

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: Washington

B. Waiver Title(s):

Basic Plus
Individual and Family Services
Core
Community Protection
Children's Intensive In home Behavior Support

C. Control Number(s):

WA.0409.R03.08
WA.1186.R01.06
WA.0410.R03.10
WA.0411.R03.09
WA.40669.R02.07

D. Type of Emergency (The state may check more than one box):

<input checked="" type="radio"/>	Pandemic or Epidemic
<input type="radio"/>	Natural Disaster
<input type="radio"/>	National Security Emergency
<input type="radio"/>	Environmental
<input type="radio"/>	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 for each waiver included in this Appendix, to all individuals impacted by the virus or the response to the virus (e.g. closure of programs, etc.). This application is additive to the previously approved Appendix K applications for all five waivers.

This amendment expands the support needs that may be addressed by the service assistive technology, adds a new provider type called distance based observation and reporting specialist to assistive technology, modifies public notice posting to accommodate electronic notification needs for the community, and removes the prior approval requirement for remote support delivery for DDA services.

F. Proposed Effective Date: Start Date: January 27, 2020 Anticipated End Date: Six months after the end of the federal public health emergency.

G. Description of Transition Plan.

All activities will take place in response to the impact of COVID-19 as efficiently and effectively as possible based upon the complexity of the change.

H. Geographic Areas Affected:

These actions will apply across the waiver to all individuals impacted by the COVID-19 virus

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

N/A

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

Temporary or Emergency-Specific Amendment to Approved Waiver:

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

a. ___ Access and Eligibility:

i. ___ Temporarily increase the cost limits for entry into the waiver.

[Provide explanation of changes and specify the temporary cost limit.]

ii. ___ Temporarily modify additional targeting criteria.

[Explanation of changes]

b. ___ Services

i. ___ Temporarily modify service scope or coverage.

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

ii. x Temporarily exceed service limitations (including limits on sets of services as described in Appendix C-4) or requirements for amount, duration, and prior authorization to address health and welfare issues presented by the emergency.

[Explanation of changes]

Remote supports for all waiver services may be provided without prior authorization when the service has been approved through the person centered service-planning process.

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. ___ 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._x_ Other Changes Necessary [For example, any changes to billing processes, use of contracted entities or any other changes needed by the State to address imminent needs of individuals in the waiver program]. [Explanation of changes]

The state is suspending the requirement that DDA offices post a flyer in each office documenting amendment changes as DDA offices are closed to the public for the duration of the pandemic. The state will continue to provide the electronic Public Notice on the Washington Register, email notice to 17,000+ clients, families, advocates and providers and the Tribal Letter.

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: MaryAnne
Last Name: Lindeblad
Title: Medicaid Director
Agency: Healthcare Authority
Address 1: 626 8th Ave SE
Address 2: Click or tap here to enter text.
City: Olympia
State: WA
Zip Code: 98501
Telephone: 360-725-1863
E-mail: Click or tap here to enter text.
Fax Number: Click or tap here to enter text.

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

First Name: Evelyn
Last Name Perez
Title: Assistant Secretary
Agency: Developmental Disabilities Administration
Address 1: 1009 College St SE
Address 2: MS 45310
City Lacey
State WA
Zip Code 98503
Telephone: 360-407-1564
E-mail Evelyn.Perez@dshs.wa.gov
Fax Number 360-407-0954

8. Authorizing Signature

Signature:

Date: 2/2/2021

_____/S/_____
State Medicaid Director or Designee

First Name: MaryAnne
Last Name Lindeblad
Title: Medicaid Director
Agency: Healthcare Authority
Address 1: 626 8th Ave SE
Address 2: Click or tap here to enter text.
City Olympia
State WA
Zip Code 98501
Telephone: 360-725-1863
E-mail MaryAnne.Lindeblad@hca.wa.gov
Fax Number Click or tap here to enter text.

Section A---Services to be Added/Modified During an Emergency

Complete for each service added during a time of emergency. For services in the approved waiver that the state is temporarily modifying, enter the entire service definition and highlight the change. State laws, regulations and policies referenced in the specification should be readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification				
Service Title:	Assistive Technology			
Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:				
<p>Service Definition (Scope):</p> <p><u>Assistive Technology: Items, equipment, or product systems, not related to a client's physical health, that are used to increase, maintain, or improve functional capabilities of waiver participants, or increase safety, facilitate social communication as well as supports to directly assist the participant and caregivers to select, acquire, and use the technology. Assistive Technology service is also available when a waiver participant requires a basic technology in order to receive waiver-funded remote supports during the COVID-19 pandemic when no other technology available to the participant through other resources is possible. Technology includes, tablets, switches, telephones, or other devices necessary for the client to receive remote supports from the waiver service provider.</u></p> <p><u>Assistive technology includes: (1) The evaluation of the needs of the waiver participant, including a functional evaluation in their customary environment; (2) Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices; (3) Selecting, designing, fitting, customizing, adapting, applying, retaining, repairing, or replacing assistive technology devices; (4) Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs; (5) Training or technical assistance for the participant and/or if appropriate, the child's or adult's family; and (6) Training or technical assistance for professionals, including individuals providing education and rehabilitation services, employers, or other individuals who provide services to, employ, or are otherwise involved in the assistive technology related life functions of children or adults with disabilities (7) Distance Based observation and reporting.</u></p> <p><u>Distance Based Observation and Reporting is HIPPA compliant.</u></p> <p><u>All assistive technology services and goods are authorized after the person centered planning process has identified that the service is requested by the individual receiving care, a plan is in place within the person centered plan to address the client's privacy needs and wants (identifies who the AT support person is, devices are approved by the waiver participant for specific support needs, and a plan is in place if technical support is required) and the plan is approved by the client and their legal representative.</u></p> <p><u>Assistive technology is limited to additional services not otherwise covered under the state plan, including EPSDT, but consistent with waiver objectives of avoiding institutionalization.</u></p> <p><u>Distance Based Observation and Reporting (DBOR) provides assistive technology equipment and reporting support by the DBOR specialist.</u></p> <p><u>Distance Based Observation and Reporting will not duplicate billing or service provision of other waiver/state plan services. This service component will only be provided when the waiver participant is not receiving other waiver/state plan services at that time, including waiver/state plan services that are delivered remotely.</u></p>				
Specify applicable (if any) limits on the amount, frequency, or duration of this service:				
Phone cards and minutes will not be funded as part of these services				
Provider Specifications				
Provider Category(s) (check one or both):		Individual. List types:	x	Agency. List the types of agencies:
			<u>Distance Based Observation and Reporting Specialist</u>	

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>)		
<u>Assistive Technology Distance Based Observation and Reporting Specialist</u>			<u>Agency with a minimum of 2 years' experience offering AT systems and remote monitoring or observation supports to HCBS enrolled participants.</u>		
Verification of Provider Qualifications					
Provider Type:	Entity Responsible for Verification:		Frequency of Verification		
<u>Assistive Technology Distance Based Observation and Reporting Specialist</u>	<u>State Operating Agency</u>		<u>Every Three Years</u>		
Service Delivery Method					
Service Delivery Method (<i>check each that applies</i>):	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/>	Provider managed	
	<input type="checkbox"/>		<input type="checkbox"/>		
	<input type="checkbox"/>		<input type="checkbox"/>		



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.