or Personal Support.</p> <p><u>Appendix K Temporary addition to service scope:</u> To maintain health and safety during the PHE, this service may temporarily be provided in home, in 1 to 1 setting, telephonically or through electronic face to face in accordance with HIPAA requirements. There may be a temporary increase in the amount of personal care/assistance provided in this service, but personal care/assistance will not comprise the entirety of this service. Timeline extension- this service may temporarily be extended past the three-year durational limit.</p>			
Specify applicable (if any) limits on the amount, frequency, or duration of this service:			
Outcomes and timelines for transition should be documented in the person's individual plan and reviewed at a minimum annually. Transition should not exceed three years and requires regional director review.			
Provider Specifications			
Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/> Agency. List the types of agencies:
			Private provider
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/> Relative/Legal Guardian
Provider Qualifications (provide the following information for each type of provider):			
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)

Private provider			<p>The agency will ensure that employees meet the following qualifications:</p> <p>Prior to Employment</p> <ul style="list-style-type: none"> • 18 yrs. of age • criminal background check • registry check • have ability to communicate effectively with the individual/family • have ability to complete record keeping as required by the employer <p>Prior to being alone with the Individual:</p> <ul style="list-style-type: none"> • demonstrate competence in knowledge of DDS policies and procedures: abuse/neglect; incident reporting; client rights and confidentiality; handling fire and other emergencies, prevention of sexual abuse, knowledge of approved and prohibited physical management techniques • demonstrate competence/knowledge in topics required to safely support the individual as described in the Individual Plan • demonstrate competence, skills, abilities, education and/or experience necessary to achieve the specific training outcomes as described in the Individual Plan • ability to participate as a member of the circle if requested by the individual • demonstrate understanding of Person Centered Planning • Medication Administration* <p>* if required by the individual supported</p>

Verification of Provider Qualifications				
Provider Type:		Entity Responsible for Verification:		Frequency of Verification
Private providers		DDS		Initial and Annual Review
Service Delivery Method				
Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
	<input type="checkbox"/>		<input type="checkbox"/>	

--	--	--	--	--



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

Complete for each service added during a time of emergency. For services in the approved waiver that the state is temporarily modifying, enter the entire service definition and highlight the change. State laws, regulations and policies referenced in the specification should be readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
Service Title:	Transitional Employment 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>Transition Employment Services is a time limited, community-based, vocational service. It focuses on:</p> <ul style="list-style-type: none"> • providing career discovery • career exploration • skill development • self-advocacy <p>that lead to competitive employment.</p> <p>Includes but not limited to:</p> <ol style="list-style-type: none"> 1. Employment exploration sites 2. Adult Education Sites and Post-Secondary Schools 3. Workforce Centers 4. Libraries 5. Health Clubs 6. Banks 7. Networking Sites 8. Apprenticeships/Internships 9. Colleges/Library/Technical School involvement and collaboration? 10. Education 11. attending technical and community college educational activities 12. skills building classes leading to employment 13. financial management 14. participation in community activities to promote networking 15. community-based networking activities 16. health and fitness activities that help impact better employment outcomes <p>Time limit 3 years</p> <p>One 6 month extension can be granted by Regional Director or Designee in the case of someone needing short time to successfully transition out of Transition Employment services into employment. After 3 year period individual will need to seek another Transition Employment Service provider if they are still in need of that service.</p> <p><u>Appendix K Temporary addition to service scope:</u> To maintain health and safety during the PHE this this service may temporarily be provided in an individual's home, in 1 to 1 setting, telephonically or electronic face to face in accordance with HIPAA requirements. There may be a temporary increase in the amount of personal care/assistance provided in this service, but personal care/assistance will not comprise the entirety of this service. Timeline extension- this service may temporarily be extended past the three year durational limit.</p>	
Specify applicable (if any) limits on the amount, frequency, or duration of this service:	

Time limit 3 years

An extension can be granted by Regional Director or Designee in the case of someone needing time to successfully transition out of Transition Employment services into employment.

After 3 year period individual will need to seek another Transition Employment Service provider if they are still in need of that service.

Documentation is maintained in the file of each individual receiving this service that the service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.)

