

APPENDIX K: Emergency Preparedness and Response

Background:

This standalone appendix may be utilized by the state during emergency situations to request amendment to its approved waiver. It includes actions that states can take under the existing Section 1915(c) home and community-based waiver authority in order to respond to an emergency. Other activities may require the use of various other authorities such as the Section 1115 demonstrations or the Section 1135 authorities.¹ This appendix may be completed retroactively as needed by the state.

Appendix K-1: General Information

General Information:

A. State: _____ Michigan _____

B. Waiver Title: MI Health Link Home and Community Based Services Waiver

C. Control Number: MI.1126.01.01

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: 03/01/2020 Anticipated End Date: 02/28/2021

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]

- Home Delivered Meals
-Temporarily suspend limitations on who may receive a home delivered meal so that any waiver enrollee in need may receive home delivered meals during this emergency. Allow restaurants and meal delivery kits (e.g. Hello Fresh) as home delivered meals.
- Private Duty Nursing (PDN)
- Suspend 16 hour limit on Private Duty Nursing (PDN) when the need for exceeding 16 hours stems from impacts related to COVID-19
- ECLS
-Temporarily expand the expanded community living supports (ECLS) definition to include transportation on behalf of the participant to allow vulnerable individuals to practice social distancing or self-isolation per CDC guidance. Plans may use this service to authorize MI Health Link HCBS 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 expanding the ECLS service 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.
-Temporarily allow for remote service delivery. Please refer to Attachment A.
- Adaptive Medical Equipment and Supplies
- Add personal protective equipment (PPE) related to impacts from COVID-19.

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. ___ 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 Expanded Community Living Supports, temporarily relax 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. They would also need to be trained on identifying and reporting on critical incidents. This relaxation of provider qualifications is in effect during the state of emergency. All providers hired must fulfill all other normal provider qualification training as soon as they are able after the pandemic but not to exceed the end date of the Appendix K.

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. 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, MDHHS extends 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 provide the flexibility to adjust provider rates to account for increased risk factors associated with COVID-19. This flexibility will apply to authorized services billable to Expanded Community Living Supports and Respite (H2015, H2016, S5150, 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 timeframes of this Appendix K) will be determined by MDHHS and paid to the ICOs for these populations. 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.]

Care coordinators may be allowed to 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 or 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 care coordinator must submit the request for additional supports/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]

[Empty box for 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.]

[Empty box for specifying services]

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

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

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

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

l. ___ Increase Factor C.

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

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

- Delay provider monitoring deadlines for those providers scheduled for monitoring activities during the 1st and 2nd quarter of 2020 to 12/31/2020.
 - The timeframes for the submission of the CMS 372s and the evidentiary package(s) will be extended as needed pursuant to the emergency. In addition, the state may suspend the collection of data for performance measures other than those identified for the Health and Welfare assurance and notes that as a result the data will be unavailable for this time frame in ensuing reports due to the circumstances of the pandemic.

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. Suspend on-site setting surveys.
- 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 ECLS.
- 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:	MSA, MDHHS
Address 1:	P.O. Box 30479
Address 2:	400 S Pine, 7 th Floor
City	Lansing
State	MI
Zip Code	48909-7979
Telephone:	517-248-1190
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:	
Last Name	
Title:	
Agency:	
Address 1:	
Address 2:	
City	
State	
Zip Code	
Telephone:	
E-mail	
Fax Number	

8. Authorizing Signature

Signature: _____ /S/ _____
 State Medicaid Director or Designee

Date:	June 18, 2020
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First Name:	Kate
Last Name	Massey
Title:	Medicaid Director
Agency:	MSA, MDHHS
Address 1:	P.O. Box 30479
Address 2:	400 S Pine, 7 th 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 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: Adaptive Medical Equipment and Supplies

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

Service Definition (Scope):

Devices, controls, or appliances specified in the IICSP that enable enrollees to increase their abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live. This service also includes items necessary for life support, or to address physical conditions along with ancillary supplies and equipment necessary to the proper functioning of such items, and durable and non-durable medical equipment and medical supplies not available under the Medicaid state plan and Medicare that are necessary to address enrollee functional limitations. All items shall meet applicable standards of manufacture, design, and installation. This will also cover the costs of maintenance and upkeep of equipment. The coverage includes training the enrollee or caregivers in the operation and/or maintenance of the equipment or the use of a supply when initially purchased.

