

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: West Virginia

B. Waiver Title: Children with Serious Emotional Disorder

C. Control Number:

WV.1646.R00.01

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

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

E. **Brief Description of Emergency.** *In no more than one paragraph each*, briefly describe the: 1) nature of emergency; 2) number of individuals affected and the state's mechanism to identify individuals at risk; 3) roles of state, local and other entities involved in approved waiver operations; and 4) expected changes needed to service delivery methods, if applicable. The state should provide this information for each emergency checked if those emergencies affect different geographic areas and require different changes to the waiver.

1. Nature of the Emergency: Coronavirus Disease 2019 (COVID-19) is a respiratory illness caused by a novel (new) coronavirus designated SARS-CoV-2. The outbreak of COVID-19 originated in Wuhan City, Hubei Province, China in December 2019. Since then, tens of thousands of confirmed cases have been reported, predominantly in China but in a rapidly growing number of countries worldwide, and thousands of deaths have been reported worldwide as well. On January 31, 2020, Health and Human Services Secretary Alex M. Azar II declared a public health

emergency (PHE) for the United States, and on March 11, 2020 the World Health Organization characterized COVID-19 as a pandemic.

2. Number of individuals affected and the state’s mechanism to identify individuals at risk: Up to 500 individuals may be affected, this is the entire population of the CSEDW whom are all vulnerable children.

3. Roles of state, local and other entities involved in the approved waiver operations: West Virginia operates under a 1915 © waiver where BMS is the single state Medicaid Agency with contracts for Administrative Service Organization (ASO) by KEPRO, Aetna Better Health WV as the MCO and Medical Eligibility Contracted Agent and eligibility with Psychological Consultation and Assessment. The state is in regular communications with these agencies on the status of waiver operations in their areas.

4. Expected Changes to Service Delivery Methods: WV foresees that most service delivery will be provided by telephone or electronically through secure sites. Actual visits to the member’s homes by outside staff to conduct in-home family therapy, in-home family support, mobile response, re-assessments and home visits will be waived, and these visits will be conducted by telephone or electronically through secure sites. Team meetings will also occur by telephone or electronically.

F. Proposed Effective Date: Start Date: 3/17/2020 Anticipated End Date: 6/30/2020

G. Description of Transition Plan.

Members will transition back to pre-emergency status by 7/1/2020. If the pandemic is still active in West Virginia, the state will file for an extension. If a member has extenuating circumstances that would delay the transition back to pre-emergency status by 7/1/2020, then the state will review these on a case-by-case basis.

H. Geographic Areas Affected:

The entire state of West Virginia.

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

<https://dhsem.wv.gov/Resources/Pages/WV-Emergency-Operations-Plan.aspx>

Appendix K-2: Temporary or Emergency-Specific Amendment to Approved Waiver

Temporary or Emergency-Specific Amendment to Approved Waiver:

These are changes that, while directly related to the state’s response to an emergency situation, require amendment to the approved waiver document. These changes are time limited and tied specifically to individuals impacted by the emergency. Permanent or long-ranging changes will need to be incorporated into the main appendices of the waiver, via an amendment request in the waiver management system (WMS) upon advice from CMS.

a. ___ Access and Eligibility:

i. ___ Temporarily increase the cost limits for entry into the waiver.

[Provide explanation of changes and specify the temporary cost limit.]

N/A

ii. ___ Temporarily modify additional targeting criteria.

[Explanation of changes]

N/A

b. X Services

i. ___ Temporarily modify service scope or coverage.

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

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

[Explanation of changes]

N/A

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

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

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

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

N/A

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

N/A

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

N/A

d. 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.]

Staff qualification requirements other than being 18 years of age (Initial and annual training including CPR, First Aid, Identifying and Reporting Abuse/Neglect/Exploitation, Confidentiality, Crisis Intervention, etc. and criminal background check through WV CARES) will be suspended until 7/1/2020. Provider agencies may choose to provide on-line training such as CPR and First Aid in lieu of in-person training. Trainings may also be conducted by telephone/electronic means (Skype/Zoom). If member-specific training is provided electronically, it must be through a secure network to protect the member's confidentiality.

ii. ___ Temporarily modify provider types.

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

N/A

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

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

N/A

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

Initial eligibility assessments will be conducted electronically or by phone with the member, legal guardian (if applicable) and other respondents. If the assessment is conducted electronically (Skype, Zoom, etc.) it must be through a secure network.

f. ___ Temporarily increase payment rates

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

N/A

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.]

Initial, annual, quarterly, six month and significant life event meetings may be held electronically or by phone via a secured network.

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

N/A

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

[Specify the services.]

N/A

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

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

N/A

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

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

N/A

l. ___ Increase Factor C.

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

N/A

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

-Allow beneficiaries to receive fewer than one service per month for a period of one-hundred ten (110) days without being subject to discharge.
-Waive face-to-face case management home visits for members but require a weekly telephone call to the member.
-Case managers, in-home family support workers, in-home family therapy workers and mobile response providers may provide services by electronic means (Skype/Zoom) rather than visit the homes in person and transmit the virus.
-Initial, annual, quarterly and Significant life event meetings can be conducted by phone or electronically (Skype/Zoom) if possible.
-Quarterly Provider meetings will be conducted by Webinar.
-Other staff trainings that can be conducted by telephone or electronic means (Skype/Zoom) will be allowed.
-On-site quality reviews will be suspended until 7/1/2020 and desk reviews will be conducted instead.

Contact Person(s)

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

First Name: Patricia
Last Name: Nisbet
Title: Office Director 3, Behavioral Health, Long-Term Care and HCBS Unit
Agency: WVDHHR Bureau for Medical Services
Address 1: 350 Capitol Street, Room 251
Address 2: Click or tap here to enter text.
City: Charleston
State: West Virginia
Zip Code: 25301
Telephone: 304-356-4904
E-mail: Patricia.S.Nisbet@wv.gov
Fax Number: 304-558-4398

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: 3/18/2020

Cynthia Beane by
State Medicaid Director or Designee

Act Nishit

First Name: *Cynthia*
Last Name *Beane*
Title: Commissioner
Agency: WVDHHR Bureau for Medical Services
Address 1: 350 Capitol Street, 251
Address 2: Click or tap here to enter text.
City Charleston
State West Virginia
Zip Code 25301
Telephone: 304-558-1700
E-mail Cynthia.E.Beane@wv.gov
Fax Number 304-558-4398

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:					
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>					
Service Definition (Scope):					
Specify applicable (if any) limits on the amount, frequency, or duration of this service:					
Provider Specifications					
Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input type="checkbox"/>	Agency. List the types of agencies:	
Specify whether the service may be provided by <i>(check each that applies):</i>		<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
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>		
Verification of Provider Qualifications					
Provider Type:	Entity Responsible for Verification:		Frequency of Verification		
Service Delivery Method					
Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/>	Provider managed	



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.