

# APPENDIX K: Emergency Preparedness and Response

**Background:**

This standalone appendix may be utilized by the state during emergency situations to request amendment to its approved waiver. 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>i</sup> This appendix may be completed retroactively as needed by the state.

## Appendix K-1: General Information

**General Information:**

- A. State: \_\_\_\_\_
- B. Waiver Title: New Freedom
- C. Control Number: WA.0443.R03.02

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

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

**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.

1) On February 29<sup>th</sup>, 2020 Governor Jay Inslee declared a state of emergency in response to new cases of COVID-19, directing state agencies to use all resources necessary to prepare for and respond to the outbreak. The risk posed by a virus outbreak depends on factors including how well it spreads between people, the severity of the illness it causes, and the medical or other measures in place to control the impact of the virus (for example, vaccine or treatment medications). There are currently no vaccine or treatment medications that are effective against COVID-19 which is spreading rapidly in several communities in Washington, and the risk of exposure is increasing for people who live in our state. Healthcare workers caring for patients with

COVID-19 are at elevated risk of exposure. Those who have had close contact with persons with COVID-19 are at elevated risk of exposure. Travelers returning from affected international locations where community spread is occurring are at elevated risk of exposure. Our knowledge of COVID-19 is still rapidly evolving. Individuals who are sick are advised to stay home.

2) As of March 10<sup>th</sup>, 2020 there are 162 confirmed cases and 22 total fatalities of COVID-19. This number is expected to grow.

3) AL TSA is in the process of developing emergency plans to assist communities affected by COVID-19.

4) A number of requirements we have committed to in our 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 in order to meet immediate health and safety needs.

**F. Proposed Effective Date: Start Date: 2/29/2020 Anticipated End Date: 1/31/2021**

**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:**

All

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

The state is following CDC and the state's Department of Health guidelines, which can be found at: <https://www.cdc.gov/coronavirus/2019-ncov/index.html> and <https://www.doh.wa.gov/Emergencies/Coronavirus>

## 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]

Implement a temporary increase in the amount and duration for the following services within the waivers, as necessary on a cases by case basis.

New Freedom services:

- Personal Assistance Services
- Environmental and Vehicle Modifications
- Individual Directed Goods, Services, and Supports
- Training and Educational Supports
- Treatment and Health Maintenance

**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]:

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. \_\_\_ **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

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

i.  **Temporarily modify provider qualifications.**

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

Temporarily waive timing requirements for initial training and certification requirements and revalidation of waiver provider renewal requirements related to continuing education and recertification during the state of emergency. This applies to home care agencies and Individual Providers in an in-home setting.

Individual Provider Training requirements and federal background check requirements:

Individual Providers (IPs) are not required to complete Basic training or obtain certification as a Home Care Aide prior to contracting with the Department or providing services to participants. Unless exempt under state law, IPs must complete Basic training and applicable IPs must obtain certification as a Home Care Aide as soon as feasibly possible. If not exempt under state law, IPs, who have passed a state background check, must complete a federal background check as soon as feasibly possible, but may continue providing services without a federal background check. Unless exempt under state law, IPs must complete continuing education credits every 12 months, but may continue providing services if continuing education requirements are not completed.

Home Care Agencies:

Staff providing personal care for these Provider types may provide services to participants prior to completing Basic training or obtaining certification as a Home Care Aide. Unless exempt under state law, these staff must complete Basic training and obtain certification as a Home Care Aide as soon as feasibly possible. If not exempt under state law, these staff, who have passed a state background check, must complete a federal background check as soon as feasibly possible, but may continue providing services without a federal background check. Unless exempt under state law, staff must complete continuing education credits every 12 months, but may continue providing services if continuing education requirements are not completed.