Some examples (not an exhaustive list) of these items would be shower chairs/benches, lift chairs, raised toilet seats, reachers, jar openers, transfer seats, bath lifts/room lifts, swivel discs, bath aids such as long handle scrubbers, telephone aids, automated telephones or watches that assist with medication reminders, button hooks or zipper pulls, modified eating utensils, modified oral hygiene aids, modified grooming tools, heating pads, sharps containers, exercise items and other therapy items, voice output blood pressure monitor, nutritional supplements such as Ensure, specialized turner or pointer, mouthstick for TDD, foot massaging unit, talking timepiece, adaptive eating or drinking device, book holder, medical alert bracelet, adapted mirror, weighted blanket, and back knobber.

It must be documented on the IICSP or case record that the item is the most cost-effective alternative to meeting the enrollee's needs.

Items must meet applicable standards of manufacture, design, and installation.

There must be documentation on the IICSP or case record that the best value in warranty coverage was obtained at the time of purchase.

Items must be of direct medical or physical benefit to the enrollee.

Items may be purchased directly from retail stores that offer the item to the general public.

Liquid nutritional supplement orders must be renewed every six months by a physician, physician's assistant, or nurse practitioner (in accordance with scope of practice).

This service does not include herbal remedies, nutraceuticals, or over-the-counter items not approved by the FDA.

Personal protection equipment related to impacts from COVID-19.

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

Items covered by the MI Health Link c-waiver shall be in addition to any medical equipment and supplies covered under the Michigan Medicaid State Plan and shall exclude those items that are not of direct medical or remedial benefit to the enrollee.

Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
			Retail stores	
			Enrolled Medicaid or Medicare DME Providers	
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
Provider Qualifications (provide the following information for each type of provider):				
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)	
Retail Store	N/A	N/A	Items purchased from retail stores must meet the Adaptive Medical Equipment and Supplies service definition. ICOs must be prudent with their purchases and may have a business account with the retail store.	
Enrolled Medicaid or Medicare DME Provider	N/A	N/A	Each direct service provider must enroll in Medicare and Medicaid as a Durable Medical Equipment/POS provider or pharmacy, as appropriate.	
Verification of Provider Qualifications				
Provider Type:	Entity Responsible for Verification:		Frequency of Verification	
Retail Store	ICO		Prior to initial delivery of service and annually thereafter	
Enrolled Medicaid or Medicare DME Provider	ICO		Prior to initial delivery of service and annually thereafter	
Service Delivery Method				
Service Delivery Method (check each that applies):	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed

Service Title:	Expanded Community Living Supports (ECLS)
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Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

Service Definition (Scope):

To receive Expanded Community Living Supports (ECLS), enrollees MUST have a need for prompting, cueing, observing, guiding, teaching, and/or reminding to independently complete activities of daily living (ADLs) such as eating, bathing, dressing, toileting, other personal hygiene, etc. ECLS does not include hands on assistance for ADLs unless something happens to occur incidental to this service. Enrollees may also receive hands-on assistance for instrumental activities of daily living (IADLs) such as laundry, meal preparation, transportation, help with finances, help with medication, shopping, attending medical appointments, and other household tasks, as needed. ECLS also includes prompting, cueing, guiding, teaching, observing, reminding, and/or other support for the enrollee to complete the IADLs independently if he or she chooses. ECLS also includes social/community participation, relationship maintenance, and attendance at medical appointments.

ECLS may be furnished outside the enrollee's home. The enrollee oversees and supervises individual providers on an on-going basis when participating in arrangements that support self-determination. This may also include transportation to allow people to get out into the community when it is incidental to the IICSP.

Members of an enrollee's family may provide ECLS to the enrollee. However, ICOs shall not directly authorize funds to pay for services furnished to an enrollee by that person's spouse or legal guardian. Family members who provide this service must meet the same standards as providers who are unrelated to the enrollee.

