

APPENDIX K: Emergency Preparedness and Response and COVID-19 Addendum

Background:

This standalone appendix may be utilized by the state during emergencies to request amendments to its approved waiver, to multiple approved waivers in the state, and/or to all approved waivers in the state. It includes actions that states can take under the existing Section 1915(c) home and community-based waiver authority in order to respond to an emergency. Other activities may require the use of various other authorities such as the Section 1115 demonstrations or the Section 1135 authorities.¹ This appendix may be applied retroactively as needed by the state. Public notice requirements normally applicable under 1915(c) do not apply to information contained in this Appendix.

Appendix K-1: General Information

General Information:

A. **State:** Wisconsin

B. **Waiver Title(s):** Children's Long-Term Support Waiver Program

C. **Control Number(s):**

WI.0414.R03.03

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

<input checked="" type="checkbox"/>	Pandemic or Epidemic
<input type="checkbox"/>	Natural Disaster
<input type="checkbox"/>	National Security Emergency
<input type="checkbox"/>	Environmental
<input type="checkbox"/>	Other (specify):

E. **Brief Description of Emergency.** *In no more than one paragraph each*, briefly describe the: 1) nature of emergency; 2) number of individuals affected and the state's mechanism to identify individuals at risk; 3) roles of state, local and other entities involved in approved waiver operations; and 4) expected changes needed to service delivery methods, if applicable. The state should provide this information for each emergency checked if those emergencies affect different geographic areas and require different changes to the waiver.

COVID-19 pandemic. This amendment will apply waiver-wide for each waiver included in this Appendix, to all individuals impacted by the virus, or the response to the virus (e.g. closure of day programs, etc.)

F. **Proposed Effective Date: Start Date:** March 1, 2020 **Anticipated End Date:** February 28, 2021

G. Description of Transition Plan.

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

H. Geographic Areas Affected:

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

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

N/A

Appendix K-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. X Access and Eligibility:

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

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

N/A

ii. X Temporarily modify additional targeting criteria.

[Explanation of changes]

Transition of Individuals Affected by Maximum Age Limitation:
Typically, in counties that have implemented the Family Care waiver and the self-directed Include, Respect, I Self-Direct (IRIS) waiver, young adult CLTS Waiver Program participants, 18 through 21 years of age, must be enrolled in those programs without delay. If a participant is not able to enroll in one of those programs, they may maintain enrollment in the CLTS Waiver Program during the pandemic or up until the end date of this Appendix K.

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]

N/A

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]:

N/A

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

N/A

c. **X** 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.

Allow spouses and parents of minor children, family caregivers, and legally responsible individuals to be paid to render services to participants for Assistive Technology and Communication Aids, Child Care, Community Integration Services, Counseling and Therapeutic Services, Daily Living Skills Training, Day Services, Home Modifications, Mentoring, Respite, Supported Employment – Small Group, Supported Employment – Individual, Supportive Home Care, and Transportation services.

Allow spouses and parents of minor children, family caregivers, and legally responsible individuals to be paid to render personal care services.

The state will use safeguards currently authorized in the approved waiver to ensure that participants receive necessary services as authorized in the plan of care, and procedures currently authorized in the approved waiver to ensure that payments are made for services rendered. Service Coordinators authorize necessary services and oversee the care plan implementation including billing.

d. X 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.]

Support and Service Coordination:
Provider type: Individual - Other Person appropriately qualified as approved by the State and as related to the unique service being provided.

Changes to provider qualifications:
In order to expand the provider pool and expedite participant access to necessary services, suspend the following required standards in the approved waiver:

- Meets requirements for state certification/licensure as a social worker and one-year experience with the target group.
- Has completed a course of study leading to a BA/BS degree in a health or human services related field and one year of experience working with persons of the specific target group for which they are employed.
- An equivalent combination of training and experience that equals four years of long-term support practice in long-term support case management practice, or the completion of a course of study leading to a human services degree and one year of employment working with persons of the specific target group for which they are employed.

In lieu of the suspended standards, allow county waiver agencies to employ individuals with the following qualifications who will conduct assessments and service planning activities. These individuals must have knowledge of the wide-ranging strengths and needs of children with disabilities and their families. They will also be familiar with the Wisconsin Medicaid Program and local resources for families who have children with disabilities. They must possess any combination of four years of post-secondary education and/or work experience working directly with children and families who have long-term support needs. Being bilingual and/or bicultural can count toward some of an individual's experience, as long as they are also well-qualified with relevant disability experience and/or knowledge.

ii. X Temporarily modify provider types.

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

Assistive Technology and Communication Aids: Allow general retailers to expand the provider pool.

Transportation: Add "Transportation Network Companies" as an Agency type to expand the provider pool.

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.]

N/A

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. ~~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.]

1. Allow the option to conduct evaluations, assessments, and person-centered service planning meetings virtually/remotely in lieu of face-to-face meetings, in accordance with the state's HIPAA requirements.
2. The use of e-signatures that meets privacy and security requirements will be added as a method for the participant or legal guardian signing the person-centered service plan to indicate approval of the plan. Services may start while waiting for the signature to be returned to the case manager, whether electronically in accordance with HIPAA requirements or by mail. Signatures will include a date reflecting the meeting date.
3. Person-Centered Service Plans that are due to expire within the next 60 days require case management contact to the participant using allowable remote contact methods to verify with the participant or representative that the current assessment and services, including providers, remain acceptable and approvable for the upcoming year. The state will verify by obtaining electronic signatures/or electronic verification via secure email consent from service providers and the individual or representative, in accordance with the state's HIPAA requirements.

