

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: Missouri

B. Waiver Title(s):

Aged and Disabled Waiver
Adult Day Care Waiver
Independent Living Waiver

C. Control Number(s):

MO.0026.R08.08
MO.1021.R02.07
MO.0346.R04.09

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

<input checked="" type="radio"/>	Pandemic or Epidemic
<input type="radio"/>	Natural Disaster
<input type="radio"/>	National Security Emergency
<input type="radio"/>	Environmental
<input type="radio"/>	Other (specify):

E. **Brief Description of Emergency.** *In no more than one paragraph each*, briefly describe the: 1) nature of emergency; 2) number of individuals affected and the state's mechanism to identify individuals at risk; 3) roles of state, local and other entities involved in approved waiver operations; and 4) expected changes needed to service delivery methods, if applicable. The state should provide this information for each emergency checked if those emergencies affect different geographic areas and require different changes to the waiver.

This application is additive to the previously approved Appendix K. The purpose of the amendment is to reinstate oversight measures and programmatic practices intended to ensure the health, safety, and welfare of participants. This amendment rescinds the following effective 02/01/23: the flexibility to deliver services not prior authorized; the flexibility to provide non-emergency medical transportation services (NEMT); the flexibilities identified at Addendum 2.a.i, 2.a.ii, 2.a.iv; the flexibility identified at Addendum 2.b. regarding the waiver of nutritional requirements for home delivered meals; the flexibility identified at Addendum 4.d.; and the flexibility identified at Addendum 5.c. This amendment also rescinds the following effective 04/01/23: the flexibility to allow family members to provide services; and the flexibility identified at Addendum 4.b.

F. Proposed Effective Date: Start Date: January 27, 2020 **Anticipated End Date:** Six (6) months after the end of the public health emergency.

G. Description of Transition Plan.

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

H. Geographic Areas Affected:

These actions will apply across the waiver to all individuals impacted by the COVID-19 virus

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

The state is following CDC and the state's Department of Health and Senior Services guidelines, which can be found at: <https://www.cdc.gov/coronavirus/2019-ncov/index.html> and <https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/>

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.]

N/A

ii. ___ Temporarily modify additional targeting criteria.

[Explanation of changes]

N/A

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]

- Rescind the following effective 02/01/23: “Flexibility to deliver services not prior authorized by the state in order to ensure timely delivery of services.”

Participants will not lose waiver services or receive a reduction in waiver services as a result of this change. Participants will still be able to select their providers from a pool of any willing and qualified providers and continue to receive services in the same amount, duration, and scope.

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

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

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

Rescind the following effective 04/01/23:

“Family members must be employed by or contracted with a MHN contracted provider. Family members who do not live in the same residence and are not legally responsible individuals, spouses or legal guardians may provide services when no other caregiver is available. This will be extremely critical due to staffing shortages but also in situations where a participant may be exposed to or diagnosed with COVID-19 and the family member is the only willing individual to provide services.

These individuals must receive training on the participant’s needs and care plan for whom they are rendering these services.

When these individuals render a waiver service, the provider agency authorized to render the service is responsible for ensuring that services are provided and that billing occurs in accordance with billing and service documentation requirements.”

Participants will not lose waiver services or receive a reduction in waiver services as a result of this change. Participants will still be able to select their providers from a pool of any willing and qualified providers and continue to receive services in the same amount, duration, and scope.

Note: Providers have reported minimal use of this flexibility. In addition, with rate increases effective 7/1/22, provider associations report the volume of new direct service worker applications have increased.

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.]

Effective 02/01/23 rescind the following: “Providers able to meet the needs of participants may deliver any necessary tasks within the total authorized unit limit, even if the specific tasks are not listed on the current care plan. 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 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, as well as the date the verbal consent was provided, no later than 30 days from the date the service begins. The state is allowing verbal consent by telephone for signatures as authorized by Section 1135 authority.

The provider is required to document the services and tasks that were actually delivered.”

