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.[i] This appendix may be completed retroactively as needed by the state.

Appendix K-1: General Information

General Information:

A. State: California

B. Waiver Title: Home and Community-Based Services Waiver – Multipurpose Senior Services Program (MSSP)

C. Control Number: CA.0141.R06.01

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

●	**Pandemic or Epidemic**
○	**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.

1) Nature of Emergency:

   Coronavirus disease 2019 (COVID-19) is a respiratory illness caused by a novel virus that has been spreading worldwide. Community-acquired cases have been confirmed in California. The State of California has been working in close collaboration with the national Centers for Disease Control and Prevention (CDC), with the United States Health and Human Services Agency, and local health departments to monitor and plan for the potential spread of COVID-19.

2) Number of Individuals Affected and the State's Mechanism to Identify Individuals at Risk:

   On March 4, 2020, the State of California declared a State of Emergency. As of March 12, 2020, there are 1,215 presumptive cases of COVID-19 in the United States,

including 198 confirmed cases and four fatalities in California. More than 11,100 Californians across 49 counties are in home monitoring based on possible travel-based exposure to the virus, and officials expect the number of cases in California to increase. Experts anticipate that while a high percentage of individuals affected by COVID-19 will experience mild flu-like symptoms, some will have more serious symptoms and require hospitalization, particularly vulnerable populations such as the frail older adults served by the MSSP Waiver.

3) Roles of State, Local, and Other Entities Involved in Approved Waiver Operations:

The California Department of Aging (CDA) administers the MSSP waiver through an interagency agreement with the Department of Health Care Services (DHCS). Contracted local MSSP sites provide the direct care management services. The process for initial enrollment is for a nurse to conduct an initial health assessment and a social worker to conduct an initial psychosocial assessment. These are done via a face-to-face interview with the participant. The nurse also determines the level of care eligibility. Once enrolled in the program, participants receive at a minimum, a monthly telephone call and a quarterly home visit. The care management team determines what outside services may be needed based on their assessments and arrange for service delivery. These services may be delivered on a one-time basis (i.e. equipment or incontinence supplies), or services may be provided in the home at specified times from a qualified vendor (i.e. respite care). The MSSP care manager verifies the services and the supervising care manager signs off on the care plan approving the services. MSSP sites submit for reimbursement through the DHCS fiscal intermediary or the Medi-Cal managed care health plan.

4) Expected Changes needed to Service Delivery Methods:
In order to prevent potential waiver participant exposure to COVID-19, CDA expects that MSSP sites will conduct telephonic assessments, video conferencing or live video interactions in lieu of face-to-face visits, in accordance with HIPAA requirements, described in #3 for the months of March, April, May, and June of 2020. The State reporting requirements related to the performance measures data will be impacted by a decrease in face-to-face visits, but CDA will attempt telephonic or video assessments instead.

F. Proposed Effective Date: Start Date: February 4, 2020
Anticipated End Date: June 30, 2020

G. Description of Transition Plan: The MSSP sites will inform the participants via telephone of the plan to decrease home visits, and to provide telephonic or video visits and assessments in lieu of, or as an option for, face-to-face and home visits. The MSSP sites will also provide resources to participants and family members as more information becomes available.

H. Geographic Areas Affected: All counties in the State of California

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

State of California Emergency Plan October 2017 (Page 117)

14.4.1.DEPARTMENT OF AGING (CDA)

Care and Shelter: Provides representatives, as requested and appropriate, to support lead emergency responders either directly or through the network of 33 Area Agencies on Aging (AAA). Coordinates with AAAs to identify and respond to the needs of older adults and/or adults with disabilities in the community to the extent possible.

Law Enforcement: Coordinates with AAAs to identify, notify, and respond to the needs of older adults and/or adults with disabilities in the community.

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. ☒ **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. ☐ **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. ☐ **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.]

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

Enrollment LOCs are required to be completed in person; however, to prevent spread of COVID-19, they may be completed by record review and telephonically or via video. The face-to-face home visit may be delayed until the COVID-19 Coronavirus has been contained. MSSP sites will also complete LOC re-evaluations by record review and telephonically or via video during this time.

CDA requires that affected sites document the reason for the delayed face-to-face home visit(s) and that any late requirements be completed the following month, or as soon as reasonably possible, by no later than June 30, 2020.

.

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.]

Monthly telephonic care management (including care/service plan review and re-evaluations) will still be provided; however, the home visit may be conducted via telephone or video, or delayed until COVID-19 has been contained.

CDA requires that affected sites document the reason for the delayed face-to-face home visit(s) and that any late requirements be completed the following month, or as soon as reasonably possible, by no later than June 30, 2020.

