

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 North Dakota

B. Waiver Title(s): Medicaid Waiver for Home and Community Based Services

C. Control Number(s):
ND.0273.R05.04

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.

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 01, 2020 **Anticipated End Date:** August 31, 2020.

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. X Temporarily modify service scope or coverage.

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

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]

Service Limits in Appendix C-1/C-3

Adult Foster Care

1. Service definition limitations on the number of people served, without requesting a variance, in each licensed or unlicensed home may be exceeded.

Home Delivered Meals

1. Increase service cap to two meals per day.
2. Waive dietary restrictions for meals.

Supervision

1. Remove the live alone requirement for individuals impacted by COVID-19.
2. Increase the rate to encourage participation and expand provider access.

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. X 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]:

Service Locations in Appendix C-1/C-3

- Locations may vary outside of the scope of the service definition in order to meet the health and safety needs of the participant. Settings may include but are not limited to hotels, shelters, schools and churches.
- Case Managers are responsible to ensure that individuals are receiving the necessary services as described in the person centered plan of care.
- Respite care can be provided in a skilled nursing facility or specialized basic care facility. The rate for facility-based settings includes room and board.

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

- May grant approval to temporarily expand where services can be provided because of displacement brought on by the emergency including allowing services to be provided out of state.

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.

Modify who can receive payment for services rendered for the following services to include a legal guardian.

- Homemaker, Respite Care, Chore, Supervision, Companionship

Modify who can receive payment for services rendered for the following services to include a family member.

- Companionship

Case Managers are required to assure that services are being carried out as listed on the person centered plan of care. Case Managers authorize services after the consumer has made an independent choice of provider.

Case management oversight will continue via telehealth/phone throughout the event. Payment to a legally responsible person, relative or legal guardian is only made to individuals who have individually enrolled as Qualified Service Providers with the State Medicaid office. These providers are required to submit claims via our North Dakota Medicaid Management Information System (MMIS). The MMIS system contains edits that would not pay a provider who is no longer enrolled or is not authorized to provide the service. The system also contains edits to assure that we are only paying the rate that was authorized. Payment is also limited to the services listed on the care plan. Every provider receives a copy of the authorization to provide services before they are eligible to provide the service. The authorization lists the allowable task, rate and service authorization period. Qualified Service Providers are required to maintain records and are subject to the provider review process.

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.]

The minimum qualifications are required for the following services for providers:

- Chore
- Companionship
- Family Personal Care
- Homemaker
- Non-medical transportation
- Respite care
- Supervision

Agency Providers:

Competency Requirements: Direct service provider must be a:

- Current CNA, RN, LPN, or OT licensed in state of ND
- CNA whose ND license has expired within the last six months
- RN, LPN, OT licensed in good standing in another state per Executive Order 2020/05.
- Direct Service Associate employed by licensed Developmental Disability provider per NDAC 75-04-01

Individual Providers:

Competency Requirements: Direct service provider must be a:

- Current CNA, RN, LPN, or OT licensed in state of ND
- CNA whose ND license has expired within the last six months
- RN, LPN, OT licensed in good standing in another state per Executive Order 2020/05.
- Direct Service Associate employed by licensed Developmental Disability provider per NDAC 75-04-01
- Legal family member

Agency & Individual Minimum Screening Requirements:

- QSP termination/ denial list
- Collection/ accounts receivable
- High risk provider list
- DEX verification
- State exclusion list
- Certified nurse assistant registry
- Board of Nursing credential verification
- Adult Foster Care - Fingerprinting and BCI check

Agency providers must assure minimum screening requirements are met within 30 days of hire. Agency staff may provide services during the 30 days.

State provider enrollment staff will assure minimum screening requirements are met at time of temporary enrollment for individual providers.

QSPs approved during the national emergency will be given a Temporary Enrollment approval. After August 31, 2020 providers will be required to send ND Medicaid all the

information that was not requested as part of the temporary enrollment process. If the additional information is not submitted within the required time limit of 6 months, the temporary enrollment will end, and the provider status would be stopped.

