

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

Background:

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

Appendix K-1: General Information

General Information:

A. **State:** _____ Wisconsin _____

B. **Waiver Title(s):** Self-Directed Support Waiver - Intellectual/Developmental Disability and Aged/Physical Disability

C. **Control Number(s):** WI.0484.R02.04

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. 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. X 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]

- | |
|---|
| <ol style="list-style-type: none">1. Home Modifications: Remove the limitation which requires quotes from at least three providers.2. Respite: Remove the limitation that participants cannot receive other waiver services on the same day as receiving respite care. |
|---|

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. X 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]:

- | |
|---|
| <ol style="list-style-type: none">1. Allow all home and community-based waiver services to be provided in the following temporary settings: hotels, shelters, schools, churches, and isolation facilities.2. Adult Day Care: Expand adult day care services so that it may be provided in alternate settings (also addressed in scope of service, Appendix A below).3. Day Services: Expand day services so that it may be provided in alternate settings (also addressed in scope of service, Appendix A below).4. Nursing Services: Expand nursing services so that it may be provided in residential care apartment complexes.5. Supportive Home Care: Expand supportive home care service so that it may be provided in 1-2 bed adult family homes, 3-4 bed adult family homes, and residential care apartment complexes. |
|---|

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

Temporarily provide home and community-based waiver services in out of state settings. Providers must have a provider agreement with the SMA, and payment must be made directly to the provider.
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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.

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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.]

1. The following service provider qualification requirement modifications apply to all services:
 - a. Allow revalidation (4-year) background checks to be delayed by 90 days. These are the regularly occurring (every four years) background checks conducted on individual participant-hired workers after the initial background check. To protect participants while background checks are delayed, the program will enhance communication with participants and increase collateral contacts. The worker will be a qualified provider waiting for a revalidation background check for up to 90 days. If the worker does not pass the background check, the worker would no longer be able to provide services. The program and participant would work together to find another qualified provider as soon as possible.
 - b. Delay provider licensing or certification reviews by 60 days. After the review is completed, if the certification is denied, the provider will no longer be qualified to render services as soon as the individual is relocated.
 - c. Allow providers licensed in other states or enrolled in the Medicare program to perform the same or comparable services in this state. All providers must have a provider agreement with the SMA, and payment must be made directly to the provider.
2. The following provider qualification flexibilities will increase the pool of available providers:
 - a. **Consumer Education & Training – Agency & Individual Provider:** Remove the provider qualification requirement that providers who are teachers must be certified by the WI Department of Public Instruction.
 - b. **Daily Living Skills – Agency & Individual Provider:** Remove the provider qualification requirement that providers must have a minimum of two years' experience working with the target population.
 - c. **Nursing Services – Agency & Individual Provider:** Modify the provider qualifications to allow for students in accredited nursing programs to be qualified providers. Nursing students will perform nursing in accordance with state laws/license boards for nursing.
 - d. **Prevocational Services – Agency:** Remove the provider qualification requirement that agencies must have two years' of experience working with target population requirement.
 - e. **Supportive Home Care – Agency Provider:** Relax the provider requirement that agencies must follow Wis. Admin. Code 105.17. Wis. Admin Code 105.17 details the State's provider certification requirements for personal care providers.
3. The following provider qualifications are for the new provider types listed in K-2-d-ii below:
 - a. **Nursing Services – Nursing students (Agency):**
 - i. *Other Standard:* Must currently be a student in enrolled in a nursing program at an accredited college or university. Nursing students will perform nursing service tasks in accordance with state nursing laws/license boards.
 - b. **Specialized Transportation – Transportation Network Services (Agency):**
 - i. *Licensure:* Must be licensed pursuant to Wis. Statute 440.15 and comply with Wis. Statute 440.
 - c. **Training Services for Unpaid Caregivers – Individual providers:**
 - i. *Other Standard:* This training must be provided by licensed, certified, or accredited professionals who maintain current credentials in their field of practice. (For example, training could be provided by registered nurses, licensed mental health professionals or licensed therapists.)
4. Allow the SMA to extend the re-certification period for level of care evaluators/screeners whose certifications may expire due to the continuing skills test (required for continued certification) being delayed from 2020 to February 28, 2021.

ii. X_ Temporarily modify provider types.

