



STATE OF MICHIGAN

GRETCHEN WHITMER
GOVERNOR

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

ROBERT GORDON
DIRECTOR

April 20, 2020

Jackie Glaze
Acting Director
Medicaid and CHIP Operations Group Center
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850

SUBJECT: Request for Waiver Amendments via Appendix K Preprints for Section 1915(c) Home and Community Based Waivers

Dear Ms. Glaze:

The State of Michigan urgently requests that the Centers for Medicare & Medicaid Services (CMS) grant waiver amendments via the Appendix K Preprints for Michigan's MI Choice Waiver, MI Health Link Waiver, Children's Waiver Program, Habilitation Supports Waiver, and Waiver for Children with Serious Emotional Disturbances of select federal healthcare laws and regulations in response to the public health emergency pertinent to the outbreak of the coronavirus disease 2019 (COVID-19). The specific statutory and regulatory waiver amendments that the State seeks are outlined in the attached Preprints.

On January 31, 2020, the Secretary of the US Department of Health and Human Services (HHS) declared a nationwide public health emergency under Section 319 of the Public Health Service Act. Subsequent to that, President Trump declared a national emergency under the Robert T. Stafford Disaster Relief and Emergency Assistance Act.

To bolster the federal response, on March 10, 2020, Michigan Governor Gretchen Whitmer issued Executive Order (EO) 2020-04, which declared a state of emergency for the State of Michigan to maximize efforts and assist local governments and officials to mitigate the spread of COVID-19. Following that declaration, Governor Whitmer has issued several additional EOs and directives to facilitate social distancing, restrict price gouging, expand unemployment benefits, and increase access to essential health care services and operations to optimize the health and welfare of all Michiganders during the COVID-19 pandemic.

I am submitting these waiver amendments on behalf of the Michigan Department of Health and Human Services' (MDHHS) Medical Services Administration (MSA), which is the single State agency for Medicaid in Michigan. MSA worked closely with other affected State agencies, including the MDHHS Behavioral Health and Developmental Disabilities Administration (BHDDA), Michigan's single State authority for mental health and substance use disorders, which provides operational oversight to Michigan's specialty behavioral health Medicaid benefit. This request also incorporates feedback from key health care stakeholders with whom the State is working closely with to address the COVID-19 public health emergency.

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Thank you in advance for your swift attention to this critical matter and please contact me immediately if additional information is required.

Sincerely,

A handwritten signature in blue ink, appearing to read "K. Massey", with a long horizontal flourish extending to the right.

Kate Massey, Director
Medical Services Administration

cc: James Scott
Ruth Hughes

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: _____ Michigan _____

B. Waiver Title(s): MI Choice

C. Control Number(s): MI.0233.R05.01

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:** 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. 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]

- 1) Temporarily suspend limitations on who may receive a home delivered meal so that any MI Choice participant in need may receive a home delivered meal during this emergency.
- 2) Temporarily expand Goods and Services to be applicable to all MI Choice participants and to allow purchase of items identified by the participant as necessary to practice social distancing or self-isolation per CDC guidance or other governmental communications related to COVID-19.
- 3) Temporarily expand the community transportation definition to include transportation on behalf of the participant to allow vulnerable individuals to practice social distancing or self-isolation per CDC guidance.

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. x Temporarily modify provider qualifications.

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

Allow established restaurants that offer delivery services or meal delivery kit providers to furnish home delivered meals.

For Community Living Supports, temporarily relax provider training requirements during the pandemic.

ii. x Temporarily modify provider types.

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

Allow established restaurants that offer delivery services or meal delivery kit providers to furnish home delivered meals.

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

Because of the recommendation for social distancing and self-isolation for the population served, MDHHS would like to automatically extend any level of care determinations that will expire during the effective period of this appendix by up to one year. Additionally, MDHHS is requesting that new evaluations may be completed telephonically, via telemedicine, or using video conferencing commonly available on smart phones.

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.]

MDHHS will temporarily require the flexibility to account for increased risk factors associated with COVID-19 in the rates paid to providers. This flexibility will apply to authorized services billable to Community Living Supports and Respite services (H0045, H2015, H2016, S5150, and S5151) in which face-to-face contact is essential for beneficiary health and safety. The amount of the increase in payment rates to providers and the effective time periods will be determined by MDHHS and paid to the PAHPs for this population.

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.]

MDHHS is requesting that supports coordinators may be complete person-centered service planning tasks telephonically, via telemedicine, or using video conferencing commonly available on smart phones.

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._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]

For individuals who are unable to receive the services on their person-centered service plan because of the social distancing recommendations, allow monthly monitoring of the individual when services are furnished on a less than monthly basis in lieu of requiring the provision of at least one waiver service in addition to supports coordination. This includes individuals who cannot find a replacement caregiver when their usual caregiver is unable to deliver services as well as individuals who may normally attend an Adult Day Health service and that service is temporarily closed.

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.
- b. And to implement the following measures designed to limit the spread of COVID-19:
 - 1. Allow providers in these settings to isolate individuals with COVID-19 symptoms from other residents.
 - 2. Allow providers in these settings to limit community participation activities for residents who are at high risk of severe illness.
 - 3. Allow providers to implement social distancing measures as feasible, such as reducing large gatherings, altering meal schedules to reduce mixing, and limiting programs with external staff.

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: Jacqueline
Last Name Coleman
Title: Waiver Specialist
Agency: Medical Services Administration
Address 1: P.O. Box 30479
Address 2: 400 S. Pine, 7th Floor
City Lansing
State MI
Zip Code 48909-7979
Telephone: 517.284.1190
E-mail ColemanJ@Michigan.gov
Fax Number 517.241.5112

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



State Medicaid Director or Designee

First Name: *Kate*
Last Name *Massey*
Title: Director
Agency: Medical Services Administration
Address 1: P.O. Box 30479
Address 2: 400 S. Pine Street, 7th Floor
City Lansing
State MI
Zip Code 48909-7979
Telephone: 517.241-7882
E-mail MasseyK4@michigan.gov
Fax Number 517.335.5007

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 Specification	
Service Title:	Supports Coordination
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope):	
<p>Supports Coordination is provided to assure the provision of supports and services needed to meet the participant’s health and welfare needs in a home and community-based setting. Without these supports and services, the participant would otherwise require institutionalization. The supports coordination functions to be performed and the frequency of face-to-face and other contacts are specified in the participant’s person-centered service plan. The frequency and scope of supports coordination contacts must take into consideration health and safety needs of the participant. Supports Coordination does not include the direct provision of other Medicaid services.</p> <p>Functions performed by a supports coordinator include the following:</p> <ol style="list-style-type: none"> 1. Conducting the initial and subsequent Nursing Facility Level of Care Determinations per state policy. 2. Conducting the initial assessment and periodic reassessments. 3. Facilitating a person-centered planning process that is focused on the participant’s preferences, includes family and other allies as determined by the participant, identifies the participant’s goals, preferences and needs, provides information about options, and engages the participant in monitoring and evaluating services and supports. 4. Developing a service plan using the person-centered planning process, including revisions to the service plan at the participant’s initiation or as changes in the participant’s circumstances may warrant. 5. Referral to and coordination with providers of services and supports, including non-Medicaid services and informal supports. This may include providing assistance with access to entitlements or legal representation. 6. Monitoring of MI Choice waiver services and other services and supports necessary for achievement of the participant’s goals. Monitoring includes opportunities for the participant to evaluate the quality of services received and whether those services achieved desired outcomes. This activity includes the participant and other key sources of information as determined by the participant. 7. Providing social and emotional support to the participant and allies to facilitate life adjustments and reinforce the participant’s sources of support. This may include arranging services to meet those needs. 8. Providing advocacy in support of the participant’s access to benefits, assuring the participant’s rights as a program beneficiary, and supporting the participant’s decisions. 9. Maintaining documentation of the above listed activities to ensure successful support of the participant, comply with Medicaid and other relevant policies, and meet the performance requirements delineated in the waiver agency’s contract with the Michigan Department of Health and Human Services (MDHHS). <p>Communication is a required intervention and must be incorporated into the person-centered service plan.</p> <p>Additional guidance for Supports Coordination can be found in the contract between MDHHS and MI Choice waiver agencies.</p> <p style="background-color: yellow;">For required in-person visits for case management/supports coordination and provider assessment/monitoring activities, MDHHS would like to make the following changes:</p> <p style="background-color: yellow;">Telephonic, telemedicine and video technology commonly available on smart phones are acceptable options for program functions that require in-person communication so long as they meet HIPAA compliance standards and the beneficiary or legal representative consents to the method. This includes initial assessments, re-assessments, Nursing Facility Level of Care Determinations, care planning meetings, home visits, case management, and provider assessment and monitoring. <u>This does not include personal care services, community living supports, or other services designed to support Activities of Daily Living.</u> The use of this option must be documented as a comment on the provider claim and in the beneficiary record, as appropriate. Providers must ensure the privacy of the beneficiary and the security of any information shared via telephonic, telemedicine and video technology. If a beneficiary is unable to communicate over the phone, these activities may be completed with a guardian or other representative of the beneficiary that is familiar with their needs.</p> <p style="background-color: yellow;">Initial assessments may be conducted by a single supports coordinator, either a registered nurse or licensed social worker. For initial assessments, it is recommended that the supports coordinator initiate contacts with individuals in addition to the beneficiary, such as family members, guardians, caregivers, and friends. It is also recommended that the supports</p>	

