

PPENDIX 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.¹ This appendix may be completed retroactively as needed by the state.

Appendix K-1: General Information

General Information:

A. State: MAINE

B. Waiver Title:

Home and Community Based Services for Adults with Brain Injury (ME 1082), Elderly and for Adults with Disabilities (ME 0276), Home and Community Based Services for Adults with Other Related Conditions (ME 0995), Home and Community Based Services for Adults with Intellectual Disabilities or Autism Spectrum Disorder (ME 0159), and Support Services for Adults with Intellectual Disabilities or Autism Spectrum Disorder (ME0467)

C. Control Number:

ME.1082.R01.04
ME.0276.R05.05
ME.0995.R01.05
ME.0159.R07.02
ME.0467.R02.06

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.

On March 13, 2020, the President of the United States declared the 2019 coronavirus (COVID-19) a nationwide emergency pursuant to Sec 501(b) of the Stafford Act. On March 15, 2020 Governor Janet Mills declared a civil state of emergency in Maine. The five approved 1915(c) waivers serve some of the most vulnerable individuals within the State of Maine. Several conditions/factors/variables present increased risk to this population including underlying health conditions, congregate housing within residential settings, and difficulty engaging in social distancing mandates due to reliance on support from staff and others for basic needs and to follow infection control procedures. Potential increased workforce shortages resulting from illness of frontline care staff and/or family caregivers will surely lead to greater crisis for the served population. Maine seeks temporary changes to the five aforementioned waivers to mitigate the current risks, to allow flexibility in service delivery systems, and to ultimately ensure that participant health and safety needs are accommodated throughout the state of emergency. In this additive submission, Maine seeks to add “Attendant Care Services” to the list of ME.0995 and ME.1082 services and expand the use of participant direction for temporary inclusion and modifications within the Appendix K previously approved by CMS on May 8, 2020 and May 20, 2020. Additionally, Maine seeks to expand flexibilities regarding the list of professionals with authority to certify/recertify the plan of care within ME.0276 for Home Health Services. Maine also seeks to allow up to a 6:1 member to staff ratio during the delivery of Community Support services to members. Finally, Maine seeks to amend the end date of the Appendix K authority to six months following the end of the Public Health Emergency

F. Proposed Effective Date: Start Date: March 1, 2020 with End Date: Six months after the conclusion 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 virus.

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

Maine’s State Disaster Plan (called the State Comprehensive Emergency Management Plan) is maintained by the Maine Emergency Management Agency and can be found here:
<https://www.maine.gov/mema/maine-prepares/plans-trainings-exercises/planning>

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]

ME.0995, ME.0159, ME.0467

For Community Supports, the average member to staff ratio will be expanded during the Public Health Emergency for each program location to allow the service to be provided with up to a 6:1 member to staff ratio (up from the current 3:1), contingent on the provider's ability to assure health and safety of the participants. The state will monitor any unusual activity/incidents or actions that need to be taken due to any reduction in staffing. All reportable events are reported by service providers, case managers, etc. and reviewed daily by the state's Quality Assurance District Teams. Providers are responsible for ensuring that individual's health and safety needs are met and are also required to report all critical incidents.

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).

ME.1082, ME.0995

The State is adding three new temporary services for self-direction opportunities: Attendant Services that are self-directed only and not agency directed, Financial Management Services, and Skills Training to support the self-directed participant.

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]:

[Empty box for explanation of modification]

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

[Empty box for explanation of changes]

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.

ME.1082, ME.0995

Attendant Care Services, as described in Section A, may be rendered by family caregivers including but not limited to spouses of waiver participants or legally responsible individuals, provided that these individuals have not been selected as the representative of the participant directing the services on his or her behalf.

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.]

The State retains all temporary inclusion and modifications within the Appendix K previously approved by CMS on May 8, 2020 and May 20, 2020.

ME.0276

The State authorizes Advanced Practice Providers (Physician Assistants, Nurse Practitioners, and Clinical Nurse Specialists) as qualified providers to order and recertify a Plan of Care for Home Health Services.

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. X 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]

The State will temporarily institute opportunities for self-direction.

