

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.¹ 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):

C. Control Number(s):

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. 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.)

F. Proposed Effective Date: Start Date: March 1, 2020 **Anticipated End Date:** February 28, 2021

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.

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. X Services

i. X Temporarily modify service scope or coverage.

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

ii. X 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]

- 1) Temporarily suspend limitations on who may receive a home delivered meal so that any MI Choice participant in need may receive a home delivered meal during this emergency.
- 2) Temporarily expand Goods and Services to be applicable to all MI Choice participants and to allow purchase of items identified by the participant as necessary to practice social distancing or self-isolation per CDC guidance or other governmental communications related to COVID-19. Items related to impacts from COVID-19 include personal protective equipment (PPE), disinfection supplies and purchase of delivery service membership or monthly fees such as grocery delivery membership when not otherwise covered by the state plan. The payment for grocery delivery membership and member fees does not include any payment for the actual groceries.
- 3) Temporarily expand the community transportation definition to include transportation on behalf of the participant to allow vulnerable individuals to practice social distancing or self-isolation per CDC guidance. 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.

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. 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. 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, February 28, 2021.

ii. x Temporarily modify provider types.

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

Allow established restaurants that offer delivery services or meal delivery kit providers to furnish home delivered meals.

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

Because of the recommendation for social distancing and self-isolation for the population served, extend any level of care determinations that will expire during the effective period of this appendix by up to one year past the original due date, or for the duration of the approved Appendix K. Additionally, new evaluations may be completed telephonically, via telehealth, or using video conferencing commonly available on smart phones in accordance with HIPAA.

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.]

MDHHS will temporarily afford the flexibility to increase the rates paid to providers to account for increased risk factors associated with COVID-19. This flexibility will apply to authorized services billable to Community Living Supports and Respite services (H0045, H2015, H2016, S5150, and S5151) in which face-to-face contact is essential for beneficiary health and safety. The amount of the increase in payment rates to providers and the effective time periods (within the time frames of the Appendix K) will be determined by MDHHS and paid to the PAHPs for this population. This rate increase will not exceed 50% of the currently approved rates.

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.]

Supports coordinators may complete person-centered service planning tasks telephonically, via telehealth, or using video conferencing commonly available on smart phones in accordance with HIPAA.

For individuals who are unable to receive the services on their person-centered service plan because of the social distancing recommendations, allow monthly monitoring of the individual when services are furnished on a less than monthly basis in lieu of requiring the provision of at least one waiver service in addition to supports coordination. This includes individuals who cannot find a replacement caregiver when their usual caregiver is unable to deliver services as well as individuals who may normally attend an Adult Day Health service and that service is temporarily closed.

The state will ensure the person-centered service plan is modified to allow for additional supports and services to respond to the COVID-19 pandemic. The specificity of such services including amount, duration and scope will be appended as soon as possible but no later than 30 days to ensure that the specific service is delineated accordingly to the date it began to be received. The supports coordinator must submit the request for additional supports and services no later than 30 days from the date the service begins.

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]

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.

- b. And to implement the following measures designed to limit the spread of COVID-19:
 - 1. Allow providers in these settings to isolate individuals with COVID-19 symptoms from other residents.
 - 2. Allow providers in these settings to limit community participation activities for residents who are at high risk of severe illness.
 - 3. Allow providers to implement social distancing measures as feasible, such as reducing large gatherings, altering meal schedules to reduce mixing, and limiting programs with external staff.

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
- 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.

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: 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: June 18, 2020

_____/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

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

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 (February 28, 2021), 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
--------------------------	----------------------------	--------------------------	-------------------------

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	<input checked="" type="checkbox"/>	Provider managed
---	--------------------------	---	-------------------------------------	------------------

Service Specification

Service Title: Home Delivered Meals

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

Service Definition (Scope):

Home Delivered Meals (HDM) is the provision of one to two nutritionally sound meals per day to a participant who is unable to care for their own nutritional needs. The unit of service is one meal delivered to the participant's home or to the participant's selected congregate meal site that provides a minimum of one-third of the current recommended dietary allowance (RDA) for the age group as established by the Food and Nutritional Board of the National Research Council of the National Academy of Sciences. Allowances must be made in HDMs for specialized or therapeutic diets as indicated in the participant's service plan. A Home Delivered Meal cannot constitute a full nutritional regimen.