coordinator request two pieces of identifying information such as DOB and first or last four numbers of the Social Security Number. In lieu of the required written consent or beneficiary signatures, verbal permission may be obtained and must be documented. Required written consent or signatures must be obtained at the next in-person opportunity. For all initial assessments performed by a single supports coordinator, the first reassessment after the effective period of this Appendix must be conducted by a registered nurse and licensed social worker team

Supports coordinators should use their judgement regarding the risk to beneficiaries and the relative need for in-person communication with beneficiaries that have complex care needs. Communication with beneficiaries to assess these factors prior to any in-person contacts is required. At minimum, supports coordinators should ask the following questions before in-person activities:

- 1.) Do you or anyone in your household have symptoms of Coronavirus including fever, cough, sore throat or shortness of breath?
- 2.) Have you or anyone in your household travelled in the last 14 days? If so, where?
- 3.) Have you or anyone in your household been in close contact with others who have symptoms, are being assessed or monitored for Coronavirus, or who have travelled in the last 14 days?
- 4.) Have you or anyone in your household been at a large gathering of 50 people or more in the last 14 days?
- 5.) Are you uncomfortable having a provider enter your home during the Coronavirus outbreak?

If the beneficiary answers “yes” to any of the above questions, a postponement of in-person activities is strongly recommended and a referral to a healthcare provider or local Health Department should be facilitated. The supports coordinator shall assist in securing transportation services to a healthcare provider or local Health Department if needed.

Following the termination of these COVID-19 conditions, in-person contacts should be made as soon as feasible to validate information gathered telephonically or through telemedicine and to reassess as appropriate. There will be no penalties for delayed contacts.

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

Participant must need and agree to accept at least one additional MI Choice service every 30 days to qualify for the program.

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:
				Supports Coordinator

Specify whether the service may be provided by (check each that applies):

<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)
Agency	MCL 133.18501 ... 333.18518 (Social Work), MCL 133.17201 ... 333.17242 (Registered Nurse)		The agency must meet provider requirements as specified in the MI Choice contract. The agency must assure its employees are knowledgeable in the unique abilities, preferences and needs of the individual(s) being served. In addition, the agency must maintain a pool of qualified supports coordinators from which the participant can choose. Qualified staff includes a Registered Nurse (RN) and a Social Worker (SW), both with valid Michigan licenses to practice their profession as defined in the MI Choice contract.

Verification of Provider Qualifications				
Provider Type:	Entity Responsible for Verification:		Frequency of Verification	
Agency	MDHHS verifies waiver agency qualifications. The waiver agency is responsible for assuring its employees and contracted providers meet provider qualifications for the service being delivered as specified in the MI Choice contract.		Prior to delivery of services and annually thereafter.	
Service Delivery Method				
Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed

Service Specification				
Service Title:	Home Delivered Meals			
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>				
Service Definition (Scope):				
Home Delivered Meals (HDM) is the provision of one to two nutritionally sound meals per day to a participant who is unable to care for their own nutritional needs. The unit of service is one meal delivered to the participant's home or to the participant's selected congregate meal site that provides a minimum of one-third of the current recommended dietary allowance (RDA) for the age group as established by the Food and Nutritional Board of the National Research Council of the National Academy of Sciences. Allowances must be made in HDMs for specialized or therapeutic diets as indicated in the participant's service plan. A Home Delivered Meal cannot constitute a full nutritional regimen.				
Specify applicable (if any) limits on the amount, frequency, or duration of this service:				
Where applicable, the participant must use Medicaid state plan, Medicare, or other available payers first. The participant's preference for a certain provider or agency is not grounds for declining another payer in order to access waiver services. The meals authorized under this service must not constitute a full nutritional regimen.				
Limitations on who can get a meal:				
a. The participant must be unable to obtain food or prepare complete meals.				
b. The participant does not have an adult living at the same residence or in the vicinity that is able and willing to prepare all meals.				
c. The participant does not have a paid caregiver that is able and willing to prepare meals for the participant.				
d. The provider can appropriately meet the participant's special dietary needs and the meals available would not jeopardize the health of the individual.				
e. The participant must be able to feed himself/herself.				
f. The participant must agree to be home when meals are delivered, or contact the program when absence is unavoidable.				
During the effectiveness of this Appendix, MDHHS will lift all restrictions on who may receive a home delivered meal. This would make home delivered meals an option for any person enrolled in MI Choice during this crisis. This also allows meal deliveries to be left at the door to avoid unnecessary in-person contacts.				
Provider Specifications				
Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
				Home Delivered Meal Provider
				Licensed Restaurants with delivery services
				Meal Kit Delivery Service Providers (Hello Fresh, Blue Apron, Home Chef, etc.)

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>)
Home Delivered Meal Provider	Health Code Standards (PA 368 of 1978)		<ol style="list-style-type: none"> 1. Each home delivered meals provider must have the capacity to provide three meals per day, which together meet the Dietary Reference Intakes (DRI) and recommended dietary allowances (RDA) as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences. 2. Each provider must develop and have available written plans for continuing services in emergency situations such as short term natural disasters (e.g., snow or ice storms), loss of power, physical plant malfunctions, etc. The provider must train staff and volunteers on procedures to follow in the event of severe weather or natural disasters and the county emergency plan, as applicable. 3. Each provider must carry product liability insurance sufficient to cover its operation. 4. The provider must deliver food at safe temperatures as defined in Home Delivered Meals service standards. Meals that are delivered in a frozen state must include directions on how to reheat the meals to a safe temperature.
Licensed Restaurant with Delivery Service	Health Code Standards (PA 368 of 1978)		<ol style="list-style-type: none"> 1. The provider must deliver food at safe temperatures. Meals that are delivered in a frozen state must include directions on how to reheat the meals to a safe temperature. 2. Delivery costs are included in the total price of the meal.
Meal Kit Delivery Services			<ol style="list-style-type: none"> 1. The provider must deliver food at safe temperatures. Meals that are delivered in a frozen state must include directions on how to reheat the meals to a safe temperature. 2. Delivery costs are included in the total price of the meal. 3. The participant or someone in the household must be able to read directions to prepare the meals as instructed.

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Home Delivered Meal Provider	The contracting waiver agency	Prior to the delivery of services and annually thereafter.
Licensed Restaurant with Delivery Services	The contracting waiver agency	Prior to the delivery of services and annually thereafter.
Meal Kit Delivery Services	The contracting waiver agency	Prior to the delivery of services and annually thereafter.

Service Delivery Method

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

Service Title: Community Living Supports

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

Service Definition (Scope):

Community Living Supports facilitate an individual's independence and promote participation in the community. Community Living Supports can be provided in the participant's residence or in community settings. Community Living Supports include assistance to enable program participants to accomplish tasks that they would normally do for themselves if able. The services may be provided on an episodic or a continuing basis. The participant oversees and supervises individual providers on an ongoing basis when participating in self-determination options. These services are provided only in cases when neither the participant nor anyone else in the household is capable of performing or financially paying for them, and where no other relative, caregiver, landlord, community/volunteer agency, or third party payer is capable of or responsible for their provision. When transportation incidental to the provision of community living supports is included, it must not also be authorized as a separate waiver service for the beneficiary.

