

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: Oklahoma

B. Waiver Title(s):

Community Waiver Homeward Bound Waiver In Home Supports Waiver for Adults In Home Supports Waiver for Children

C. Control Number(s):

OK.0179.R06.08 (Community Waiver) OK.0399.R03.08 (Homeward Bound Waiver) OK.0343.R04.08 (In Home Supports Waiver for Adults) OK.0351.R04.07 (In Home Supports Waiver for Children)

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.). This appendix K is additive to the previously approved appendix K.

F. Proposed Effective Date: Start Date: August 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.

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 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]*:

Temporarily allow the provision of Prevocational services in residential settings using a HIPAA compliant video monitoring system such as Zoom or Microsoft Teams via phone, computer or smart TV and/or Facetime via a smart phone, when the Team determines it is appropriate to do so and the member has agreed to the use of remote monitoring. Monitoring is prohibited in member bedrooms and bathrooms in order to maintain privacy.

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.

- 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
- 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: David
Last Name Ward
Title: QA & Community Living Services Manager
Agency: Oklahoma Healthcare Authority
Address 1: 4345 N. Lincoln Blvd.
Address 2:
City Oklahoma City
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:
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: 8/19/2020

_____/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 Oklahoma
Zip Code 73105
Telephone: 405-522-7360
E-mail melody.anthony@okhca.org
Fax Number 405-530-7256
