

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: Utah

B. Waiver Title(s):

- Utah Community Supports Waiver;
- Aging Waiver;
- Acquired Brain Injury Waiver;
- Physical Disabilities Waiver;
- New Choices Waiver;
- Medically Complex Children’s Waiver;
- Technology Dependent Waiver;
- Community Transitions Waiver

C. Control Number(s):

- UT.0158;
- UT.0247;
- UT.0292;
- UT.0331;
- UT.0439;

¹ 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.

UT.1246;
UT.40183;
UT.1666 (pending approval)

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: January 27, 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 waivers 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.]

N/A

ii. ___ Temporarily modify additional targeting criteria.

[Explanation of changes]

UT.0439 (New Choices Waiver): Allow for retroactive waiver considerations/waiving break-in-stay policy for individuals who discharge home.

Waive requirement of tri-annual open enrollment periods, allowing for applications to be submitted at any time.

All waivers - allow continued enrollment if a member experiences a hospitalization, or skilled nursing facility placement greater than 90 days.

b. ___ Services

i. ___ Temporarily modify service scope or coverage.

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

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

[Explanation of changes]

0158 (Community Supports Waiver), 0292 (Acquired Brain Injury Waiver), 1666 (Community Transitions Waiver); 0331 (Physical Disabilities Waiver):

Respite - Extension for more than 13 consecutive days.

Specialized Medical Equipment/Supplies/Assistive Technology & Environmental Adaptations - Approval may be made without a prescription from a licensed physician. Approval may be made without documentation of a Medicaid denial if reasonable evidence is obtained that the item is not a covered benefit.

0247 (Aging Waiver):

Respite and Respite Care Services - LTC Facility - Extension for more than 13 consecutive days.

Specialized Medical Equipment/Supplies/Assistive Technology & Environmental Adaptations - Approval may be made without a prescription from a licensed physician. Approval may be made without documentation of a Medicaid denial if reasonable evidence is obtained that the item is not a covered benefit.

Supplemental Meals - Limit on the 'community meal' option will no longer be limited to \$25.00/mo. Meal delivery services such as 'Door Dash/Uber Eats' are permissible.

0439 (New Choices Waiver):

Respite - Extension for more than 13 consecutive days.

Specialized Medical Equipment/Supplies/Assistive Technology & Environmental Adaptations - Approval may be made without a prescription from a licensed physician. Approval may be made without documentation of a Medicaid denial if reasonable evidence is obtained that the item is not a covered benefit.

Home Delivered Meals - adoption of a 'community meal' option, allowing for restaurant delivery/delivery from services such as Door Dash and Uber Eats.

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]:

Direct care services, Respite Care, Day Supports and Supported Employment, may be provided in a hotel, shelter, church, or alternative facility based setting or the home of a direct care worker when the waiver participant is displaced from their home because of quarantine or hospitalization or when providers are unavailable due to illness or business closure. When appropriate, Day Supports may be provided in the individual's home.

Waivers offering overnight respite (with room and board) may use settings such as Intermediate Care Facilities or Skilled Nursing Facilities.

Personal care and similar services may be provided in a hospital or other short-term institutional setting.

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.

Yes, for all waivers, the State seeks to allow payment for personal care or similar services provided by family caregivers or legally responsible individuals. Details addressed in Addendum.

i. ___ Temporarily modify provider qualifications.

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

Temporarily allow provider enrollment or re-enrollment with modified employee risk screening elements such as onsite visits or fingerprint checks, or modify training requirements. Provider agencies may choose to provide on-line training such as CPR and First Aid in lieu of in-person training. Training may also be conducted by telephone/electronic means. If individual-specific training is provided electronically, a telehealth product or non-public facing remote communication product should be used to protect the individual’s confidentiality.

Staff will remain eligible to perform services for a 90-day window post-expiration of training for items such as CPR, First Aid and Crisis Management during this period.

ii. ___ Temporarily modify provider types.

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

Expand provider types for environmental adaptations, specialized medical equipment, and assistive technology to include the use of a purchase card in order to purchase items from nontraditional vendors who have necessary items in stock when supply or cost impacts occur due to COVID 19 on a case by case basis. The State may act as an intermediary to process these orders when a waiver provider cannot be secured, or the time frame to supply the requested item would pose a health and safety concern for the individual.

Non-Medical Transportation through non-enrolled providers such as drivers for Uber/Lyft may be reimbursed.

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.]

When needed, suspend provider licensing (including background checks/fingerprinting) or certification for up to 1 year when COVID 19 pandemic impacts the ability for providers to obtain license or certification due to state staff or service provider availability.

Maximum number of individuals served in a service location may be exceeded to address staffing shortages or accommodate use of other sites as quarantine sites. Minimum staffing ratios as required by licensure, service definition, or the individual's PCSP may be exceeded due to staffing shortages.

