

APPENDIX K: Emergency Preparedness and Response and COVID-19 Addendum

Background:

This standalone appendix may be utilized by the state during emergency situations to request amendments to its approved waiver, to multiple approved waivers in the state, and/or to all approved waivers in the state. It includes actions that states can take under the existing Section 1915(c) home and community-based waiver authority in order to respond to an emergency. Other activities may require the use of various other authorities such as the Section 1115 demonstrations or the Section 1135 authorities.ⁱ This appendix may be applied retroactively as needed by the state. Public notice requirements normally applicable under 1915(c) do not apply to information contained in this Appendix.

Appendix K-1: General Information

General Information:

A. State: Missouri

B. Waiver Title(s):

Comprehensive Waiver
Community Support Waiver
Partnership for Hope Waiver
Missouri Children with Developmental Disabilities (MOCDD) Waiver

C. Control Number(s):

MO.0178.R06.05
MO.0404.R03.05
MO.0841.R02.04
MO.4185.R05.04

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

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

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

each emergency checked if those emergencies affect different geographic areas and require different changes to the waiver.

This Appendix K is additive to the approved Appendix K for the COVID-19 pandemic. In light of the impact of COVID-19 and legislative appropriation, the Division of Developmental Disabilities (DD) reviewed current participation in the Comprehensive, Community Support (CSW), and Partnership for Hope (PFH) waivers and is applying a point in time limit to the amount of participants. Current waiver participants will not lose eligibility or waiver participation.

For the Comprehensive, CSW, PFH and MOCDD waivers, temporarily modify provider qualifications for Applied Behavior Analysis waiver service.

F. Proposed Effective Date: Start Date: January 27, 2020 **Anticipated End Date:** January 26, 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. ___ Services

i. ___ Temporarily modify service scope or coverage.

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

ii. ___ Temporarily exceed service limitations (including limits on sets of services as described in Appendix C-4) or requirements for amount, duration, and prior authorization to address health and welfare issues presented by the emergency.

[Explanation of changes]

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 Applied Behavior Analysis waiver services, the following is a temporary modification for provider qualifications to Qualified Health Care Professional (QHCP), Individual and Agency type:

- **Registration as Registered Behavior Technician with the Behavior Analyst Certification Board:**

Registered Behavior Technicians are not required to have the Registered Behavior Technician (RBT) credential if they have completed all training but are unable to test due to COVID-19 related Behavior Analyst Certification Board test center closure or COVID-19 related delays. The RBTs would still operate under the supervision of a licensed behavior analyst or licensed psychologist.

ii. ___ **Temporarily modify provider types.**

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

iii. ___ **Temporarily modify licensure or other requirements for settings where waiver services are furnished.**

[Provide explanation of changes, description of facilities to be utilized and list each service provided in each facility utilized.]

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

f.____ Temporarily increase payment rates.

[Provide an explanation for the increase. List the provider types, rates by service, and specify whether this change is based on a rate development method that is different from the current approved waiver (and if different, specify and explain the rate development method). If the rate varies by provider, list the rate by service and by provider.]

g.____ Temporarily modify person-centered service plan development process and individual(s) responsible for person-centered service plan development, including qualifications.

[Describe any modifications including qualifications of individuals responsible for service plan development, and address Participant Safeguards. Also include strategies to ensure that services are received as authorized.]

h.____ Temporarily modify incident reporting requirements, medication management or other participant safeguards to ensure individual health and welfare, and to account for emergency circumstances. [Explanation of changes]

i.____ Temporarily allow for payment for services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay when necessary supports (including communication and intensive personal care) are not available in that setting, or when the individual requires those services for communication and behavioral stabilization, and such services are not covered in such settings.

[Specify the services.]

