

APPENDIX K: Emergency Preparedness and Response

Background:

This standalone appendix may be utilized by the state during emergency situations to request amendment to its approved waiver. 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 completed retroactively as needed by the state.

Appendix K-1: General Information

General Information:

A. State: Oklahoma

B. Waiver Title: In Home Supports Waiver for Adults
Community Waiver
Homeward Bound Waiver

C. Control Number: OK.0343.R04.05 (In Home Supports Waiver for Adults)
OK.0179.R06.05 (Community Waiver)
OK.0399.R03.05 (Homeward Bound Waiver)

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.

1) Nature of Emergency:

On January 31, 2020 the United States Secretary of Health and Human Services declared a public health emergency due to an outbreak of Coronavirus Disease 2019 (COVID-19). The President of the United States declared a national emergency due to COVID-19 on March 13, 2020. The virus was first detected in China and has since spread to more than 100 locations internationally, including the United States. Older people and people of all ages with severe underlying health conditions appear to be at higher risk of developing serious COVID-19.

2) Number of individuals affected and the state's mechanism to identify individuals at risk:

As of April 15, 2020, there are currently 2,263 confirmed cases and 123 deaths in Oklahoma. Approximately 5,047 individuals receive services through these waivers. To reduce the spread of the virus, many schools and businesses have closed. The state has identified probable negative impact on all waiver members and providers. This waiver amendment is applicable to all waiver members.

3) Roles of state, local and other entities involved in approved waiver operations:

Roles of state, local, and other entities involved in approved waiver operations are defined in Appendix A. The Oklahoma State Department of Health (OSDH) is working with federal partners at the Center for Disease Control (CDC) in monitoring the developing outbreak. The OSDH is providing information to local health departments and healthcare providers across Oklahoma on how to safely and effectively evaluate ill people. The OSDH will continue to monitor the situation, work with partners to identify any possible cases, provide information and consultation to ensure that possible cases are managed safely, support laboratory testing, and implement recommendations from the CDC.

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:

- Temporarily allow provision of Habilitation Training Specialist service to adult members using HIPAA compliant phone or video conferencing in non-residential service settings.

The state is requesting immediate implementation to avoid any adverse effect on member health and safety and provider capacity to deliver services. Should a provider be unable to deliver services during this emergency, another active DHS/DDS waiver service provider will be authorized immediately, and the member's service plan will be updated.

F. Proposed Effective Date:

Start Date: January 27, 2020 Anticipated End Date: December 31, 2020

G. Description of Transition Plan.

Any temporary modifications made during the state of emergency will revert back to original form when the declarations of emergency have been revoked and the threat of COVID-19 has ended. In the event it is determined this change may adversely affect a member, the member and his/her Team will discuss the member's needs and options available to meet those needs. Person-centered planning is used in all phases of the service development process.

H. Geographic Areas Affected:

Entire state of Oklahoma

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

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. X Services

i. X Temporarily modify service scope or coverage.

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

Habilitation Training Specialist - Temporarily allow providers to monitor non-residential settings via HIPAA compliant phone or video conferencing when the Team determines it is safe to do so.

ii. ___ 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]

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]:

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

c. ___ 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.

d. ___ Temporarily modify provider qualifications (for example, expand provider pool, temporarily modify or suspend licensure and certification requirements).

i. ___ Temporarily modify provider qualifications.

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

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. ___ 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].

g. ___ 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.]

