

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:

C. Control Number:

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.

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

Approximately 92 unduplicated individuals receive services through this waiver. 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:

- Allow certified case management and skilled nursing to conduct required service planning and monitoring activities using Tele-Health; phone and/or video conferencing.
- Temporarily modify person-centered service plan development to allow increased service delivery after documentation of changes on the plan but prior to authorization of the service.
- Temporarily allow for payment of personal care assistance services when a member is in a short-term care facility or hospital for a duration and not to exceed 30 days consecutively.
- Temporarily allow professional providers to utilize telehealth and will be utilized in accordance with HIPPA requirements.

The state is requesting immediate implementation to avoid any adverse effect on member health and safety to deliver services. Should a provider be unable to deliver services during this emergency, another active Medically Fragile 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; 77 counties

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

<https://www.ok.gov/health2/documents/CHE%20Plan%20Final%202019.pdf>

Appendix K-2: Temporary or Emergency-Specific Amendment to Approved Waiver

Temporary or Emergency-Specific Amendment to Approved Waiver:

These are changes that, while directly related to the state's response to an emergency situation, require amendment to the approved waiver document. These changes are time limited and tied specifically to individuals impacted by the emergency. Permanent or long-ranging changes will need to be incorporated into the main appendices of the waiver, via an amendment request in the waiver management system (WMS) upon advice from CMS.

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.

Temporarily allow personal care assistants to perform the duties of advanced supportive/restorative assistants in the event of reduced resources.

Temporarily modify annual provider qualifications by extending current verification from annually to up to biannually.

Temporarily allow legal guardians and authorized representative to provide Personal Care and Advanced Supportive/Restorative services under the self-direction model in the absence of the regular paid caregiver.

[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]

During times of emergency declaration, allow for the increased provision of home delivered meals up to two times per day, seven days per week, for a total of 14 meals per week.

Temporarily allow for the provision of nursing facility respite services up to a period of 30 days.

- 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.

Temporarily suspend Eligible Provider Exception requirements to allow family members/legal guardians to provide personal care services for Medically Fragile waiver members including personal care, advanced supportive/restorative and self-directed services.

- d. **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.]

During the time of the emergency, temporarily cease annual recertification of Medically Fragile Waiver providers and extend to every other year.

Case Management/Home Health and Provider trainings will be modified to an on-line training format.

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.]

Required case management assessment, reassessment, and monitoring visits will be conducted by phone or video conferencing unless an extreme situation warrants an in-person visit. Video conferencing should include face time with the member and staff when possible and will be utilized in accordance with HIPPA requirements. If that is not available, a phone call will be scheduled.

Required skilled nursing visits for monitoring/supervision of personal care services may be completed via phone or video-conferencing. Nursing visits for direct care should be completed in person when feasible. In the event this is not possible, such as when entry into buildings is prohibited, visits may be completed via video-conferencing. Phone consultation for direct care supervision should occur only when member access to teleconferencing technology is unavailable.

For members needing nursing facility respite in an area with no Medically Fragile waiver contracted providers, temporarily allow for services to be provided in a facility contracted with OHCA to provide nursing facility services.

e. X Temporarily modify processes for level of care evaluations or re-evaluations (within regulatory requirements). [Describe]

During the emergency period, DHS health care management nurses will complete assessments for initial medical eligibility via teleconference using the Uniform Comprehensive Assessment Tool. Video conferencing should include face time with the member and staff when possible and will be utilized in accordance with HIPPA requirements. Member choice of service location and choice of providers will be obtained and documented as verbal consent by the registered nurse.

The reassessment process for ongoing Medically Fragile waiver eligibility will continue as per the waiver. OHCA nurses will review case manager documentation on the Uniform Comprehensive Assessment Tool. When questions regarding ongoing eligibility exist, the nurse will contact the case manager and/or Medically Fragile waiver member for additional information to validate ongoing eligibility.

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. 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.]

For service plan modifications, increases of personal care services may be implemented once documented on the member's plan and prior to authorization. This does not apply to service decreases, which will continue to require service authorization.

Given the social distancing requirements, it is not advisable for groups to gather in the same location to develop the annual/reassessment plan, therefore, the state will allow the use of Telehealth through options such as mobile video conferencing, Zoom, etc. and will be done in accordance with the HIPPA requirements. Signatures to verify time and date of meeting(s) will be obtained through an e-signature process or through US Postal mail with the meeting date and time. Service plans authorized pending member signature will have case management services conditionally authorized for up to 120 days to ensure receipt.