Allow for delayed enforcement of HCBS Settings Rule requirements for new settings until review of location/service delivery may be completed.

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

See Addendum

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.]

Services delivered as 'direct care' to the participant will be eligible for enhanced reimbursement to acknowledge additional risk/cost associated with providing care, including payment of additional employee benefits, overtime/hazard pay, etc. The amount of additional reimbursement will be subject to limitations regarding the use and appropriation of State and Federal funds in both State and Federal statute. Reimbursement will follow the State's approved rate methodology and allow up to an additional 50% of the max rate based on SMA approval.

In addition, Case Management provided in 0247 (Aging Waiver); and 0439 (New Choices Waiver) may be eligible for similar enhanced reimbursement without in-person contact.

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.]

See Addendum

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]

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. Response to incidents will not be impacted.

Providers must submit critical incident reports for participants who tested positive for COVID-19, and disclose in the critical incident report the exposure of COVID-19 positive participants with any other 1915(c) HCBS waiver participants and/or staff. While reports will be required, providers do not need to conduct an investigation or submit a corrective action plan related to these reports, unless instructed directly to do so at the Department's discretion.

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.]

Habilitation, Supported Living and Personal Care/Attendant Care services may be provided in an acute setting or other short-term institutional setting, when the service is not able to be provided by the Acute/Institutional Setting provider. The Department will ensure no duplication of services through documentation of tasks provided and a waiver form completed by the institutional setting staff attesting that specific tasks needed in the acute care hospital or short-term institutional stay cannot be done by the facility staff due to system capacity or other critical service interruption and that the participant may have a trained attendant complete the specific tasks.

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.]

Retainer payments may be provided for circumstances in which providers have experienced significant decline in service utilization due to COVID-19 containment efforts.

Reimbursement to providers up to 100% of average monthly pre-COVID-19 costs associated with these services. Retainer payments are subject to available funds.

Legally responsible caregivers and family members are not eligible for retainer payments.

Self-Directed/Self-Administered Services employees who have been diagnosed with COVID-19 or are isolating due to known exposure may be paid up to the amount of hours they would have performed for their employer over a 14-day period.

0439 (New Choices Waiver):

- Residential absentee considerations (family takes individual home for extended period)
- Adult Day Care
- Retainer payments may be provided for Homemaker, Chore and Attendant Care

0247 (Aging Waiver):

- Adult Day Care

0158 (Community Supports Waiver), 0292 (Acquired Brain Injury Waiver):

- Adjustments to residential reimbursements to allow retainer payments when the person spends extended periods of time with their natural supports absent from their residential program.

- Retainer payments may be provided for Personal Assistance/Personal Care, Day Supports, Supported Living, or Supported Employment.

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]

0439 (New Choices Waiver): Increase to Factor C of an additional 250 Individuals.

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

Delay of Heightened Scrutiny submissions to CMS for sites which have not received sufficient technical assistance by the State.

Compliance audits/reviews of performance measures for providers will be suspended until conditions and staffing allow for these activities to be resumed.

In order to respond to the changing needs of participants due to school/employment/day activity schedules, the State will not require Notices of Agency Action to be sent when altering PCSP services to accommodate changes as a direct result of COVID-19 for these amendments. Notices of Agency Action remain required in all other instances of services being suspended, terminated or denied.

Due to the inability of individuals to access the community to reduce funds, the State requests the ability to waive asset tests during the COVID-19 period and an additional 6 months following its conclusion.

Items Restated from Utah's 1135 Request:

6.6.3 Electronic Visit Verification

6.10.8 Annual Redeterminations of Eligibility

6.10.12 Reasonable Standards for Eligibility Section 1902(a)(17)

6.10.13 Post-Eligibility Treatment of Income

6.22 Cost Neutrality Requirements

6.26 Timely Filing of Claims

6.27 Home and community-based settings 42 CFR 441(b)(1)(ii)

6.28 Home and community-based settings 42 CFR 441.301(c)(4)

6.29 Signature requirements

6.39.4 Availability of services 42 CFR §438.206

Appendix K Addendum: COVID-19 Pandemic Response

1. HCBS Regulations

- a. Not comply with the HCBS settings requirement at 42 CFR 441.301(c)(4)(vi)(D) that individuals are able to have visitors of their choosing at any time, for settings added after March 17, 2014, to minimize the spread of infection during the COVID-19 pandemic.

2. Services

- a. Add an electronic method of service delivery (e.g., telephonic) allowing services to continue to be provided remotely in the home setting for:
 - i. Case management
 - ii. Personal care services that only require verbal cueing

- iii. In-home habilitation
- iv. Monthly monitoring (i.e., in order to meet the reasonable indication of need for services requirement in 1915(c) waivers).
- v. Other *[Describe]*:

0158 (Community Supports Waiver), 0292 (Acquired Brain Injury Waiver):
 Companion Services
 Supported Living
 Supported Employment
 Day Supports
 Personal Assistance/Personal Care

40183 (Technology Dependent Waiver):
 Family Support Services

0247 (Aging Waiver):
 Adult Companion 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.