- Community Living Supports includes:
1. Assisting, reminding, cueing, observing, guiding and/or training in household activities, activities of daily living or routine household care and maintenance.
 2. Reminding, cueing, observing and/or monitoring of medication administration.
 3. Assistance, support and/or guidance with such activities as:
 - a. non-medical care (not requiring nurse or physician intervention) - assistance with eating, bathing, dressing, personal hygiene, and activities of daily living;
 - b. meal preparation, but does not include the cost of the meals themselves;
 - c. money management;
 - d. shopping for food and other necessities of daily living;
 - e. social participation, relationship maintenance and building community connections to reduce personal isolation;
 - f. training and/or assistance on activities that promote community participation, such as using public transportation, using libraries, or volunteer work;
 - g. transportation (excluding to and from medical appointments) from the participant's residence to community activities, among community activities, and from the community activities back to the participant's residence;
 - h. routine household cleaning and maintenance;
 4. Dementia care, including but not limited to redirection, reminding, modeling, socialization activities, and activities that assist the participant as identified in the individual's person-centered plan;
 5. Staff assistance with preserving the health and safety of the individual in order that he/she may reside and be supported in the most integrated independent community setting.
 6. Observing and reporting any change in the participant's condition and the home environment to the supports coordinator.

These service needs differ in scope, nature, supervision arrangements or provider type (including provider training and qualifications) from any services in the State Plan. The differences between the waiver coverage and the State Plan are that the provider qualifications and training requirements are more stringent for community living supports tasks as provided under the waiver than the requirements for these types of services under the State Plan.

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

Where applicable, the participant must use Medicaid state plan, Medicare, or other available payers first. The participant's preference for a certain provider or agency is not grounds for declining another payer in order to access waiver services. Community Living Support services cannot be provided in circumstances where they would be a duplication of services available under the state plan or elsewhere. The distinction must be apparent by unique hours and units in the approved service plan.

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
	Individuals chosen by the participant who meet the qualification standards		Home Care Agency	

Specify whether the service may be provided by (<i>check each that applies</i>):			
Provider Qualifications (<i>provide the following information for each type of provider</i>):			
Provider Type:	License (<i>specify</i>)	Certificate (<i>specify</i>)	Other Standard (<i>specify</i>)
Individual			<p>1. Providers must be at least 18 years of age, have ability to communicate effectively both orally and in writing and follow instructions, be trained in first aid and cardiopulmonary resuscitation, be trained in universal precautions and blood-borne pathogens and be in good standing with the law as validated by a criminal history review conducted by the waiver agency. Training in cardiopulmonary resuscitation can be waived if providing services for a participant who has a "Do Not Resuscitate" (DNR) order. If providing transportation incidental to this service, the provider must possess a valid Michigan driver's license.</p> <p>2. Individuals providing Community Living Supports must have previous relevant experience or training and skills in housekeeping, household management, good health practices, observation, reporting, and recording information. Additionally, skills, knowledge, and experience with food preparation, safe food handling procedures, and reporting and identifying abuse and neglect are highly desirable.</p> <p>3. Previous relevant experience and training to meet MDHHS operating standards. Refer to the MI Choice contract for more details.</p> <p>4. Must be deemed capable of performing the required tasks by the waiver agency.</p> <p>5. Trained in how to perform ventilator CPR, as applicable.</p> <p>MDHHS will relax the highlighted training for individual providers during the effective period of this appendix. Training would be completed as soon as possible once the effective period ends.</p>
Home Care Agency			<p>1. Workers must be at least 18 years of age, have the ability to communicate effectively both orally and in writing and follow instructions, be trained in first aid, universal precautions and blood-borne pathogens, and be in good standing with the law as validated by a criminal history review.</p> <p>2. A registered nurse licensed to practice nursing in Michigan must furnish supervision of Community Living Support providers. At the State's discretion, other qualified individuals may supervise community living supports workers. The direct care worker's supervisor must be available to the worker at all times the worker is furnishing Community Living Support services.</p> <p>3. The waiver agency or provider agency must train each worker to properly perform each task required for each participant the worker serves before delivering</p>

			<p>the service to that participant. The supervisor must assure that each worker can competently and confidently perform every task assigned for each participant served. MDHHS strongly recommends each worker delivering Community Living Support services complete a certified nursing assistance training course.</p> <p>4. Community Living Support workers may perform higher-level, non-invasive tasks such as maintenance of catheters and feeding tubes, minor dressing changes, and wound care if the direct care worker has been individually trained and supervised by an RN for each participant who requires such care. The supervising RN must assure each workers confidence and competence in the performance of each task required.</p> <p>5. Individuals providing Community Living Support services must have previous relevant experience or training and skills in housekeeping, household management, good health practices, observation, reporting, and recording information. Additionally, skills, knowledge, and/or experience with food preparation, safe food handling procedures, and reporting and identifying abuse and neglect are highly desirable.</p> <p>MDHHS will relax the highlighted training for individual providers during the effective period of this appendix. Training would be completed as soon as possible once the effective period ends.</p>

Verification of Provider Qualifications				
Provider Type:	Entity Responsible for Verification:		Frequency of Verification	
Individual	The contracting waiver agency		Prior to delivery of services and annually thereafter.	
Home Care Agency	The contracting waiver agency		Prior to delivery of services and annually thereafter.	
Service Delivery Method				
Service Delivery Method <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed

Service Specification	
Service Title:	Community Transportation
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope):	Community Transportation (CT) services are offered to enable waiver participants to access waiver and other community services, activities, and resources as specified in the individual plan of services. The CT service may also be utilized for expenses related to transportation and other related travel expenses determined necessary to secure medical

Service Specification

Service Title: Community Transportation

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

examinations/appointments, documentation, or treatment for participants. Delivery services for medical items, such as medical supplies or prescriptions, should be utilized before authorizing CT services through the MI Choice program.

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

~~Waiver agencies must not use this service to authorize MI Choice funds to reimburse caregivers (paid or informal) to run errands for participants when the participant does not accompany the driver of the vehicle. The purpose of Community Transportation is for the participant to gain access to the community.~~

Whenever possible, family, neighbors, friends, or community agencies who can provide transportation services without charge must be utilized before MI Choice provides transportation services.

When the costs of transportation are included in the provider rate for another waiver service (e.g., Adult Day Health or Community Living Supports), there must be mechanisms to prevent duplicative billing for transportation.

MDHHS will change the highlighted sentences to:

Waiver agencies may use this service to authorize MI Choice funds to reimburse individuals to run errands for participants when the participant does not accompany the driver of the vehicle to allow vulnerable participants to practice social distancing or self-isolation during the COVID-19 emergency. The purpose of Community Transportation is for the participant to gain access to the community and to allow others to obtain items required for the participant to avoid unnecessary exposure to COVID-19 as needed.

Provider Specifications

Provider Category(s) (check one or both):	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
	Individual		Contracted Provider	

Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input checked="" 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)
Individual	Valid Michigan Driver's License		1. The Secretary of State must appropriately license and inspect all drivers and vehicles used for transportation supported all or in part by MI Choice funds. The vehicle owner must have automobile insurance required by Michigan Law. 2. All drivers must be physically capable and willing to assist persons requiring help to get in and out of vehicles. Drivers must also be physically capable and willing to provide assistance to get from the pick-up location to the vehicle and from the vehicle to the drop-off location. 3. Each driver and passenger must operate in compliance with P.A. 1 of 1985 regarding seat belt usage.
Contracted provider	Valid Michigan's Driver's License		1. The Secretary of State must appropriately license and inspect all drivers and

Service Specification

Service Title: Community Transportation

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

			<p>vehicles used for transportation supported all or in part by MI Choice funds. The provider must have vehicle insurance required by Michigan Law.</p> <p>2. All drivers must be physically capable and willing to assist persons requiring help to get in and out of vehicles. Drivers must also be physically capable and willing to provide assistance to get from the pick-up location to the vehicle and from the vehicle to the drop-off location. The provider shall offer such assistance unless expressly prohibited by either a labor contract or insurance policy.</p> <p>3. The provider shall train all drivers to cope with medical emergencies, unless expressly prohibited by a labor contract or insurance policy.</p> <p>4. Each driver and passenger must operate in compliance with P.A. 1 of 1985 regarding seat belt usage.</p>

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Individual	The contracting waiver agency	Prior to delivery of service and annually thereafter
Contracted Agency	The contracting waiver agency	Prior to delivery of service and annually thereafter

Service Delivery Method

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

Service Specification

Service Title: Goods and Services

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

Service Definition (Scope):

Goods and Services are services, equipment or supplies not otherwise provided through either MI Choice or the Medicaid State Plan that address an identified need in the person-centered service plan (including improving and maintaining the

Service Specification

Service Title: Goods and Services

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

participant's opportunities for full membership in the community) and meet the following requirements. The item or service would:

- Decrease the need for other Medicaid services,
- Promote inclusion in the community, **and-or**
- Increase the participant's safety in the home environment

These goods and services are only available if the participant does not have the funds to purchase the item or service and it is not available through another source.