Also suspended are the requirements for community activities including efforts to pursue community integrated efforts, as well as the requirements for allowing visitors (providers may prohibit/restrict visitation in-line with CMS recommendations).

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. X 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.]

For members hospitalized during times of declared emergency, a provider with an active OHCA waiver agreement to provide personal care services may bill for services to assist the member with supports, supervision, communication, and any other supports that the hospital is unable to provide for a duration and not to exceed 30 days consecutively.

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. X 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]

During the emergency declaration, family caregivers or legally responsible relatives will perform Personal Care and Advanced Supportive/Restorative services under the Self-Direction program.

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]

Providers of Speech Therapy, Physical Therapy and Occupational Therapy, may utilize video conferencing/telehealth during times of emergency declaration and will be utilized in accordance with HIPPA requirements.

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 Oklahoma
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: 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 Oklahoma
Zip Code 73105
Telephone: 405-522-7776
E-mail David.Ward@okhca.org
Fax Number 405-530-7722

8. Authorizing Signature

Signature:

Date: 4/2/2020



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:
City Oklahoma City
State Oklahoma
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: Home Delivered Meals

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

Service Definition (Scope):

Home-delivered Meal services provide meals, each with a nutritional content equal to one-third of the Dietary Reference Intake delivered to the home for members who are, unable to prepare meals, and who lack an informal provider to do meal preparation. Provision of Home-delivered Meals reduces the need for reliance on paid staff during some mealtimes by providing meals in a cost-effective manner.

Home-delivered Meals shall be included in the individual service plan only when it is necessary to prevent the permanent institutionalization of an individual.

The goals of Home-Delivered Meals

- (1) To facilitate member independence by allowing members the choice to remain in his/her own home rather than enter a nursing facility.
- (2) To provide one daily nutritious meal to persons at risk of being institutionalized.

In order to receive Home-delivered Meals under the waiver, a member must:

- (1) Be unable to prepare some or all of his/her own meals, or requires a special diet and is unable to prepare meals; or
- (2) Have no other individual available to prepare member's meals, or the provision of a Home-delivered Meal is the most cost-effective method of ensuring a nutritionally adequate meal.

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

Amount, frequency and duration of service is prior authorized in accordance with service plan; however, **two (2) meals** is the maximum number of meals per day allowed.

Safeguards:

If a member needs assistance with meals beyond the service limits for home delivered meals, the member's Case Manager amends the service plan, based on member preference and service availability, to obtain assistance in preparing meals from informal supports, and/or to include non-waiver community- based home-delivered meals. In addition, the Case Manager assists the member to access food by referring the member to the Supplemental Nutrition Assistance Program (SNAP), assisting the member to access a community Food Pantry or any other local resources.

Provider Specifications

Provider Category(s) <i>(check one or both):</i>		Individual. List types:	X	Agency. List the types of agencies:

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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Home Delivered Meals	Oklahoma Health Code, Food Preparers/Handlers License – Sec. 1110 & 1119 59 O.S. Sec. 21 or equivalent Food Preparers License from the state where the kitchen facility is located.	County Health Department Kitchen Cert & Food Handlers Certification or equivalent Certification from the state where the kitchen facility is located or evidence that the kitchen is USDA inspected and approved.	Medically Fragile Waiver Qualified Provider Certification [OAC 317:50-1-14 (8)] Medicaid Provider Contract Title III Program Home-Delivered Meal Provider Standards. Comply with all applicable Federal, State, and Local laws and ordinances regulating the preparation handling and distribution of food.

Verification of Provider Qualifications		
Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Home Delivered Meals	Oklahoma Health Care Authority (OHCA)	Prior to enrollment and every other year during the emergency period

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
	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>	

Service Specification

Service Title: Respite

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

Service Definition (Scope):

Services provided to individuals unable to care for themselves; furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care. Federal Financial Participation (FFP) will not be claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the State that is not a private residence.

- Respite care will be provided in the following locations:
- 1) In-Home Respite in the individual's home or place of residence;
 - a. Respite required for periods of time of seven or less hours in a day may be authorized in 15-minute unit increments to a maximum of 28 units per day.
 - b. Extended In-home Respite defined as respite required for periods of time of more than seven (7) hours in a day are authorized at a per diem rate.
 - 2) Nursing Facility Respite in a Medicaid certified Nursing Facility.