0158 (Community Supports Waiver), 0292 (Acquired Brain Injury Waiver), 0331 (Physical Disabilities Waiver), 0247 (Aging Waiver), 0439 (New Choices Waiver): All approvals completed by Operating Agency staff.

0331 (Physical Disabilities Waiver): RN Case Manager providing service may not be the Case Manager who authorizes the service.

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]

Provider Qualifications in Appendix C-1/C-3
 To allow redeployment of direct support and clinical staff to needed service settings during the emergency, staff qualified under any service

definition may be used for provision of any non-professional service under another service definition in C-1/C-3. All staff must receive training on any individuals' PCSP for whom they are providing support. Training on the PCSP must consist of basic health and safety support needs for that individual.

- 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:	Bagley
Last Name	Kevin
Title:	Director, Bureau of Long Term Services and Supports
Agency:	Utah Department of Health, Division Director, Division of Medicaid and Health Financing
Address 1:	288 n 1460 w
Address 2:	PO Box 143101
City	Salt Lake
State	Utah
Zip Code	84114
Telephone:	(801) 538-9144
E-mail	klbagley@utah.gov
Fax Number	(801) 538-6412

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:
State Medicaid Director or Designee	

First Name:	Nate
Last Name	Checketts
Title:	Deputy Director
Agency:	Utah Department of Health, Division Director, Division of Medicaid and Health Financing
Address 1:	288 n 1460 w
Address 2:	Click or tap here to enter text.
City	Salt Lake
State	Utah
Zip Code	84114
Telephone:	(801) 538-6043
E-mail	nchecketts@utah.gov
Fax Number	(801) 538-6860

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:	Supported Living (0158: Community Supports Waiver; 0292: Acquired Brain Injury Waiver)		
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>			
Service Definition (Scope):			
<p>Supported Living constitutes individually tailored hourly support, supervision, training and assistance for people to live as independently as possible in their own homes, family homes and apartments and is offered on a year-round basis. Supported living is available to those who live alone, with family or with roommates. For individuals residing with families, Supported Living is intended to provide support to the individual and the family to allow the family to continue providing natural supports and to avoid unwanted out of home placement. Supported living activities are prioritized based upon the individual's assessed needs, but may include maintenance of individual health and safety, personal care services, homemaker, chore, attendant care, medication observation and recording, advocacy, communication, assistance with activities of daily living, instrumental activities of daily living, transportation to access community activities, shopping and attending doctor appointments, keeping track of money and bills and using the telephone; and indirect services such as socialization, self-help, and adaptive/compensatory skills development necessary to reside successfully in the community. This service may also include behavioral plan implementation by direct care staff.</p> <p style="background-color: yellow;">During the COVID-19 emergency, may also include social and emotional support provided remotely and in-person. May be provided without the individual being present, to perform tasks such as grocery shopping/pick-up of OTC pharmacy items or completing needed errands.</p>			
Specify applicable (if any) limits on the amount, frequency, or duration of this service:			
<p>Individuals receiving Supported Living are not eligible to receive separate individual waiver services in addition to Supported Living if the separate services are essentially duplicative of the tasks defined in Supported Living.</p> <p>Individuals receiving Supported Living may not receive Residential Habilitation; however, they may receive Day Support Services as long as these services are not provided nor billed for times when the individual is receiving Supported Living services.</p> <p>This service is not available to children in the custody of the State of Utah: Department of Human Services, Division of Child and Family Services.</p>			
Provider Specifications			
Provider Category(s)	x	Individual. List types:	x Agency. List the types of agencies:
		Self-Directed Supported Living Provider	Agency-based Supported Living Provider

<i>(check one or both):</i>			
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/> Relative
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>
Agency-Based Supported Living Provider	Current business license	Certified by DSPD as an authorized provider of services and supports to people with disabilities in accordance with 62A-5-103, UCA.	Under state contract with DSPD as an authorized provider of services and supports to people with disabilities in accordance with 62A-5-103, UCA. Enrolled as a Medicaid provider.
Self-Directed Supported Living Provider		Certified by DSPD as an authorized provider of services and supports to people with disabilities in accordance with 62A-5-103, UCA.	Under state contract with DSPD as an authorized provider of services and supports to people with disabilities in accordance with 62A-5-103, UCA and R539-5. Completed Provider Agreement.
Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
Agency-Based Supported Living Provider	Division of Services for People with Disabilities		Annually
Self-Directed Supported Living Provider	Division of Services for People with Disabilities		Annually
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: Personal Care (0158: Community Supports Waiver)

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

Service Definition (Scope):

Personal Care is provisioned on a quarter hour or daily basis of personal assistance and supportive services, specific to the needs of a medically stable individual who is capable of directing his/her own care or has a surrogate available to direct the care. This service is intended to reinforce an individual’s strengths, while substituting or compensation for the absence, loss, diminution, or impairment of physical or cognitive functions. Services will be outlined in the person centered support plan and will not duplicate other covered waiver supports.

