

# 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.<sup>1</sup> 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): Brain Injury Waiver

C. Control Number(s): MO.1406.R00.05

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.

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: flexibility that services may begin prior to receipt of results of Family Care Safety Registry background checks; temporary suspension of all personal care aide direct care staff training, orientation and eligibility requirements; temporary waiver of provider in-home visits for supervisor oversight related to staff performance and review of certain tasks being performed in person in the home; and the flexibility to conduct all assessments and to complete all required forms via telephone. This amendment allows staff training requirements to be modified, allows assessments to be conducted in person or by phone as needed, and allows required forms to be completed in person or by phone as needed. These amendments are effective August 1, 2022. The amendments do not violate the maintenance of effort agreement outlined in the section 9817 of the American Rescue Plan (ARP).

**F. Proposed Effective Date: Start Date:** October 1, 2020 **Anticipated End Date:** Six (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; all counties in the state of Missouri.

**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.*

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.

Effective 08/01/22 rescind the following: “Family Care Safety Registry (FCSR) filing is still required but services can begin before results are returned. If a Good Cause Waiver is required, staff can still begin services for participants, excepting a finding reported by the FCSR listed in Section 192.2495.6. In addition, the state has an approved 1135 waiver addressing provider enrollment.”

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.]

Effective 08/01/22: Rescind the temporary suspension of all PCA direct care staff training, orientation, and eligibility requirements.

Effective 08/01/22:

- All PCA direct care staff training, orientation, and eligibility requirements may be modified except as indicated in the paragraph below.

All staff will be trained to serve participants and their current needs. The training will also include all information regarding abuse, neglect, and exploitation of participants and the importance of reporting fraudulent activities to the State. The participant will be informed of their rights and responsibilities as a service recipient of HCBS.

Effective 08/01/22 rescind the following: “Provider in-home visits for supervisor oversight related to staff performance and review of certain tasks being performed in person in the home is temporarily suspended as providers should focus on oversight related to care and participant needs at this time. The provider is still responsible to ensure staff are conducting job duties accurately and according to all HCBS programmatic rules and regulations.”

Effective 08/01/22 rescind the following: “Regarding background checks, Family Care Safety Registry (FCSR) filing is still required but services can begin before results are returned. If a Good Cause Waiver is required, staff can still begin services for participants, excepting a finding reported by the FCSR listing in Section 192.2495.6. In addition, the state has an approved 1135 waiver addressing provider enrollment.”

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

Effective 08/01/22: Rescind the flexibility for all assessments, including initial assessments, completed by Special Health Care Needs (SHCN) staff to be completed without a face-to-face assessment including the flexibility to complete all assessments by telephone or electronically.

Effective 08/01/22: All assessments, including initial assessments completed by Special Health Care Needs (SHCN) staff shall be conducted in person or may be conducted via telephone on an as needed basis as deemed HIPAA compliant.

**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 08/01/22: Rescind the flexibility for all person-centered service plan development, including initial service plans, completed by SHCN staff to be conducted via telephone or electronically.

Effective 08/01/22: All person-centered service plan development, including initial service plans, completed by SHCN staff shall be conducted in person or may be conducted via telephone or electronically as needed as long as the communication is HIPAA compliant. 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 consent was provided, no later than 30 days from the date the service begins. In addition, the state is allowing verbal consent by telephone in a HIPAA compliant manner, as needed for signatures as authorized by Section 1135 authority.

**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:** Lisa  
**Last Name:** Crandall  
**Title:** Bureau Chief  
**Agency:** Missouri Department of Health and Senior Services, Division of Community and Public Health, Bureau of Special Health Care Needs  
**Address 1:** 920 Wildwood Drive  
**Address 2:** PO Box 570  
**City:** Jefferson City  
**State:** Missouri  
**Zip Code:** 65109  
**Telephone:** (573) 751-6246  
**E-mail:** Lisa.crandall@health.mo.gov  
**Fax Number:** (573) 751-6237

## 8. Authorizing Signature

**Signature:** /S/

**Date:** 5/6/2022

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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](mailto:Leann.hager@dss.mo.gov)  
**Fax Number:** (573) 751-6564

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<sup>i</sup> 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.