

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: _____ Michigan _____

B. Waiver Title(s): MI Choice

C. Control Number(s):

MI.0233.05.04

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.

COVID-19 pandemic. This amendment will apply waiver-wide for each waiver included in this Appendix, to all individuals impacted by the virus or the response to the virus (e.g. closure of day programs, etc.)

The purpose of this amendment is to extend the end date of the Appendix K to six months after the conclusion of the public health emergency. Though the state is requesting to extend the end date for the Appendix K amendment, the Department reserves the right to remove flexibilities that have been approved which are no longer deemed necessary. Providers and recipients will be notified in advance of any change to state policy/flexibility end dates contained in the Appendix K. Medicaid appeal rights will be made available to all waiver recipients and providers as applicable.

F. Proposed Effective Date: Start Date: March 1, 2020 **Anticipated End Date:** Six months after the conclusion of the 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 waiver to all individuals impacted by the COVID-19 virus

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

N/A

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.

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 Community Living Supports, temporarily modify provider training requirements during the pandemic. Providers would still be required to be aged 18 or older and have training in universal precautions. Additionally, they would need to be able to competently perform the essential duties of the position and be able to effectively communicate with the participants they serve. This relaxation of provider qualifications is in effect during the state of emergency. All providers hired must fulfill normal provider qualification training as soon as they are able after the pandemic, but not to exceed the end date of the Appendix K.

Contact Person(s)

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

First Name: Jacqueline
Last Name Coleman
Title: Waiver Specialist
Agency: Medical Services Administration
Address 1: P.O. Box 30479
Address 2: 400 S. Pine, 7th Floor
City Lansing
State MI
Zip Code 48909-7979
Telephone: 517.284.1190
E-mail ColemanJ@Michigan.gov
Fax Number 517.241.5112

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: 2/1/2021

_____/S/_____
State Medicaid Director or Designee

First Name: *Kate*
Last Name *Massey*
Title: Director
Agency: Medical Services Administration
Address 1: P.O. Box 30479
Address 2: 400 S. Pine Street, 7th Floor
City Lansing
State MI
Zip Code 48909-7979
Telephone: 517.241-7882
E-mail MasseyK4@michigan.gov
Fax Number 517.335.5007

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:	Supports Coordination
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope):	

Supports Coordination is provided to assure the provision of supports and services needed to meet the participant's health and welfare needs in a home and community-based setting. Without these supports and services, the participant would otherwise require institutionalization. The supports coordination functions to be performed and the frequency of face-to-face and other contacts are specified in the participant's person-centered service plan. The frequency and scope of supports coordination contacts must take into consideration health and safety needs of the participant. Supports Coordination does not include the direct provision of other Medicaid services.

Functions performed by a supports coordinator include the following:

1. Conducting the initial and subsequent Nursing Facility Level of Care Determinations per state policy.
2. Conducting the initial assessment and periodic reassessments.
3. Facilitating a person-centered planning process that is focused on the participant's preferences, includes family and other allies as determined by the participant, identifies the participant's goals, preferences and needs, provides information about options, and engages the participant in monitoring and evaluating services and supports.
4. Developing a service plan using the person-centered planning process, including revisions to the service plan at the participant's initiation or as changes in the participant's circumstances may warrant.
5. Referral to and coordination with providers of services and supports, including non-Medicaid services and informal supports. This may include providing assistance with access to entitlements or legal representation.
6. Monitoring of MI Choice waiver services and other services and supports necessary for achievement of the participant's goals. Monitoring includes opportunities for the participant to evaluate the quality of services received and whether those services achieved desired outcomes. This activity includes the participant and other key sources of information as determined by the participant.
7. Providing social and emotional support to the participant and allies to facilitate life adjustments and reinforce the participant's sources of support. This may include arranging services to meet those needs.
8. Providing advocacy in support of the participant's access to benefits, assuring the participant's rights as a program beneficiary, and supporting the participant's decisions.
9. Maintaining documentation of the above listed activities to ensure successful support of the participant, comply with Medicaid and other relevant policies, and meet the performance requirements delineated in the waiver agency's contract with the Michigan Department of Health and Human Services (MDHHS).

Communication is a required intervention and must be incorporated into the person-centered service plan.

Additional guidance for Supports Coordination can be found in the contract between MDHHS and MI Choice waiver agencies.

For required in-person visits for case management/supports coordination and provider assessment/monitoring activities, MDHHS would like to make the following changes:

Telephonic, telemedicine and video technology commonly available on smart phones are acceptable options for program functions that require in-person communication so long as they meet HIPAA compliance standards and the beneficiary or legal representative consents to the method. This includes initial assessments, re-assessments, Nursing Facility Level of Care Determinations, care planning meetings, home visits, case management, and provider assessment and monitoring. This does not include personal care services, community living supports, or other services designed to support Activities of Daily Living. The use of this option must be documented as a comment on the provider claim and in the beneficiary record, as appropriate. Providers must ensure the privacy of the beneficiary and the security of any information shared via telephonic, telemedicine and video technology. If a beneficiary is unable to communicate over the phone, these activities may be completed with a guardian or other representative of the beneficiary that is familiar with their needs.

Initial assessments may be conducted by a single supports coordinator, either a registered nurse or licensed social worker. For initial assessments, it is recommended that the supports coordinator initiate contacts with individuals in addition to the beneficiary, such as family members, guardians, caregivers, and friends. It is also recommended that the supports coordinator request two pieces of identifying information such as DOB and first or last four numbers of the Social Security Number. In lieu of the required written consent or beneficiary signatures, verbal permission may be obtained and must be documented. Required written consent or signatures must be obtained at the next in-person opportunity. For all initial assessments performed by a single supports coordinator, the first reassessment after the effective period of this Appendix must be conducted by a registered nurse and licensed social worker team.