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

Amount, frequency and duration of service are prior authorized in accordance with service plan and may extend up to 60 calendar days.

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:
	<input type="checkbox"/>		<input checked="" type="checkbox"/>	Nursing Facility
	<input type="checkbox"/>		<input type="checkbox"/>	
	<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>
Nursing Facility	Nursing Facility 63 O.S., Sec. 1-1901, et seq.	NA	Medicaid Provider Contract

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification		
Nursing Facility	Oklahoma Health Care Authority (OHCA)	Prior to enrollment and every other year during the emergency period		
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: Personal Care

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

Service Definition (Scope):

Assistance with eating, bathing, dressing, personal hygiene activities of daily living. These services may include assistance with preparation of meals, but does not include the cost of the meals themselves. When specified in the plan of care, this service may also include such housekeeping chores as bed-making, dusting and vacuuming, or other tasks or errands which are incidental to the care furnished, or which are essential to the health and welfare of the individual, rather than the individual's family. Personal care providers must meet State standards for this service.

Personal care services under the State Plan differ in service definition from the services offered under the waiver including provider training requirements and qualifications. Members served under the waiver have a higher level of care need than those individuals served under State Plan Personal Care. Waiver members have to meet nursing facility level of care. The scope, nature and provider type including waiver certification require more quality planning and action by agencies delivering Medically Fragile waiver personal care.

Supervision of personal care providers will be furnished by a registered nurse, licensed to practice nursing in the State or by a licensed practical or vocational nurse, under the supervision of a registered nurse, as provided under State law or by the participant-employer of the personal care provider. Frequency or intensity of supervision is a minimum of every 6 months or more often as required by the service plan.

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

Amount, frequency and duration of service are prior authorized in accordance with service plan.

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:
	<input type="checkbox"/>		<input type="checkbox"/>	Personal Care
	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>	

Specify whether the service may be provided by <i>(check each that applies):</i>	<input checked="" 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>Personal Care</p>	<p>Home Care Agency 63 O.S., Sec. 1-1961, et seq.</p>	<p>NA</p>	<p>1) Medically Fragile Waiver Qualified Provider Certification [OAC 317:50-1-14 (14)]</p> <p>2) Medicaid Provider Contract</p> <p>3) The PCA is at least 18 years of age, has not been convicted of a crime as defined in 63 O.S., Sec. 1 -1950 et seq., has no pending notation of abuse or neglect as reported by the Oklahoma State Department of Health Nurse Aide Registry, name does not appear on the OKDHS Community Services Workers Registry.</p> <p>4) Demonstrates the ability to understand and carry out assigned tasks, has verifiable work history and/or personal references, has verifiable identification.</p> <p>Training Requirements:</p> <p>1) Demonstrates competency to a qualified evaluator to meet the personal care assistance needs of the individual member. Training may be completed via an online format.</p> <p>2) For personal care assistants who are family members, training may be completed within 10 days of first date of service delivery with approval of the provider agency.</p> <p>Nurse Supervision Requirements:</p> <p>1) Registered nurse (RN) supervision of Personal Care services is a state requirement of the Medicaid Program. Each Medicaid provider agency must have an RN available to perform specific supervisory functions unless the plan of care includes only homemaker chore tasks. If the plan contains homemaker chores only, the agency may designate the qualifications of the supervisor. While some of the nursing supervision functions may be delegated to a licensed practical nurse (LPN), as described below, the provider agency is still responsible for having registered nurse staff available to perform specified supervisory tasks.</p> <p>2) At a minimum the provider agency must meet services quality monitoring through the provision of telehealth services based on the needs of the member.</p>
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			<p>3) The RN has the responsibility of determining the status of the present plan of care in meeting the member's needs. The LPN is under the direct supervision of the RN. This supervision includes a review and co-signature by the RN for all reports prepared by the LPN and consultation between RN and LPN as needed.</p> <p>4) All electronic training and telehealth activities will be completed in accordance with HIPAA requirements.</p>

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Personal Care	Oklahoma Health Care Authority (OHCA)	Prior to enrollment and every other year during the emergency period

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: Advanced Supportive/Restorative Assistance

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

Service Definition (Scope):

Advanced Supportive/Restorative Care services are maintenance services provided to assist a member with a stable, chronic condition with activities of daily living when such assistance requires devices and procedures related to altered body function.

