

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.ⁱ 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): ADvantage Waiver

C. Control Number(s): OK.0256.R06.02

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.

Oklahoma has included the following temporary changes to this waiver to accommodate the need for service provision outside of approved service descriptions to ensure participant health and safety needs can be accommodated for the duration of the emergency.

Oklahoma intends to utilize 9817 ARP funds for the additional temporary services to the waiver included in this Appendix K beginning 11/15/2021 and ending 3/31/2022. Service utilization will be assessed at the end of this timeframe for potential request for inclusion in the permanent ADvantage waiver.

This Appendix K is additive to the previously approved Appendix K's and includes the following:

- Temporarily modify licensure or other requirements for settings where waiver services are furnished, and
- Temporarily add the following services to the waiver:
 - Assistive Technology
 - Family Home Care Training
 - Audiology
 - Optometry
 - Remote Supports

The state has implemented these flexibilities 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/ADvantage 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: Six months after Public Health Emergency expiration.

G. Description of Transition Plan.

Any temporary modifications made during the state of emergency will revert back to original form six months after the Public Health Emergency expiration. All members directly impacted by the temporary modifications will be notified 10 days prior to the date of action. 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. Temporarily modify service scope or coverage.

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

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. X 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. X 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. X 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.]

During the time of the emergency, temporarily delay financial reviews for providers who maintain an active contract in good standing with the State Medicaid Agency. Financial reviews are one component of the annual recertification of ADvantage providers.

To ensure the health and safety of waiver members, the state will continue to complete licensure and liability insurance reviews, Title III Good Standing Report reviews and State Department of Health surveys, as applicable.

The full annual recertification of providers will occur before the end of the Appendix K when the flexibility no longer exists.

The begin date for this flexibility is January 27, 2020.

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.]

Assistive Technology

- Specialized Medical Equipment and Supply providers (communication devices)
- Hearing Aid Dealer/Fitters (Hearing Aids)
 - Rates vary depending on the type of technology utilized
 - Utilizes Method One of the established Medicaid rate methodology described in the base waiver.
 - Items are not included in the current waiver

Family Home Care Training

- Home care providers for registered and licensed practical nursing services. Training is administered by the nurses to uncompensated caregiver.
- Skilled Nursing – Registered Nurse – \$15.60/15-minute unit
- Skilled Nursing – Licensed Practical Nurse - \$14.56/15-minute unit
 - Utilizes Method Two of the established Medicaid rate methodology described in the base waiver.

Audiology

- Audiologists
 - Hearing Aid Assessment - \$46.69
 - Hearing Aid Fitting/Checking - \$117.04
 - Hearing Aid Repair/Modification - \$150.21
 - Some rates may vary depending on the specifics of the Hearing Aids needed
 - Utilizes Method One of the established Medicaid rate methodology described in the base waiver.

Optometry

- Optometrists, Ophthalmologists and Optical Suppliers
 - Eye & Medical Examination for Diagnosis and Treatment, New Patient - \$75.54
 - Eye & Medical Examination for Diagnosis and Treatment, New Patient, 1 or more visits – \$89.53
 - Eye & Medical Examination for Diagnosis and Treatment, Established Patient – \$78.57
 - Eye & Medical Examination for Diagnosis and Treatment, Established Patient, 1 or more visits- \$111.28
 - Assessment for Prescription Eye Wear Using a Range of Lens Powers - \$18.04
 - Frames - \$10
 - Replacement Frames/Deluxe Frames - \$136.54
 - Some rates may vary depending on the specifics of the lenses needed
 - Utilizes Method One of the established Medicaid rate methodology described in the base waiver.

Remote Supports

- Remote Support Services Providers
- Natural Supports
 - Remote Support Services with paid emergency response staff - \$2.62/15-minute unit
 - Remote Support Services with natural supports - \$1.45/15-minute unit
 - Utilizes Method One of the established Medicaid rate methodology described in the base waiver.