Providers must be trained to perform each required task prior to service delivery. The supervisor must assure the provider can competently and confidently perform each assigned task.

ECLS provided in licensed settings includes only those services and supports that are in addition to and shall not replace usual customary care furnished to residents in the licensed setting.

ECLS does not include room and board costs.

When transportation is included as part of ECLS, the ICO shall not also authorize transportation as a separate waiver service.

ECLS does not include nursing and skilled therapy services.

ECLS may be provided in addition to Medicaid State Plan Personal Care Services if the enrollee requires hands-on assistance with some ADLs and/or IADLs, as covered under the State Plan service, but requires prompting, cueing, guiding, teaching, observing, reminding, or other support (not hands-on) to complete other ADLs or IADLs independently, but to ensure safety, health, and welfare of the enrollee.

Some activities under ECLS may also fall under activities in other waiver services. If other waiver services are used for these activities, this must be clearly identified in the IICSP and other documentation and billed under the appropriate procedure codes to avoid duplication of services.

If through assessment it is found to be appropriate, ECLS (cueing/prompting) Services may be provided remotely by providers when travel to the waiver enrollee is not possible due to COVID-19 infection. Approval of remote support must be reflected on the individual integrated care and support plan.

Allow transportation on behalf of the participant to allow vulnerable individuals to practice social distancing or and to allow others to obtain items required for the participant to avoid unnecessary exposure to COVID self-isolation per CDC guidance.

Plans may use this service to authorize MI Health Link HCBS funds to reimburse individuals (ECLS providers) 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 expanding the ECLS service is for the participant to gain access to the community as needed.

MDHHS assures CMS that all residential and non-residential settings associated with the MI Health Link HCBS waiver are in compliance with the HCBS Final Rule prior to inclusion in the waiver and also with ongoing monitoring throughout the duration of the waiver. Prior to submission of the waiver applications to CMS, MDHHS did an evaluation of residential and non-residential settings that would be associated with the MI Health Link HCBS waiver to determine which settings would be included or excluded from the waiver. The results of this evaluation are indicated in the Appendix C, HCB Settings section of this waiver application. Any new settings that the ICO chooses to add to their provider network must be approved by MDHHS for HCBS Final Rule compliance. MDHHS's continual approval and monitoring of the settings throughout the duration of the waiver will ensure that ICOs are not using settings that have previously been added to the list of excluded settings and that still need to be excluded. Additionally, the continued monitoring will help MDHHS to identify any settings which were previously excluded but have since brought themselves into compliance. If the ICOs have selected settings that are noncompliant, the ICOs will be required to select different settings and resubmit to MDHHS for review and approval. MDHHS also has performance measures related to HCB setting compliance with the HCBS Final Rule as indicated in this waiver application.

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

Expanded Community Living Supports 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 IICSP.