Goods and Services are only approved by CMS for self-direction participants, **unless the item is needed to protect the health and welfare of the participant during the COVID-19 emergency.** Experimental or prohibited treatments are excluded. Goods and Services must be documented in the person-centered service plan.

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

Where applicable, the participant must use Medicaid state plan, Medicare, or other available payers first. The participant's preference for a certain provider or agency is not grounds for declining another payer in order to access waiver services.

Allowable items in response to the COVID-19 emergency include cell phone minutes to allow increased contact by supports coordinators or others assuring the health and welfare of the participant, personal protection items, monthly or membership fees for delivery services for necessary items (e.g. Shipt, Instacart, Amazon), and other goods and services recommended to allow the individual to practice social distancing or self-isolation as recommended by the CDC.

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
		Contracted Provider		Retail Stores

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>
Retail Stores			Items purchased from retail stores must meet the Goods and Services definition. Waiver agencies must be prudent with their purchases and may have a business account with the retail store
Individual			1. The service or item must be designed to meet the participant's functional, medical or social needs and advances the desired outcomes in the individual plan of service. 2. The service or item is not prohibited by federal or state Medicaid or other statutes and regulations, including the State's Procurement Requirements.

Verification of Provider Qualifications

Service Specification				
Service Title:	Goods and Services			
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>				
Provider Type:	Entity Responsible for Verification:		Frequency of Verification	
Retail Stores	The contracting waiver agency		Prior to service delivery and annually thereafter	
Individual	The contracting waiver agency		Prior to service delivery and annually thereafter	
Service Delivery Method				
Service Delivery Method <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/>	Provider managed
	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>	

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.

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.¹ This appendix may be completed retroactively as needed by the state.

Appendix K-1: General Information

General Information:

A. State: _____ Michigan _____

B. Waiver Title: MI Health Link Home and Community Based Services Waiver

C. Control Number: MI.1126.R01

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: 03/01/2020 Anticipated End Date: 01/26/2021**

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. 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]

- Home Delivered Meals
- -Temporarily suspend limitations on who may receive a home delivered meal so that any waiver enrollee in need may receive home delivered meals during this emergency. Allow restaurants and meal delivery kits (e.g. Hello Fresh) as home delivered meals.
- Private Duty Nursing (PDN)
 - Suspend 16 hour limit on Private Duty Nursing (PDN) when the need for exceeding 16 hours stems from impacts related to COVID-19
- ECLS
 - Temporarily expand the expanded community living services definition to include transportation on behalf of the participant to allow vulnerable individuals to practice social distancing or self-isolation per CDC guidance.

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.]

[Redacted]

ii. X Temporarily modify provider types.

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

- See Attachment 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.]

[Redacted]

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

MDHHS would like to automatically extend any level of care determinations that will expire during the effective period of this appendix up to one year. Additionally, MDHHS is requesting that new evaluations may be completed telephonically, via telemedicine, or using video conferencing commonly available on smart phones as described in Section m below.

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].

MDHHS will temporarily require the flexibility to account for increased risk factors associated with COVID-19 in the rates paid to providers. This flexibility will apply to authorized services billable to Expanded Community Living Supports and Respite (H2015, H2016, S5150, S5151) in which face to face contact is essential for beneficiary health and safety. The amount of the increase in payment rates to providers and the effective time periods will be determined by MDHHS and paid to the ICOs for these populations.

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.]

- Care Coordinators may complete person-centered service planning tasks telephonically, via telemedicine, or using video conferencing commonly available on smart phones as described in Section m below

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. 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]

- Delay provider monitoring deadlines for those providers scheduled for monitoring activities during the 1st and 2nd quarter of 2020 to 12/31/2020.
 - For individuals who are unable to receive the services on their individual integrated services and supports plan because of the social distancing recommendations, allow monthly monitoring of the individual when services are furnished on a less than monthly basis in lieu of requiring the provision of at least one waiver service. This includes individuals who cannot find a replacement caregiver when their usual caregiver is unable to deliver services as

well as individuals who may normally attend an Adult Day Health service and that service is temporarily closed.

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. Suspend on-site setting surveys.
- b. And to implement the following measures designed to limit the spread of COVID-19:
 - 1. Allow providers in these settings to isolate individuals with COVID-19 symptoms from other residents.
 - 2. Allow providers in these settings to limit community participation activities for residents who are at high risk of severe illness.
 - 3. Allow providers to implement social distancing measures as feasible, such as reducing large gatherings, altering meal schedules to reduce mixing, and limiting programs with external staff.

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 ECLS.
- 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:	Jacqueline
Last Name	Coleman
Title:	Waiver Specialist
Agency:	MSA, MDHHS
Address 1:	P.O. Box 30479
Address 2:	400 S Pine, 7 th Floor
City	Lansing
State	MI
Zip Code	48909-7979
Telephone:	517-248-1190
E-mail	colemanj@michigan.gov
Fax Number	517-241-5112

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

First Name:	
Last Name	
Title:	
Agency:	
Address 1:	
Address 2:	
City	
State	
Zip Code	
Telephone:	
E-mail	
Fax Number	

8. Authorizing Signature

Signature: _____

Date:	4/20/2020
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State Medicaid Director or Designee

First Name:	Kate
Last Name	Massey
Title:	Medicaid Director
Agency:	MSA, MDHHS
Address 1:	P.O. Box 30479
Address 2:	400 S Pine, 7 th Floor
City	Lansing
State	MI
Zip Code	48909-7979
Telephone:	517-241-7882
E-mail	Masseyk4@michigan.gov

Fax Number

517-335-5007

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: Adaptive Medical Equipment and Supplies

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

Service Definition (Scope):

Devices, controls, or appliances specified in the IICSP that enable enrollees to increase their abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live. This service also includes items necessary for life support, or to address physical conditions along with ancillary supplies and equipment necessary to the proper functioning of such items, and durable and non-durable medical equipment and medical supplies not available under the Medicaid state plan and Medicare that are necessary to address enrollee functional limitations. All items shall meet applicable standards of manufacture, design, and installation. This will also cover the costs of maintenance and upkeep of equipment. The coverage includes training the enrollee or caregivers in the operation and/or maintenance of the equipment or the use of a supply when initially purchased.

Some examples (not an exhaustive list) of these items would be shower chairs/benches, lift chairs, raised toilet seats, reachers, jar openers, transfer seats, bath lifts/room lifts, swivel discs, bath aids such as long handle scrubbers, telephone aids, automated telephones or watches that assist with medication reminders, button hooks or zipper pulls, modified eating utensils, modified oral hygiene aids, modified grooming tools, heating pads, sharps containers, exercise items and other therapy items, voice output blood pressure monitor, nutritional supplements such as Ensure, specialized turner or pointer, mouthstick for TDD, foot massaging unit, talking timepiece, adaptive eating or drinking device, book holder, medical alert bracelet, adapted mirror, weighted blanket, and back knobber.

It must be documented on the IICSP or case record that the item is the most cost-effective alternative to meeting the enrollee's needs.

Items must meet applicable standards of manufacture, design, and installation.