Agency & Individual provider re-enrollment for all waiver services:

- Extend re-enrollment period for 6 months during the pandemic beyond the current 2 year deadline for providers who are up for renewal during this period.

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. X 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.]

To effectively respond to the COVID-19 outbreak, the state requires flexibility to adjust providers' rates for supervision services to assure sufficient providers are available. The decision to increase rates will be based on the individualized needs of waiver recipients taking into consideration provider availability and provider risk.

Increased payment rates would follow the approved rate methodology in the waiver and allow up to an additional 50% of the max rate based on department approval.

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.]

The State will modify mandated processes and required timeframes for completing person-centered service plans as permitted by HIPAA:

1) Case managers may complete the person-centered service planning process using telephonic, video-conferencing, or web-based conferencing platforms that enable direct communication between the case manager and participant / participant's representative. in accordance with HIPAA requirements.

2) Person-Centered Service Plans that are due to expire within the next 60 days require case management contact to the participant using allowable remote contact methods to verify with the participant or representative that the current PCSP assessment and service, including providers, remain acceptable and approvable for the upcoming year. The state will verify by obtaining electronic signatures from service providers and the individual or representative, in accordance with the state's HIPAA requirements.

If requested and/or necessary, modifications to a person-centered plan may be made, as driven by individualized participant need, circumstance and consent reviewed on an individualized basis, without the input of the entire person-centered service team.

The Department will temporarily allow changes to be modified primarily by the case manager and participant/participant's representative – with signature from the provider to deliver modified services as documented in the updated plan. Physical signature to the plan can be obtained from third parties using remote transmission methods. The case manager may share forms requiring signature and receive documented signature consenting to a modified plan using fax or by sharing scanned documents via secured email. Consent may also be provided electronically via email. Electronic signature is also acceptable during the emergency period. Planning and development of modified person-centered service plans may be conducted using remote contact methods, in keeping with all other allowances for case management activities during the emergency period.

3) 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 PCSP will be updated no later than 30 days from the date the service was initiated.

h. X 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]

During an emergency, the web-based incident reporting system or phones may not be accessible. Notification of reportable incidents to the required entities needs to be completed as soon as reasonably possible, not to exceed 24 hours. Immediate emergency risk management steps must be implemented to ensure the health and safety of the participant involved.

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]

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 PCSP will be updated no later than 30 days from the date the service was initiated.

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]*:

Companionship- use electronic methods to deliver services to reduce social isolation

- 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]*

- RN, LPN, OT licensed in good standing in another state per Executive Order 2020/05.

- 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: Caprice
Last Name: Knapp
Title: Director Medical Services
Agency: Department of Human Services – Medical Services Division
Address 1: 600 East Boulevard Ave Dept 325
Address 2: Click or tap here to enter text.
City: Bismarck
State: ND
Zip Code: 58505
Telephone: 701-328-1603
E-mail: cknapp@nd.gov
Fax Number: Click or tap here to enter text.

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

First Name: Nancy
Last Name Nikolas Maier
Title: Director
Agency: ND DHS Aging Services Division
Address 1: 1237 W Divide Ave
Address 2: Suite 6
City Bismarck
State ND
Zip Code 58503
Telephone: 701-328-4607
E-mail nmaier@nd.gov
Fax Number Click or tap here to enter text.

8. Authorizing Signature

Signature:

Date: 3/28/2020

_____/S/_____
State Medicaid Director or Designee

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.

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).

Adult Foster Care

Service Definition (Scope):
 Assistance is provided to a participant for ADL's, IADL's and supportive services provided in a licensed private home by an Adult Foster Care provider that lives in the home. Adult Foster Care (AFC) is provided to adults who receive these services while residing in a licensed AFC home.

Non-medical transportation is a component of AFC and is included in the rate.

This service is to provide support for conditions specifically related to IID/DD.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:
 Service must be provided in a licensed AFC home. Services are provided to the extent permitted under state law.

AFC cannot be authorized on the individual service plan with Residential Habilitation, Independent Habilitation, In-Home Supports, Family Care Option, Homemaker Services, Parenting Support, Equipment and Supplies, Environmental Modifications, Extended Home Health Care, Behavioral Consultation or with Medicaid State Plan Personal Care services.