Personal Care services are provided on a regularly scheduled basis and are available to individuals who live alone or with roommates. Services may be provided in the participant’s place of residence or in settings outside the place of residence.

During the COVID-19 emergency, may also include social and emotional support provided remotely and in-person. May be provided without the individual being present, to perform tasks such as grocery shopping/pick-up of OTC pharmacy items or completing needed errands.

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

Individuals receiving any other service contained within this waiver or through the Medicaid State Plan that may duplicate the provision of Personal Care are not eligible to receive Personal Care until such services that are entirely duplicative that are offered through other funding sources such as the Medicaid State Plan are exhausted.

Services rendered in excess of eight hours in a single day will be paid using the daily rate.

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:
		Self-Directed Personal Care Services Provider		Agency-Based Personal Care Services Provider

Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative
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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>
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Individual		Certified by DSPD as an authorized provider of services and supports to people with disabilities in accordance with 62A-5-103, UCA.	Under state contract with DSPD as an authorized provider of services and supports to people with disabilities in accordance with 62A-5-103, UCA and R539-5. Completed Provider Agreement.
Agency	R432-700	Certified by DSPD as an authorized provider of services and supports to people with disabilities in accordance with 62A-5-103, UCA.	Under state contract with DSPD as an authorized provider of services and supports to people with disabilities in accordance with 62A-5-103, UCA and R539-5. Enrolled as a Medicaid provider.

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Individual	Division of Services for People with Disabilities	Annually
Agency	Division of Services for People with Disabilities	Annually

Service Delivery Method

Service Delivery Method (check each that applies):	<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:	Personal Attendant Services (0331: Physical Disabilities Waiver)
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope):	
<p>Personal Attendant Services are essential to help the waiver participant achieve maximum independence and may vary depending on the needs of the individual and their daily schedule. Services may include: (a) hands-on care consisting of both a non-skilled medical and non-medical supportive nature specific to the needs of a medically stable individual with physical disabilities. Such support may involve assistance to the participant in performing all Activities of Daily Living (ADLs) including: bathing, dressing (upper/lower body), toileting, transferring, maintaining continence, positioning while in bed, eating, personal hygiene and locomotion in and out of the home. Any skilled medical care and health maintenance required as part of the participant’s ADLs may also be provided but only as permitted by State law and as certified by the participant’s physician; (b) assistance with all Instrumental Activities of Daily Living (IADLs) to include housekeeping, chore services,</p>	

meal preparation, grocery shopping, using the telephone and all other reasonable and necessary activities which are incidental to the performance of the participant's care may additionally be furnished as part of this service when agreed upon by the participant, personal attendant and the case manager, as outlined in the Person Centered Support Plan (PCSP). Payment to parents, step-parents or legal guardians can be made for personal attendant services deemed as extraordinary and as outlined in appendix C-2(e).

Personal Attendant Services are not duplicative of State plan Personal Care as those services do not allow for an option to self-direct care while the Physical Disabilities waiver requires it.

During the COVID-19 emergency, may also include social and emotional support provided remotely and in-person. May be provided without the individual being present, to perform tasks such as grocery shopping/pick-up of OTC pharmacy items or completing needed errands.

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

Limitations: Limits on the amount, frequency and/or duration are specified in the PCSP and based upon assessed need. Personal Attendant services are rendered in 15 minute units.

Transportation costs associated with the provision of care as outlined above through this service may not be included in the scope of Personal Attendant Services.

During PCSP planning meetings, RN Case Managers will work with waiver participants to determine if State plan Personal Care, or Waiver Personal Attendant Services are most appropriate to meet the participant's needs. To avoid duplication, participants will be asked to select one option unless the RN Case Manager is able to document a specific reason for the individual to receive both. The RN Case Manager will monitor the utilization of both services and verify its continued necessity.

There could be any number of examples why a person would utilize both state plan personal care and personal attendant services through the waiver.

1. The personal care state plan service is a similar but not exactly the same service as the personal attendant services in the waiver. Personal care state plan service does not allow for some of the assistance with IADLs and it is limited to 60 hours per month. Many times a client will avail themselves of the state plan personal care up to the maximum of 60 hours per month to provide specific ADL cares and will use attendant care through the waiver as an adjunct to provide assistance with shopping and paying bills and other IADLS.

2. A combination of state plan (traditional home health agency) services and self-directed services are provided to best meet the person's needs and preferences. For example – you may have a client who uses state plan services during the weekdays, but then the client prefers to have a self-directed service worker on the weekends due to the ability to have more flexible scheduling. Or the person may be willing to have personal care state plan for some services, but may prefer to have bathing completed 3 times a week by a trusted sibling etc.