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. ☐ **Imminent needs of individuals in the waiver program.** [Explanation of changes]

Contact Person(s)

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

First Name:	Joseph
Last Name	Billingsley
Title:	Program Policy and Operations Branch Chief
Agency:	Department of Health Care Services
Address 1:	1501 Capitol Avenue, MS 4502
Address 2:	P.O. Box 997437
City	Sacramento
State	CA
Zip Code	95899-7437
Telephone:	(916) 713-8389
E-mail	Joseph.Billingsley@dhcs.ca.gov
Fax Number	N/A

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

First Name:	Amber
Last Name	Kraw
Title:	Health Program Specialist
Agency:	California Department of Aging
Address 1:	1300 National Drive, Suite 200
Address 2:	
City	Sacramento
State	CA
Zip Code	95834-1992
Telephone:	(916) 419-7575
E-mail	Amber.Kraw@aging.ca.gov
Fax Number	(916) 028-2508

8. Authorizing Signature

Signature: /S/

Date: March 14, 2020

State Medicaid Director or Designee

First Name:	Jacey
Last Name	Cooper
Title:	State Medicaid Director
Agency:	California Department of Health Care Services
Address 1:	1501 Capitol Avenue
Address 2:	PO Box 997413, MS 0000
City	Sacramento
State	CA
Zip Code	95899-7413
Telephone:	(916) 440-7400
E-mail	Jacey.Cooper@dhcs.ca.gov
Fax Number	(916) 440-7404

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:	Care Management (50)

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

Service Definition (Scope)**:**

The service MSSP Care Management is only provided to MSSP participants by qualified MSSP providers. All Waiver Participants have their choice of providers within the MSSP sites. The site uses a team consisting of a Social Work Care Manager (SWCM) and a Nurse Care Manager (NCM) to directly provide Care Management. The Care Management team provides the following components of Care Management: assessment of Waiver Participant needs; LOC certification; care plan development; service implementation, coordination and monitoring; ongoing Waiver Participant contact (including a monthly, at minimum, telephone call; quarterly face-to-face visits[including a minimum of an annual visit by the NCM]); LOC certification no later than 365 days of the last LOC; annual CM team reassessment of the Participant; and an annual care plan update (note: all previously mentioned activities can occur more frequently should the Waiver Participant situation warrant it).

The Care Management team can be assisted (with the team's supervision) by care management aides who perform more routine tasks such as screening and monitoring (they cannot sign off on any Care Management documents). The care management team has to be supervised by the local site's Supervising Care Manager (SCM).

This service assists Waiver Participants in gaining access to needed Waiver and other State Plan services, as well as needed medical, social, and other services, allowing the Waiver Participant freedom of choice, regardless of the funding source. Care Managers are responsible for ongoing monitoring of the provision of services included in the Waiver Participant's care plan. Additionally, care managers initiate and oversee the process of assessment and reassessment of Waiver Participant level of care and the monthly review of care plans.

The MSSP care management system vests in the local MSSP site contractor responsibility for assessing, care planning, locating, authorizing, coordinating, and monitoring a package of long-term care services and supports for Waiver Participants. The teams are responsible for care management services including: the assessment; care plan development; service authorization and delivery; monitoring and follow up components of the program. Although the primary care manager (PCM) will be either a SWCM or NCM, both professionals will be fully utilized in carrying out the various care management functions. Case records must document all Waiver Participant contact activity each month.

The unit of service for care management is a month.

Face-to-face visits will be utilized in order to conduct - Care Management: assessment of Waiver Participant needs; LOC certification; care plan development; service implementation, coordination and monitoring; ongoing Waiver Participant contact.

2) CDA and DHCS will conduct visits via telephone or video in lieu of face-to-face visits due to COVID-19 in order to minimize the risk of infection to MSSP participants and providers. We anticipate that many face-to-face visits can still be conducted telephonically. Due to precautions to reduce the spread of COVID-19 and protect MSSP participants, California will allow these flexibilities until June 30, 2020.

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

N/A

Provider Specifications				
Provider Category(s) *(check one or both)*:	☐	Individual. List types:	X	Agency. List the types of agencies:
				MSSP Sites

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)*
Nurse Care Manager	California Department of Consumer Affairs Board of Registered Nursing license that is current and in good standing and one year of clinical experience.	N/A	N/A
Social Work Care Manager	Bachelor's degree in social work, psychology, counseling, rehabilitation, gerontology, or sociology, or related field, plus two years of experience working with the elderly.	N/A	Sites may request an exemption to minimum qualifications with approval required from CDA.
Care Manager Aide	N/A	N/A	Two years of experience working with the elderly or a bachelor's degree in a human services discipline.

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Nurse Care Manager	The MSSP site administrator.	Prior to/at time of employment and every two years thereafter or before the license expiration date, whichever is sooner.
Social Work Care Manager	The MSSP site administrator.	Prior to/at time of employment.
Care Manager Aide	The MSSP site administrator.	Prior to/at time of employment.

Service Delivery Method				
Service Delivery Method *(check each that applies)*:	☐	Participant-directed as specified in Appendix E	X	Provider managed

[1]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.