Provider Specifications

Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
				DDS Private Provider
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
Provider Qualifications (provide the following information for each type of provider):				
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)	

DDS Private Provider			<p>The agency will ensure that employees meet the following qualifications:</p> <p>Prior to Employment</p> <ul style="list-style-type: none"> • 18 yrs. of age • criminal background check • registry check • have ability to communicate effectively with the individual/family • have ability to complete record keeping as required by the employer <p>Prior to being alone with the Individual:</p> <ul style="list-style-type: none"> • demonstrate competence in knowledge of DDS policies and procedures: abuse/neglect; incident reporting; client rights and confidentiality; handling fire and other emergencies, prevention of sexual abuse, knowledge of approved and prohibited physical management techniques • demonstrate competence/knowledge in topics required to safely support the individual as described in the Individual Plan • demonstrate competence, skills, abilities, education and/or experience necessary to achieve the specific training outcomes as described in the Individual Plan • ability to participate as a member of the circle if requested by the individual • demonstrate understanding of Person Centered Planning • Medication Administration* <p>* if required by the individual supported</p>
Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
DDS private provider	DDS or designee		Initial
Service Delivery Method			
Service Delivery Method (check each that applies):	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/> Provider managed
	<input type="checkbox"/>		<input type="checkbox"/>

--	--	--	--	--



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

Complete for each service added during a time of emergency. For services in the approved waiver that the state is temporarily modifying, enter the entire service definition and highlight the change. State laws, regulations and policies referenced in the specification should be readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification				
Service Title:	Personal Supports			
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>				
Service Definition (Scope):				
<p>Assistance necessary to meet the individual's day-to-day activity and daily living needs and to reasonably assure adequate support at home and in the community to carry out personal outcomes. Cueing and supervision of activities is included. This service may not be used in place of eligible Medicaid State Plan Home Health Care services. Provision of services is limited to the persons own or family home and/or in their community. May not be provided at the same time as Individualized Day Supports, Group Day Supports, Supported Employment, Respite, Individualized Home Support, Adult Companion, Community Companion Home, and/or Community Living Arrangements.</p> <p><u>Appendix K Temporary addition to service scope:</u> To maintain health and safety during the PHE, this service may temporarily be provided in a group, telephonically or electronic face to face in accordance with HIPAA requirements. There may be a temporary increase in the amount of personal care/assistance that can be done via verbal cues or prompts, but personal care/assistance will not comprise the entirety of this service.</p>				
Specify applicable (if any) limits on the amount, frequency, or duration of this service:				
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:
		Individuals hired by participants who self direct		Private agency or dds
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative/guardian
Provider Qualifications (provide the following information for each type of provider):				
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)	

Private agency/dds			<p>The agency ensures that employees meet the following qualifications:</p> <p>Prior to Employment:</p> <ul style="list-style-type: none"> ·18 yrs. of age ·criminal background check ·registry check ·have ability to communicate effectively with the individual/family ·have ability to complete record keeping as required by the employer <p>Prior to being alone with the Individual:</p> <ul style="list-style-type: none"> ·demonstrate competence in knowledge of DDS policies and procedures: abuse/neglect; incident reporting; client rights and confidentiality; handling fire and other emergencies, prevention of sexual abuse, knowledge of approved and prohibited physical management techniques ·demonstrate competence/knowledge in topics required to safely support the individual as described in the Individual Plan <p>·Medication Administration*</p> <p>* if required by the individual supported</p>
-------------------------------	--	--	---

Individuals Hired by Participants who Self Direct			<p>The FI will ensure that employees meet the following qualifications:</p> <p>Prior to Employment:</p> <ul style="list-style-type: none"> ·18 yrs. of age ·criminal background check ·registry check ·have ability to communicate effectively with the individual/family ·have ability to complete record keeping as required by the employer <p>Prior to being alone with the Individual:</p> <ul style="list-style-type: none"> ·demonstrate competence in knowledge of DDS policies and procedures: abuse/neglect; incident reporting; client rights and confidentiality; handling fire and other emergencies, prevention of sexual abuse, knowledge of approved and prohibited physical management techniques ·demonstrate competence/knowledge in topics required to safely support the individual as described in the Individual Plan ·Medication Administration* <p>* if required by the individual supported</p>

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Private agency/dds	dds	Initial and every 2 years thereafter.
Individuals Hired by Participants who Self Direct	FI and DDS	FI Prior to employment DDS Annual sample of consumer directed persons

Service Delivery Method

Service Delivery Method (check each that applies):	x	Participant-directed as specified in Appendix E	x	Provider managed

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.