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 enrollee		Homecare Agency

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>
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<p>Individual</p>	<p>N/A</p>	<p>N/A</p>	<ol style="list-style-type: none"> 1. Providers must be at least 18 years of age, have ability to communicate effectively both orally and in writing and follow instructions, be able to prevent transmission of communicable disease and be in good standing with the law as validated by a criminal history review. If providing transportation incidental to this service, the provider must possess a valid Michigan driver's license. 2. Individuals providing Expanded Community Living Supports must have previous relevant experience or training and skills in reporting and identifying abuse and neglect. The individual(s) must also be trained in the enrollee's IICSP. Additionally, skills, knowledge, and experience with food preparation, safe food handling procedures are highly desirable. 3. Must be deemed capable of performing the required tasks by ICO. <ul style="list-style-type: none"> • Training required for direct care workers (ECLS) will be limited to universal precautions, competency for completing required tasks, reporting and identifying abuse and neglect, and the ability to effectively communicate with the individual. Program-specific training requirements would be completed as soon as possible once the effective period ends
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Agency	N/A	N/A	<ol style="list-style-type: none"> <li data-bbox="938 226 1469 457">1. Providers 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 universal precautions and blood-borne pathogens, and be in good standing with the law as validated by a criminal history review. <li data-bbox="938 510 1469 842">2. A registered nurse licensed to practice nursing in the State shall furnish supervision of Expanded Community Living Support providers. At the State's discretion, other qualified individuals may supervise Expanded Community Living Supports providers. The direct care worker's supervisor shall be available to the worker at all times the worker is furnishing Expanded Community Living Support services. <li data-bbox="938 894 1469 1293">3. The ICO and/or provider agency must train each worker to properly perform each task required for each enrollee the worker serves before delivering the service to that enrollee. The supervisor must assure that each worker can competently and confidently perform every task assigned for each enrollee served. MDHHS strongly recommends each worker delivering Expanded Community Living Support services complete a certified nursing assistance training course. <li data-bbox="938 1346 1469 1713">4. Expanded Community Living Support providers 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 enrollee who requires such care. The supervising RN must assure each workers confidence and competence in the performance of each task required. <li data-bbox="938 1766 1469 1923">5. Additionally, skills, knowledge, and/or experience with food preparation, safe food handling procedures, and reporting and identifying abuse and neglect are highly desirable.
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			<ul style="list-style-type: none"> Training required for direct care workers (ECLS) will be limited to universal precautions, competency for completing required tasks, reporting and identifying abuse and neglect, and the ability to effectively communicate with the individual. Program-specific training requirements would be completed as soon as possible once the effective period ends.

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Individual	ICO	Prior to initial delivery of services and annually thereafter
Agency	ICO	Prior to initial 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
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Service Title:	Home Delivered Meals		
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>			
Service Definition (Scope):			
<p>The provision of one to two nutritionally sound meals per day to enrollees who are unable to care for their nutritional needs.</p> <p>This service must include and prioritize healthy meal choices that meet any established criteria under state or federal law.</p> <p>Meal options must meet enrollee preferences in relation to specific food items, portion size, dietary needs, and cultural and/or religious preferences.</p> <p>Each provider shall document meals served.</p>			
Specify applicable (if any) limits on the amount, frequency, or duration of this service:			
<p>Federal regulations prohibit from providing three meals per day to enrollees. Meal service should be offered in relation to variable availability of allies or formal caregivers and changes in the enrollee's condition. When providing more than a two-week supply of meals in one delivery, the service must not exceed two meals per day. Additionally, when providing more than a two-week supply of meals in one delivery, meals may be a combination of fresh, frozen, and shelf stable meals for the first two weeks. Meals delivered for days after the first two-weeks must be frozen or shelf stable and the beneficiary must have available and appropriate storage for the meals.</p> <p>Meals authorized under this service shall not constitute a full nutrition regimen.</p> <p>Meals shall not include dietary supplements.</p> <p>Limitations on who can get a meal:</p> <p>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 the MI Health Link waiver during this crisis. This also allows meal deliveries to be left at the door to avoid unnecessary in-person contacts.</p>			
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 Providers
			Licensed restaurants with delivery service
			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 <i>(provide the following information for each type of provider):</i>			
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>

Home Delivered Meal Provider	Health Code Standards (PA 368 of 1978)	N/A	<ol style="list-style-type: none"> 1. Each Home Delivered Meals provider shall have the capacity to provide two 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. Each provider shall have meals available at least five days per week. 2. Each provider shall 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 shall train staff and volunteers on procedures to follow in the event of severe weather or natural disasters and the county emergency plan. 3. Each provider shall carry product liability insurance sufficient to cover its operation. 4. The provider shall deliver food at safe temperatures as defined in Home Delivered Meals service standards.
Licensed Restaurants with delivery service	Health Code Standards (PA 368 of 1978)	N/A	<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. <p>Delivery costs are included in the total price of the meal.</p>
Meal Kit Delivery Services	N/A	N/A	<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. <p>The participant or someone in the household must be able to read directions to prepare the meals as instructed.</p>
Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
Home Delivered Meal Provider	ICO		Prior to the delivery of services and annually thereafter.