Advanced Supportive/Restorative Care is a maintenance service and should never be used as a therapeutic treatment. Members who develop medical complications requiring skilled nursing services while receiving Advanced Supportive/Restorative Care services should be referred to their attending physician who may, if appropriate, order home health services.

Examples of Advanced Supportive/Restorative Care services which may be performed are:

- Routine personal care for persons with ostomies (including tracheotomies, gastrostomies and colostomies with well-healed stoma) and external, in dwelling, and suprapubic catheters which includes changing bags and soap and water hygiene around ostomy or catheter site;
- Remove external catheters, inspect skin and reapplication of same;
- Administer prescribed bowel program including use of suppositories and sphincter stimulation, and enemas (pre-packaged only) with members without contraindicating rectal or intestinal conditions;
- Apply medicated (prescription) lotions or ointments, and dry, non-sterile dressings to unbroken skin;
- Use lift for transfers; Manually assist with oral medications which are set up by a registered or licensed practical nurse (opening of compartments, handing container to member. ASR assistant may not handle actual medications);
- Provide passive range of motion (non-resistive flexion of joint) delivered in accordance with the plan of care, unless contraindicated by underlying joint pathology;
- Apply non-sterile dressings to superficial skin breaks or abrasions as directed by a registered or licensed practical nurse; and Use Universal precautions as defined by the Center for Disease Control.

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

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:
	<input type="checkbox"/>		<input type="checkbox"/>	Home Care
	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>	

Specify whether the service may be provided by <i>(check each that applies):</i>	<input checked="" 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>Personal Care</p>	<p>Home Care Agency 63 O.S., Sec. 1-1961, et seq.</p>	<p>NA</p>	<p>1) Medically Fragile Waiver Qualified Provider Certification [OAC 317:50-1-14 (6)]</p> <p>2) Medicaid Provider Contract</p> <p>3) The ASR Assistant is at least 18 years of age, has not been convicted of a crime as defined in 63 O.S., Sec. 1-1950 et seq., has no pending notation of abuse or neglect as reported by the Oklahoma State Department of Health Nurse Aide Registry, name does not appear on the OKDHS Community Services Workers Registry.</p> <p>4) Demonstrates the ability to understand and carry out assigned tasks, has verifiable work history and/or personal references, has verifiable identification.</p> <p>Training Requirements:</p> <p>All Advanced Supportive/Restorative Assistance aides are required to receive the same basic Personal Care training as a Personal Care aide, and also must be given the following training prior to delivery of Advanced Supportive/ Restorative Assistance services:</p> <p>The Provider must provide to its staff Advanced Supportive/Restorative Assistance training specific to the care needs of member requiring Advanced Supportive/Restorative Assistance. Training may be electronic in format and must cover the specific service to be provided to the individual member, such as::</p> <ul style="list-style-type: none"> • Observing the member and reporting observations; • Application of ointments/lotions to unbroken skin; • Supervise/assist with oral medications; • Prevention of skin breakdown; • Bowel program; • Basic Personal Care for persons with ostomies and catheters; • Range of motion exercises; • Use of lift for transfers;
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			<ul style="list-style-type: none">• Applying non-sterile dressings to superficial skin breaks; and• Universal precaution procedures as defined by the Center for Disease Control. <p>The provider must document the dates and hours of Advanced Supportive/Restorative Assistance training received by the Personal Care aide in the aide's personnel file.</p> <p>Prior to performing any Advanced Supportive/Restorative Assistance task for any member for the first time, the aide must demonstrate competency in the tasks on the member's plan of care in an on-the-job training session conducted by the registered nurse, or an LPN working under the direction of a registered nurse. The nurse must document the aide's competency in performing each task in the aide's personnel file. The RN/LPN visit required in order to conduct such training and testing may be completed electronically and is a billable visit.</p> <p>The required training of each Advanced Personal Care task during an on-the-job training session with a RN or LPN may not be waived. Advanced Supportive/Restorative Annual in-service training for Advanced Supportive/Restorative assistants is waived during the period of the emergency.</p> <p>The Advanced Supportive/Restorative Assistance provider shall have written documentation of all basic and in-service training provided which includes, at a minimum, a report of each employee's training in that employee's personnel record. The report shall document the dates of all classroom or on-the-job training, trainer's name, topics, number of hours, and location; the date of first unsupervised service delivery; and shall contain the worker's signature. If a provider waives the in-service training, the employee's training record shall contain supportive data for the waiver of training.</p> <p>Nurse Supervision Requirements:</p> <p>Registered nurse supervision is essential to the safe provision of Advanced Supportive/Restorative Care services. Certain</p>
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			<p>nurse functions for Advanced Supportive/Restorative Care members may be performed by a licensed practical nurse; others must be performed by a registered nurse.</p> <p>The following outlines the nursing requirements for Advanced Supportive/Restorative Care members:</p> <p>The registered nurse must:</p> <ul style="list-style-type: none">• Conduct an initial assessment encounter and develop the plan of care for members with Advanced Supportive/Restorative Care needs, in collaboration with the case manager.• Conduct electronic visits to all Advanced Supportive/Restorative Care members at six-month intervals. During the visit, the RN shall conduct an evaluation of the adequacy of the authorized services to meet the needs and conditions of the member, and shall assess the Advanced Supportive/Restorative Care Aides' ability to carry out the authorized services.• Make periodic member evaluations, on a schedule as prescribed by the service plan and paid for by the Medically Fragile Waiver, and make evaluation reports available to the case manager within 48 hours of each evaluation. Conduct annual assessment/reassessment visits and develop the plan of care for all subsequent years for members with Advanced Supportive/Restorative Care needs, in collaboration with the case manager.• Attend IDT meetings to establish or amend the Service Plan.• Be available, at least by telephone, during any period of time Advanced Supportive/Restorative Care is being provided. <p>The licensed practical nurse may:</p> <ul style="list-style-type: none">• Conduct the periodic authorized nurse visits to evaluate the condition of the Advanced Supportive/Restorative Care member.
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			All training and/or telehealth activities will be completed in accordance with HIPAA requirements.
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Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Home Care	Oklahoma Health Care Authority (OHCA)	Prior to enrollment and every other year during the emergency period

