

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.ⁱ This appendix may be completed retroactively as needed by the state.

Appendix K-1: General Information

General Information:

A. State: Connecticut

B. Waiver Title:

Home and Community Based Services Waiver for Elders
Personal Care Assistance Waiver
CT ABI Waiver
Home and Community Supports Waiver for Persons with Autism
CT ABI Waiver II
Mental Health Waiver
Katie Beckett Waiver

C. Control Number:

CT.0140.R07.04
CT.0301.R05.06
CT.0302.R05.02
CT.0993.R01.05
CT.1085.R01.05
CT.0653.R02.05
CT.4110.R08.02

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

<input 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.

Federal public health emergency continues to exist as a result of the Coronavirus Disease (COVID-19) pandemic.

This Appendix K is additive to the previously approved Appendix Ks and includes the following modifications:

Effective July 1, 2021: Addition of three new services during the duration of this Appendix K to all 1915(c) waivers listed in section K-1-B. The three new services are (1) Training and Counseling Services for Unpaid Caregivers Supporting Participants; (2) Participant Training and Engagement to Support Goal Attainment and Independence. Services; and, 3) Environmental Adaptations are further defined in Section A.

The State understands that the addition of the three new services is temporary, as the Appendix K authority will end six months following the conclusion of the Federal public health emergency. The State will be responsible to seek other authority, such as amending the 1915(c) HCBS base waivers, for the continuation of these new services beyond the termination date of the Appendix K.

The state intends to use section 9817 American Rescue Plan funds for these new services.

- F. Proposed Effective Date: Start Date: 3/16/2020 Anticipated End Date: Six months after the conclusion of the Federal public health emergency.**

- G. Description of Transition Plan.**

All activities will take place in response to the impact of COVID 19 as efficiently and effectively as possible based upon the complexity of the change.

- H. Geographic Areas Affected:**

These actions will apply across the waivers to all individuals impacted by the COVID-19 pandemic.

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

Not applicable.

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

Temporary or Emergency-Specific Amendment to Approved Waiver:

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

a. ___ Access and Eligibility:

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

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

ii. ___ Temporarily modify additional targeting criteria.

[Explanation of changes]

b. ___ Services

i. ___ Temporarily modify service scope or coverage.

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

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

[Explanation of changes]

iii. X Temporarily add services to the waiver to address the emergency situation (for example, emergency counseling; heightened case management to address emergency needs; emergency medical supplies and equipment; individually directed goods and services; ancillary services to establish temporary residences for dislocated waiver enrollees; necessary technology; emergency evacuation transportation outside of the scope of non-emergency transportation or transportation already provided through the waiver).

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

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

d. ___ 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 the changes in provider qualifications.]

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. ___ 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].

g. ___ Temporarily modify person-centered service plan development process and individual(s) responsible for person-centered service plan development, including qualifications.

[Describe any modifications including qualifications of individuals responsible for service plan development, and address Participant Safeguards. Also include strategies to ensure that services are received as authorized.]

h. ___ 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]

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. ___ 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: Jennifer
Last Name Cavallaro
Title: Director, Community Options - Operations
Agency: Department of Social Services
Address 1: 55 Farmington Avenue
Address 2: 9th Floor
City Hartford
State Connecticut
Zip Code 06105
Telephone: 860-424-5743
E-mail jennifer.cavallaro@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: /S/

Date: 11/23/2021

State Medicaid Director or Designee

First Name: William
Last Name Halsey
Title: Acting Medicaid Director
Agency: Department of Social Services
Address 1: 55 Farmington Avenue
Address 2: 9th Floor
City Hartford
State CT
Zip Code 06005
Telephone: 860-424-5077
E-mail William.Halsey@ct.gov
Fax Number 860-424-4963

