

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: MS

B. Waiver Title(s): Elderly and Disabled Waiver

C. Control Number(s):

MS.0272.R05.03

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. Changes being made include updates to K-2-m to address compliance audit activities and edits in Section A to the Provider Specifications for the previously approved Personal Protective Equipment service.

COVID-19 pandemic.

This amendment will apply waiver-wide for each waiver included in this Appendix, to all individuals impacted by the virus or the response to the virus (e.g. closure of day programs, etc.)

F. Proposed Effective Date: Start Date: March 1, 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. The state will implement additional flexibilities requested as needed at DOM's discretion based on the severity of the pandemic.

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's pandemic disaster plan is available at https://msdh.ms.gov/msdhsite/_static/resources/2944.pdf.

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.

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]

DOM will waive the requirement that a participant must be terminated from the waiver if he/she is not available for services after 30 days; however, participants will still receive monthly monitoring by Case Managers to assure health and welfare.

Allow for the timeline for annual compliance reviews by DOM to be extended, if needed, during the pandemic and not to extend past the end date of this Appendix K amendment. DOM conducts post payment reviews of providers annually. These reviews include, but are not limited to, review of claims data, that staff providing claimed services are qualified, that services were provided to eligible individuals, and that those services were provided in accordance with the frequencies, amounts, and duration on the approved Plan of Services and Supports.

Contact Person(s)

A. The Medicaid agency representative with whom CMS should communicate regarding the request:

First Name: Paulette
Last Name Johnson
Title: Nurse Office Director, Office of Long Term Care
Agency: Mississippi Division of Medicaid
Address 1: Walter Sillers Building, Suite 1000
Address 2: 550 High Street
City Jackson
State Mississippi
Zip Code 39201
Telephone: (601)359-6141
E-mail Paulette.Johnson@medicaid.ms.gov
Fax Number (601)359-9521

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

First Name: Click or tap here to enter text.
Last Name Click or tap here to enter text.
Title: Click or tap here to enter text.
Agency: Click or tap here to enter text.
Address 1: Click or tap here to enter text.
Address 2: Click or tap here to enter text.
City Click or tap here to enter text.
State Click or tap here to enter text.
Zip Code Click or tap here to enter text.
Telephone: Click or tap here to enter text.
E-mail Click or tap here to enter text.
Fax Number Click or tap here to enter text.

8. Authorizing Signature

Signature:

Date: 7/1/2020

_____/S/_____
State Medicaid Director or Designee

First Name: Paulette
Last Name Johnson
Title: Nurse Office Director, Office of Long Term Care
Agency: Mississippi Division of Medicaid
Address 1: Walter Sillers Building, Suite 1000
Address 2: 550 High Street
City Jackson
State Mississippi
Zip Code 39201
Telephone: (601)359-6141
E-mail Paulette.Johnson@medicaid.ms.gov
Fax Number (601)359-9521

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: | | Personal Protective Equipment | | | | | | | | |
| Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one: | | | | | | | | | | |
| Service Definition (Scope): | | | | | | | | | | |
| <p>Personal protective equipment (PPE) refers to protective gowns, gloves, facemasks or other equipment designed to protect the wearer from injury or the spread of infection or illness. These items must be specified on the PSS.</p> <p>Items reimbursed with waiver funds shall be those items which are deemed as medically necessary for the individual client. Medicaid waiver funds are to be utilized as a payor of last resort. Request for payment must be made to other payers (i.e. Medicare, State plan, and private insurance) prior to submission of billing request to utilize waiver funds. All items shall meet applicable standards of manufacture, design and installation.</p> | | | | | | | | | | |
| Specify applicable (if any) limits on the amount, frequency, or duration of this service: | | | | | | | | | | |
| <p>Each request for personal protective equipment is evaluated by the case manager or DOM staff to determine if the equipment requested is medically necessary. The case manager will update the person and monitor the progress of each personal protective equipment request on a monthly basis. The case manager will discuss and document the person's choice of provider on the PSS prior to authorizing for services.</p> <p>The services under the Elderly & Disabled Waiver are limited to additional services not otherwise covered under the state plan, including EPSDT, but consistent with waiver objectives of avoiding institutionalization.</p> | | | | | | | | | | |
| Provider Specifications | | | | | | | | | | |
| Provider Category(s) (check one or both): | | <input type="checkbox"/> | Individual. List types: | | | <input type="checkbox"/> | Agency. List the types of agencies: | | | |
| | | | | | | | Specialty Medical | | | |
| | | | | | | | Case Management | | | |
| | | | | | | | | | | |
| 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) | | | | |
| Specialty Medical | | N/A | | N/A | | Providers must be enrolled as Medicaid providers. | | | | |
| Case Management | | N/A | | N/A | | Providers must be enrolled as Medicaid providers. | | | | |
| | | | | | | | | | | |
| Verification of Provider Qualifications | | | | | | | | | | |
| Provider Type: | | Entity Responsible for Verification: | | | | Frequency of Verification | | | | |

| | | |
|---|----------------------------------|---|
| Specialty Medical | Mississippi Division of Medicaid | At time of initial enrollment and at time of recertification. |
| Case Management | Mississippi Division of Medicaid | At time of initial enrollment and at time of recertification. |
| | | |
| 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.