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:	Case Management		
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>			
Service Definition (Scope):			
Case Management services are services that assist a member in gaining access to medical, social educational or other services, regardless of payment source of services that may benefit the member in maintaining health and safety. Case managers initiate and oversee necessary assessments and reassessments for service plan development. Case managers develop the member's comprehensive plan of care, listing services which are necessary to prevent institutionalization of the member, as determined through assessments. Case managers are responsible for ongoing monitoring of the provision of services included in the individual's plan of care. Case managers initiate the addition of necessary services or deletion of unnecessary services, as dictated by the member's condition and available support.			
Specify applicable (if any) limits on the amount, frequency, or duration of this service:			
Amount, frequency and duration of service are prior authorized in accordance with service plan.			
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:
	<input type="checkbox"/>		
	<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
Provider Qualifications <i>(provide the following information for each type of provider):</i>			
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>

Case Management Agency	NA	NA	<p>1) ADvantage Qualified Provider Certification [OAC 317:50-1-14]</p> <p>2) Medicaid Provider Contract</p> <p>3) Minimum qualifications for Case Manager are: a. RN with one year paid professional experience; or b. LPN with one year paid professional experience; or c. Baccalaureate degree and one year *paid professional experience with the aging or disabled population obtained before or after receipt of degree; and</p> <p>4) All case managers must have completed the ADvantage Waiver criteria prior to furnishing services to the Medically Fragile Waiver</p> <p>5) A minimum of one week of orientation to the agency's policies and procedures to include shadowing a certified Case Manager in the field. Documentation of orientation to be submitted to the MSU before the ADvantage CM Training date.</p> <p>*Paid professional experience may include, but is not limited to: CNA, CMA, CHHA or PCA experience.</p> <p>Training Requirements: All case managers must successfully complete the ADvantage Program Case Manager Training. Training must occur no later than 10 business days following the first billed service delivery date and may be held via an online format. All training and/or telehealth activities will be completed in accordance with HIPAA requirements.</p>

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Case Management Agency	Oklahoma Health Care Authority (OHCA)	Prior to enrollment and every other year during the emergency period

Service Delivery Method

Service Delivery Method
(check each that applies):

Participant-directed as specified in Appendix E

Provider managed

Service Specification					
Service Title:	Personal Care & Advanced Supportive/Restorative services under Self-Direction				
<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:
	<input type="checkbox"/>			<input type="checkbox"/>	
	<input type="checkbox"/>			<input type="checkbox"/>	
	<input type="checkbox"/>			<input type="checkbox"/>	
Specify whether the service may be provided by (check each that applies):	<input checked="" type="checkbox"/>	Legally Responsible Person	<input checked="" 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 checked="" 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.