

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): Medically Fragile Adult Waiver

C. Control Number(s): MO.40190.R04.01

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.

The Department of Health and Senior Services (DHSS) and the Centers for Disease Control and Prevention (CDC) are responding to an outbreak of respiratory disease caused by a novel (new) coronavirus. Novel coronavirus (COVID-19) is a virus strain that was first detected in December 2019 and is now an international health emergency. The World Health Organization (WHO) has declared a global pandemic. COVID-19 has been detected in all states in the U.S. The virus, while having mild effects in most people, can cause severe illness and pneumonia in others such as the elderly or those with underlying medical conditions. All participants of the Medically Fragile Adult Waiver have complex medical conditions and are more susceptible to succumb to severe impacts from COVID-19.

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; 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.

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.]

Flexibility in requiring the provision of waiver services at least monthly. Case management contacts will continue to be conducted monthly, at a minimum.

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]

The following is a summary of flexibilities relative to the PHE, which impact services through the Medically Fragile Adult Waiver.

A. Waiver Attendant Care (WAC)

- Deliver services not prior authorized by the state in order to ensure timely delivery of services.
- Deliver personal care services not in accordance with a service plan approved by the state on an emergent basis or under the constraints of availability of staff as impacted by the COVID-19 pandemic.
- Conduct RN Supervisory Visits via telehealth as appropriate.

B. Private Duty Nursing (PDN)

- On site supervisory visits for the purpose of evaluation will be conducted via telehealth as appropriate.
- RN Supervisory Visits for participants receiving LPN services are suspended.
- Provider re-assessments may be completed through telehealth.
- Services not prior authorized by the state may be provided in order to ensure timely delivery of services.)

When NEMT is not available, providers may transport participants to medical appointments at the current service rate only if another caregiver is available in the vehicle to provide direct care.

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]:

N/A

v. ___ Temporarily provide services in out of state settings (if not already permitted in the state's approved waiver). [Explanation of changes]

N/A

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.

Family members must be employed by or contracted with a MHN contracted provider. For WAC, 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. For PDN, family members residing with the participant, including legally responsible individuals, spouses and legal guardians are eligible to be paid caregivers. This will be extremely critical in situations where a participant may be diagnosed with COVID-19 and the family member is the only willing individual to provide services.

Family members must receive training on the participant's needs and care plan for whom they are rendering these services.

When family members 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.

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](#).

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.]

In anticipation of the need to bring staff on quickly to deliver care:

- All WAC direct care staff training, orientation, and eligibility requirements, are temporarily suspended except as indicated in the paragraph below.
- All PDN RN and LPN new employee training and orientation requirements, are temporarily suspended with the exception of universal precaution procedures and as indicated in the paragraph below.

All staff will be trained specific to the participant they are serving and their current needs. The training will 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.

Graduate LPNs and RNs may provide PDN services.

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 waived 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.

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 listed in [Section 192.2495.6](#).

ii. ___ Temporarily modify provider types.

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

N/A

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.]

N/A

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

All assessments, including initial assessments, completed by Special Health Care Needs (SHCN) staff shall be conducted via telephone.

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.]

N/A

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.]

All person-centered service plan development, including initial service plans, completed by SHCN staff shall be conducted via telephone. 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.

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. X 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.]

For individuals hospitalized, a provider may bill waiver services to assist with supports, supervision, communication, and any other supports that the hospital is unable to provide. The services will: be identified in an individual's person-centered service plan; provided to meet needs of the individual that are not met through the provision of hospital services; not substitute for services that the hospital is obligated to provide through its conditions of participation or under Federal or State law, or under another applicable requirement; and be designed to ensure smooth transitions between acute care settings and home and community-based settings, and to preserve the individual's functional abilities.

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.]

N/A

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.]

N/A

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]

N/A

m. ___ 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]

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.

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]*:

Allow for the modification of the face-to-face requirements in all other waiver services, including PDN. Traditional face-to-face services may be delivered through non-face-to-face methods (i.e., telephone, video, text, email), if practical and necessary.

- 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.

N/A

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.

Family members must be employed by or contracted with a MHN contracted provider. For WAC, 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.

- 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: Lisa
Last Name Crandall
Title: Bureau Chief
Agency: Missouri Department of Health & 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:

Date: 5/21/2020


_____/S/_____
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:				
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>				
Service Definition (Scope):				
Specify applicable (if any) limits on the amount, frequency, or duration of this service:				
Provider Specifications				
Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input type="checkbox"/>	Agency. List the types of agencies:
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>	
Verification of Provider Qualifications				
Provider Type:	Entity Responsible for Verification:		Frequency of Verification	
Service Delivery Method				
Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input 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.