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

Where applicable, the participant must use Medicaid state plan, Medicare, or other available payers first. The participant's preference for a certain provider or agency is not grounds for declining another payer in order to access waiver services. The meals authorized under this service must not constitute a full nutritional regimen.

- Limitations on who can get a meal:
- ~~a. The participant must be unable to obtain food or prepare complete meals.~~
 - ~~b. The participant does not have an adult living at the same residence or in the vicinity that is able and willing to prepare all meals.~~
 - ~~c. The participant does not have a paid caregiver that is able and willing to prepare meals for the participant.~~
 - ~~d. The provider can appropriately meet the participant's special dietary needs and the meals available would not jeopardize the health of the individual.~~
 - ~~e. The participant must be able to feed himself/herself.~~
 - ~~f. The participant must agree to be home when meals are delivered, or contact the program when absence is unavoidable.~~

During the effectiveness of this Appendix, MDHHS will lift all restrictions on who may receive a home delivered meal. This would make home delivered meals an option for any person enrolled in MI Choice during this crisis. This also allows meal deliveries to be left at the door to avoid unnecessary in-person contacts.

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:
				Home Delivered Meal Provider
				Licensed Restaurants with delivery services
				Meal Kit Delivery Service Providers (Hello Fresh, Blue Apron, Home Chef, etc.)

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 *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
-----------------------	--------------------------	------------------------------	---------------------------------

Home Delivered Meal Provider	Health Code Standards (PA 368 of 1978)		<ol style="list-style-type: none"> 1. Each home delivered meals provider must have the capacity to provide three meals per day, which together meet the Dietary Reference Intakes (DRI) and recommended dietary allowances (RDA) as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences. 2. Each provider must develop and have available written plans for continuing services in emergency situations such as short term natural disasters (e.g., snow or ice storms), loss of power, physical plant malfunctions, etc. The provider must train staff and volunteers on procedures to follow in the event of severe weather or natural disasters and the county emergency plan, as applicable. 3. Each provider must carry product liability insurance sufficient to cover its operation. 4. The provider must deliver food at safe temperatures as defined in Home Delivered Meals service standards. Meals that are delivered in a frozen state must include directions on how to reheat the meals to a safe temperature.
Licensed Restaurant with Delivery Service	Health Code Standards (PA 368 of 1978)		<ol style="list-style-type: none"> 1. The provider must deliver food at safe temperatures. Meals that are delivered in a frozen state must include directions on how to reheat the meals to a safe temperature. 2. Delivery costs are included in the total price of the meal.
Meal Kit Delivery Services			<ol style="list-style-type: none"> 1. The provider must deliver food at safe temperatures. Meals that are delivered in a frozen state must include directions on how to reheat the meals to a safe temperature. 2. Delivery costs are included in the total price of the meal. 3. The participant or someone in the household must be able to read directions to prepare the meals as instructed.
Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
Home Delivered Meal Provider	The contracting waiver agency		Prior to the delivery of services and annually thereafter.
Licensed Restaurant with Delivery Services	The contracting waiver agency		Prior to the delivery of services and annually thereafter.
Meal Kit Delivery Services	The contracting waiver agency		Prior to the 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	<input checked="" type="checkbox"/> Provider managed

Service Specification

Service Title: Community Living Supports

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

Service Definition (Scope):

Community Living Supports facilitate an individual’s independence and promote participation in the community. Community Living Supports can be provided in the participant’s residence or in community settings. Community Living Supports include assistance to enable program participants to accomplish tasks that they would normally do for themselves if able. The services may be provided on an episodic or a continuing basis. The participant oversees and supervises individual providers on an ongoing basis when participating in self-determination options. These services are provided only in cases when neither the participant nor anyone else in the household is capable of performing or financially paying for them, and where no other relative, caregiver, landlord, community/volunteer agency, or third party payer is capable of or responsible for their provision. When transportation incidental to the provision of community living supports is included, it must not also be authorized as a separate waiver service for the beneficiary.