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

The following services will have modified provider types:

1. **Nursing Services:** Add “Nursing Student” Agency & Individual types.
2. **Specialized Transportation (& 2):** Add “Transportation Network Companies” as an Agency type.
3. **Training Services for Unpaid Caregiver:** Add an “Individual Worker” Individual type.

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.]

Allow the SMA to suspend provider licensing or certification reviews as needed. After the review is completed, if the licensure/certification is denied, the provider will no longer be qualified to render services as soon as the individual is relocated.

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

[Empty box for description]

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.]

Allow the SMA to temporarily increase rates for any individual or agency provider that will be providing care for COVID-19 positive participants. The increase for care providers would be up to 30% more than their existing wage and no less than \$20 an hour.

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 planning meetings virtually/remotely in lieu of face-to-face meetings, in accordance with the state's HIPAA requirements.
2. Allow verbal or electronic permission for authorization to begin services, and permit subsequent collection of signatures in order to minimize face-to-face contact. Signatures will be obtained after permission is issued, through electronic mail in accordance with HIPAA requirements or mail, with a date documenting when remote contact with the participant occurred.
3. Allow the SMA to delay updating the person-centered plan on a case-by-case basis: The SMA 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 consultant 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]

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.]

- Allow any necessary waiver services that are necessary for communication and intensive personal care/supervision to be provided temporarily in an acute care hospital or during a short-term institutional stay. The state has mechanisms in place to prevent duplicate billing for both institutional and HCB services.
- These necessary waiver services:
- Must be identified in an individual's person-centered service plan;
 - Must be provided to meet the individual's needs and are not covered in such settings;
 - Should not substitute for services that the setting is obligated to provide through its condition of participation under Federal or State law, or under another applicable requirements; and
 - Should be designed to ensure smooth transitions between the setting and the home and community-based setting and preserves the participant's functional abilities.

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.]

The SMA may temporarily include retainer payments for the following waiver services which include a component of personal assistance/care or habilitation services with a personal care component: Adult Day Care, Daily Living Skills Training, Day Services, Prevocational Services, Respite, Supported Employment – Individual, 1-2 Bed Adult Family Homes, 3-4 Bed Adult Family Homes, Live-in Caregiver, Residential Care Apartment Complexes, Supported Employment – Group, and Supportive Home Care.

Retainer payments may be provided if:

- The waiver participant is sick due to COVID-19;
- The waiver participant is sequestered and/or quarantined due to local, state, federal and/or medical requirements/orders; or
- If the provider agency or individual is unable to continue normal operations due to local, state, or federal requirements/orders.

Payments will not exceed the total amount that the provider would have received had services been provided as expected. The retainer 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.

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]

Administrative:

As data will be challenging to collect or unavailable during the pandemic, the State will:

1. Delay submission of the 372 report by 6 months and
2. Suspend the collection of data for performance measures other than those identified for the Health and Welfare assurances. As a result, the data will be unavailable for this timeframe in ensuing reports.

Enrollment & Eligibility:

3. Allow the suspension of involuntary dis-enrollments.

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]*:

All other 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.

Case management entities may not provide, and subsequently bill for, case management activities at the same time as providing other waiver services.

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:** 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.

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:

Date: 5/21/2020

_____/S/_____
State Medicaid Director or Designee

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.

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

Service Definition (Scope):

Adult day care services include the provision of services, part of a day, in a non-residential group setting or in another SMA approved setting, to adults needing an enriched social or health-supportive experience or needing assistance with ADLs, supervision and/or protection.

Services may include: personal care and supervision; light meals; medical care and, transportation to and from the day care site. Transportation between the individual's place of residence and the adult day care center may be provided as a component of adult day health services. The cost of transportation is included in the rate paid to providers of adult day health services.