The state believes this type of flexibility is in line with the intent of person-center planning that is focused on the needs, preferences and cultural sensitivity of the individual's circumstances. In all cases, the care plan indicates when both services are being used.

Provider Specifications

Provider Category(s)	<input checked="" type="checkbox"/>	Individual. List types:	<input type="checkbox"/>	Agency. List the types of agencies:
	Qualified individual selected by the participant			

(check one or both):		

Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative
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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		Home Health Aide Certificate of Completion (R432-700-22) OR OTHER STANDARD	Be at least 18 years of age; have a Social Security Number and provide verification of such; agree to have a Criminal Background Check; have the ability to read, understand and carry out written and verbal instructions, write simple clinical notes and record messages; be trained in First Aid; be oriented and trained in all aspects of care to be provided to the participant including medical care and health maintenance; and be able to demonstrate competency in all areas of responsibility. * All providers receiving state funds appropriated to DSPD are required to enter into a state contract with the DSPD as a provider of services to persons with disabilities. The DSPD state contract is a document separate from the Medicaid Provider Agreement negotiated between each waiver provider and the SMA. A joint DSPD state contract/SMA Provider Agreement is in place for this service.

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Individual	Division of Services for People with Disabilities' waiver recipient	Prior to the delivery of Medicaid Personal Attendant Services

Service Delivery Method

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

Service Specification

Service Title: Case Management (0247: Aging Waiver)

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

Service Definition (Scope):

Case Management serves the purpose of maintaining the individual in the Home and Community-Based Services Waiver in accordance with program requirements and the person's assessed service needs, and coordinating the delivery of quality waiver services. Waiver Case Management consists of the following activities:

- (a) Validate the comprehensive assessment and the comprehensive care plan for an individual enrolled in the waiver program,
- (b) Consult with the agency responsible for waiver eligibility determination;
- (c) Research the availability of non-Medicaid resources needed by the individual to address needs identified through the comprehensive assessment process and assist the individual in gaining access to these resources, regardless of the funding source;
- (d) Assist the individual to gain access to available Medicaid State Plan services necessary to address needs identified through the comprehensive assessment process;
- (e) Assist the individual to select, from available choices on an array of waiver services to address needs identified through the comprehensive assessment process and to select from available choices of providers to deliver each of the waiver services;
- (f) Assist the individual to request a fair hearing if choice of waiver services or providers is denied;
- (g) Monitor to assure the provision and quality of the services identified in the individual's care plan;
- (h) Instruct the individual/legal representative/family how to independently obtain access to services when other funding sources are available;
- (i) Monitor on an ongoing basis the individual's health and welfare status and initiating appropriate reviews of service needs and care plans as needed;
- (j) Coordinate with other Medicaid programs to achieve a holistic approach to care;
- (k) Provide case management and transition planning services up to 90 days immediately prior to the date an individual transitions from a nursing facility to the waiver program;
- (l) Provide discharge-planning services to an individual disenrolling from the waiver.

When a waiver participant elects to enroll in hospice care, waiver Case Managers shall coordinate with the hospice case management agency upon commencement of hospice services to develop a coordinated plan of care that clearly defines the roles and responsibilities of each program.

During the COVID-19 emergency, may also include social and emotional support provided remotely and in-person.

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 checked="" type="checkbox"/>	Agency. List the types of agencies:
				Medicaid provider enrolled to provide waiver Case Management Services

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 <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Medicaid provider enrolled to provide waiver Case Management Services	RN: UCA 58-31b-301 or SSW: UCA 58-60-205	Certification through the National Academy of Certified Care Managers (CMC)	Provider organizations/individuals enrolled to perform the responsibilities of the Waiver Case Management covered service may not provide other direct waiver services.

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Medicaid provider enrolled to provide waiver Case Management Services	Division of Aging and Adult Services	Annually

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: Personal Attendant Services (0247: Aging Waiver)

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

Service Definition (Scope):

Personal Attendant Services include physical and/or cognitive assistance with eating, bathing, dressing, personal hygiene, and activities of daily living. This service may also include assistance with preparation of meals, but does not include the cost of the meals themselves, homemaker services or chore services. It is acceptable to arrange for Personal Attendant Services to be provided during periods when the primary, unpaid caregiver is away. Thus serving a secondary purpose of providing respite, as a self-administered service, to the caregiver. Specific services outlined in the care plan must be coordinated with available State Plan personal care services and other covered waiver services to prevent duplication of services (i.e., having a service provided, such as homemaking through a traditional provider, and then duplicating that service by having a Personal Attendant provide it too). This covered waiver service may be provided via a participant-directed approach or the traditional provider method.