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

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

k.____ 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]

In light of the impact of COVID-19 and legislative appropriation, the Division of DD reviewed current participation in the Comprehensive, CSW, and PFH waivers and is applying a point in time limit to the amount of participants it will serve as follows:

Comprehensive Waiver (MO.0178.R06.05) – Maximum amount of waiver participants at any time of the year-8750 in Waiver Year 5

Community Support Waiver (MO.0404.R03.05) – Maximum amount of waiver participants at any time of the year-4500 in Waiver Year 5

Partnership for Hope Waiver (MO.0841.R02.04) – Maximum amount of waiver participants at any time of the year-2500 in Waiver Year 3

The point-in-time limit of the number of waiver participants enrolled in the waivers will not impact any of the current waiver participant’s Medicaid eligibility status or their waiver participation.

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
- 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: 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: P.O. 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: Leslie
Last Name Bradley
Title: Director of Federal Programs
Agency: Missouri Department of Mental Health, Division of Developmental Disabilities
Address 1: 1706 E. Elm
Address 2: PO Box 687
City Jefferson City
State Missouri
Zip Code 65102
Telephone: (573)522-2941
E-mail Leslie.Bradley@dmh.mo.gov
Fax Number (573)751-9207

8. Authorizing Signature

Signature:

Date: 10/15/2020

_____/S/_____
State Medicaid Director or Designee

First Name:	Todd
Last Name	Richardson
Title:	Director
Agency:	MO HealthNet Division
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:	Applied Behavior Analysis (ABA)
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope):	

ABA services are designed to help individuals demonstrating significant deficits (challenges) in the areas of behavior, social, and communication skills acquire functional skills in their homes and communities and/or to prevent hospitalizations or out-of-home placements. ABA services may be provided to assist a person or persons to learn new behavior directly related to existing challenging behaviors or functionally equivalent replacement behaviors for identified challenging behaviors. Services may also be provided to increase existing behavior, to reduce existing behavior, and to emit behavior under precise environmental conditions. ABA services includes the design, implementation and evaluation of systematic environmental modifications for the purposes of producing socially significant improvements in and understanding of human behavior based on the principles of behavior identified through the experimental analysis of behavior.

- The Behavior Support Plan (BSP) should describe strategies and procedures to generalize and maintain the effects of the BSP and to collect data to assess the effectiveness of the plan and fidelity of implementation of the plan.
 - The specific skills and behaviors targeted for each individual should be clearly defined in observable terms and measured carefully by direct observation each session.
 - The BSP shall include collection of data by the staff, family and or caregivers that are the primary implementers of the plan and the service shall include monitoring of data from continuous assessment of the individual's skills in learning, communication, social competence, and self-care guide to the scope of the individual support plan, which must include separate, measurable goals and objectives with clear definitions of what constitutes mastery.
 - Reports regarding the service must include data displayed in graphic format with relevant environmental variables that might affect the target behaviors indicated on the graph. The graph should provide indication of analysis via inclusion of environmental variables including medications and changes in medications, baseline or pre- intervention levels of behavior, and strategy changes.
 - Performance-based training for parents, caregivers and significant others in the person's life is also part of the behavior analysis services if these people are integral to the implementation or monitoring of the plan.
- ABA services consist of the following components:

- Assessment: ABA services are based on an assessment which identifies functional relationships between behavior and the environment, including contextual factors, establishing operations, antecedent stimuli, contributing and controlling consequences, and possible physiological or medical variables related to challenging behaviors or situations. The assessment is further composed of the following elements:
 - o Behavior identification assessment, by the physician or other QHCP, face-to-face with patient and caregiver(s), includes administration of standardized and non-standardized tests, detailed behavioral history, patient observation and caregiver interview, interpretation of test results, discussion of findings and recommendations with the primary guardian(s)/caregiver(s), and preparation of report.
 - o Observational Behavioral Follow-up Assessment: Behavioral follow-up assessment(s) may be required to enable the QHCP to finalize or fine-tune the baseline results and plan of care that were initiated in the identification assessment. This service is performed by a technician under the direction of a QHCP or licensed assistant behavior analyst (LaBA). The QHCP or LaBA may or may not be on-site during the face-to-face assessment process. Observational Follow-up is provided to individuals who present with specific destructive behavior(s) (e.g., self-injurious behavior, aggression, property destruction) or behaviors or deficits in communication or social relatedness. Observational Follow-up includes the use of structured observation and/or standardized and non-standardized tests to determine levels of adaptive behavior. Areas assessed may include cooperation, motivation, visual understanding, receptive and expressive language, imitation, requests, labeling, play and leisure and social interactions. Specific destructive behavior(s) assessments include structured observational testing to examine events, cues, responses, and consequences associated with the behavior(s).
 - o Behavior Identification Supporting Assessment: is administered by the QHCP with the assistance of one or more technicians. Behavior Identification Supporting assessment includes the QHCP's interpretation of results, discussion of findings and recommendations with primary caregiver(s), and preparation of report. Typical individuals for these services include those with more specific severe destructive behavior(s) (eg, self-injurious behavior, aggression, property destruction). Specific severe destructive behavior(s) are assessed using structured testing to examine events, cues, responses, and consequences associated with the behavior. Behavior