Supports coordinators should use their judgement regarding the risk to beneficiaries and the relative need for in-person communication with beneficiaries that have complex care needs. Communication with beneficiaries to assess these factors prior to any in-person contacts is required. At minimum, supports coordinators should ask the following questions before in-person activities:

- 1.) Do you or anyone in your household have symptoms of Coronavirus including fever, cough, sore throat or shortness of breath?
- 2.) Have you or anyone in your household travelled in the last 14 days? If so, where?

- 3.) Have you or anyone in your household been in close contact with others who have symptoms, are being assessed or monitored for Coronavirus, or who have travelled in the last 14 days?
- 4.) Have you or anyone in your household been at a large gathering of 50 people or more in the last 14 days?
- 5.) Are you uncomfortable having a provider enter your home during the Coronavirus outbreak?

If the beneficiary answers “yes” to any of the above questions, a postponement of in-person activities is strongly recommended and a referral to a healthcare provider or local Health Department should be facilitated. The supports coordinator shall assist in securing transportation services to a healthcare provider or local Health Department if needed.

Following the termination of these COVID-19 conditions, in-person contacts should be made as soon as feasible, but not to exceed the end date of Appendix K to validate information gathered telephonically or through telemedicine and to reassess as appropriate. There will be no penalties for delayed contacts.

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

Participant must need and agree to accept at least one additional MI Choice service every 30 days to qualify for the program.

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:
				Supports Coordinator

Specify whether the service may be provided by (check each that applies):	<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 (specify)	Certificate (specify)	Other Standard (specify)
Agency	MCL 133.18501 ... 333.18518 (Social Work), MCL 133.17201 ... 333.17242 (Registered Nurse)		The agency must meet provider requirements as specified in the MI Choice contract. The agency must assure its employees are knowledgeable in the unique abilities, preferences and needs of the individual(s) being served. In addition, the agency must maintain a pool of qualified supports coordinators from which the participant can choose. Qualified staff includes a Registered Nurse (RN) and a Social Worker (SW), both with valid Michigan licenses to practice their profession as defined in the MI Choice contract.

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Agency	MDHHS verifies waiver agency qualifications. The waiver agency is responsible for assuring its employees and contracted providers meet provider qualifications for the service being delivered as specified in the MI Choice contract.	Prior to delivery of services and annually 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
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Service Specification			
Service Title:	Community Transportation		
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>			
Service Definition (Scope):			
Community Transportation (CT) services are offered to enable waiver participants to access waiver and other community services, activities, and resources as specified in the individual plan of services. The CT service may also be utilized for expenses related to transportation and other related travel expenses determined necessary to secure medical examinations/appointments, documentation, or treatment for participants. Delivery services for medical items, such as medical supplies or prescriptions, should be utilized before authorizing CT services through the MI Choice program.			
Specify applicable (if any) limits on the amount, frequency, or duration of this service:			
<p>Waiver agencies must not use this service to authorize MI Choice funds to reimburse caregivers (paid or informal) to run errands for participants when the participant does not accompany the driver of the vehicle. The purpose of Community Transportation is for the participant to gain access to the community.</p> <p>Whenever possible, family, neighbors, friends, or community agencies who can provide transportation services without charge must be utilized before MI Choice provides transportation services.</p> <p>When the costs of transportation are included in the provider rate for another waiver service (e.g., Adult Day Health or Community Living Supports), there must be mechanisms to prevent duplicative billing for transportation.</p> <p>MDHHS will change the highlighted sentences to:</p> <p>Waiver agencies may use this service to authorize MI Choice funds to reimburse individuals to run errands for participants when the participant does not accompany the driver of the vehicle to allow vulnerable participants to practice social distancing or self-isolation during the COVID-19 emergency. The purpose of Community Transportation is for the participant to gain access to the community and to allow others to obtain items required for the participant to avoid unnecessary exposure to COVID-19 as needed.</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:
	Individual		Contracted Provider
Specify whether the service may be provided by (check each that applies):	<input 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)

Individual	Valid Michigan Driver's License		<p>1. The Secretary of State must appropriately license and inspect all drivers and vehicles used for transportation supported all or in part by MI Choice funds. The vehicle owner must have automobile insurance required by Michigan Law.</p> <p>2. All drivers must be physically capable and willing to assist persons requiring help to get in and out of vehicles. Drivers must also be physically capable and willing to provide assistance to get from the pick-up location to the vehicle and from the vehicle to the drop-off location.</p> <p>3. Each driver and passenger must operate in compliance with P.A. 1 of 1985 regarding seat belt usage.</p>
Contracted provider	Valid Michigan's Driver's License		<p>1. The Secretary of State must appropriately license and inspect all drivers and vehicles used for transportation supported all or in part by MI Choice funds. The provider must have vehicle insurance required by Michigan Law.</p> <p>2. All drivers must be physically capable and willing to assist persons requiring help to get in and out of vehicles. Drivers must also be physically capable and willing to provide assistance to get from the pick-up location to the vehicle and from the vehicle to the drop-off location. The provider shall offer such assistance unless expressly prohibited by either a labor contract or insurance policy.</p> <p>3. The provider shall train all drivers to cope with medical emergencies, unless expressly prohibited by a labor contract or insurance policy.</p> <p>4. Each driver and passenger must operate in compliance with P.A. 1 of 1985 regarding seat belt usage.</p>

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Individual	The contracting waiver agency	Prior to delivery of service and annually thereafter
Contracted Agency	The contracting waiver agency	Prior to delivery of service and annually thereafter

Service Delivery Method

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