

# 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.<sup>1</sup> 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: Wyoming

B. Waiver Title(s): Supports Waiver, Comprehensive Waiver

C. Control Number(s): WY.1060.R01.03, WY.1061.R01.03

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:** January 27, 2020 **Anticipated End Date:** January 26, 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. \_\_\_ Services**

**i. X Temporarily modify service scope or coverage.**

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

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

[Explanation of changes]

**iii. \_\_\_ Temporarily add services to the waiver to address the emergency situation (for example, emergency counseling; heightened case management to address emergency needs; emergency medical supplies and equipment; individually directed goods and services; ancillary services to establish temporary residences for dislocated waiver enrollees; necessary technology; emergency evacuation transportation outside of the scope of non-emergency transportation or transportation already provided through the waiver).**

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

**iv. \_\_\_ Temporarily expand setting(s) where services may be provided (e.g. hotels, shelters, schools, churches). Note for respite services only, the state should indicate any facility-based settings and indicate whether room and board is included:**

[Explanation of modification, and advisement if room and board is included in the respite rate]:

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

**c. \_\_\_ Temporarily permit payment for services rendered by family caregivers or legally responsible individuals if not already permitted under the waiver. Indicate the services to which this will apply and the safeguards to ensure that individuals receive necessary services as authorized in the plan of care, and the procedures that are used to ensure that payments are made for services rendered.**

**d. X Temporarily modify provider qualifications (for example, expand provider pool, temporarily modify or suspend licensure and certification requirements).**

**i. \_\_\_ Temporarily modify provider qualifications.**

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

**ii. \_\_\_ Temporarily modify provider types.**

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

**iii. X Temporarily modify licensure or other requirements for settings where waiver services are furnished.**

[Provide explanation of changes, description of facilities to be utilized and list each service provided in each facility utilized.]

Requirement of a certification renewal, including an on-site visit, at least every three years will be extended up to one year to allow for Division staff to conduct the necessary on-site visit once the health emergency is over. Services include Adult Day, Behavioral Support, Case Management, Child Habilitation, Cognitive Retraining, Community Living, Community Support, Companion, Crisis Intervention, Dietician, Environmental Modification, Homemaker, Individual Habilitation Training, Occupational Therapy, Personal Care, Physical Therapy, Respite, Skilled Nursing, Special Family Habilitation Home, Specialized Equipment, Speech Language and Hearing, Supported Employment, Transportation.

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

**f. X Temporarily increase payment rates.**

[Provide an explanation for the increase. List the provider types, rates by service, and specify whether this change is based on a rate development method that is different from the current approved waiver (and if different, specify and explain the rate development method). If the rate varies by provider, list the rate by service and by provider.]

In response to the COVID-19 health emergency, the Division of Healthcare Financing requests flexibility to increase provider reimbursement rates by 12% in order to compensate providers for increased costs related to overtime, hazard pay, and increased frequency of more individualized service delivery. This increase will apply to the following services:

- Adult Day Services
- Child Habilitation Services
- Community Living Services
- Community Support Services
- Companion Services
- Crisis Intervention Support
- Homemaker Services
- Individual Habilitation Training
- Personal Care Services
- Respite
- Skilled Nursing Services
- Special Family Habilitation Home
- Supported Employment Services

This increase is effective as of March 13, 2020. The temporary increase will expire the date the State of Emergency expires or the date the emergency waiver amendment expires, whichever comes sooner.

**g. \_\_\_ Temporarily modify person-centered service plan development process and individual(s) responsible for person-centered service plan development, including qualifications.**

[Describe any modifications including qualifications of individuals responsible for service plan development, and address Participant Safeguards. Also include strategies to ensure that services are received as authorized.]

**h. \_\_\_ Temporarily modify incident reporting requirements, medication management or other participant safeguards to ensure individual health and welfare, and to account for emergency circumstances. [Explanation of changes]**

**i. \_\_\_ Temporarily allow for payment for services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay when necessary supports (including communication and intensive personal care) are not available in that setting, or when the individual requires those services for communication and behavioral stabilization, and such services are not covered in such settings.**

[Specify the services.]