Licensed restaurants that deliver	ICO		Prior to the delivery of services and annually thereafter.	
Meal Kit Delivery Services	ICO		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 Title:	Private Duty Nursing
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope):	

Private Duty Nursing (PDN) services are skilled nursing interventions provided to an enrollee age 21 and older on an individual and continuous basis, to meet the enrollee's health needs directly related to the enrollee's physical disability. PDN includes the provision of nursing assessment, treatment and observation provided by licensed nurses within the scope of the State's Nurse Practice Act, consistent with physician's orders and in accordance with the enrollee's IICSP.

- Suspend 16-hour limit on Private Duty Nursing (PDN) when the need for exceeding 16 hours stems from impacts related to COVID-19

Medical Criteria I – The enrollee is dependent daily on technology-based medical equipment to sustain life. "Dependent daily on technology-based medical equipment" means:

1. Mechanical rate-dependent ventilation (four or more hours per day), or assisted rate dependent respiration (e.g., some models of Bi-PAP); or
2. Deep oral (past the tonsils) or tracheostomy suctioning eight or more times in a 24-hour period; or
3. Nasogastric tube feedings or medications when removal and insertion of the nasogastric tube is required, associated with complex medical problems or medical fragility; or
4. Total parenteral nutrition delivered via a central line, associated with complex medical problems or medical fragility; or
5. Continuous oxygen administration (eight or more hours per day), in combination with a pulse oximeter and a documented need for skilled nursing assessment, judgment, and intervention in the rate of oxygen administration. This would not be met if oxygen adjustment is done only according to a written protocol with no skilled assessment, judgment or intervention required. Continuous use of oxygen therapy is a covered Medicaid benefit for beneficiaries age 21 and older when tested at rest while breathing room air and the oxygen saturation rate is 88 percent or below, or the PO₂ level is 55 mm HG or below.

Medical Criteria II – Frequent episodes of medical instability within the past three to six months, requiring skilled nursing assessments, judgments, or interventions (as described in III below) as a result of a substantiated medical condition directly related to the physical disorder.

Definitions:

1. "Frequent" means at least 12 episodes of medical instability related to the progressively debilitating physical disorder within the past six months, or at least six episodes of medical instability related to the progressively debilitating physical disorder within the past three months.
2. "Medical instability" means emergency medical treatment in a hospital emergency room or inpatient hospitalization related to the underlying progressively debilitating physical disorder.
3. "Emergency medical treatment" means covered inpatient and outpatient services that are furnished by a provider that is qualified to furnish such services and are needed to evaluate or stabilize an emergency medical condition.
4. "Emergency medical condition" means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson who possesses an average knowledge of health and medicine could reasonably expect the absence of immediate medical attention would result in placing the health of the individual in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part.
5. "Directly related to the physical disorder" means an illness, diagnosis, physical impairment, or syndrome that is likely to continue indefinitely, and results in significant functional limitations in 3 or more activities of daily living.
6. "Substantiated" means documented in the clinical or medical record, including the nursing notes.

Medical Criteria III – The enrollee requires continuous skilled nursing care on a daily basis during the time when a licensed nurse is paid to provide services.

Definitions:

1. "Continuous" means at least once every 3 hours throughout a 24-hour period, and when delayed interventions may result in further deterioration of health status, in loss of function or death, in acceleration of the chronic condition, or in a preventable acute episode. Equipment needs alone do not create the need for skilled nursing services.
2. "Skilled nursing" means assessments, judgments, interventions, and evaluations of interventions requiring the education, training, and experience of a licensed nurse. Skilled nursing care includes, but is not limited to:
 - a. Performing assessments to determine the basis for acting or a need for action, and documentation to support the frequency and scope of those decisions or actions;
 - b. Managing mechanical rate-dependent ventilation or assisted rate-dependent respiration (e.g., some models of Bi-PAP) that is required by the enrollee four or more hours per day;
 - c. Deep oral (past the tonsils) or tracheostomy suctioning;
 - d. Injections when there is a regular or predicted schedule, or injections that are required as the situation demands (prn), but at least once per month (insulin administration is not considered a skilled nursing intervention);
 - e. Nasogastric tube feedings or medications when removal and insertion of the nasogastric tube is required, associated with complex medical problems or medical fragility;
 - f. Total parenteral nutrition delivered via a central line and care of the central line;
 - g. Continuous oxygen administration (eight or more hours per day), in combination with a pulse oximeter, and a documented need for adjustments in the rate of oxygen administration requiring skilled nursing assessments, judgments and interventions. This would not be met if oxygen adjustment is done only according to a written protocol with no skilled assessment, judgment or intervention required. Continuous use of oxygen therapy is a covered Medicaid benefit for beneficiaries age 21 and older when tested at rest while breathing room air and the oxygen saturation rate is 88 percent or below, or the PO₂ level is 55 mm HG or below;
 - h. Monitoring fluid and electrolyte balances where imbalances may occur rapidly due to complex medical problems or medical fragility. Monitoring by a skilled nurse would include maintaining strict intake and output, monitoring skin for edema or dehydration, and watching for cardiac and respiratory signs and symptoms. Taking routine blood pressure and pulse once per shift that does not require any skilled assessment, judgment or intervention at least once every three hours during a 24-hour period, as documented in the nursing notes, would not be considered skilled nursing.

