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: Montana

B. Waiver Title(s):

Montana Big Sky Home and Community Based Waiver Montana Home and Community Based Waiver for Individuals with Developmental Disabilities Montana Behavioral Health Severe Disabling Mental Illness Home and Community Based Services

C. Control Number(s):

MT-0148.R06.07, MT-0208.R06.06, MT 0455 R03.02

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

X	**Pandemic, Epidemic or**
○	**Natural Disaster**
○	**National Security Emergency**
○	**Environmental**
○	**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.

On March 13, 2020, as authorized under the Robert T. Stafford Disaster Relief and Emergency Assistance Act (the "Stafford Act"), President Donald J. Trump declared a state of emergency resulting from the ongoing Coronavirus Disease 2019 (COVID-19) pandemic. On January 31, 2020, pursuant to the Public Health Services Act, Secretary of Health and Human Services (HHS) Alex Azar declared a public health emergency. On March 12, 2020, Governor Steve Bullock issued an executive order declaring a state of emergency related to the continued spread of COVID-19 to allow the governor to direct a coordinated response to the outbreak of communicable disease. This includes mobilizing all available state resources, such as emergency funds or personnel from the National Guard. It also allows the governor to take additional steps to ease regulatory requirements, continue federal and multi-state coordination, and ensure continued access to critical services for the State's most vulnerable.

The novel COVID-19 pandemic has already begun to place unprecedented burdens on Montana's health care programs and systems. Per the Centers for Disease Control and Prevention (CDC), as of March 31, 2020, there are 177 reported COVID-19 cases; this number is expected to grow as more people become tested and the virus spreads to other communities in Montana, increasing the risk of exposure for the State's residents. Montana has three approved 1915(c) waivers with 5400 participants, many of which are among the most vulnerable and susceptible to COVID-19. Health care workers caring for patients with COVID-19, individuals who have had close contact with persons with COVID-19, and travelers returning from affected international locations where community spread is occurring are all at elevated risk of exposure. Montana's knowledge of COVID-19 is still rapidly evolving.

Montana has received approval to waive certain Medicaid and the Children's Health Insurance Program (CHIP) requirements to ensure sufficient health care items and services are available to meet the needs of individuals under 1135 of the Social Security Act. A number of requirements Montana has committed to in its Medicaid state plan and waiver applications are dependent on staff and provider ability to perform tasks. Due to the evolving nature of this crisis, we may reach a point where we must adjust service delivery methods, suspend home visits, and shift workload priorities due to staff shortages to in order to meet immediate health and safety needs.

This appendix K is additive to the previously approved appendix K and adds a new type of service provider under Personal Health and Safety Items described in Attachment A to apply to all three waivers:

- Montana Big Sky Home and Community Based Waiver
- Montana Home and Community Based Waiver for Individuals with Developmental Disabilities
- Montana Behavioral Health Severe Disabling Mental Illness Home and Community Based Services

F. Proposed Effective Date: Start Date: 05/01/2020 **Anticipated End Date:** 01/26/2021

G. Description of Transition Plan.

Individuals will transition to pre-emergency service status as soon as circumstances allow. Individual needs will be reassessed, as necessary, on a case by case basis following the return to pre-emergency services.

H. Geographic Areas Affected:

Statewide.

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

N/A-NO CHANGE

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.]

N/A-NO CHANGE

ii.___ Temporarily modify additional targeting criteria.
[Explanation of changes]

N/A-NO CHANGE

b. ___ 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-NO CHANGE

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]

See Section A: Personal Health and Safety Items

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-NO CHANGE

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

N/A-NO CHANGE

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.

N/A-NO CHANGE

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

i. ___ Temporarily modify provider qualifications.

N/A-NO CHANGE

ii. ___ Temporarily modify provider types.

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

N/A-NO CHANGE

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-NO CHANGE

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

N/A-NO CHANGE

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.]

N/A-NO CHANGE

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-NO CHANGE

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.]

N/A-NO CHANGE

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.]

N/A-NO CHANGE

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-NO CHANGE

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-NO CHANGE

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]

N/A-NO CHANGE

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]:*

N/A-NO CHANGE

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.

N/A-NO CHANGE

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]*

N/A-NO CHANGE

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:	Marie
Last Name	Matthews
Title:	State Medicaid Director
Agency:	MT Public Health and Human Services
Address 1:	PO Box 4210
Address 2:	111 North Sanders
City	Helena
State	MT
Zip Code	59620
Telephone:	406-444-4084
E-mail	mmatthews@mt.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:	Same as above
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: original submittal: 06/01/2020**
Revised K #2 submittal: 10/16/2020

Marie Matthews_____
State Medicaid Director or Designee

First Name:	*Marie*
Last Name	*Matthews*
Title:	State Medicaid Director
Agency:	MT Public Health & Human Services
Address 1:	PO Box 4210
Address 2:	111 North Sanders
City	Helena
State	MT
Zip Code	59620
Telephone:	406-444-4084
E-mail	mmatthews@mt.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 Title:	**Personal Health and Safety Items**

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

Service Definition (Scope)**:**

Provision of health supplies such as gloves, hand sanitizers, surgical and/or cloth masks, disinfectants, disinfecting wipes for personal use in the home and on equipment that may enter the community.

Personal health and safety items services are stand-alone, separate from Specialized Medical Supplies and Equipment services and cannot be duplicated under that service.

Services under the waiver are limited to additional services not otherwise covered under the state plan, including EPSDT, but consistent with the waiver objectives of avoiding institutionalization.

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

This service is limited to $50/per member per month through the duration of the Appendix K. A physician's order is not required. This service is a new limited time benefit for members and is separate and distinct from rates to providers for other services.

Provider Category(s) *(check one or both)***:**	☐	Individual. List types:	x	Agency. List the types of agencies:
				Durable Medical Equipment Providers
				Pharmacies

Specify whether the service may be provided by *(check each that applies):*	☐	Legally Responsible Person	☐	Relative/Legal Guardian

Provider Qualifications (*provide the following information for each type of provider)*:

Provider Type:	License *(specify)*	Certificate *(specify)*	Other Standard *(specify)*
DME			Enrolled waiver provider
Pharmacy			Enrolled waiver provider
DD Service Provider Agency under contract with the Developmental Disabilities Program			

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
DME	Fiscal agent - Conduent	Enrollment, Annual

Pharmacy		Fiscal agent – Conduent	Enrollment, Annual	
Home Health Agency		Senior and Long Term Care, Conduent	Enrollment, Annual	
Service Delivery Method *(check each that applies)*:	x	Participant-directed as specified in Appendix E	X	Provider managed
Fee For Service		Case Manager Orders		
Fee For Service		Self-Directed Waiver – participant orders		

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.