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:	Training and Counseling Services for Unpaid Caregivers Supporting Participants		
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>			
Service Definition (Scope):			
<p>Training and Counseling Services for Unpaid Caregivers Supporting Participants is an inter-professional model delivered through a structured number of visits by a team comprised of a COPE certified occupational therapist (OT) and a COPE certified nurse (RN) to a participant as defined in the participant's person-centered plan. The service may include assessment and the development of a home treatment/support/action plan for this service, training and technical assistance to carry out the plan and monitoring of the individual and implementation of the service action plan. Each visit from the OT or RN provides training, support and consultative services to the unpaid caregiver with the aim of assisting the unpaid caregiver in meeting the needs of the participant. Training may include instruction about treatment regimens, medication management, use of equipment specified in the action plan, lifting and transferring and includes updates as necessary to safely maintain the participant at home. This service may include counseling aimed to support the unpaid caregiver and improve their knowledge and skills for managing daily care challenges of the participant. The service focuses on the abilities of the participant and on his or her ongoing engagement in daily activities and participation in community. This service may not be provided in order to train paid caregivers. These services are not covered by the Medicaid state plan and are necessary to improve the individual's independence and inclusion in their community. Billable services include the provision of training, counseling, and technical assistance. The services are limited to additional services not otherwise covered under the state plan, including EPSDT, but consistent with waiver objectives of avoiding institutionalization.</p> <p>HCBS Taxonomy Category: Caregiver Support HCBS Taxonomy Service: Caregiver Counseling and/or Training</p> <p>Effective Date: July 1, 2021 RN – Cope Certified \$28.33 15 minutes OT – Cope Certified \$24.89 15 minutes</p>			
Specify applicable (if any) limits on the amount, frequency, or duration of this service:			
<p>Training and Counseling services are subject to prior authorization based on the individual needs of the participant. COPE set of services may not be authorized more than once within a calendar year. The qualifications for OTs and RNs to participate as providers of this service are different from the qualifications required for OT and RN in the state plan and therefore there is no duplication of service.</p>			
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:
		Private occupational therapy entities that have a COPE certificate	Licensed home health agencies that have a COPE certificate
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)

Home Health Agencies (RN,OT)	Licensed by the Department of Public Health	COPE Certificate	Agency must use registered nurses and occupational therapists licensed in the State of Connecticut. Each nurse and occupational therapist must also have a certificate in COPE.
Private Occupational Therapy (RN, OT)	Licensed by the Department of Public Health	COPE Certificate	Provider entity must use registered nurses and occupational therapists licensed by the Department of Public Health. Each nurse and occupational therapist must also have a certificate in COPE.
Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
Home Health Agencies	State's fiscal intermediary		2 years
Private Occupational Therapy	States fiscal intermediary		2 years
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

Service Specification	
Service Title:	Participant Training and Engagement to Support Goal Attainment and Independence
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope):	
<p>Participant Training and Engagement to Support Goal Attainment and Independence will implement services to the member utilizing the CAPABLE program model. The CAPABLE program is a set of highly individualized, person-centered services that use the strengths of the waiver participant to improve her/his safety and independence. The CAPABLE Program services engage participants to develop action plans with the aim of achieving goals related to increasing functional independence, improving safety, decreasing depression and improving motivation as defined in the person-centered plan. This includes addressing barriers to achieve and maintain maximum functional independence in their daily lives. Participants receive a structured set of home visits conducted by a CAPABLE certified multidisciplinary team consisting of a CAPABLE certified Occupational Therapist (OT), a CAPABLE certified Registered Nurse (RN), and a CAPABLE certified handy person whose services are covered under 'environmental modifications'. The OT and RN who perform the service must do so under an entity licensed to provide the CAPABLE program. The participant and OT work together to identify areas of concern using a 'Participant Training and Engagement' assessment tool. Areas evaluated include ADLs, IADLs, environmental modifications, and maintaining health and community engagement. Based on the assessment, the OT may recommend strategies that can be implemented by the handy person specialist to increase home safety and mitigate conditions that pose a risk or barrier to safe, independent daily functioning, such as changes necessary for fall prevention. Using a motivational interviewing approach, the OT engages the participant to develop goals based on difficulties found in the self-report, observations during the assessment, and what the participant identifies is meaningful activity for them in order to preserve their independence and prevent institutionalization. The participant and OT develop an action plan for addressing these goals. At each visit, the participant reviews their goals, refines them as desired, and practices the action plan with the OT. Each visit includes training the participant to harness their motivation to work toward their goals. Complementing the OT work, the RN addresses medical issues that inhibit daily function, such as pain, mood, medication adherence and side effects, strength and balance, and communication with healthcare providers. RN visits focus on goals set by the participant rather than on adherence to medical regimens unless this is the participant's goal. Each member of the multidisciplinary team focuses on the participant's identified goals to customize the service according to the action plan. Accordingly, this service includes coordination between the OT and the RN to ensure services are targeted to meet the goals identified by the participant. The services are limited to additional services not otherwise covered under the state plan, including EPSDT, but consistent with waiver objectives of avoiding institutionalization.</p> <p>HCBS Taxonomy Category: participant training HCBS Taxonomy Service: participant training HCBS Taxonomy Category: other health and therapeutic services HCBS Taxonomy Service: occupational therapy HCBS Taxonomy Category: other health and therapeutic services HCBS Taxonomy Service: medication assessment or management</p> <p>Effective Date: July 1, 2021 RN – Capable Certified \$28.33 15 minutes OT – Capable Certified \$24.89 15 minutes</p>	
Specify applicable (if any) limits on the amount, frequency, or duration of this service:	
CAPABLE services are subject to prior authorization based on the individual needs of the participant. CAPABLE set of services may not be authorized more than once within a calendar year. The qualifications for	