There must be documentation on the IICSP or case record that the best value in warranty coverage was obtained at the time of purchase.

Items must be of direct medical or physical benefit to the enrollee.

Items may be purchased directly from retail stores that offer the item to the general public.

Liquid nutritional supplement orders must be renewed every six months by a physician, physician's assistant, or nurse practitioner (in accordance with scope of practice).

This service does not include herbal remedies, nutraceuticals, or over-the-counter items not approved by the FDA.

Items related to impacts from COVID-19 such as personal protective equipment (PPE), disinfection supplies, need for additional cell phone minutes due to telehealth or telephonic medicine (with any providers and purchase of delivery service membership or monthly fees such as grocery delivery membership not otherwise covered by the state plan will be covered.

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

Items covered by the MI Health Link c-waiver shall be in addition to any medical equipment and supplies covered under the Michigan Medicaid State Plan and shall exclude those items that are not of direct medical or remedial benefit to the enrollee.

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:
				Retail stores
				Enrolled Medicaid or Medicare DME Providers

Specify whether the service may be provided by (check each that applies):

<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)
Retail Store	N/A	N/A	Items purchased from retail stores must meet the Adaptive Medical Equipment and Supplies service definition. ICOs must be prudent with their purchases and may have a business account with the retail store.
Enrolled Medicaid or Medicare DME Provider	N/A	N/A	Each direct service provider must enroll in Medicare and Medicaid as a Durable Medical Equipment/POS provider or pharmacy, as appropriate.

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Retail Store	ICO	Prior to initial delivery of service and annually thereafter

Enrolled Medicaid or Medicare DME Provider	ICO	Prior to initial delivery of service and annually thereafter		
Service Delivery Method				
Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed

Service Title:	Expanded Community Living Supports (ECLS)
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope):	
<p>To receive Expanded Community Living Supports (ECLS), enrollees MUST have a need for prompting, cueing, observing, guiding, teaching, and/or reminding to independently complete activities of daily living (ADLs) such as eating, bathing, dressing, toileting, other personal hygiene, etc. ECLS does not include hands on assistance for ADLs unless something happens to occur incidental to this service. Enrollees may also receive hands-on assistance for instrumental activities of daily living (IADLs) such as laundry, meal preparation, transportation, help with finances, help with medication, shopping, attending medical appointments, and other household tasks, as needed. ECLS also includes prompting, cueing, guiding, teaching, observing, reminding, and/or other support for the enrollee to complete the IADLs independently if he or she chooses. ECLS also includes social/community participation, relationship maintenance, and attendance at medical appointments.</p> <p>ECLS may be furnished outside the enrollee’s home. The enrollee oversees and supervises individual providers on an on-going basis when participating in arrangements that support self-determination. This may also include transportation to allow people to get out into the community when it is incidental to the IICSP.</p> <p>Members of an enrollee’s family may provide ECLS to the enrollee. However, ICOs shall not directly authorize funds to pay for services furnished to an enrollee by that person’s spouse or legal guardian. . Family members who provide this service must meet the same standards as providers who are unrelated to the enrollee</p> <p>Providers must be trained to perform each required task prior to service delivery. The supervisor must assure the provider can competently and confidently perform each assigned task.</p> <p>ECLS provided in licensed settings includes only those services and supports that are in addition to and shall not replace usual customary care furnished to residents in the licensed setting.</p> <p>ECLS does not include room and board costs.</p> <p>When transportation is included as part of ECLS, the ICO shall not also authorize transportation as a separate waiver service.</p> <p>ECLS does not include nursing and skilled therapy services.</p> <p>ECLS may be provided in addition to Medicaid State Plan Personal Care Services if the enrollee requires hands-on assistance with some ADLs and/or IADLS, as covered under the State Plan service, but requires prompting,</p>	

cueing, guiding, teaching, observing, reminding, or other support (not hands-on) to complete other ADLs or IADLs independently, but to ensure safety, health, and welfare of the enrollee.

Some activities under ECLS may also fall under activities in other waiver services. If other waiver services are used for these activities, this must be clearly identified in the IICSP and other documentation and billed under the appropriate procedure codes to avoid duplication of services.

If through assessment it is found to be appropriate, ECLS (cueing/prompting) Services may be provided remotely by providers when travel to the waiver enrollee is not possible due to COVID-19 infection. Approval of remote support must be reflected on the individual integrated care and support plan.

Allow transportation on behalf of the participant to allow vulnerable individuals to practice social distancing or self-isolation per CDC guidance.

MDHHS assures CMS that all residential and non-residential settings associated with the MI Health Link HCBS waiver are in compliance with the HCBS Final Rule prior to inclusion in the waiver and also with ongoing monitoring throughout the duration of the waiver. Prior to submission of the waiver applications to CMS, MDHHS did an evaluation of residential and non-residential settings that would be associated with the MI Health Link HCBS waiver to determine which settings would be included or excluded from the waiver. The results of this evaluation are indicated in the Appendix C, HCB Settings section of this waiver application. Any new settings that the ICO chooses to add to their provider network must be approved by MDHHS for HCBS Final Rule compliance. MDHHS's continual approval and monitoring of the settings throughout the duration of the waiver will ensure that ICOs are not using settings that have previously been added to the list of excluded settings and that still need to be excluded. Additionally, the continued monitoring will help MDHHS to identify any settings which were previously excluded but have since brought themselves into compliance. If the ICOs have selected settings that are noncompliant, the ICOs will be required to select different settings and resubmit to MDHHS for review and approval. MDHHS also has performance measures related to HCB setting compliance with the HCBS Final Rule as indicated in this waiver application.

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

Expanded Community Living Supports cannot be provided in circumstances where they would be a duplication of services available under the State Plan or elsewhere. The distinction must be apparent by unique hours and units in the approved IICSP.

Provider Specifications

Provider Category(s) (check one or both):	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
		Individuals chosen by the enrollee		Homecare Agency

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)
Individual	N/A	N/A	1. Providers must be at least 18 years of age, have ability to communicate effectively both orally and in writing and follow instructions, be trained in first aid and

			<p>cardiopulmonary resuscitation, be able to prevent transmission of communicable disease and be in good standing with the law as validated by a criminal history review. If providing transportation incidental to this service, the provider must possess a valid Michigan driver's license.</p> <p>2. Individuals providing Expanded Community Living Supports must have previous relevant experience or training and skills in housekeeping, household management, good health practices, observation, reporting, recording information, in reporting and identifying abuse and neglect.–The individual(s) must also be trained in the enrollee's IICSP. Additionally, skills, knowledge, and experience with food preparation, safe food handling procedures are highly desirable.</p> <p>3. Previous relevant experience and training to meet MDCH operating standards. Refer to the ICO contract for more details.</p> <p>4. Must be deemed capable of performing the required tasks by ICO.</p> <ul style="list-style-type: none"> • Training required for direct care workers (ECLS) will be limited to universal precautions, competency for completing required tasks, reporting and identifying abuse and neglect, and the ability to effectively communicate with the individual. Program-specific training requirements would be completed as soon as possible once the effective period ends
<p>Agency</p>	<p>N/A</p>	<p>N/A</p>	<p>1. Providers must be at least 18 years of age, have the ability to communicate effectively both orally and in writing and follow instructions, be trained in first aid, be trained in universal precautions and blood-borne pathogens, and be in good standing with the law as validated by a criminal history review.</p>

			<p>2. A registered nurse licensed to practice nursing in the State shall furnish supervision of Expanded Community Living Support providers. At the State's discretion, other qualified individuals may supervise Expanded Community Living Support providers. The direct care worker's supervisor shall be available to the worker at all times the worker is furnishing Expanded Community Living Support services.</p> <p>3. The ICO and/or provider agency must train each worker to properly perform each task required for each enrollee the worker serves before delivering the service to that enrollee. The supervisor must assure that each worker can competently and confidently perform every task assigned for each enrollee served. MDHHS strongly recommends each worker delivering Expanded Community Living Support services complete a certified nursing assistance training course.</p> <p>4. Expanded Community Living Support providers may perform higher-level, non-invasive tasks such as maintenance of catheters and feeding tubes, minor dressing changes, and wound care if the direct care worker has been individually trained and supervised by an RN for each enrollee who requires such care. The supervising RN must assure each workers confidence and competence in the performance of each task required.</p> <p>5. Individuals providing Expanded Community Living Support services must have previous relevant experience or training and skills in housekeeping, household management, good health practices, observation, reporting, and recording information. Additionally, skills, knowledge, and/or experience with food preparation, safe food handling procedures, and reporting and identifying abuse and neglect are highly desirable.</p>
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			<ul style="list-style-type: none"> Training required for direct care workers (ECLS) will be limited to universal precautions, competency for completing required tasks, reporting and identifying abuse and neglect, and the ability to effectively communicate with the individual. Program-specific training requirements would be completed as soon as possible once the effective period ends.