Community Living Supports includes:

1. Assisting, reminding, cueing, observing, guiding and/or training in household activities, activities of daily living or routine household care and maintenance.
2. Reminding, cueing, observing and/or monitoring of medication administration.
3. Assistance, support and/or guidance with such activities as:
 - a. non-medical care (not requiring nurse or physician intervention) - assistance with eating, bathing, dressing, personal hygiene, and activities of daily living;
 - b. meal preparation, but does not include the cost of the meals themselves;
 - c. money management;
 - d. shopping for food and other necessities of daily living;
 - e. social participation, relationship maintenance and building community connections to reduce personal isolation;
 - f. training and/or assistance on activities that promote community participation, such as using public transportation, using libraries, or volunteer work;
 - g. transportation (excluding to and from medical appointments) from the participant’s residence to community activities, among community activities, and from the community activities back to the participant’s residence;
 - h. routine household cleaning and maintenance;
4. Dementia care, including but not limited to redirection, reminding, modeling, socialization activities, and activities that assist the participant as identified in the individual’s person-centered plan;
5. Staff assistance with preserving the health and safety of the individual in order that he/she may reside and be supported in the most integrated independent community setting.
6. Observing and reporting any change in the participant’s condition and the home environment to the supports coordinator.

These service needs differ in scope, nature, supervision arrangements or provider type (including provider training and qualifications) from any services in the State Plan. The differences between the waiver coverage and the State Plan are that the provider qualifications and training requirements are more stringent for community living supports tasks as provided under the waiver than the requirements for these types of services under the State Plan.

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

Where applicable, the participant must use Medicaid state plan, Medicare, or other available payers first. The participant’s preference for a certain provider or agency is not grounds for declining another payer in order to access waiver services. Community Living Support services cannot be provided in circumstances where they would be a duplication of services available under the state plan or elsewhere. The distinction must be apparent by unique hours and units in the approved service plan.

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
		Individuals chosen by the participant who meet the qualification standards		Home Care Agency

Specify whether the service may be provided by <i>(check each that applies):</i>				
--	--	--	--	--

Provider Qualifications (provide the following information for each type of provider):			
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
Individual			<p>1. Providers must be at least 18 years of age, have ability to communicate effectively both orally and in writing and follow instructions, be trained in first aid and cardiopulmonary resuscitation, be trained in universal precautions and blood-borne pathogens and be in good standing with the law as validated by a criminal history review conducted by the waiver agency. Training in cardiopulmonary resuscitation can be waived if providing services for a participant who has a "Do Not Resuscitate" (DNR) order. If providing transportation incidental to this service, the provider must possess a valid Michigan driver's license.</p> <p>2. Individuals providing Community Living Supports must have previous relevant experience or training and skills in housekeeping, household management, good health practices, observation, reporting, and recording information. Additionally, skills, knowledge, and experience with food preparation, safe food handling procedures, and reporting and identifying abuse and neglect are highly desirable.</p> <p>3. Previous relevant experience and training to meet MDHHS operating standards. Refer to the MI Choice contract for more details.</p> <p>4. Must be deemed capable of performing the required tasks by the waiver agency.</p> <p>5. Trained in how to perform ventilator CPR, as applicable.</p> <p>MDHHS will relax the highlighted training for individual providers during the effective period of this appendix. Training would be completed as soon as possible once the effective period ends.</p>