Participant-directed services method: The individual or another duly appointed party, under applicable laws of the State, exercises control over specified staffing decisions relating to his or her personal attendant, including control over the selection and retention of the personal attendant, supervision of the attendant's activities and verification of the personal attendant's time sheet. Providers of Personal Attendant Services may include agency-employed staff when the agency agrees to support the individual's control over specified staffing decisions relating to his or her personal attendant provided by the agency in keeping with the participant-directed services method.

In the case of an individual who cannot direct his or her own personal attendant, another person may be appointed as the decision-maker in accordance with applicable State law. The appointed person must perform supervisory activities at a frequency and intensity specified in the Designation of Personal Representative Agreement form. The individual or appointed person may also train the attendant to perform assigned activities.

Waiver enrollees determined to need the types of services provided by the Personal Attendant Services category will be informed of the opportunity to receive the service through the participant-directed services method. Information will include the option to directly employ the personal attendant or to utilize an agency-employed personal attendant, and the scope and nature of the Fiscal Management Agency that is used when the personal attendant is directly employed.

A case file notation will be made regarding the adequacy of the services provided, any training or retraining necessary, and the continued appropriateness and feasibility of the attendant providing services. The Case Manager will arrange with provider agencies for all training needs of the personal attendants.

During the COVID-19 emergency, may also include social and emotional support provided remotely and in-person. May be provided without the individual being present, to perform tasks such as grocery shopping/pick-up of OTC pharmacy items or completing needed errands.

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

General Limitations: In certain cases, an individual may be deemed unable to adequately perform necessary supervisory activities when circumstances render the Personal Representative incapable of performing the supervisory activities that are in the best interest of the participant. In the event it is determined that the individual is unable to adequately perform necessary supervisory activities and has no qualified appointed person to direct the personal attendant, alternative waiver services will be arranged by the local/regional non-state entities utilizing appropriate agencies. Persons having case management involvement with the individual may not serve as surrogates responsible for directing the activities of the personal attendant. ~~Payment will not be made for services furnished by the individual's spouse or other individuals who have a legal responsibility to furnish the services.~~

Personal Attendant Services are to be a supplement to State plan Personal Care services and the amount, duration, and frequency of Personal Attendant Services must take into account full utilization of State plan personal care services. Medicaid reimbursement is not available for Personal Attendant Services performed for other members of the family. Personal Attendant Services will not be provided when the involved activities duplicate activities concurrently being provided through another covered waiver service. Respite services may not be provided to give respite to the paid provider of Personal Attendant Services. Multiple personal attendants may be hired to assure the needed amount of Personal Attendant Services is provided (i.e., there may be more than one provider that delivers services at different times to the same participant to assure coverage of service).

Service Limit: Personal Attendant Services will not exceed five (5) hours per day. At the point a waiver participant reaches the service limit, the local/regional non-state entities will conduct an evaluation to determine how the individual's health and welfare can continue to be assured through a time-limited authorization for additional service beyond the limit until alternative arrangements are made to meet the individual's needs while remaining in a community setting.

Fiscal Management Agency: When the personal attendant is employed directly by the participant, the individual is required to use a Fiscal Management Agency to assist with managing the employer-related financial responsibilities associated with the participant-directed model.

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:
		Self-directed Personal Attendant Service Provider		Medicaid provider enrolled to provide Personal Attendant Services

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)
Self-directed Personal Attendant Service Provider			Personal attendants will be authorized to provide specific services based on the individuals needs, the personal attendants training and experience, and the degree and type of training and supervision required. In order to qualify as a Medicaid enrolled

			<p>personal attendant, the applicant must be at least 18 years of age; have the ability to read, understand and carry out written and verbal instructions, write simple progress notes, demonstrate competency in all areas of assigned responsibility on an ongoing basis, and provide the operating agency with verification of a valid social security number and a copy of a current first aid certification from an accredited agency.</p> <p>Personal attendants are subject to the requirements of Utah Code Annotated 26-21, 62A-2, and/or 62A-3, as applicable.</p>
Medicaid provider enrolled to provide Personal Attendant Services			<p>Personal attendants will be authorized to provide specific services based on the individuals needs, the personal attendants training and experience, and the degree and type of training and supervision required. In order to qualify as a Medicaid enrolled personal attendant, the applicant must be at least 18 years of age; have the ability to read, understand and carry out written and verbal instructions, write simple progress notes, demonstrate competency in all areas of assigned responsibility on an ongoing basis, and provide the operating agency with verification of a valid social security number and a copy of a current first aid certification from an accredited agency.</p> <p>Personal attendants are subject to the requirements of Utah Code Annotated 26-21, 62A-2, and/or 62A-3, as applicable.</p>

Verification of Provider Qualifications		
Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Self-directed Personal Attendant Service Provider	Division of Aging and Adult Services	Annually
Medicaid provider enrolled to provide Personal Attendant Services	Division of Aging and Adult Services	Annually

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"/>	
	<input type="checkbox"/>		<input type="checkbox"/>	

Service Specification

Service Title: Adult Companion Services (0247: Aging Waiver)

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

Service Definition (Scope):

Adult Companion Services serve the purpose of supporting community activity and preventing social isolation. Adult companion services involve non-medical care, supervision and socialization. Companions may assist or supervise the individual with such tasks as meal preparation, laundry, and shopping, but do not perform these activities as discrete services. The provision of companion services does not entail hands-on nursing care. Providers may also perform light housekeeping tasks, which are incidental to the care and supervision of the individual. The service is provided in accordance with the care plan and is not purely diversionary in nature.