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

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

The state has discretion, based on the availability of resources, to determine who (DDA, HCS, or AAA Case Managers) is responsible for completing initial assessments and/or reassessments. The State may modify timeframes or processes for completing assessments:

1) Case Managers may complete all Initial and reassessments telephonically or via other audio/video options in lieu of face-to-face assessments. If an assessment is done telephonically all components of the CARE assessment will still be completed except the MMSE, which cannot be done over the phone.

2) Annual reassessments of level of care that exceeds the 12 month authorization period will remain open and services will continue to allow sufficient time for the case manager to complete the annual reassessment. A reassessment may be postponed for up to one year.

**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].

To effectively respond to the COVID-19 outbreak the state requires the flexibility to adjust providers' rates if deemed necessary to ensure that essential services are available for clients. If deemed necessary, the state may reimburse providers with an additional add-on COVID-19 rate. This may apply to all services available under the approved waiver as determined by the state on a case by case basis when an increased rate is deemed necessary to maintain services due to risk factors associated with COVID-19. Negotiated COVID add-on rates will be based on current market factors and verified additional costs incurred by the provider. The add-on rate will be determined by the state, but may not exceed 25% of the provider's current rate.

**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.]

The State may modify timeframes or processes for completing person-centered service plans:

1) Case Managers may complete the person-centered service planning process telephonically or via other audio/video options in lieu of meeting face-to-face.  
2) Person centered service plans adjustments may be approved with a retroactive approval date for service needs identified to mitigate harm or risk directly related to COVID-19 impacts.

**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.]

**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.]

In response to the emergency situation and in order to maintain a viable workforce, the state may elect to make retainer payments to Individual providers for up to 30 days in instances where the participant is hospitalized, the participant is absent from his/her home due to COVID-19, or the provider cannot enter the participant's home due to a mandatory or self-imposed quarantine of either the provider or participant. The state will determine the rate and scope of retainer payments based on the severity of the situation.

**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]

N/A

## Contact Person(s)

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

<b>First Name:</b>	Michael
<b>Last Name</b>	Brown
<b>Title:</b>	Section Manager
<b>Agency:</b>	Health Care Authority
<b>Address 1:</b>	628 8 <sup>th</sup> Ave SE
<b>Address 2:</b>	
<b>City</b>	Olympia
<b>State</b>	WA
<b>Zip Code</b>	98504
<b>Telephone:</b>	360-725-1481
<b>E-mail</b>	Michael.brown@hca.wa.gov
<b>Fax Number</b>	360-586-9080

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

<b>First Name:</b>	Jamie
<b>Last Name</b>	Tong
<b>Title:</b>	Waiver Program Manager
<b>Agency:</b>	Aging and Long-Term Support Administration
<b>Address 1:</b>	4450 10 <sup>th</sup> Ave. SE
<b>Address 2:</b>	
<b>City</b>	Lacey
<b>State</b>	WA
<b>Zip Code</b>	98504
<b>Telephone:</b>	360-725-3293
<b>E-mail</b>	<a href="mailto:Jamie.tong@dshs.wa.gov">Jamie.tong@dshs.wa.gov</a>
<b>Fax Number</b>	360-725-2646

## 8. Authorizing Signature

**Signature:**

**Date:**

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

<b>First Name:</b>	MaryAnne
<b>Last Name</b>	Lindeblad
<b>Title:</b>	Medicaid Director
<b>Agency:</b>	Health Care Authority
<b>Address 1:</b>	626 8 <sup>th</sup> Ave. SE
<b>Address 2:</b>	
<b>City</b>	Olympia
<b>State</b>	WA
<b>Zip Code</b>	98504
<b>Telephone:</b>	360-725-1863
<b>E-mail</b>	<a href="mailto:Maryanne.lindeblad@hca.wa.gov">Maryanne.lindeblad@hca.wa.gov</a>
<b>Fax Number</b>	360-586-9551