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. 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. 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]

Contact Person(s)

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

First Name: David
Last Name: Ward
Title: QA & Community Living Services Manager
Agency: Oklahoma Healthcare Authority
Address 1: 4345 N. Lincoln Blvd.
Address 2: Click or tap here to enter text.
City: Oklahoma City, OK
State: OK
Zip Code: 73105
Telephone: 405-522-7776
E-mail: David.Ward@okhca.org
Fax Number: 405-530-7722

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

First Name: Beverly
Last Name: Murray
Title: Deputy Director
Agency: Oklahoma Department of Human Services
Address 1: 2400 N. Lincoln Blvd.
Address 2: Click or tap here to enter text.
City: Oklahoma City
State: Oklahoma
Zip Code: 73125
Telephone: (405) 521-2368
E-mail: beverly.murray@okdhs.org
Fax Number: (405) 522-0729

8. Authorizing Signature

Signature:

Date: 4-28-2020

_____/S/_____
State Medicaid Director or Designee

First Name: *Melody*
Last Name *Anthony*
Title: State Medicaid Director
Agency: Oklahoma Healthcare Authority
Address 1: 4345 N. Lincoln Blvd.
Address 2: -
City Oklahoma City
State OK
Zip Code 73105
Telephone: 405-522-7360
E-mail Melody.Anthony@okhca.org
Fax Number -

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 which the state is temporarily modifying, enter the entire service definition and highlight the change. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification

Service Title: **Habilitation Training Specialist service**

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

Service Definition (Scope):

This includes services to support a member's self-care, daily living, adaptive and leisure skills needed to reside successfully in the community. Services are provided in community-based settings in a manner that contributes to a member's independence, self-sufficiency, community inclusion and well-being. Payment does not include room and board or maintenance, upkeep and improvement of the member's or family's residence.

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

Payment will not be made for routine care and supervision that is normally provided by family or for services furnished to a member by a person who is legally responsible per Oklahoma Administrative Code 340:100-3-33-2.

During times of emergency declaration, providers may with the approval of the individual monitor a home via phone or video conferencing when the Team determines, using a risk assessment tool, it is safe to do so. The member must demonstrate knowledge and a good understanding of emergency procedures in the event of a fire, tornado, need to contact police, ambulance, etc. Should an emergency or other significant issue arise, provider staff must respond in person at the home within 20 minutes of the phone call/video conference.

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:
		Individual Provider		Habilitation Training Specialist Agency

Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input checked="" 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>Individual Provider</p>			<p>Current SoonerCare Provider Agreement with OHCA to provide HTS services to DHS/DDS HCBS waiver members.</p> <p>Providers must complete the DHS/DDS sanctioned training curriculum. Habilitation providers are at least 18 years old, specifically trained to meet the unique needs of the waiver member, successfully complete all required background checks in accordance with 56 O.S. § 1025.2 and receive supervision, guidance and oversight from a contracted agency staff with a minimum of four years of any combination of college level education and/or “full-time equivalent” experience in serving people with disabilities.</p> <p>Family members who provide Habilitation Training Specialist (HTS) services must meet the same standards as providers who are unrelated to the member.</p>
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<p>Habilitation Training Specialist Agency</p>			<p>Current SoonerCare Provider Agreement with OHCA to provide HTS services to DHS/DDS HCBS waiver members.</p> <p>Providers must complete the DHS/DDS sanctioned training curriculum. Habilitation providers are at least 18 years old, specifically trained to meet the unique needs of the waiver member, successfully complete all required background checks in accordance with 56 O.S. § 1025.2 and receive supervision, guidance and oversight from a contracted agency staff with a minimum of four years of any combination of college level education and/or “full-time equivalent” experience in serving people with disabilities.</p> <p>Family members who provide Habilitation Training Specialist (HTS) services must meet the same standards as providers who are unrelated to the member.</p>
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Verification of Provider Qualifications				
Provider Type:	Entity Responsible for Verification:		Frequency of Verification	
Individual Provider	DHS/DDS		Annually	
Habilitation Training Specialist Agency	DHS/DDS		Annually	
Service Delivery Method				
Service Delivery Method <i>(check each that applies):</i>	X	Participant-directed as specified in Appendix E	X	Provider managed

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) (check one or both):	<input type="checkbox"/>	Individual. List types:	<input type="checkbox"/>	Agency. List the types of agencies:
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)	
Verification of Provider Qualifications				
Provider Type:	Entity Responsible for Verification:		Frequency of Verification	
Service Delivery Method				
Service Delivery Method (check each that applies):	<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 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; (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.