**j. Temporarily include retainer payments to address emergency related issues.**

[Describe the circumstances under which such payments are authorized and applicable limits on their duration. Retainer payments are available for habilitation and personal care only.]

**k. Temporarily institute or expand opportunities for self-direction.**

[Provide an overview and any expansion of self-direction opportunities including a list of services that may be self-directed and an overview of participant safeguards.]

**l. Increase Factor C.**

[Explain the reason for the increase and list the current approved Factor C as well as the proposed revised Factor C]

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

## Appendix K Addendum: COVID-19 Pandemic Response

**1. HCBS Regulations**

- a.  Not comply with the HCBS settings requirement at 42 CFR 441.301(c)(4)(vi)(D) that individuals are able to have visitors of their choosing at any time, for settings added after March 17, 2014, to minimize the spread of infection during the COVID-19 pandemic.

**2. Services**

- a.  Add an electronic method of service delivery (e.g., telephonic) allowing services to continue to be provided remotely in the home setting for:
  - i.  Case management

- ii.  Personal care services that only require verbal cueing
- iii.  In-home habilitation
- iv.  Monthly monitoring (i.e., in order to meet the reasonable indication of need for services requirement in 1915(c) waivers).
- v.  Other *[Describe]*:

- b.  Add home-delivered meals
- c.  Add medical supplies, equipment and appliances (over and above that which is in the state plan)
- d.  Add Assistive Technology

**3. Conflict of Interest: The state is responding to the COVID-19 pandemic personnel crisis by authorizing case management entities to provide direct services. Therefore, the case management entity qualifies under 42 CFR 441.301(c)(1)(vi) as the only willing and qualified entity.**

- a.  Current safeguards authorized in the approved waiver will apply to these entities.
- b.  Additional safeguards listed below will apply to these entities.

**4. Provider Qualifications**

- a.  Allow spouses and parents of minor children to provide personal care services
- b.  Allow a family member to be paid to render services to an individual.
- c.  Allow other practitioners in lieu of approved providers within the waiver. *[Indicate the providers and their qualifications]*

- d.  Modify service providers for home-delivered meals to allow for additional providers, including non-traditional providers.

**5. Processes**

- a.  Allow an extension for reassessments and reevaluations for up to one year past the due date.
- b.  Allow the option to conduct evaluations, assessments, and person-centered service planning meetings virtually/remotely in lieu of face-to-face meetings.
- c.  Adjust prior approval/authorization elements approved in waiver.
- d.  Adjust assessment requirements
- e.  Add an electronic method of signing off on required documents such as the person-centered service plan.

## Contact Person(s)

**A. The Medicaid agency representative with whom CMS should communicate regarding the request:**

**First Name:** Shirley  
**Last Name** Pratt  
**Title:** Medicaid Waiver Policy Analyst  
**Agency:** Division of Healthcare Financing  
**Address 1:** 6101 Yellowstone Road, Suite 220  
**Address 2:** Click or tap here to enter text.  
**City** Cheyenne  
**State** Wyoming  
**Zip Code** 82002  
**Telephone:** (307) 777-2525  
**E-mail** Shirley.pratt@wyo.gov  
**Fax Number** (307) 777-6934

**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:** 4/20/2020

/S/

\_\_\_\_\_  
State Medicaid Director or Designee



**First Name:** Lee  
**Last Name** Grossman  
**Title:** Developmental Disabilities Section Administrator  
**Agency:** Division of Healthcare Financing  
**Address 1:** 6101 Yellowstone Road, Suite 220  
**Address 2:** Click or tap here to enter text.  
**City** Cheyenne  
**State** Wyoming  
**Zip Code** 82002  
**Telephone:** (307) 777-7460  
**E-mail** [Lee.grossman1@wyo.gov](mailto:Lee.grossman1@wyo.gov)  
**Fax Number** (307) 777-6047

## 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 Title:	Community Living Services – Basic 15 minute unit
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope):	

Community living services are individually tailored supports that assist the participant with the acquisition, retention, or improvement of skills related to living in the community. These supports include adaptive skill development, assistance with activities of daily living including medication assistance, light housekeeping, community inclusion, transportation, adult educational supports, and social and leisure skill development that assist the participant to reside in the most integrated setting appropriate for his/her needs. Community living includes personal care, protective oversight, and supervision as indicated in the IPC.