Room and board costs are not included in the AFC payment.

The cost of this service is limited to a maximum monthly cap set by the Department or through legislative action. AFC rates were established to be comparable with the rates that providers charged their private pay clients for the same service. If the participant's needs cannot be met within the allowed rate, the DDPM explores other service options. The DDPM makes participants aware of the service cap.

~~The total number of individuals who live in the AFC home who are unrelated to the AFC provider cannot exceed four (4).~~

Limits may be increased as determined by legislative action.

This service shall not be furnished or billed at the same time of day as other services that provide direct care to the participant. These services include Day Habilitation, Prevocational Services, Small Group Employment Supports, or Individual Employment.

This service cannot duplicate any other service in this waiver.

Service definition limitations on the number of people served, without requesting a variance, in each licensed home may be exceeded.

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
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Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative	<input type="checkbox"/>	Legal Guardian
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Provider Specifications				
Provider Category(s)	<input checked="" type="checkbox"/>	Individual. List types:	<input type="checkbox"/>	Agency. List the types of agencies:
		Licensed AFC Provider		

(check one or both):

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Provider Qualifications

Provider Type:	License (<i>specify</i>)	Certificate (<i>specify</i>)	Other Standard (<i>specify</i>)
Licensed AFC Provider	Licensed according to NDCC 50-11, NDAC 75-03-21		Enrolled as a Qualified Service Provider according to NDAC 75-03-23-07.

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Licensed AFC Provider	State Medicaid Agency, Aging Services and Medical Services Divisions.	Initial licensing of an AFC home is valid for 1 year. AFC homes are re-licensed every 2 years after the 1-year initial licensing period. Re-enrollment of QSP status is required every two years or upon expiration of Qualified Service Provider status whichever comes first, and/or upon notification of provider status change

Service Specification

Home Delivered Meals

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

Service Definition (Scope):

The provision of nutritious and well-balanced meals to individuals who live alone and are unable to prepare an adequate meal for themselves or who live with an individual who is unable or not available to prepare and adequate meal.

~~At a minimum, each meal must meet the most current meal pattern established by the United States Department of Agriculture's (USDA) Dietary Guidelines for Americans.~~

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

This service is limited to no more than ~~7~~ 14 hot or frozen meals per week. Individuals requesting home delivered meals under the HCBS waiver are not required to use Older American Act meals first. Per federal guidance received from the Administration on Community Living services provided under the Older Americans Act are an exception to the "Medicaid payer of last resort" rule.

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
				Licensed Food establishment, Hospitals, Nursing Homes, Basic Care and OAA Nutrition Providers

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

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
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<p>Agency: Licensed Food Establishments, hospitals, Nursing Facilities and Basic Care.</p>	<p>Licensed, as a ND food establishment per N.D.C.C. 23-09 - Does not pertain to hospitals, nursing homes, basic care facilities, and OAA nutrition providers, or facilities that prepare and ship meals nationally which must be licensed and regulated by the U.S. Department of Agriculture.</p> <p>Hospitals - N.D.C.C. 23-16 & N.D.A.C. 33-07-01.1 (Dietary Service Standards) & N.D.A.C. 33-07-02.1 (General Construction/Equipment Standards)</p> <p>Nursing Facilities - N.D.C.C. 23-16 & N.D.A.C. 33-07-03.2 (Dietary Service Standards) & N.D.A.C. 33-07-04.2 (General Construction Equipment Standards)</p> <p>Basic Care - N.D.C.C. 23-09.3 & N.D.A.C. 33-03-24.1 (Dietary Service Standards)</p>		<p>Licensed, as a ND food establishment per N.D.C.C. 23-09 - Does not pertain to hospitals, nursing homes, basic care facilities, and OAA nutrition providers, or facilities that prepare and ship meals nationally which must be licensed and regulated by the U.S. Department of Agriculture.</p> <p>Agency - Enrolled QSP N.D.A.C. 75-03-23-07</p> <p>OAA Nutrition Providers are required to comply with all requirements contained in the State and Community Programs funded under the Older Americans Act Service Chapter 650-25-45 Nutrition Program Standard.</p> <p>Hospitals certified to participate in the Medicare and Medicaid Program are required to meet federal dietary service standards under 42 CFR 482.28. Nursing facilities certified to participate in the Medicare and Medicaid Program are required to meet federal dietary service standards per 42 CFR 483.35.</p> <p>In addition, all providers are required to meet all applicable federal, state, and local laws and regulations regarding the safe and sanitary handling of food, equipment, supplies, and materials used in storage, preparation, and delivery of meals to eligible recipients pursuant to the North Dakota Requirements for Food and Beverage Establishments (N.D.A.C. 33-33-04).</p>
<p>Individuals:</p>			<p>Individual - Enrolled Qualified Service Provider (QSP) N.D.A.C. 75-03-23-07</p>
<p>Verification of Provider Qualifications</p>			
<p>Provider Type:</p>	<p>Entity Responsible for Verification:</p>	<p>Frequency of Verification</p>	