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]

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]*:

- 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]*

- 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: David
Last Name Ward
Title: Long Term Service and Supports Director
Agency: Oklahoma Health Care Authority
Address 1: 4345 N. Lincoln Blvd.
Address 2: Click or tap here to enter text.
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: Kathleen
Last Name Kelley
Title: DDS Medicaid Services 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) 238-0191
E-mail kathleen.kelley@okdhs.org
Fax Number (405) 522-0729

8. Authorizing Signature

Signature:

Date: 10/6/2021

_____/S/_____
State Medicaid Director or Designee

First Name: *Melody*
Last Name *Anthony*
Title: State Medicaid Director
Agency: Oklahoma Health Care Authority
Address 1: 4345 N. Lincoln Blvd.
Address 2: Click or tap here to enter text.
City Oklahoma City
State Oklahoma
Zip Code 73105
Telephone: (405) 522-7360
E-mail Melody.anthony@okhca.org
Fax Number (405) 530-7256

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: Assistive Technology

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

Service Definition (Scope): Assistive Technology includes devices, controls and appliances specified in the member's person-centered service plan (Plan) which enables members to increase their abilities to perform activities of daily living or to perceive, control or communicate with the environment in which they live.

Devices may include communication technology (smart phones, tablets, etc.) that allows members to communicate with their providers via video chat to ensure ongoing maintenance of health and welfare. All items must meet applicable standards of manufacture, design and installation. Services include fees associated with installation, fitting, labor, inspection, and operation.

Only adaptive devices that are not covered under the existing state plan or waiver Environmental Accessibility Modifications or Specialized Medical Equipment are included in this service definition.

Assistive Technology services may include:

- Assessment for the need of assistive technology/auxiliary aids;
- Training the member/caregiver/provider in the use and maintenance of equipment/auxiliary aids;
- Repair of adaptive devices.

Equipment provided may include:

- Assistive devices for members who are deaf or hard of hearing. Examples may include hearing aids, visual alarms, telecommunication devices (TDD's), and telephone amplifying devices.
- Assistive devices for members who are blind or visually impaired. Examples may include tape recorders, talking calculators, lamps, magnifiers, Braille writers, paper and talking computerized devices and other devices for protection of health and safety.
- Video communication technology that allows members to communicate with their case management and home-care providers via video communication. Video communication supports providers to assess and evaluate their members' health and welfare or other needs by enabling visualization of members and their environments when an in-home visit is not possible. Examples include smart phones, tablets, etc.
- The purchase of cell phones and tablets is only for the use of remote delivery of services during the public health emergency.

To ensure waiver members cannot receive funds for devices from multiple sources, all items must be prior authorized and be provided to members directly through a waiver-contracted Durable Medical Equipment dealer authorized to bill for waiver services.

The cost of internet services may be augmented through the Emergency Broadband Benefit which is available to waiver members, but will not be funded or supplemented through the 1915(c) waiver

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

Begin date for this service is 11/15/2021.

Limit of \$150 for video communication technology devices. Service will not be paid when such services have been provided to the member within the previous 24-month period.

Limit of \$4000 for hearing aids per member. Service will not be paid when such services have been provided to the member within the previous 36-month period.

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
				Durable Medical Equipment and/or Medical Supplies Dealer
				Hearing Aid Dealer/Fitter
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 *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Durable Medical Equipment and/or Medical Supplies Dealer			<p>Current SoonerCare Provider Agreement with the Oklahoma Health Care Authority to provide Durable Medical Equipment and/or Specialized Medical Supplies and comply with all applicable State and Federal laws.</p> <p>Company, corporation, or individual must have registered their intention to do business in the state of Oklahoma with the Secretary of State.</p> <p>Provider guarantees equipment, work, and materials for one year and supplies necessary follow-up evaluation to ensure optimum usability. Provider ensures a licensed Occupational Therapist, Physical Therapist, Speech/Language Pathologist or Rehabilitation Engineer evaluates need and individually customizes equipment as needed.</p>