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

To be eligible for PDN services, the ICO must find the enrollee meets either Medical Criteria I or Medical Criteria II, and Medical Criteria III (see criteria above under Service Definition). Regardless of whether the enrollee meets Medical Criteria I or II, the enrollee must also meet Medical Criteria III.

Enrollees receiving Preventive Nursing Services are not eligible to receive Private Duty Nursing Services.

PDN may include medication administration according to MCL 333.7103(1).

This service must be ordered by a physician, physician's assistant, or nurse practitioner.

This service is not intended to be used on a continual basis for 24 hours, 7 days per week. PDN is intended to supplement informal support services available to the enrollee.

Provider Category(s) (check one or both):	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
	Private Duty Nurse (Licensed Practical Nurse or Registered Nurse)		Private Duty Nursing Agency, Home care Agency	
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)	
Private Duty Nurse (Licensed Practical Nurse or Registered Nurse)	Nursing MCL 333.17201 ... 333.17242 This service must be provided by either a Registered Nurse (RN) or a Licensed Practical Nurse (LPN) under the supervision of an RN.	N/A	<p>1. All nurses providing Private Duty Nursing to enrollees must meet licensure requirements and practice the standards found under MCL 333.17201-17242, and maintain a current State of Michigan nursing license.</p> <p>2 Services paid for with waiver funds shall not duplicate nor replace services available through the Michigan Medicaid state plan or Medicare.</p> <p>3. This service may include medication administration as defined under the referenced statutes.</p> <p>4. It is the responsibility of the LPN to secure the services of an RN to supervise his or her work.</p>	
Private Duty Nursing Agency, Home care Agency	Nursing MCL 333.17201 ... 333.17242 This service must be provided by either a Registered Nurse (RN) or a Licensed Practical Nurse (LPN) under the supervision of an RN.		<p>1. All nurses providing private duty nursing to enrollees must meet licensure requirements and practice the standards found under MCL 333.17201-17242, and maintain a current State of Michigan nursing license.</p> <p>2. Services paid for with waiver funds shall not duplicate nor replace services available through the Michigan Medicaid state plan or Medicare.</p> <p>3. This service may include medication administration as defined under the referenced statutes.</p>	

Verification of Provider Qualifications				
Provider Type:	Entity Responsible for Verification:		Frequency of Verification	
Private Duty Nurse (Licensed Practical Nurse or Registered Nurse)	ICO		Prior to initial delivery of services and annually thereafter	
Private Duty Nursing Agency, Home care Agency	ICO		Prior to initial delivery of services 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 checked="" type="checkbox"/>	Provider managed

ⁱ Numerous changes that the state may want to make necessitate authority outside of the scope of section 1915(c) authority. States interested in changes to administrative claiming or changes that require section 1115 or section 1135 authority should engage CMS in a discussion as soon as possible. Some examples may include: (a) changes to administrative activities, such as the establishment of a hotline; (b) suspension of general Medicaid rules that are not addressed under section 1915(c) such as payment rules or eligibility rules or suspension of provisions of section 1902(a) to which 1915(c) is typically bound.