During the COVID-19 emergency, may also include social and emotional support provided remotely and in-person. May be provided without the individual being present, to perform tasks such as grocery shopping/pick-up of OTC pharmacy items or completing needed errands.

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

Adult Companion Services will not be provided when the involved activities duplicate activities concurrently being provided through another covered waiver service.

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:
				Medicaid provider enrolled to provide Adult Companion Services

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 <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
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Medicaid provider enrolled to provide Adult Companion Services	Current business license if applicable.		Demonstrated ability to perform the tasks.

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Medicaid provider enrolled to provide Adult Companion Services	Division of Aging and Adult Services	Annually

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"/>	
	<input type="checkbox"/>		<input type="checkbox"/>	

Service Specification

Service Title:	Case Management (0439: New Choices Waiver)
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Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

Service Definition (Scope):

Services that assist participants in gaining access to needed waiver services and other Medicaid State Plan services, as well as needed medical, social, educational, and other services, regardless of the funding source. Case Management consists of the following activities:

- a) Complete the initial comprehensive assessment and periodic reassessments to determine the services and supports required by the participant to prevent unnecessary institutionalization;
- b) Perform reevaluations of participants' level of care;
- c) Complete the initial comprehensive care plan and periodic updates to maximize the participant's strengths while supporting and addressing the identified preferences, goals and needs;
- d) Research the availability of non-Medicaid resources needed by an individual to address needs identified through the comprehensive assessment process and assist the individual in gaining access to these resources;

- e) Assist the individual to gain access to available Medicaid State Plan services necessary to address identified needs;
- f) Assist the individual to select from available choices, an array of waiver services to address the identified needs and assist the individual to select from the available choice of providers to deliver each of the waiver services including assisting with locating an appropriate home and community-based setting and assisting with negotiation of a rental agreement when needed;
- g) Assist the individual to request a fair hearing if choice of waiver services or providers is denied, if services are reduced, terminated or suspended, or if the participant is disenrolled;
- h) Monitor to assure the provision and quality of services identified in the individual's care plan;
- i) Support the individual/legal representative/family to independently obtain access to services when other funding sources are available;
- j) Monitor on an ongoing basis the individual's health and safety status and investigate critical incidents when they occur. At least one (1) telephone or face-to-face contact directly with the waiver participant is required each month and a minimum of one (1) face to face contact with the participant is required every 90 days. When meaningful telephone contact cannot be achieved due to a participant's diminished mental capacity or inability to communicate by phone, in-person contact must be made with the participant monthly;
- k) Coordinate across Medicaid programs to achieve a holistic approach to care;
- l) Provide case management and transition planning services up to 180 days immediately prior to the date an individual transitions to the waiver program;
- m) Provide safe and orderly discharge planning services to an individual disenrolling from the waiver;
- n) Perform internal quality assurance activities, addressing all performance measures.
- o) Monitor participant medication regimens.

During the COVID-19 emergency, may also include social and emotional support provided remotely and in-person.

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

In order to facilitate transition, case management services may be furnished up to 180 days prior to transition and providers may bill for this service once the participant enters into the waiver program. 15 units per month or less is the expected typical case management utilization pattern. Plans that include utilization of 16 units or greater will require submission of additional documentation to justify the need for additional services.

Provider entities having the capacity to perform case management functions and other waiver or non-waiver services must assure that the functions of the entity are clearly separated and their respective responsibilities well defined. If the case management agency is listed on a comprehensive care plan as the provider for other waiver or non-waiver services, the case management agency must document that there are no other willing qualified providers available to provide the other waiver or non-waiver service(s). This includes instances

where the case management agency pays for goods and services purchased from retail stores, general contractors or other entities not directly enrolled as Medicaid providers.

Case management agencies may not assign individual case managers to serve a waiver participant when any one or more of the following scenarios exist:

1. the case manager is related to the waiver participant by blood or by marriage,
2. the case manager is related to any of the waiver participant's paid caregivers by blood or by marriage,
3. the case manager is financially responsible for the waiver participant,
4. the case manager is empowered to make financial or health-related decisions on behalf of the individual,

or

5. the case manager would benefit financially from the provision of direct care services included in the care plan.