Hearing Aid Dealer/Fitter	<p>Non-restrictive licensure to practice as a Hearing Aid Dealer/Fitter by the Oklahoma State Department of Health.</p> <p>When services are provided in a state adjacent to Oklahoma, provider must hold current licensure to practice in the adjacent state.</p>		Current SoonerCare Provider Agreement with the Oklahoma Health Care Authority to provide Hearing Aid Dealer/Fitter services.
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Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Durable Medical Equipment and/or Medical Supplies Dealer	Oklahoma Health Care Authority	Annually
Hearing Aid Dealer/Fitter	Oklahoma Health Care Authority	Annually

Service Delivery Method

Service Delivery Method <i>(check each that applies):</i>	"	Participant-directed as specified in Appendix E	x	Provider managed
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Service Specification

Service Title: Family Home Care Training

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

Service Definition (Scope):

In-home training for family in skills and knowledge to provide necessary assistance to a member under their care. Services are intended to allow the family to become more proficient in meeting the needs of the member. For this service, family is defined as any person who lives with or provides care to a member served on the waiver. The service is only furnished to persons who provide uncompensated care and support to the waiver member. Training services must be included on the person-centered service plan and may be provided for individuals or family groups.

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

Begin date for this service is 11/15/2021.

Limit of 100 units (15 minutes per unit) per member’s service plan year.

Provider Specifications

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

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>
Home Care Agency	Home Care Agency 63 O.S., Sec. 1-1961, et seq.		Current SoonerCare contract with the Oklahoma Health Care Authority to provide home care services.

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Home Care Agency	Oklahoma Health Care Authority	Annually

Service Delivery Method

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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Service Specification

Service Title: **Audiology**

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

Service Definition (Scope):

Audiology Services include individual evaluation, treatment and consultation in hearing intended to maximize auditory receptive abilities for individuals with significant hearing loss.

Provision of audiology services allows waiver members with significant hearing loss to safely interact with their environments, caregivers, social supports and medical providers. This service is necessary to prevent adverse outcomes such as: social isolation (increased risk due to pandemic and already limited social interactions); depression; decreased quality of life; decreased functional and relationship status; and poor health knowledge due to limited health care communication, all of which may result in premature institutional placement.

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

Begin date for this service is 11/15/2021.

Provider Specifications

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

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>
Audiologist	Licensure by the State Board of Examiners for Speech Pathology and Audiology, 59 O.S. Supp 2000, Section 1601 et seq. When services are provided in a state adjacent to Oklahoma, provider must hold current licensure to practice audiology in the adjacent state.		Current SoonerCare Provider Agreement with the Oklahoma Health Care Authority to provide Audiology services.

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification		
Audiologist	Oklahoma Health Care Authority	Annually		
Service Delivery Method				
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

Service Specification	
Service Title:	Optometry
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope):	
<p>Routine eye examination for vision correction. Routine eye examination for refraction error. Eyeglasses for vision correction.</p> <p>Loss of vision can affect individuals' ability to perform basic self-care activities as well as instrumental activities of daily living, such as shopping, managing finances and medications, and driving, leading to increased dependency. Vision loss also leads to impaired mobility when navigating various flooring surfaces, stairs, etc. which can lead to falls and injury. Increasing dependency for ADLs and IADLs and falls with injury may lead to premature institutional care. Decreased in-home supports due to fear of others coming in the home or insufficient staffing may also lead to injury or accidents resulting in premature nursing facility care.</p>	
Specify applicable (if any) limits on the amount, frequency, or duration of this service:	
Begin date for this service is 11/15/2021.	
Limit of \$500 for eyeglasses (lenses, frames and dispensing fee) with one pair of eyeglasses per 24-month period. Service will not be paid when such services have been provided to the member within the previous 24-month period.	
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:
	Optometrist
	Ophthalmologist

		Optical Supplier			
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)		
Optometrist		Diplomate of the American Board of Optometry	SoonerCare Agreement to provide Optometry Services		
Ophthalmologist		American Board of Ophthalmology	SoonerCare Agreement to provide Ophthalmology Services		
Optical Supplier			SoonerCare Agreement to provide Optical Supplies		
Verification of Provider Qualifications					
Provider Type:	Entity Responsible for Verification:			Frequency of Verification	
Optometrist	OHCA			Annually	
Ophthalmologist	OHCA			Annually	
Optical Supplier	OHCA			Annually	
Service Delivery Method					
Service Delivery Method (check each that applies):	<input type="checkbox"/>	Participant-directed as specified in Appendix E		<input checked="" type="checkbox"/>	Provider managed