Verification of Provider Qualifications				
Provider Type:	Entity Responsible for Verification:		Frequency of Verification	
Individual	ICO		Prior to initial delivery of services and annually thereafter	
Agency	ICO		Prior to initial delivery of services and annually thereafter	
Service Delivery Method				
Service Delivery Method <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed

Service Title:	Home Delivered Meals
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope):	
<p>The provision of one to two nutritionally sound meals per day to enrollees who are unable to care for their nutritional needs.</p> <p>This service must include and prioritize healthy meal choices that meet any established criteria under state or federal law.</p> <p>Meal options must meet enrollee preferences in relation to specific food items, portion size, dietary needs, and cultural and/or religious preferences.</p> <p>Each provider shall document meals served.</p>	

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

Federal regulations prohibit from providing three meals per day to enrollees. Meal service should be offered in relation to variable availability of allies or formal caregivers and changes in the enrollee's condition.

Meals authorized under this service shall not constitute a full nutrition regimen.

Meals shall not include dietary supplements.

Limitations on who can get a meal:

~~The participant must be unable to obtain food or prepare complete meals.~~

~~The participant does not have an adult living at the same residence or in the vicinity that is able and willing to prepare all meals.~~

~~The participant does not have a paid caregiver that is able and willing to prepare meals for the participant.~~

~~The provider can appropriately meet the participant's special dietary needs and the meals available would not jeopardize the health of the individual.~~

~~The participant must be able to feed himself/herself.~~

~~The participant must agree to be home when meals are delivered, or contact the program when absence is unavoidable.~~

During the effectiveness of this Appendix, MDHHS will lift all restrictions on who may receive a home delivered meal. This would make home delivered meals an option for any person enrolled in the MI Health Link waiver during this crisis. This also allows meal deliveries to be left at the door to avoid unnecessary in-person contacts.

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
				Home Delivered Meal Providers
				Licensed restaurants with delivery service
				Meal Kit Delivery Service Providers (Hello Fresh, Blue Apron, Home Chef, etc.)

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>
Home Delivered Meal Provider	Health Code Standards (PA 368 of 1978)	N/A	1. Each Home Delivered Meals provider shall have the capacity to provide two meals per day, which together meet the Dietary Reference Intakes (DRI) and recommended dietary allowances (RDA) as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences. Each provider shall have meals available at least five days per week.

			<p>2. Each provider shall develop and have available written plans for continuing services in emergency situations such as short term natural disasters (e.g., snow or ice storms), loss of power, physical plant malfunctions, etc. The provider shall train staff and volunteers on procedures to follow in the event of severe weather or natural disasters and the county emergency plan.</p> <p>3. Each provider shall carry product liability insurance sufficient to cover its operation.</p> <p>4. The provider shall deliver food at safe temperatures as defined in Home Delivered Meals service standards.</p>
Licensed Restaurants with delivery service	Health Code Standards (PA 368 of 1978)	N/A	<p>1. The provider must deliver food at safe temperatures. Meals that are delivered in a frozen state must include directions on how to reheat the meals to a safe temperature.</p> <p>Delivery costs are included in the total price of the meal.</p>
Meal Kit Delivery Services	N/A	N/A	<p>1. The provider must deliver food at safe temperatures. Meals that are delivered in a frozen state must include directions on how to reheat the meals to a safe temperature.</p> <p>2. Delivery costs are included in the total price of the meal.</p> <p>The participant or someone in the household must be able to read directions to prepare the meals as instructed.</p>

Verification of Provider Qualifications				
Provider Type:	Entity Responsible for Verification:		Frequency of Verification	
Home Delivered Meal Provider	ICO		Prior to the delivery of services and annually thereafter.	
Licensed restaurants that deliver	ICO		Prior to the delivery of services and annually thereafter.	
Meal Kit Delivery Services	ICO		Prior to the delivery of services and annually thereafter.	
Service Delivery Method				
Service Delivery Method (check each that applies):	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed

Service Title:	Private Duty Nursing
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope):	
<p>Private Duty Nursing (PDN) services are skilled nursing interventions provided to an enrollee age 21 and older on an individual and continuous basis, up to a maximum of 16 hours per day, to meet the enrollee's health needs directly related to the enrollee's physical disability. PDN includes the provision of nursing assessment, treatment and observation provided by licensed nurses within the scope of the State's Nurse Practice Act, consistent with physician's orders and in accordance with the enrollee's IICSP.</p>	
<ul style="list-style-type: none"> • Suspend 16 hour limit on Private Duty Nursing (PDN) when the need for exceeding 16 hours stems from impacts related to COVID-19 	
<p>Medical Criteria I – The enrollee is dependent daily on technology-based medical equipment to sustain life. "Dependent daily on technology-based medical equipment" means:</p>	
<ol style="list-style-type: none"> 1. Mechanical rate-dependent ventilation (four or more hours per day), or assisted rate dependent respiration (e.g., some models of Bi-PAP); or 2. Deep oral (past the tonsils) or tracheostomy suctioning eight or more times in a 24-hour period; or 3. Nasogastric tube feedings or medications when removal and insertion of the nasogastric tube is required, associated with complex medical problems or medical fragility; or 4. Total parenteral nutrition delivered via a central line, associated with complex medical problems or medical fragility; or 5. Continuous oxygen administration (eight or more hours per day), in combination with a pulse oximeter and a documented need for skilled nursing assessment, judgment, and intervention in the rate of oxygen administration. This would not be met if oxygen adjustment is done only according to a written protocol with no skilled assessment, judgment or intervention required. Continuous use of oxygen therapy is a covered Medicaid benefit for beneficiaries age 21 and older when tested at rest while breathing room air and the oxygen saturation rate is 88 percent or below, or the PO2 level is 55 mm HG or below. 	
<p>Medical Criteria II – Frequent episodes of medical instability within the past three to six months, requiring skilled nursing assessments, judgments, or interventions (as described in III below) as a result of a substantiated medical condition directly related to the physical disorder.</p>	
<p>Definitions:</p>	
<ol style="list-style-type: none"> 1. "Frequent" means at least 12 episodes of medical instability related to the progressively debilitating physical disorder within the past six months, or at least six episodes of medical instability related to the progressively debilitating physical disorder within the past three months. 2. "Medical instability" means emergency medical treatment in a hospital emergency room or inpatient hospitalization related to the underlying progressively debilitating physical disorder. 3. "Emergency medical treatment" means covered inpatient and outpatient services that are furnished by a provider that is qualified to furnish such services and are needed to evaluate or stabilize an emergency medical condition. 4. "Emergency medical condition" means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson who possesses an average knowledge of health and medicine could reasonably expect the absence of immediate medical attention would result in placing the health of the individual in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part. 5. "Directly related to the physical disorder" means an illness, diagnosis, physical impairment, or syndrome that is likely to continue indefinitely, and results in significant functional limitations in 3 or more activities of daily living. 	

6. "Substantiated" means documented in the clinical or medical record, including the nursing notes.

Medical Criteria III – The enrollee requires continuous skilled nursing care on a daily basis during the time when a licensed nurse is paid to provide services.

Definitions:

1. "Continuous" means at least once every 3 hours throughout a 24-hour period, and when delayed interventions may result in further deterioration of health status, in loss of function or death, in acceleration of the chronic condition, or in a preventable acute episode. Equipment needs alone do not create the need for skilled nursing services.

