

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 (CSW) Waiver
Partnership for Hope (PFH) Waiver
Missouri Children with Developmental Disabilities (MOCDD) Waiver

C. Control Number(s):

MO.0178.R06.09
MO.0404.R03.10
MO.0841.R02.09
MO.4185.R05.08

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.

For the Comprehensive, CSW, PFH and MOCDD waivers, adding Health Assessment and Coordination Services for individuals with I/DD receiving Home and Community Based (HCBS) Waiver services to coordinate care with local emergency departments, urgent cares, and primary care physicians to enable real time consultation and coordination on health issues and to assist individuals, families and support providers to understand presenting health symptoms and to identify the most appropriate next steps.

The effective date to begin Health Assessment and Coordination Services 07/01/2021.

F. Proposed Effective Date: Start Date: January 27, 2020 **Anticipated End Date:** no later than 6 months after the expiration of the public health emergency

G. Description of Transition Plan.

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

H. Geographic Areas Affected:

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

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

N/A

Appendix K-2: Temporary or Emergency-Specific Amendment to Approved Waiver

Temporary or Emergency-Specific Amendment to Approved Waiver:

These are changes that, while directly related to the state's response to an emergency situation, require amendment to the approved waiver document. These changes are time limited and tied specifically to individuals impacted by the emergency. Permanent or long-ranging changes will need to be incorporated into the main appendices of the waiver, via an amendment request in the waiver management system (WMS) upon advice from CMS.

b. X Services

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]

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:

_____/S/_____
State Medicaid Director or Designee

7/22/2021

First Name: Kirk
Last Name Mathews
Title: Acting 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:	Health Assessment and Coordination Services
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope):	

These telemedicine Services are designed for individuals with I/DD receiving Home and Community Based (HCBS) Waiver services to coordinate care with local emergency departments, urgent cares, and primary care physicians to enable real time support, consultation and coordination on health issues and to assist individuals, families and support providers to understand presenting health symptoms and to identify the most appropriate next steps. The service is consultative in nature related specifically to the presence of an intellectual disability, and seeks to provide disability-specific advice on when best to seek additional or in-person medical treatment. This service is a supportive service that can occur while the person is in their home to help assess the need for medical attention; this unique service is otherwise unavailable through any other service. The service serves as an I/DD conduit to, rather than a duplication of, medical services covered under the state plan. Furthermore, in addition to assisting to help assess the need for medical attention specific to individuals with developmental and intellectual disabilities, the service includes support and consultation to families and direct support professionals (DSPs) otherwise unavailable in any other service. This component of the service seeks to build the capacity of families and DSPs (who do not possess medical credentials) to better understand the best approaches for supporting the individual depending on their symptom presentation. This support to caregivers, informed with a strong expertise in I/DD, is an absolutely essential component that is not available elsewhere within Medicaid state plan or other waiver services. This service is available 24 hours a day, 7 days a week and includes immediate evaluations, video-assisted examinations, treatment plans and discussion and coordination with individuals and/or caregivers by professionals with extensive specialized expertise supporting individuals with I/DD. The goal of this service is to provide a right-on-time health assessment to determine the best clinical course of action, often avoiding unnecessary emergency room visits. If a hospital visit is clinically necessary, this service allows the HAC provider to communicate with the emergency department directly, ensuring advance preparation for the ED and decreasing the chances of admission.

The service includes follow-up consultations with the individual or family and/or caregiver of the individual within 18 hours of the initial call. Health Assessment and Coordination Services is unique in both provider qualifications and coverage within Medicaid and does not duplicate (but complements and links to) those services available in the state plan. The combination of required medical experience AND extensive expertise with intellectual and developmental disabilities is not included in state plan services and the consultative nature of the service distinguishes this service from other state plan benefits. While the provider qualifications included do require medical acumen, they are not limited to medical credentials, nor does the service duplicate physician services or other services covered under the state plan. This service works in close contact with but does not duplicate any of the functions of case management. The care coordination facilitated by this service becomes a part of rather than duplicating the person-centered plan. Furthermore, this service provides clinically informed, disability specific advice and counseling to caregivers that is entirely distinct from any information provided by or available to the case managers.

The services under this additive Appendix K amendment are limited to additional services not otherwise covered under the state plan, including EPSDT, but consistent with waiver objectives of avoiding institutionalization.

Telehealth Platform Requirements, inclusive of the specifics of state file acceptance, HIPAA compliance, access timeliness and secure communication to individuals, families/caregivers and providers will be outlined and binding in provider contracts and manuals.

Telehealth Platform Training Requirements composed of timely, accessible initial and ongoing training for individuals, family/caregivers and providers, help line capacity and ongoing health education

modules, with for those working with individuals enrolled with the provider to increase health care knowledge will be specific and binding in provider manuals and contracts.

Reporting and Recordkeeping Requirements outlining timelines and contacts of reporting to the state, reports to be sent to individuals, families/caregivers and providers, HIPAA compliance, elements to be included in the reports and records retention will be specified in provider manuals and contracts.

Missouri reimburses using a monthly unit of service derived from a market-based rate. The monthly unit of reimbursement shall not exceed \$30.00 per month per individual.

The effective date to begin Health Assessment and Coordination Services 07/01/2021.

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

This service will not duplicate any service available to the individual through the state plan.

This service will not supplant in-Person exams as needed.

The costs of Health Assessment and Coordination Services shall not exceed \$360 per year, per individual.

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:
		Health Assessment and Coordination Services Provider		

Specify whether the service may be provided by (check each that applies):

☐

Legally Responsible Person

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Relative/Legal Guardian

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

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
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<p>Health Assessment and Coordination Services Provider</p>	<ul style="list-style-type: none"> a. Be licensed in the State of Missouri, or have appropriate reciprocity; b. Be licensed by the American Board of Medical Specialties (ABMS); c. Board certified or board eligible (MD/DO); and d. Have completed specialized training/curriculum to care for individuals with developmental disabilities. 		<p>The provider must have a minimum of four years' experience in serving individuals with developmental disabilities in their own homes, family homes, individual residential alternatives (IRAs), Intermediate Care Facilities (ICFs), as well as other types of long-term supports and services. The provider must have demonstrated evidence of positive outcomes for individuals served.</p> <p>The provider must provide continuing education in the area of intellectual and developmental disabilities to the provider's physician network.</p> <p>The provider must meet technological and privacy requirements as set forth by the state.</p> <p>Prior to contract and at each contract renewal, the provider must submit to the Division successful results from a self-assessment validating staff qualifications, required documentation, policies and procedures.</p> <p>The provider must have a participant support call center that is staffed 24 hours a day, 7 days a week call center.</p> <p>Provider has references related to the provider's business history and practices.</p> <p>The service provider must have a comprehensive quality review program and provide a report via secure e-mail of their aggregated findings at the end of each month, as well as one time annually, to the state agency, which must include, at a minimum, the following:</p> <ul style="list-style-type: none"> a. Data analysis; b. Service outcomes; c. Individual, family and/or caregivers of individuals, and provider satisfaction; and d. Complaints and resolution.
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Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
Health Assessment and Coordination Services Provider	Missouri Department of Mental Health, Division of Developmental Disabilities or Designee		Prior to initial contract and renewal; as needed based on service monitoring concerns.
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
Health Assessment and Coordination Services Provider			



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.