- Community living services are reimbursed based on the Level of Service (LOS) score of the participant, and include some level of ongoing 24 hour support (i.e., 24 hour on-call support) by a provider, as defined in the level of service and outlined in the IPC.
- Community living services may be furnished in a setting owned or leased by a provider, participant, or the participant's family. Basic community living services may be provided in the family home.
- Community living services may be delivered through self-direction.
- Provider owned or leased settings where community living services are furnished shall be fully accessible to the individuals living in that setting.
- Participant's receiving community living services shall have one primary residence.
- Transportation between the participant's place of residence, other service sites, or places in the community is included in the rate.
- Community living is a habilitation service. Training on objectives is expected as part of the provision of services, and progress shall be documented and made available to the participant, guardian, and case manager each month.
- Remote support, as specifically defined and implemented by DHCF, may be utilized for supervision based on an individual risk assessment and protocol, and as outlined in the IPC.
- Family visits and trips are encouraged. The provider shall be reimbursed on the days the participant leaves for and returns from a trip.
- Health related services may be provided after staff are trained by the appropriate trainer or medical professional, and documentation of training is evident.

Host home services consist of participant specific, individually designed and coordinated services within a family (other than biological, step or adoptive parents) host home environment. Host homes differ from other community living settings by featuring one sponsor working with one participant living together in the sponsor's home. A sponsor is defined as an individual who is an independent certified provider to one person in their home. The sponsor is the only residential provider for the participant, the sponsor does not employ any staff, nor is a subcontractor. This service is not open to new participants without going through the ECC approval process for an out of home placement. The provider is the primary caregiver and assumes 24-hour care of the individual. Relative providers (defined as biological, step, or adoptive parents) shall not provide this service. Host home services shall not be self-directed.

#### Tiered Levels

A Participant receives a tiered service approved in the IPC based upon need, according to the following tiers descriptions. Tier levels for this service align with the assessed LOS for the participant and the expectations of the service as specified in the definition. All supervision and supports delivered shall align with the participant's IPC.

Basic Level –Due to a high to moderately high level of independence and functioning, and few significant behavioral or medical issues that require minimal staff support, monitoring, or personal care, this tier requires periodic staff availability ~~on-site~~ and meeting periodically with the participant during awake hours on each day billed to provide general supervision, support, monitoring, and training. On-call 24 hour support is not

required for this tier level, but a contingency plan for emergencies must be outlined in the IPC. Personal care shall not exceed 20% of the provided service.

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 type="checkbox"/>	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>
<b>Agency</b>			

**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:	Frequency of Verification

**Service Delivery Method**

<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/>	Provider managed

**Service Specification**

Service Title:	The following Comprehensive and Supports Waiver Services: Adult Day, Behavioral Support, Case Management, Child Habilitation, Cognitive Retraining, Community Living, Community Support, Companion, Crisis Intervention, Dietician, Environmental Modification, Homemaker, Individual Habilitation Training, Occupational Therapy, Personal Care, Physical Therapy, Respite, Skilled Nursing, Special Family Habilitation Home, Specialized Equipment, Speech Language and Hearing, Supported Employment, Transportation.
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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):

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 type="checkbox"/>	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>
<b>Agency</b>			

**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:	Frequency of Verification

**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
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				<p>DHCF shall initially certify a new agency providing this service for one year. <del>Renewal of that certification, including an on-site visit, shall be conducted at least once every three (3) years.</del> During the COVID-19 health emergency, current certifications will continue until such time as the certification is updated. Providers that do not provide services in a setting that is owned, leased or controlled by the provider shall not be subject to an on-site visit. DHCF has the authority to conduct an on-site visit when a concern is identified during a complaint, incident report, internal referral, or at the agency's discretion.</p>




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<sup>i</sup> 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.