2. "Skilled nursing" means assessments, judgments, interventions, and evaluations of interventions requiring the education, training, and experience of a licensed nurse. Skilled nursing care includes, but is not limited to:

a. Performing assessments to determine the basis for acting or a need for action, and documentation to support the frequency and scope of those decisions or actions;

b. Managing mechanical rate-dependent ventilation or assisted rate-dependent respiration (e.g., some models of Bi-PAP) that is required by the enrollee four or more hours per day;

c. Deep oral (past the tonsils) or tracheostomy suctioning;

d. Injections when there is a regular or predicted schedule, or injections that are required as the situation demands (prn), but at least once per month (insulin administration is not considered a skilled nursing intervention);

e. Nasogastric tube feedings or medications when removal and insertion of the nasogastric tube is required, associated with complex medical problems or medical fragility;

f. Total parenteral nutrition delivered via a central line and care of the central line;

g. Continuous oxygen administration (eight or more hours per day), in combination with a pulse oximeter, and a documented need for adjustments in the rate of oxygen administration requiring skilled nursing assessments, judgments and interventions. This would not be met if oxygen adjustment is done only according to a written protocol with no skilled assessment, judgment or intervention required. Continuous use of oxygen therapy is a covered Medicaid benefit for beneficiaries age 21 and older when tested at rest while breathing room air and the oxygen saturation rate is 88 percent or below, or the PO₂ level is 55 mm HG or below;

h. Monitoring fluid and electrolyte balances where imbalances may occur rapidly due to complex medical problems or medical fragility. Monitoring by a skilled nurse would include maintaining strict intake and output, monitoring skin for edema or dehydration, and watching for cardiac and respiratory signs and symptoms. Taking routine blood pressure and pulse once per shift that does not require any skilled assessment, judgment or intervention at least once every three hours during a 24-hour period, as documented in the nursing notes, would not be considered skilled nursing.

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

To be eligible for PDN services, the ICO must find the enrollee meets either Medical Criteria I or Medical Criteria II, and Medical Criteria III (see criteria above under Service Definition). Regardless of whether the enrollee meets Medical Criteria I or II, the enrollee must also meet Medical Criteria III.

Enrollees receiving Preventive Nursing Services are not eligible to receive Private Duty Nursing Services.

PDN may include medication administration according to MCL 333.7103(1).

This service must be ordered by a physician, physician's assistant, or nurse practitioner.

This service is not intended to be used on a continual basis for 24 hours, 7 days per week. PDN is intended to supplement informal support services available to the enrollee.

Provider Specifications				
Provider Category(s) (check one or both):	X	Individual. List types:	X	Agency. List the types of agencies:
		Private Duty Nurse (Licensed Practical Nurse or Registered Nurse)		Private Duty Nursing Agency, Home care Agency
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input checked="" 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)	
Private Duty Nurse (Licensed Practical Nurse or Registered Nurse)	Nursing MCL 333.17201 ... 333.17242 This service must be provided by either a Registered Nurse (RN) or a Licensed Practical Nurse (LPN) under the supervision of an RN.	N/A	<p>1. All nurses providing Private Duty Nursing to enrollees must meet licensure requirements and practice the standards found under MCL 333.17201-17242, and maintain a current State of Michigan nursing license.</p> <p>2 Services paid for with waiver funds shall not duplicate nor replace services available through the Michigan Medicaid state plan or Medicare.</p> <p>3. This service may include medication administration as defined under the referenced statutes.</p> <p>4. It is the responsibility of the LPN to secure the services of an RN to supervise his or her work.</p>	
Private Duty Nursing Agency, Home care Agency	Nursing MCL 333.17201 ... 333.17242 This service must be provided by either a Registered Nurse (RN) or a Licensed Practical Nurse (LPN) under the supervision of an RN.		<p>1. All nurses providing private duty nursing to enrollees must meet licensure requirements and practice the standards found under MCL 333.17201-17242, and maintain a current State of Michigan nursing license.</p> <p>2. Services paid for with waiver funds shall not duplicate nor replace services available through the Michigan Medicaid state plan or Medicare.</p>	

			3. This service may include medication administration as defined under the referenced statutes.
Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
Private Duty Nurse (Licensed Practical Nurse or Registered Nurse)	ICO		Prior to initial delivery of services and annually thereafter
Private Duty Nursing Agency, Home care Agency	ICO		Prior to initial delivery of services and annually thereafter
Service Delivery Method			
Service Delivery Method <i>(check each that applies):</i>	X	Participant-directed as specified in Appendix E	X
			Provider managed

ⁱ 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.

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: _____

B. Waiver Title(s):

Habilitation Supports Waiver (HSW) Children's Waiver Program (CWP) Waiver for Children with Serious Emotional Disturbances (SEDW)

C. Control Number(s):

MI.0167 - Habilitation Supports Waiver MI.4119 - Children's Waiver Program MI.0438 - Waiver for Children with Serious Emotional Disturbances
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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:** 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. 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]

HSW Service Limits in Appendix C-1/C-3

Out-of-Home Non-Vocational Habilitation:

- Temporarily allow for in home non-vocational habilitation.
- Temporarily remove the frequency of one or more days per week.

Private Duty Nursing:

- Temporarily suspend 16 hour/day limit on Private Duty Nursing services when increased hours are medically necessary.
- Temporarily allow private duty nursing services to be provided without the individual receiving least one of the habilitative services through the waiver.

Non-family training: Temporarily suspend the limit of up to four sessions per day, no more than 12 sessions per 90-day period when increased sessions are needed in training new providers to provide CLS and respite services.

Goods and Services: MDHHS is expanding Goods and Services to be applicable to all HSW participants and to allow purchase of items identified by the participant as necessary to practice social distancing or self-isolation per CDC guidance or other governmental communications related to COVID-19. Items related to impacts from COVID-19 such as personal protective equipment (PPE), disinfection supplies, need for additional cell phone minutes due to telehealth or telephonic medicine with their providers and purchase of delivery service membership or monthly fees such as grocery delivery membership when not otherwise covered by the state plan.

CWP Service Limits in Appendix C-1/C-3

Respite: Temporarily suspend the 1152 hours limit on respite service per fiscal year when increased hours are medically necessary.

Enhanced Transportation: Temporarily suspend the requirement of transportation being limited to local distances, where local is defined as within the child's county or a bordering county.

Home Care Training, Family: Temporarily suspend the limit of up to four sessions per day, no more than 12 sessions per 90-day period when increased sessions are needed in training the family.

Home Care Training, Non-Family: Temporarily suspend the limit of up to four sessions per day, no more than 12 sessions per 90-day period when increased sessions are needed in training new providers.

SEDW Service Limits in Appendix C-1/C-3

Respite Temporarily suspend the limit of 1248 units per month on respite service when increased units are medically necessary.

Community Living Supports: Temporarily suspend the limit of 744 units per month when increased units are medically necessary.

Family Home Care Training: Temporarily suspend the limit of up to four sessions per month when increased sessions are needed in training the family.

Home Care Training, Non-Family: Temporarily suspend the limit of up to four sessions per calendar month when increased sessions are needed in training the new providers.

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]

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]:

Expand settings to allow services to be provided in the provider's home or other alternate settings such as temporary hospitals/shelters/hotels/churches when the enrollee is displaced from their home because of quarantine or hospitalization or when providers are unavailable due to illness or business closure. Respite services may be provided in the enrollee's home, in the home of another, in licensed Adult Foster Care or Home for the Aged facilities, or other State-approved facilities. Respite does not include the cost of room and board in instances when the service is provided in the enrollee's home or in the home of another person.

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. X Temporarily modify provider qualifications.

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

CWP/SEDW/HSW: MDHHS will modify training requirements other than universal precautions, competency for completing required tasks, and the ability to effectively communicate with the individual for direct support professionals (DSP). Required training would be completed as soon as possible once the effective period ends.

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

CWP/SEDW/HSW: MDHHS would like to extend any level of care determinations that will expire during the effective period of this appendix by twelve months and relax the timeliness requirement on consent to go beyond 3 years if written (verbal consent could be acceptable) consent cannot be obtained due to COVID-19 emergency. Consent would be completed as soon as possible once the effective period ends. In lieu of completing in-person assessments, reassessments, level of care evaluations and reevaluations, PIHP/CMH may contact beneficiaries or their authorized representatives telephonically, using telehealth or other available technology as appropriate. MDHHS would like to temporarily modify some of the additional supporting documentation (i.e. individual educational plans (IEP) from schools, or medical reports for health care office, etc.) required for evaluation of level of care when the documents are unable to be acquired due to the COVID emergency. Following the termination COVID-19 emergency period, this supporting documentations should be obtained as soon as feasible to validate information, as appropriate.