<p>Agency & Individual QSPs</p>	<p>The licensing and inspection of ND food establishments is the responsibility of the State Health Department or local health jurisdiction. The licensing and inspection of facilities that prepare and ship meals nationally is the responsibility of the U.S. Department of Agriculture.</p> <p>The licensing and surveying of hospitals, nursing homes and basic care facilities is the responsibility of the ND Department of Health.</p> <p>Aging Services Division is responsible to conduct meal site assessments of OAA nutrition providers to assure compliance with OAA standards.</p> <p>The Department of Human Services Medical Services Division is responsible for enrolling home delivered meal providers as Qualified Service Providers (QSP).</p>	<p>Annually – 2 years</p>
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Supervision

Service Definition (Scope):

Up to 24 hours of supervision may be provided to individuals who because of their assessed need require monitoring to assure their continued health and safety. Supervision may also be provided to assist waiver recipients ~~who live alone or with an individual who is not identified as a relative under subsection 4 of N.D.C.C. 50-06.2-02~~ who are quarantined, self-isolating, or need supervision assistance because their primary caregiver is ill or otherwise unavailable due to the COVID-19 pandemic or flood disaster. The service may also be available to recipients who live with a relative but the relative is unable to provide supervision because of a physical or cognitive impairment.

Supervision means having the knowledge of, and account for, the activity and whereabouts of the recipient at all times to allow immediate provider intervention as necessary to safeguard the individual from harm. During the time that the provider is supervising the recipient they may play games, visit, read, and participate in activities with the client. If the client is physically able, they may also participate in activities in or around the recipient's home such as gardening, or going for short walks etc.

Prior approval from an HCBS Program Administrator is required before this service may be authorized.

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

Supervision can only be authorized during the time that no other services are being provided to the recipient. Providers who must provide supervision at night while the client is sleeping, must stay awake while providing supervision.

Supervision can be authorized with the following services, but payment for supervision cannot be claimed, during the time these services are being provided: Homemaker, Extended Personal Care, Chore, Non-Medical Transportation, Medicaid State Plan Personal Care, Transitional Care, Supported Employment, Adult Day Care, Community Transition Services and Companionship Services. Supervision cannot duplicate the services provided under transitional living.

To avoid duplication of services Supervision cannot be combined with: Respite Care, Adult Foster Care, Residential Services, Residential Habilitation, Community Support and Family Personal Care as supervision is already an allowable task under these services. Supervision cannot be combined with an Emergency Response System as this service is not meant to replace the need for human intervention.

Supervision does not include taking/transporting recipients out of the home to community/social events etc.

Service Delivery Method (check each that applies):	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
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Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative	<input checked="" type="checkbox"/>	Legal Guardian
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Provider Specifications

Provider Category(s) (check one or both):	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
		Enrolled QSPs		Enrolled QSPs

Provider Qualifications

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
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Individual and Agency QSPs			Enrolled Qualified Service Provider N.D.A.C. 75-03-23-07

Verification of Provider Qualifications		
Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Individual and Agency QSPs	Medical Services Division	2 years



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.