The state will ensure the service plan is modified to allow for additional supports/and or services to respond to the COVID-19 pandemic. The specificity of such services including amount, duration and scope will be appended as soon as possible to ensure that the specific service is delineated accordingly to the date it began to be received. The care coordinator must submit the request for additional supports/services no later than 30 days from the date the service begins.

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]

N/A

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.]

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j. X 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.]

Retainer payments for habilitation services which include personal care (Community Integration Services, Consumer Education and Training, Counseling and Therapeutic Services, Daily Living Skills Training, Day Services, Mentoring, Supported Employment-Individual, Supported Employment-Small Group) will be provided because the waiver participant is sick due to COVID-19; or the waiver participant is sequestered and/or quarantined based on local, state, federal and/or medical requirements/orders. Payments will not exceed the total amount that the provider would have received had services been provided as expected. The retainer time limit may not exceed the lesser of 30 consecutive days of billing or the number of days for which the State authorizes a payment for “bed-hold” in nursing facilities.
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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.]

N/A

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]

N/A

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]

Suspend Involuntary Dis-enrollments: Suspend all dis-enrollments, outside of voluntary, from the waiver program. When the pandemic ends or until the end date of this Appendix K, re-evaluations and any indicated dis-enrollments will be completed for affected participants.
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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]*:

Allow all waiver services that can be provided with the same functional equivalency of face-to-face services to occur remotely.

- 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]*

For all waiver services, allow other individual or agency providers appropriately qualified as approved by the participant and county waiver agency and as related to the unique waiver service being provided.

- 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: Deborah
Last Name Rathermel
Title: Director, Bureau of Children's Services
Agency: Division of Medicaid Services
Address 1: 1 W Wilson
Address 2: Room 418
City Madison
State WI
Zip Code 53707
Telephone: 608-266-9366
E-mail Deborah.rathermel@wi.gov
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: Click or tap here to enter text.
Last Name Click or tap here to enter text.
Title: Click or tap here to enter text.
Agency: Click or tap here to enter text.
Address 1: Click or tap here to enter text.
Address 2: Click or tap here to enter text.
City Click or tap here to enter text.
State Click or tap here to enter text.
Zip Code Click or tap here to enter text.
Telephone: Click or tap here to enter text.
E-mail Click or tap here to enter text.
Fax Number Click or tap here to enter text.

8. Authorizing Signature

Signature:

/S/

State Medicaid Director

Date: 5/19/20

First Name: *James*

Last Name: *Jones*

Title: State Medicaid Director

Agency: Division of Medicaid Services

Address 1: 1 W Wilson

Address 2: Room 350

City: Madison

State: WI

Zip Code: 53707

Telephone: 608-266-1935

E-mail: Jamesd.jones@wi.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:	Home-Delivered Meals		
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>			
Service Definition (Scope):			
<p>Provision of home-delivered meals occurs when access to meals outside of the home is unrealistic or difficult to accomplish. Home-delivered meals intend to support the nutritional needs of participants who are without paid or natural supports to assist with meal preparation. Provider costs of home-delivered meals may include: the planning of meals and purchasing of food, supplies, equipment, labor and the transportation costs associated with delivery of one or two meals per day to the participant's home. Participants in receipt of home-delivered meals may be unable to plan, prepare or obtain nutritional meals without assistance or may be unable to manage a special physician-recommended diet. Generally, the provision of meals occurs in the participant's home.</p>			
Specify applicable (if any) limits on the amount, frequency, or duration of this service:			
<ul style="list-style-type: none"> Excludes payment for meals at federally subsidized nutrition sites. Home-delivered meals may not meet that which constitutes a "full nutritional regimen" (i.e., three meals per day). 			
Provider Specifications			
Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/> Agency. List the types of agencies:
		Other individual appropriately qualified as approved by the participant and county waiver agency and as related to the home-delivered meals waiver service being provided.	hospitals
			restaurants
			Other agency appropriately qualified as approved by the participant and county waiver agency and as related to the home-delivered meals waiver service being provided.
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
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>

Individual - Other individual appropriately qualified as approved by the participant and county waiver agency and as related to the home-delivered meals waiver service being provided.	none	none	none
Agency - hospital	Must be licensed food services providers and comply with Wisconsin Administrative Code DHS 196 and DHS Administrative Code DHS 124.	none	none
Agency - restaurants	Must be licensed food services providers and comply with Wisconsin Administrative Code DHS 196.	none	none
Agency - Other agency appropriately qualified as approved by the participant and county waiver agency and as related to the home-delivered meals waiver service being provided.	none	none	none
Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:	Frequency of Verification	

Individual - Other individual appropriately qualified as approved by the participant and county waiver agency and as related to the home-delivered meals waiver service being provided.	Wisconsin DHS implements a centralized provider screening, credential verification, and enrollment process.			At initial enrollment in the statewide provider registry and every four years, thereafter, at a minimum.
Agency - hospital	Wisconsin DHS implements a centralized provider screening, credential verification, and enrollment process.			At initial enrollment in the statewide provider registry and every four years, thereafter, at a minimum.
Agency - restaurants	Wisconsin DHS implements a centralized provider screening, credential verification, and enrollment process.			At initial enrollment in the statewide provider registry and every four years, thereafter, at a minimum.
Agency - Other agency appropriately qualified as approved by the participant and county waiver agency and as related to the home-delivered meals waiver service being provided.	Wisconsin DHS implements a centralized provider screening, credential verification, and enrollment process.			At initial enrollment in the statewide provider registry and every four years, thereafter, at a minimum.
Service Delivery Method				
Service Delivery Method (check each that applies):	x	Participant-directed as specified in Appendix E	x	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.