Service Specification

Service Title: Remote Supports

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

Service Definition (Scope):

Remote Supports (RS) is monitoring of a waiver member; allowing for live, two-way communication with him or her in his or her residence or employment site, by monitoring staff using one or more of the systems below:

- (1) live-video feed;
- (2) live-audio feed;
- (3) motion-sensing monitoring;
- (4) radio-frequency identification;
- (5) web-based monitoring;
- (6) global positioning system (GPS) monitoring devices; or
- (7) any other device approved by the Community Living, Aging & Protective Services (CAP) division director or designee.

Remote Support services are intended to promote a member's independence. Services are provided in the member's home and/or community to reduce or replace services necessary to ensure the member's health and safety. Services are included in the member's person-centered service plan (Plan) and arrangements for this service are made through the case manager.

Remote Support services are:

- (A) based on the member's needs as documented and supported by the Plan and Person-Centered Assessment; and
- (B) are the least-restrictive option and the member's preferred method to meet an assessed need.

Remote Supports is not a system to provide surveillance. Remote supports will not be used in waiver members' bathrooms or bedrooms.

HIPAA rules apply to all covered entities regarding HIPAA Privacy and Security. Remote service methodology is accepted by the state's HIPAA compliance officer.

When remote support involves the use of audio and/or video equipment that permits remote support staff to view activities in the residence, the member who receives the service and each person who lives with the member will be fully informed of what remote support entails, including, but not limited to:

- (A) that the remote support staff will observe their activities in the residence;
- (B) where in the residence the remote support will take place; and
- (C) whether or not recordings will be made (the member's case manager will document consent in the Plan) and how to turn off the device if they choose.

Waiver members will have the ability to turn off the remote monitoring device/equipment if they choose to do so. The provider of remote services will educate the member on how to turn remote support devices off and on at the start of services and as requested thereafter.

Remote supports allow for a member to choose the method of service delivery which best suits their needs. Teams will complete a risk assessment to ensure remote supports can help meet the needs of the member in a way that protects the right to privacy, dignity, respect, and freedom from coercion. The risk assessment will be reviewed, and any issues will be addressed prior to the implementation of remote supports. The waiver member must agree to the provision of remote supports. This service is less intrusive than requiring the physical presence of another person to meet the needs of the member. Remote supports will promote and enhance the independence and self-reliance of the member, positively impacting the member’s dignity, self-respect, respect from others and capacity for decision-making.

Remote supports support community integration by encouraging the member to engage in community life as independently as possible, to be able to safely engage in activities in his or her home or in the community without relying on the physical presence of staff to accomplish those activities. In this way, the member will have more self-confidence, autonomy and will be more likely to participate as an active member of the community. A back-up plan to the remote supports will be in place so the member is not at risk when this support method is not desired. Members are encouraged to participate in community activities and can access generic or other supports as required to access the community if remote supports are not sufficient or appropriate to meet this need.

Remote support providers will ensure the member’s health and safety by contacting a member’s informal support or activating the back-up plan in the event a health or safety issue becomes evident during monitoring. The risk assessment and Plan require the team to develop a specific back-up plan to address health, safety and behavioral needs while remote supports are utilized so appropriate assistance can be provided.

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

Begin date for this service is 11/15/2021.

Remote Supports service is limited to 24 hours per day and will not result in a duplication of other in-home or community services.

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	X	Agency. List the types of agencies:
	<input type="checkbox"/>			Remote Supports Services Provider
	<input type="checkbox"/>			
	<input type="checkbox"/>			

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>
Remote Supports Services Provider			SoonerCare Agreement to provide Remote Services
Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
Remote Supports Services Provider	OHCA		Annually
Service Delivery Method			
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



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.