Meals provided as part of adult day care may not constitute a "full nutritional regimen" (three meals per day). For providers of this service, Wis. Stats. Chapter 49.45 applies.

Special services, such as bathing, at the adult day care site may also be included in this category, if not already included in the program fee. Funding for adult day care is separate from the substitute care rate. Adult day care is permissible for up to eight hours per day.

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

Adult day care services provided as part of the residential facility program cannot be paid separately as adult day care as this represents billing twice for the same service and violates Medicaid rule requiring providers accept one single payment as payment in full.

~~Adult day care cannot be provided within a substitute care setting.~~

Adult day care is available up to 8 hours per day.

Provider Specifications

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

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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Adult Day Care Provider		<ul style="list-style-type: none"> • Persons providing these services shall comply with all relevant provisions of Chapter IV of the Medicaid Waivers Manual SPC 102 – Adult Day Care: https://www.dhs.wisconsin.gov/waivermanual/index.htm. • Adult day care must be provided in a state certified facility. Providers of services are governed by the certification standards for adult day care issued by the DHS, Division of Quality Assurance. • Certification Standards for Adult Day Care for six or fewer people can be found at: https://www.dhs.wisconsin.gov/forms1/f6/f62611.doc. • Certification Standards for adult day care for more than six people can be found at: https://www.dhs.wisconsin.gov/forms1/f6/f60947.doc. 	

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Adult Day Care Provider	Verification of providers which require a license or certification will be validated and maintained by the Fiscal Employer Agent.	Annually

Service Delivery Method

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

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

Service Definition (Scope):

Day services programs provide regularly scheduled, individualized skill development activities to participants. ~~Services must be provided in a non-residential setting separate from the participant's private residence or other residential living arrangement.~~ Program goals may include assistance with acquisitions, retention or improvement in self-help, socialization and adaptive skills that enhance social development and develop skills in performing activities of daily living and community living. Activities and environments are designed to foster the acquisition of skills, building positive social behavior and interpersonal competence, greater independence and personal choice. Services are furnished consistent with the participant's person-centered plan. Day Services focus on enabling the participant to attain or maintain his or her maximum potential and shall be coordinated with any needed therapies in the individual's participant-centered plan. Services may occur in a single physical environment or multiple environments or in the community at large.

Community-based services take place in the community (and not in a facility) where interaction with people without disabilities could occur. Facility-based services take place in a facility, such as a day program, a prevocational center, or a senior center.

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

Services may occur in a single physical environment, multiple environments, or in the community at large as long as the setting meets setting compliance.

Day services may not provide for the payment of services that are vocational in nature (i.e., for the primary purpose of producing goods or performing services).

For participants with degenerative conditions, day services may include training and supports designed to maintain skills and functioning and to prevent slow regression, rather than acquiring new skills or improving existing skills.

Day Services may be used to provide supported retirement activities. As some participants get older they may no longer desire to work and may need supports to assist them in meaningful retirement activities in their communities. This may involve altering schedules to allow for more rest time throughout the day, support to participate in hobbies, clubs and/or other senior related activities in their communities.

Participants who receive day services may also receive educational, supported employment and prevocational services. An individual's participant-centered plan may include two or more types of non-residential services. However, different types of non-residential services may not be billed during the same period of the day.

Service provisions typically occur four or more hours per day, up to five days per week, outside the home of the participant.

Services may occur in a single physical environment, multiple environments or in the community.

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	X	Agency. List the types of agencies:
				Day Service program operated by 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 (specify)	Certificate (specify)	Other Standard (specify)
Day Service program operated by agency		The participant should ensure that only competent and qualified providers of day services, with the appropriate expertise, training and background, receive payment with IRIS funds per Wisconsin Administrative Code DHS ch. 61: https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/61/II/41 . Providers certified by the Rehabilitation Accreditation Commission for Activity Services may use this certification as evidence of qualification.	

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Day Service program operated by agency	Verification of providers which require a license or certification will be validated and maintained by the Fiscal Employer Agent.	Annually

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
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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.