Identification Supporting Assessment includes exposing the individual to a series of social and environmental conditions associated with the destructive behavior(s). Assessment methods include using testing methods designed to examine triggers, events, cues, responses, and consequences associated with the before mentioned maladaptive behavior(s). This assessment is completed in a structured, safe environment.

- **Treatment: Adaptive Behavior Treatment:** Addresses the individual's specific target problems and treatment goals as defined in previous assessments. Adaptive behavior treatment is based on principles including analysis and alteration of contextual events and motivating factors, stimulus-consequence strategies and replacement behavior and monitoring of outcomes. Goals of adaptive behavior treatment may include reduction of repetitive and aberrant behavior, and improved communication and social functioning. Adaptive behavior skill tasks are often broken down into small, measurable units, and each skill is practiced repeatedly until the individual masters it. Adaptive behavior treatment may occur in multiple sites and social settings (e.g., controlled treatment programs with individual alone or in a groups setting, home, or other natural environment). All ABA services are considered short term services whose objectives are to provide changes in patterns of interactions, daily activities and lifestyle including provider family/staff/caregivers skills to teach the individuals supported adaptive skills and skills to more appropriately address problem behaviors. The development of skills in the individual and in the family/staff/caregivers is a key component to these services. In addition it is the essential that the strategies developed are adapted to more typical types of support strategies so that the treatment plan called the BSP is replaced with these more typical strategies as the service is successful.

Adaptive behavior treatment is further composed of the following elements:

- o **Adaptive Behavior Treatment by Protocol by Technician:** is administered by a single technician or LaBA under the direction (on-site or off-site) of the QHCP by adhering to the protocols that have been designed by the QHCP. This service is delivered to the individual alone or while attending a group session.

Adaptive behavior treatment by protocol by technician includes skill training delivered to an individual who, for example, has poor emotional responses (e.g., rage with foul language and screaming) to deviation in rigid routines. The technician introduces small, incremental changes to the individual's expected routine along one or more stimulus dimension(s) , and a reinforce is delivered each time the individuals appropriately tolerates a given stimulus change until the individual tolerates typical variations in daily activities without poor emotional response.

The QHCP directs the treatment by designing the overall sequence of stimulus and response fading procedures, analyzing the technician-recorded progress data to assist the technician in adhering to the protocol, and judging whether the use of the protocol is producing adequate progress.

- o **Adaptive Behavior Treatment with Protocol Modification:** Unlike the Adaptive Behavior Treatment by Protocol by Technician, Adaptive Behavior Treatment with Protocol Modification is administered by a QHCP or LaBA who is face-to-face with a single individual. The service may include demonstration of the new or modified protocol to a technician, guardian(s), and/or caregiver. For example, Adaptive Behavior Treatment with Protocol Modification will include treatment services provided to a teenager who is recently placed with a foster family for the first time and is experiencing a regression of the behavioral targets which were successfully met the group-home setting related to the individual's atypical sleeping patterns. The clinical social worker modifies the past protocol targeted for desired results to incorporate changes in the context and environment. A modified treatment protocol is administered by the QHCP to demonstrate to the new caregiver how to apply the protocol(s) to facilitate the desired sleeping patterns to prevent sleep deprivation.