## 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:	Personal Assistance Services
<i>Select one: Temporary modification to service definition</i>	
<b>Service Definition (Scope):</b>	
<p>Supports involving the labor of another person to help waiver participants carry out everyday activities they are unable to perform independently. The participant has the authority to direct the delivery of personal care. Responsibilities include hiring, terminating, and developing the schedule for the provider.</p> <p>Services may be provided in the person's home or to access community resources. <b>The state may determine when it is appropriate for personal care services to be delivered telephonically or via other audio/video options.</b> The scope of Personal Care Assistance Services (PAS) is broader than personal care services provided through the State plan and provides participants with an increased choice of types of qualified providers. PAS includes all of the following elements:</p> <ul style="list-style-type: none"> <li>-Direct personal care services which is defined as assistance with activities of daily living, including mobility, bathing, body care, dressing, eating, personal hygiene, medication management, toilet use, and transfer. Assistance with instrumental activities of daily living (i.e. essential shopping, housework, meal preparation and transportation for essential shopping).</li> <li>-Delegated health related tasks as defined in Washington State Nurse Delegation rule. Providers of direct personal care services may be asked to perform certain delegated tasks. These services differ from Treatment and Health Maintenance services in that they are provided to a participant by an individual or agency caregiver who has been trained by a nurse to provide what would otherwise be a skilled task. Treatment and Health maintenance services are provided by a licensed, skilled professional. Rules regarding Nurse Delegation are listed in WAC 246-840-910 through WAC 246-840-990.</li> </ul> <p>Assistance with other tasks or activities that support independent living and is necessary due to the functional disability, such as homemaking and chore services, that is not available under state plan personal care.</p> <p>Personal assistance with transportation to enable waiver participants to gain access to waiver and other community services, activities and resources, as specified by the PCSP. This service is offered in addition to medical transportation required under 42 CFR §431.53 and transportation services under the State plan, defined at 42 CFR §440.170(a) (if applicable), and does not replace them. Transportation services under the waiver are offered in accordance with the participant's PCSP.</p> <p>Providers are required to meet training requirements as defined in 388-71-0836 through WAC 388-71-1006. Consumers and their family can access a pool of qualified providers through the Home Care Referral Registry.</p> <p>The state completes annual Quality Assurance monitoring which of Individual provider files. In addition, the Case Manager monitors the care plan with the participant which includes verifying services are being completed.</p>	

Participants have both budget and employment authority. Participants use their budget to purchase services, supports, and items that meet the New Freedom service definitions and have the authority to fully direct all waiver services.

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

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

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**Provider Specifications**

Provider Category(s): <b>No changes, same as application</b>	<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:** **No changes, same as application**

Provider Type:	License ( <i>specify</i> )	Certificate ( <i>specify</i> )	Other Standard ( <i>specify</i> )

**Verification of Provider Qualifications:** **No changes, same as application**

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
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**Service Specification**

Service Title:	Individual Directed Goods, Services and Supports
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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): <b>No change in service definition</b>
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Specify applicable (if any) limits on the amount, frequency, or duration of this service:			
Services in this waiver category will not duplicate or replace other state plan services. Veterinary care is available only to service animals. Meals provided as part of these services shall not constitute a full nutritional regimen (3 meals per day). During the COVID-19 outbreak, the state is requesting flexibility to determine on a case-by-case basis two meals a day can be authorized to maintain health and safety of the client.			
Provider Specifications			
Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/> Agency. List the types of agencies:
			Food Service Vendor
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/> Relative/Legal Guardian
Provider Qualifications (provide the following information for each type of provider):			
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
			Meet all state board of health standards for food service under RCW 43.20.050 to promote and protect the health, safety, and well-being of the public and prevent the spread of disease through food. Meals may be provided by restaurants, cafeterias or caterers who comply with Washington State Department of Health and local board of health regulations for food service establishments. During the COVID-19 outbreak the state is requesting flexibility in provider types to include other options, such as shelf stable meals or frozen meals.
Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
Service Delivery Method			
Service Delivery Method (check each that applies):	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/> Provider managed

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<sup>i</sup> Numerous changes that the state may want to make 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; (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.