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.]

CWP/SEDW/HSW: MDHHS will temporarily require the flexibility to account for increased risk factors associated with COVID-19 in the rates paid to providers. This flexibility will apply to authorized services billable to Community Living Supports (codes H2015, H2016, H0043) in which face to face contact is essential for beneficiary health and safety. The amount of the increase in payment rates to providers and the effective time periods will be determined by MDHHS and paid to the PIHPs for these populations.

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. X 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]

CWP/SEDW/HSW: Temporarily allow for entry of incidents into the Incident Reporting System outside of typical timeframes in instances in which staff shortages due to COVID-19 occur, consistent with the states identified transition plan in G. Response to incidents will not be impacted.

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.]

HSW/CWP/SEDW: Temporarily allow payment for Community Living Supports/personal care (e.g., services to promote ADLs and IADLs) to support waiver individuals in an acute care hospital or short-term institution waiver when MDHHS identifies that no other alternatives are available, and an institution or hospital is the only setting that service may be offered to meet an individual's health and safety needs.

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.]

CWP/SEDW/HSW: Temporary retainer payments will be allowed when a provider is directly impacted by COVID-19 in order to preserve provider networks. Retainer payments will be made on a case by case basis subject to the following requirements:

- Retainer payments will be allowed when service-based reimbursement during an incurred month for a provider drops below 75% of their monthly average observed during SFY 2019.
- The sum of the service-based reimbursement and retainer payments for a given month will not exceed 105% of their monthly average billings observed during SFY 2019, excluding temporary increases to payment rates.

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]

CWP/SEDW/HSW: Quality reviews: timeframes of MDHHS/PIHP site reviews, follow-up reviews, corrective action plan submission, remediation and reports writing throughout the rest of Michigan’s fiscal year. For required in-person visits for case management/supports coordination and provider assessment/monitoring activities, MDHHS will expand telehealth options: Telephonic, telemedicine and video technology commonly available on smart phones are acceptable options for program functions that require in-person communication and the beneficiary or legal representative consents to the method. This includes initial assessments, re-assessments, Level of Care Determinations, care planning meetings, home visits, case management, and provider assessment and monitoring. The use of this option must be documented as a comment on the provider claim and in the beneficiary record, as appropriate. Providers must ensure the privacy of the beneficiary and the security of any information shared via telephonic, telemedicine and video technology. If a beneficiary is unable to communicate over the phone, these activities may be completed with a guardian or other representative of the beneficiary that is familiar with their needs. For initial assessments, it is recommended that the supports coordinator/case manager initiates contacts with individuals in addition to the beneficiary, such as family members, guardians, caregivers, and friends. It is also recommended that the supports coordinator request two pieces of identifying information such as DOB and first or last four numbers of the Social Security Number. In lieu of the required written consent or beneficiary signatures, verbal permission may be obtained and must be documented. Required written consent or signatures must be obtained at the next in-person opportunity. Following the termination of these COVID-19 conditions, in-person contacts should be made as soon as feasible to validate information gathered telephonically or through telemedicine and to reassess as appropriate. There will be no penalties for delayed contacts. For individuals who are unable to receive the services on the person-centered service plan because of the social distancing recommendations, allow services to be furnished on a less than monthly basis in lieu of requiring the provision of at least one waiver service monthly. This includes individuals who cannot find a replacement caregiver when their usual caregiver is unable to deliver services as well as individuals who may normally attend a non-residential service and that service is temporarily closed.

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.
- b. And to implement the following measures designed to limit the spread of COVID-19:

- i. Allow providers in these settings to isolate individuals with COVID-19 symptoms from other residents.
- ii. Allow providers in these settings to limit community participation activities for residents who are at high risk of severe illness.
- iii. Allow providers to implement social distancing measures as feasible.

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]*:

Out of Home Non-Vocational Habilitation, Supported/Integrated Employment, Family Home-Care Training, and Home-Care Training Non-Family Services

- 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: Jacqueline
Last Name Coleman
Title: Waiver Specialist
Agency: Medical Services Administration
Address 1: 400 S. Pine, 7th Floor
Address 2: Click or tap here to enter text.
City Lansing
State Michigan
Zip Code 48909-7979
Telephone: 517.284.1190
E-mail ColemanJ@Michigan.gov
Fax Number 517.241.5112

8. Authorizing Signature

Signature:

Date: 4/20/2020



State Medicaid Director or Designee

First Name: Kate
Last Name Massey
Title: Director
Agency: Medical Services Administration
Address 1: 400 S. Pine Street, 7th Floor
Address 2: Click or tap here to enter text.
City Lansing
State Michigan
Zip Code 48909-7979
Telephone: 517.241.7882
E-mail MasseyK4@michigan.gov
Fax Number 517-335-5007

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 Specification			
Service Title:	Home Delivered Meals		
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>			
Service Definition (Scope):			
Temporarily adding home delivered meals as an available service for HSW, CWP and SEDW during this crisis. Home Delivered Meals (HDM) is the provision of one to two nutritionally sound meals per day to a participant who is unable to care for their own nutritional needs. This service must include and prioritize healthy meal choices that meet any established criteria under state or federal law. Allowances must be made in HDMs for specialized or therapeutic diets as indicated in the participant’s service plan. A Home Delivered Meal cannot constitute a full nutritional regimen. During the effectiveness of this Appendix, providers may opt to provide (where appropriate) more flexible meal options for beneficiaries receiving home delivered meals including frozen meals that exceed a two-week supply that can be stored for longer periods of time. During the effectiveness of this Appendix, meal deliveries are allowed to be left at the door to avoid unnecessary in-person contacts.			
Specify applicable (if any) limits on the amount, frequency, or duration of this service:			
Federal regulations prohibit from providing three meals per day to enrollees. Meal service should be offered in relation to variable availability of allies or formal caregivers and changes in the enrollee’s condition. Meals shall not include dietary supplements.			
Provider Specifications			
Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/> Agency. List the types of agencies: Home Delivered Meal Provider Licensed Restaurants with delivery services Meal Kit Delivery Service Providers (Hello Fresh, Blue Apron, Home Chef, etc.)
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
Provider Qualifications <i>(provide the following information for each type of provider):</i>			
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Home Delivered Meal Provider	Health Code Standards (PA 368 of 1978)		1. Each home delivered meals provider must have the capacity to provide two meals per day, which together meet the Dietary Reference Intakes (DRI) and recommended dietary allowances (RDA) as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences. 2. Each provider must develop and have available written plans for continuing services in emergency situations such as short term natural disasters (e.g., snow or ice storms), loss of power, physical plant malfunctions, etc. The provider must train staff and volunteers on procedures to follow in the event of

Service Specification

Service Title: Home Delivered Meals

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

			<p>severe weather or natural disasters and the county emergency plan, as applicable.</p> <p>3. Each provider must carry product liability insurance sufficient to cover its operation.</p> <p>4. The provider must deliver food at safe temperatures as defined in Home Delivered Meals service standards. Meals that are delivered in a frozen state must include directions on how to reheat the meals to a safe temperature.</p>
Licensed Restaurant with Delivery Service	Health Code Standards (PA 368 of 1978)		<p>The provider must deliver food at safe temperatures. Meals that are delivered in a frozen state must include directions on how to reheat the meals to a safe temperature.</p> <p>Delivery costs are included in the total price of the meal.</p>
Meal Kit Delivery Services			<p>The provider must deliver food at safe temperatures. Meals that are delivered in a frozen state must include directions on how to reheat the meals to a safe temperature.</p> <p>Delivery costs are included in the total price of the meal.</p> <p>The participant or someone in the household must be able to read directions to prepare the meals as instructed.</p>

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Home Delivered Meal Provider	PIHP	Prior to the delivery of services and annually thereafter if still within the effective period.
Licensed Restaurant with Delivery Services		
Meal Kit Delivery Services		

Service Delivery Method

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



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.