<p>Home Care Agency</p>			<p>1. Workers must be at least 18 years of age, have the ability to communicate effectively both orally and in writing and follow instructions, be trained in first aid, universal precautions and blood-borne pathogens, and be in good standing with the law as validated by a criminal history review.</p> <p>2. A registered nurse licensed to practice nursing in Michigan must furnish supervision of Community Living Support providers. At the State's discretion, other qualified individuals may supervise community living supports workers. The direct care worker's supervisor must be available to the worker at all times the worker is furnishing Community Living Support services.</p> <p>3. The waiver agency or provider agency must train each worker to properly perform each task required for each participant the worker serves before delivering the service to that participant. The supervisor must assure that each worker can competently and confidently perform every task assigned for each participant served. MDHHS strongly recommends each worker delivering Community Living Support services complete a certified nursing assistance training course.</p> <p>4. Community Living Support workers may perform higher-level, non-invasive tasks such as maintenance of catheters and feeding tubes, minor dressing changes, and wound care if the direct care worker has been individually trained and supervised by an RN for each participant who requires such care. The supervising RN must assure each workers confidence and competence in the performance of each task required.</p> <p>5. Individuals providing Community Living Support services must have previous relevant experience or training and skills in housekeeping, household management, good health practices, observation, reporting, and recording information. Additionally, skills, knowledge, and/or experience with food preparation, safe food handling procedures, and reporting and identifying abuse and neglect are highly desirable.</p> <p>MDHHS will relax the highlighted training for individual providers during the effective period of this appendix. Training would be completed as soon as possible once the effective period ends.</p>

Verification of Provider Qualifications		
Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Individual	The contracting waiver agency	Prior to delivery of services and annually thereafter.
Home Care Agency	The contracting waiver agency	Prior to delivery of services and annually thereafter.

Service Delivery Method

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

Service Specification

Service Title: Community Transportation

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

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:

~~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.~~

Whenever possible, family, neighbors, friends, or community agencies who can provide transportation services without charge must be utilized before MI Choice provides transportation services.

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.

MDHHS will change the highlighted sentences to:

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. This change in definition ends on February 28, 2021, at which time the limits will revert back to the language highlighted above.

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<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 <i>(check each that applies):</i>	<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 <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
----------------	--------------------------	------------------------------	---------------------------------

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 <i>(check each that applies):</i>	X	Participant-directed as specified in Appendix E	X	Provider managed

Service Specification

Service Title: Goods and Services

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

Service Definition (Scope):

Goods and Services are services, equipment or supplies not otherwise provided through either MI Choice or the Medicaid State Plan that address an identified need in the person-centered service plan (including improving and maintaining the participant’s opportunities for full membership in the community) and meet the following requirements. The item or service would:

- Decrease the need for other Medicaid services,
- Promote inclusion in the community, ~~and~~-or
- Increase the participant’s safety in the home environment

These goods and services are only available if the participant does not have the funds to purchase the item or service and it is not available through another source.

Goods and Services are only approved by CMS for self-direction participants, unless the item is needed to protect the health and welfare of the participant during the COVID-19 emergency. Experimental or prohibited treatments are excluded. Goods and Services must be documented in the person-centered service plan.

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

Where applicable, the participant must use Medicaid state plan, Medicare, or other available payers first. The participant’s preference for a certain provider or agency is not grounds for declining another payer in order to access waiver services.

Allowable items in response to the COVID-19 emergency include, personal protective equipment (PPE), disinfection supplies and purchase of delivery service membership or monthly fees such as grocery delivery membership when not otherwise covered by the state plan. The payment for grocery delivery membership and member fees does not include any payment for the actual groceries.

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
	Contracted Provider		Retail Stores	

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 *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Retail Stores			Items purchased from retail stores must meet the Goods and Services definition. Waiver agencies must be prudent with their purchases and may have a business account with the retail store
Individual			1. The service or item must be designed to meet the participant’s functional, medical or social needs and advances the desired outcomes in the individual plan of service. 2. The service or item is not prohibited by federal or state Medicaid or other statutes and regulations, including the State’s Procurement Requirements.

Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
Retail Stores	The contracting waiver agency		Prior to service delivery and annually thereafter
Individual	The contracting waiver agency		Prior to service delivery and annually thereafter
Service Delivery Method			
Service Delivery Method <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/> Provider managed
	<input type="checkbox"/>		
	<input type="checkbox"/>		



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.