- o **Exposure Adaptive Behavior Treatment with Protocol Modification** describes services provided to individuals with one or more specific severe destructive behaviors (e.g., self-injurious behavior, aggression, property destruction), with direct supervision by a QHCP which requires two or more technicians face-to-face with the individual for safe treatment. Technicians elicit behavioral effects of exposing the individual to specific environmental conditions and treatments. Technicians record all occurrences of targeted behaviors. The QHCP reviews and analyzes data and refines the therapy using single-case designs; ineffective components are modified or replaced until discharge goals are achieved (e.g., reducing destructive behaviors by at least 90%, generalizing the treatment effects across caregivers and settings, or maintaining the treatment effects over time). The treatment is conducted in a structured, safe environment. Precautions may include environmental modifications and/or protective equipment for the safety of the individual or the technicians. Often these

services are provided in intensive out-patient, day treatment, or inpatient facilities, depending on the dangerousness of the behavior.

- **Family Adaptive Behavior Treatment Guidance:** Family/guardian/caregiver adaptive behavior treatment guidance is administered by a QHCP or LaBA face-to-face with family/guardian(s)/caregiver(s) and involves teaching family/guardian(s)/caregiver(s) to utilize treatment protocols designed to reduce maladaptive behaviors and/or skill deficits.

- **Adaptive Behavior Treatment Social Skills Group:** Adaptive behavior treatment social skills group is administered by a QHCP or LaBA face-to-face with multiple individuals, focusing on social skills training and identifying and targeting individual patient social deficits and problem behaviors. The QHCP or LaBA monitors the needs of individuals and adjusts the therapeutic techniques during the group, as needed. Services to increase target social skills may include modeling, rehearsing, corrective feedback, and homework assignments. In contrast to adaptive behavior treatment by protocol techniques, adjustments are made in real time rather than for a subsequent services.

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

Behavior Identification Assessment: A unit is 15 minutes. Limited to 8 units per year.

Behavior Identification Supporting Assessment: A unit is 15 minutes. Limited to 32 units per day, 100 units per year.

Behavior Identification Supporting Assessment can be done by the Registered Behavior Technician (RBT) under the direction of the QHCP that is a Licensed Behavior Analyst (LBA), or under the direction of a LaBA; the service can also be done by the QHCP or LaBA.

Observational Behavioral Follow-up Assessment: A unit is 15 minutes. Limited to 10 units per day, 50 units per week, and 50 units per year.

All Observational Behavior Follow-Up Assessments must be Administered by the RBT under the direction of the QHCP that is a LBA, or under the direction of a LaBA; the service can also be done by the QHCP or LaBA.

Adaptive Behavior Treatment by Protocol by Technician: A unit is 15 minutes. Limited to 32 units per day, 160 units per week, and 600 units per month.

All Adaptive Behavior by Protocol by Technician must be performed by a RBT or LaBA under the direction of a QHCP that is a LBA. This service must be provided concurrent with Adaptive Behavior Treatment with Protocol Modification by a LBA for at least the equivalent of 5% of the total units provided by the RBT.

Adaptive Behavior Treatment with Protocol Modification: A unit is 15 minutes. Limited to 32 units per day, 120 units per week, and 270 units per month.

Adaptive Behavior Treatment with Protocol Modification, extensions may be approved by the DMH, Division of DDs' Chief Behavior Analyst, or designee. 10% of units authorized in a plan year for this service would be appropriately utilized for protocol modification and data analysis and that this would require documentation as with all other units in addition to the written modified protocol and graphic display with current data and progress report describing the analysis and effects on intervention strategies related to the analysis.

Exposure Adaptive Behavior Treatment with Protocol Modification: A unit is 15 minutes. Limited to 34 units per day, 130 units per week, and 320 units per month.