Participants will not lose waiver services or receive a reduction in waiver services as a result of this change. Participants will still be able to select their providers from a pool of any willing and qualified providers and continue to receive services in the same amount, duration, and scope.

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.

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

Rescind the following flexibility effective 02/01/23: "Allow waiver of nutritional requirements if necessary and at the guidance of the state in situations where necessary."

Participants will not lose waiver services or receive a reduction in waiver services as a result of this change. Participants will still be able to select their providers from a pool of any willing and qualified providers and continue to receive services in the same amount, duration, and scope.

- 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.

Rescind the following flexibility effective 04/01/23: "Family members who do not live in the same residence and are not legally responsible individuals, spouses or legal guardians may provide services when no other care giver is available and must be employed by or contracted with a Medicaid HCBS contracted provider"

Participants will not lose waiver services or receive a reduction in waiver services as a result of this change. Participants will still be able to select their providers from a pool of any willing and qualified providers and continue to receive services in the same amount, duration, and scope.

Note: Providers have reported minimal use of this flexibility. In addition, with rate increases effective 7/1/22, provider associations report the volume of new direct service worker applications have increased.

- 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: Glenda
Last Name Kremer
Title: Assistant Deputy Director, Program Operations
Agency: Missouri Department of Social Services, MO HealthNet Division
Address 1: 615 Howerton Court
Address 2: PO Box 6500
City Jefferson City
State Missouri
Zip Code 65102-6500
Telephone: (573) 751-6962
E-mail Glenda.A.Kremer@dss.mo.gov
Fax Number (573)526-4651

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

First Name: Melanie
Last Name Highland
Title: Division Director
Agency: Missouri Department Health & Senior, Division and Senior Services
Address 1: 912 Wildwood Dr.
Address 2: PO Box 570
City Jefferson City
State Missouri
Zip Code 65109
Telephone: (573)526-8557
E-mail Melanie.Highland@health.mo.gov
Fax Number (573) 522-3024

8. Authorizing Signature

Signature: /S/

Date: 10/17/2022

State Medicaid Director or Designee

First Name: Todd
Last Name Richardson
Title: Director
Agency: MO HealthNet
Address 1: PO Box 6500
Address 2: Click or tap here to enter text.
City Jefferson City
State Missouri
Zip Code 65102
Telephone: (573) 751-6922
E-mail Leann.hager@dss.mo.gov
Fax Number (573) 751-6564

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:	Basic Respite				
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>					
Service Definition (Scope):					
<p>Basic Respite care services are maintenance and supervisory services provided to a participant with nonskilled needs in that individual's home because of the absence or need for relief of those persons who normally provide care for the participant. This service encompasses all the needs of a participant that might come up during the service provision that fall under supervision, companionship and direct participant assistance, all the services that are required to maintain the participant in his/her home. Federal financial participation is not claimed for the cost of room and board within this service.</p> <p>Effective 02/01/23 rescind the following flexibility: "All respite providers, including the new provider type listed below may provide transportation to medical appointments when NEMT services are not available."</p> <p>Participants will not lose waiver services or receive a reduction in waiver services as a result of this change. Participants will still be able to select their providers from a pool of any willing and qualified providers and continue to receive services in the same amount, duration, and scope.</p>					
Specify applicable (if any) limits on the amount, frequency, or duration of this service:					
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:	
				Adult Day Care – licensed	
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)		
	Required to be licensed by the Department of Health and Senior Services and must meet the requirements of				

Service Specification				
Service Title:	Basic Respite			
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>				
	State Statute 192, RSMo.			
Verification of Provider Qualifications				
Provider Type:	Entity Responsible for Verification:		Frequency of Verification	
	Department of Health and Senior Services – Division of Regulation and Licensure		Relicensure every two years	
Service Delivery Method				
Service Delivery Method (check each that applies):	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
	<input type="checkbox"/>		<input type="checkbox"/>	
	<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.