The following Home and Community Based Services are affected with the addition of self-direction:

Adults with Brain Injury (ME.1082) and Adults with Other Related Conditions (ME.0995)

The State will use the model Fiscal Employer Agency (FEA) Employer Authority Model* as outlined within the Home and Community Based Service for the Elderly and For Adults with Disabilities (ME.0276). The State will use procedure code T2040 with a modifier for each waiver section for Financial Management, self-directed, waiver service (Participant Directed Option). The per diem rate for this service is \$85.09 and include the following:

Fiscal Employer Agent (FEA) Employer Authority Model:

1. Enrollments for Employer/Employer of Record and Employees
2. Payroll processing for employees
3. Budget Reporting
4. EVV Compliant time tracking
5. Employer/Employee reporting
6. Customer Service Support
7. Assistance with hiring and recruiting staff
8. Determine Employee eligibility at time of hire
9. Filing quarterly and annual taxes
10. Issuing W-2's and 1099's to all employees and vendors
11. An agency that delivers case management/care coordination cannot also deliver this service to ensure complete conflict free case management

*This model does not include insurance benefits.

The State will use a Skills Training Services for participants choosing self-direction to provide the information and skills necessary to carry out the responsibilities of self-direction. The rate for this service is \$14.03 per quarter hour and shall not exceed 14.25 hours annually. The service definition will follow the current service definition as outlined within the Home and Community Based Services for the Elderly and Adults with Disabilities waiver (ME.0276).

The skills trainer is responsible for the following:

- Must ensure the employee is informed of how to report any instance of abuse, neglect or exploitation;
- Must ensure the employee has access to complete a reportable event in accordance with the Reportable Events Rule, 14-197 CMR Ch. 12.
- Must provide adequate orientation for the employee to meet the needs of the participant(s), as specified by the person-centered plan (PCP).
- Must coordinate with Financial Management Services (FMS) to ensure all tasks as required by the employee are completed.
- Must document the provision of orientation, including specific dates and the content matter of the orientation, in the employee's personnel file.
- Must document the competency of the attendant demonstrated in all required tasks.

A participant who does not have sufficient cognitive capacity may not self-direct but may have a representative direct service on their behalf. The Representative must document required contact and visitation with the participant.

The following services may be self-directed for Adults with Brain Injury (ME.1082), and Adults with Other Related Conditions (ME.0995):

1. Attendant Services *
 2. Skills Training (Support service for individual to self-direct) *
 3. FMS (Support services for individuals to self-direct) *
- *New services and rates are aligned with ME.0276 (see Section A).

The State is creating the following participant safeguards:

The participant's case manager/care coordinator will provide information about self-direction to the participant and his/her representative (as applicable). A waiver participant who desires to direct his or her own waiver services must have sufficient cognitive capacity as determined using the State's Medical Eligibility Determination tool, completed at the time of medical eligibility. The participant may choose to self-direct at any time while receiving HCBS waiver services under the authority of the Appendix K. This service is only available through prior authorization.

The participant and his or her planning team will follow the PCP process requirements within the existing approved waivers as well as modifications to the PCP requirements previously approved through the Appendix K. Skills training is a required service, prior to hiring workers, which prepares and assists participants or personal representatives in fulfilling the responsibilities associated with self-direction.

The case manager/ care coordinator through the PCP must:

1. Establish a safety and risk plan to identify emergency back up plans in the event a person's employee is not available;
2. Manage professional and/or other waiver services other than Attendant Services;
3. Coordinate services with the FMS Provider; and
4. Access required Skills Training.

In the Event a participant lacks the cognitive capacity to self-direct, the participant may have a representative to manage his or her applicable waiver services. A guardian, power of attorney or health care surrogate may act as representative on behalf of the participant. A court appointed guardian may also appoint a representative for the participant. Conversely, the participant who meets cognitive capacity, may elect to have and designate a representative to assist him or her in managing and directing services.

The Representative must be able to manage and direct Attendant Services for the participant in accordance with the participant's preferences and meet all program requirements. The Representative may not actively manage the care for more than two participants participating in the self-directed option under this Section or another MaineCare or state funded long term care program. Specifically, the Representative must:

1. Be at least 18 years of age;
2. Have the ability to understand and perform tasks required to manage an Attendant as determined by the skills trainer;
3. Have the ability to communicate effectively with the Service Coordination Agency (SCA), FMS and Attendant(s) in performing the tasks required to employ an Attendant;
4. Agree to visit the participant in person at least once a month and contact the participant in person, by phone or other means at least weekly; and
5. Not be an Attendant reimbursed for providing care to the participant.