Exposure Adaptive Behavior Treatment with Protocol Modification must receive prior approval by the DMH, Division of DD Chief Behavior Analyst.

Family Adaptive Behavior Treatment Guidance, 15 minute unit: limited to 4 units per day, 20 units per week, and 40 units per month. In addition, no more than 8 family members/guardians/caregivers can be present for a unit to be billed. This service can be concurrent to any of the other treatment services.

Adaptive Behavior Treatment Social Skills Group, 15 minute unit: limited to 6 units per day, 30 units per week and 60 units per month. In addition, no more than 8 individuals can be present for a unit to be billed. This service can be concurrent to any of the other treatment services.

The services under the Partnership for Hope Waiver are limited to additional services not otherwise covered under the state plan, including EPSDT, but consistent with waiver objectives of avoiding institutionalization.

Provider Specifications

	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
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Provider Category(s) (check one or both):	Qualified Health Care Professional (QHCP)		Qualified Health Care Professional (QHCP)	
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)	
Qualified Health Care Professional (QHCP) (Individual)	Graduate degree and Missouri State license as a Behavior Analyst or a licensed professional in psychology, social work, or professional counseling with training specific to behavior analysis. RsMo Chapter 337 and 376 specifically 337.300; 337.305; 337.310; 337.315; 337.320; 337.325; 337.330; 337.335; 337.340; 337.345; 376.1224 Or Missouri state license as an assistant Behavior Analyst RsMo Chapter 337 and 376 specifically 337.300; 337.305; 337.310; 337.315; 337.320; 337.325; 337.330; 337.335; 337.340; 337.345; 376.1224	Registration as Registered Behavior Technician with the Behavior Analyst Certification Board: Registered Behavior Technicians are not required to have the Registered Behavior Technician (RBT) credential if they have completed all training but are unable to test due to COVID-19 related Behavior Analyst Certification Board test center closure or COVID-19 related delays. The RBTs would still operate under the supervision of a licensed behavior analyst or licensed psychologist.	DMH Contract; ABA services can be provided by a person enrolled in a graduate program for applied behavior analysis and completing the experience requirements with ongoing supervision by a Licensed Behavior analyst in the state of Missouri who is a contracted provider for the Division. These services provide by a person as part of the experience requirement and under the supervision of the LBA will be considered as the equivalent of LaBA services for purposes of billing and eligibility to provide particular ABA services.	

Qualified Health Care Professional (QHCP) (Agency)	Graduate degree and Missouri State license as a Behavior Analyst or a licensed professional in psychology, social work, or professional counseling with training specific to behavior analysis. RsMo Chapter 337 and 376 specifically 337.300; 337.305; 337.310; 337.315; 337.320; 337.325; 337.330; 337.335; 337.340; 337.345; 376.1224 Or Missouri state license as an assistant Behavior Analyst RsMo Chapter 337 and 376 specifically 337.300; 337.305; 337.310; 337.315; 337.320; 337.325; 337.330; 337.335; 337.340; 337.345; 376.1224	Registration as Registered Behavior Technician with the Behavior Analyst Certification Board: Registered Behavior Registered Behavior Technicians are not required to have the Registered Behavior Technician (RBT) credential if they have completed all training but are unable to test due to COVID-19 related Behavior Analyst Certification Board test center closure or COVID-19 related delays. The RBTs would still operate under the supervision of a licensed behavior analyst or licensed psychologist.	DMH Contract; ABA services can be provided by a person enrolled in a graduate program for applied behavior analysis and completing the experience requirements with ongoing supervision by a Licensed Behavior analyst in the state of Missouri who is a contracted provider for the Division. These services provide by a person as part of the experience requirement and under the supervision of the LBA will be considered as the equivalent of LaBA services for purposes of billing and eligibility to provide particular ABA services.

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Qualified Health Care Professional (QHCP) (Individual)	Regional Office	Initially and at renewal
Qualified Health Care Professional (QHCP) (Agency)	Regional office	Initially and at renewal

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

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.