OTs and RNs to participate as providers of this service are different from the qualifications required under OT and RN in the state plan and therefore there is no duplication of 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:
	Private Occupational Therapy entities that have a CAPABLE license			Licensed Home Health Agencies that have a CAPABLE license	
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)
Home Health Agencies (RN, OT)	Licensed by Department of Public Health CAPABLE License		All providers must be employed by or subcontractors of the agency licensed to provide CAPABLE services. All nurses and occupational therapists must complete 14 hours of CAPABLE training. In addition, nurses must be registered nurses licensed by the Department of Public Health; occupational therapists must be licensed by the Department of Public Health.
Private Occupational Therapy (RN,OT)	Licensed by Department of Public Health CAPABLE License		All providers must be employed by or subcontractors of the agency licensed to provide CAPABLE services. All nurses and occupational therapists must complete 14 hours of CAPABLE training. In addition, nurses must be registered nurses licensed by the Department of Public Health; occupational therapists must be licensed by the Department of Public Health.

Verification of Provider Qualifications		
Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Home Health Agencies	State's fiscal intermediary	2 years

Private Occupational Therapy	States fiscal intermediary	2 years
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


Service Specification		
Service Title:	Environmental Adaptations	
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>		
Service Definition (Scope):		
<p>Those physical adaptations to the private residence of the participant or the participant's family, required 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 adaptations include the installation of ramps and grab-bars, widening of doorways, modification 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 adaptations or improvements to the home that are of general utility, and are not of direct medical or remedial benefit to the participant. Adaptations that add to the total square footage of the home are excluded from this benefit except when necessary to complete an adaptation (e.g., in order to improve entrance/egress to a residence or to configure a bathroom to accommodate a wheelchair).</p> <p>All services must be provided in accordance with applicable state or local building codes.</p> <p>HCBS Taxonomy Category: equipment, modifications, technology HCBS Taxonomy Service: home modifications</p> <p>Effective Date: July 1, 2021</p>		
Specify applicable (if any) limits on the amount, frequency, or duration of this service:		
[No Change]		
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:
	Private Occupational Therapy entities that have a CAPABLE license	Licensed Home Health Agencies that have a CAPABLE license
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 <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>
Home Health Agencies (handy-person)	Licensed by Department of Public Health CAPABLE License		<p>The handy-person who performs environmental modifications under the CAPABLE program will be a subcontractor or employee of the agency licensed to provide CAPABLE services and must complete 2 hours of CAPABLE training in working with older adults (unless already trained through Certified Aging in Place Specialist/CAPS or similar national program) . As part of the license, the handy-person must complete person centered training focused on how to support member goal achievement through working as a team In addition, the handy-person must:</p> <ol style="list-style-type: none"> 1. provide all services, materials, and labor that are necessary to complete the project/minor home modification(s) as indicated. 2. be registered with the Department of Consumer Protection to do business in the State of Connecticut. 3. provide evidence of a valid home improvement registration and evidence of workers' compensation (if applicable) and liability insurance, at the time they provide an estimate for the project. 4. must apply for, obtain, and pay for all permits (if applicable). All work done shall be done per applicable codes, regulations and standards of construction, including American National Standards Institute (ANSI) standards for barrier-free access and safety requirement. 5. warranty all work, including labor and materials, for one year from the date of acceptance and thereafter, one year from the date of completion of the project.

Private Occupational Therapy (handy-person)	Licensed by Department of Public Health CAPABLE License		<p>The handy-person who performs environmental modifications under the CAPABLE program will be a subcontractor or employee of the agency licensed to provide CAPABLE services and must complete 2 hours of CAPABLE training in working with older adults (unless already trained through Certified Aging in Place Specialist/CAPS or similar national program). In addition, the handy person must:</p> <ol style="list-style-type: none"> 1. provide all services, materials, and labor that are necessary to complete the project/minor home modification(s) as indicated. 2. be registered with the Department of Consumer Protection to do business in the State of Connecticut. 3. provide evidence of a valid home improvement registration and evidence of workers' compensation (if applicable) and liability insurance, at the time they provide an estimate for the project. 4. must apply for, obtain, and pay for all permits (if applicable). All work done shall be done per applicable codes, regulations and standards of construction, including American National Standards Institute (ANSI) standards for barrier-free access and safety requirement. 5. warranty all work, including labor and materials, for one year from the date of acceptance and thereafter, one year from the date of completion of the project.
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Verification of Provider Qualifications		
Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Home Health Agencies	State's fiscal intermediary	2 years
Private Occupational Therapy	States fiscal intermediary	2 years

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



ⁱ 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 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.