The participant or representative will work with an FMS provider to coordinate payroll services for their attendants. The FMS will coordinate with the skills trainer to ensure this is completed prior to hiring workers. Any willing and qualified provider may enroll with the State Medicaid

agency as an FMS. The FMS provides administrative and payroll services for these workers. These services include preparing payroll and withholding taxes, making payments to suppliers of goods and services, and ensuring compliance with State and Federal tax and labor regulations and requirements under the affected waiver(s) and as approved through the Appendix K.

The FMS provides information for the participant or representative to ensure the participant or representative is fully aware and meets the following requirements:

- Must coordinate a criminal history background check through the FMS for any individual hired as an employee and not employ that individual if that individual would otherwise not be employable by an agency under 22 MRSA §1717.
- May not be paid to provide care to the participant.
- Must use an FMS approved by the Medicaid agency as a payroll agent.
- Must ensure the employee is informed of how to report any instance of abuse, neglect or exploitation;
- Must ensure the employee has access to complete a reportable event in accordance with the Reportable Events Rule, 14-197 CMR Ch. 12.
- Must provide adequate orientation for the employee to meet the needs of the participant(s), as specified by the PCP.
- Must document the provision of orientation, including specific dates and the content matter of the orientation, in the employee's personnel file.
- Must document the competency of the attendant demonstrated in all required tasks.
- The Representative must document required contact and visitation with the participant.

The use of an FMS is utilized as part of the support for self-direction. The FMS acts as an agent of the employer in accordance with Federal Internal Revenue Service Codes and procedures in matters related to the employment of support workers. The FMS facilitates the background checks and conducts an Office of Inspector General (OIG) check on all attendants.

The same entity cannot deliver case management/care coordination and FMS unless choice is limited due to rural nature of the state.

If a participant or a representative chooses to stop self-direction the case manager/care coordinator will assist the participant in accessing other waiver services as available. If a participant or representative does not complete skills training or fails to hire an attendant, or if the participant or representative is unable to manage the attendant consistent with requirements, the use of self-direction may be involuntarily terminated for that participant due to health and safety. If the State terminates the ability to self-direct for a waiver participant, the case manager/care coordinator will assist the participant in accessing their waiver benefits through the traditional agency model, or, if appropriate, through a representative or a change in representative. All efforts will be made to transition the person without any gap in service. When this option is involuntarily terminated, due process is issued to allow the participant to access a fair hearing regarding the decision to terminate this service delivery option.

I. ___ 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: Thomas
Last Name Leet
Title: Long Term Services and Supports Manager
Agency: Office of MaineCare Services
Address 1: 109 Capitol St
Address 2: Click or tap here to enter text.
City Augusta
State ME
Zip Code 04333
Telephone: 207.624.4068
E-mail Thomast.leet@maine.gov
Fax Number Click or tap here to enter text.

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

First Name: 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/_____
State Medicaid Director or Designee

Date:

12/31/2020

First Name: *Michelle*
Last Name: *Probert*
Title: Director
Agency: Office of MaineCare Services
Address 1: Click or tap here to enter text.
Address 2: Click or tap here to enter text.
City: Augusta
State: ME
Zip Code: 04333
Telephone: 207.287.2093
E-mail: Michelle.probert@maine.gov
Fax Number: Click or tap here to enter text.

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:	Skills Training		
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>			
Service Definition (Scope):			
<p>Skills Training is a service that provides participants electing self-direction with the information and skills necessary to carry out their responsibilities. Instruction is provided related to recruiting, interviewing, selecting, training, scheduling, discharging, and directing a competent personal care worker in the activities in the authorized plan of care. Skills Training is a separate and distinct service available only for members who are authorized to self-direct attendant care services. Skills training is not a component of case management or support coordination. Skills Training must include information on how to report suspected abuse, neglect and exploitation to Adult Protective Services. Skills training must occur prior to the start of services. Initial skills training must occur within thirty (30) calendar days of the determination of medical eligibility before services can start. A competency-based assessment may be performed in lieu of skills training for participants who have previously completed such training</p>			
Specify applicable (if any) limits on the amount, frequency, or duration of this service:			
Skills Training Services shall not exceed 14.25 hours annually including the hours needed for initial instruction.			
Provider Specifications			
Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/> Agency. List the types of agencies:
	<input type="checkbox"/>		Service Coordination Agency
	<input type="checkbox"/>		Financial Management Service
	<input type="checkbox"/>		
Specify whether the service may be provided by <i>(check each that applies):</i>	<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>
Skills Trainer			Skills training is provided by individuals able to teach the skills required for a participant to successfully utilize Participant Direction. The individual must be an employee of an approved care coordination agency or entity providing Financial Management Service and have a high school diploma or equivalent.
Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification

Skills Trainer	Provider qualification verification is the responsibility of the agency provider with reverification completed by the Office of Aging and Disability Services.	annual		
Service Delivery Method				
Service Delivery Method <i>(check each that applies):</i>		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 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: Financial Management Service

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

Service Definition (Scope):

FMS will be covered only for those participants who choose to self-direct personal care services or in-home respite. FMS related duties and tasks include:

1. Enrollments for Employer/Employee of Record and Employees
2. Payroll processing for employees
3. Budget Reporting
4. ETV Compliant time tracking
5. Employer/Employee reporting
6. Customer Service Support
7. Assistance with hiring and recruiting staff
8. Determine Employee eligibility at time of hire
9. Coordinate criminal background check; check of Maine Registry of Certified Nursing Assistants and Direct Care Workers and checks with OIG.
10. Filing quarterly and annual taxes
11. Issuing W-2's and 1099's to all employees and vendors
12. Assist participants with resolving questions and complaints and remediating as appropriate.

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

The FMS may not authorize services beyond those services the Department has authorized in the person-centered plan. The Department's electronic authorization system prevents the FMS from adding or increasing services. The State's electronic authorization system interfaces with Maine's MMIS for provider billing and reimbursement. The FMS is enrolled with MaineCare as a provider and bills Maine's MMIS at the rate that is established by the Department and set within the MMIS.

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
	<input type="checkbox"/>		<input type="checkbox"/>	Office of Aging and Disability Services (OADS) approved agency
	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>	

Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
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Provider Qualifications *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Financial Management Service			Agencies must demonstrate the ability to process timesheets and payroll, disburse payments and other needed management functions to support participant self-direction.

Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:	Frequency of Verification	
Financial Management Service	The Office of Aging and Disability Services	Upon enrollment with MaineCare and annually	
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



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:	Attendant Care		
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>			
Service Definition (Scope):			
Attendant Services provide assistance with Health Maintenance Activities and with Activities of Daily Living and Instrumental Activities of Daily Living tasks as in accordance with the Authorized Plan of Care. Attendant Services will not be authorized for the sole purpose of providing assistance with IADLs.			
Specify applicable (if any) limits on the amount, frequency, or duration of this service:			
Attendant Services is limited to 64 units per day. Attendant Services and agency operated home support ¼ service are subject to a combined limit of 64 units per day.			
Provider Specifications			
Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	Agency. List the types of agencies:
		Attendant	
Specify whether the service may be provided by <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Legally Responsible Person	<input checked="" 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>

Attendant			<p>The standards for training are set by the individual directing services. The self-directing participant or their representative is responsible for the hiring and training of the attendant. As part of this process, the self-directing participant or their representative must maintain documentation that adequate orientation to the attendant was provided to assure that the attendant can meet the needs of the participant and the attendant must demonstrate competency in all required tasks. The participant or their representative is required to undergo skills training which prepares participants and assists them in fulfilling these responsibilities. Attendants may be friends or family members of the participant, including his/or spouse or the legal guardian. If a participant requires or has selected a representative to direct services on his or her behalf, the representative may not be paid to provide care to the participant. When a representative is directing a participant's services, the participant's guardian may not be paid to provide care to the participant.</p> <p>*Training requirements for waiver participants' relatives or spouses will not be required before a relative or spouse can begin providing services, but training and certification must be completed by the end date of appendix K.</p> <p>Prospective staff will be deemed eligible to provide support to participants prior to background check clearance. Orientation and initial training for all newly hired direct care staff will be suspended until such time as can be safely provided.</p>

Verification of Provider Qualifications		
Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Attendant	If self-directed provider qualification verification is the responsibility of the employer/FMS	Upon enrollment or employment depending on the use of self-directed option

Service Delivery Method			
Service Delivery Method <i>(check each that applies):</i>	X	Participant-directed as specified in Appendix E	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.