Direct services not included in the service description above are not reimbursable under case management . (Examples of non-reimbursable services: transporting clients, directly assisting with packing and/or moving, personal budget assistance, shopping, and any other direct service that is not in line with the approved case management service description.)

By July 1, 2017, Utah will fully implement the use of a Financial Management Service (FMS) entity to pay for goods and services purchased from retail stores, general contractors or other entities not directly enrolled as Medicaid providers. The State will reimburse the FMS entity as an administrative activity.

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:
				Division Services for People with Disabilities
				Centers for Independent Living
				Accredited Case Management Agencies
				Prepaid Inpatient Health Plans
				Area Agencies on Aging
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>	
Division Services for People with Disabilities	DSPD employees with RN and SSW licensure or other licensure that is at least equivalent to or higher than RN and SSW		a) Recognized Division of Service for People with Disabilities entity b) Medicaid provider enrolled to provide case management.	
Centers for Independent Living	CIL employees with RN and SSW licensure or other licensure that is at least equivalent to		(a) Centers for Independent Living recognized through the State Office of Rehabilitation (b) Medicaid provider enrolled to provide case management.	

	or higher than RN and SSW		
Accredited Case Management Agencies	Case Management Agency employees with RN and SSW licensure or other licensure that is at least equivalent to or higher than RN and SSW		(a) Case Management Agency accredited by DMHF approved organization. (b) Medicaid provider enrolled to provide case management.
Prepaid Inpatient Health Plans	PIHP employees with RN and SSW licensure or other licensure that is at least equivalent to or higher than RN and SSW		(a) Recognized Division of Service for People with Disabilities entity (b) Medicaid provider enrolled to provide case management. (c) Services provided under this waiver are paid to PIHPs on a fee-for-service basis only.
Area Agencies on Aging	AAA employees with RN and SSW licensure or other licensure that is at least equivalent to or higher than RN and SSW		(a) Recognized Area Agency on Aging entity within the State (b) On Contract with the SMA

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Division Services for People with Disabilities	Division of Medicaid and Health Financing, Bureau of Authorization and Community Based Services.	Upon initial enrollment and routinely scheduled monitoring of waiver providers thereafter.
Centers for Independent Living	Division of Medicaid and Health Financing, Bureau of Authorization and Community Based Services.	Upon initial enrollment and routinely scheduled monitoring of waiver providers thereafter.
Accredited Case Management Agencies	Division of Medicaid and Health Financing, Bureau of Authorization and Community Based Services.	Upon initial enrollment and routinely scheduled monitoring of waiver providers thereafter.
Prepaid Inpatient Health Plans	Division of Medicaid and Health Financing, Bureau of Authorization and Community Based Services.	Upon initial enrollment and routinely scheduled monitoring of waiver providers thereafter.
Area Agencies on Aging	Division of Medicaid and Health Financing, Bureau of Authorization and Community Based Services.	Upon initial enrollment and routinely scheduled monitoring of waiver providers 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
	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>	

Service Specification

Service Title: Habilitation (0439: New Choices Waiver)

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

Service Definition (Scope):

Habilitation Services are active teaching/training therapeutic activities to supply a person with the means to develop or maintain maximum independence in activities of daily living and instrumental activities of daily living, socialization and adaptive skills necessary to reside successfully in home and community-based settings.

Specific services include teaching/retraining the following:

- a. daily living skills (grooming, personal hygiene, cooking, nutrition, health and mental health education, money management and maintenance of the living environment);
- b. social skills training in appropriate use of community services; and
- c. development of appropriate personal support networks, therapeutic recreational services (which are focused on therapeutic intervention, rather than diversion).

During the COVID-19 emergency, may also include social and emotional support provided remotely and in-person. May be provided without the individual being present, to perform tasks such as grocery shopping/pick-up of OTC pharmacy items or completing needed errands.

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

While it is recognized that observation of skills learned is a critical component of habilitation services, the expectation is that active teaching/training/therapeutic intervention will comprise the majority of each unit of service.

The following are specifically excluded from payment for habilitation services:

- a. vocational services,
- b. prevocational services,
- c. supported employment services,
- d. room and board,
- e. companion services, and
- f. services that are intended to compensate for loss of function such as would be provided by attendant care services.

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:
				Habilitation Providers

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>)
Habilitation Providers	R432-700 or Current Business License		Demonstrated ability to perform the tasks ordered on behalf of the waiver participant Medicaid Providers enrolled to provide habilitation services.

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Habilitation Providers	Division of Medicaid and Health Financing, Bureau of Authorization and Community Based Services.	Upon initial enrollment and routinely scheduled monitoring of waiver providers 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: Attendant Care Services (0439: New Choices Waiver)

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

Service Definition (Scope):

Attendant care services are those that reinforce an individuals strengths, while substituting or compensating for the absence, loss, diminution, or impairment of a physical or cognitive function. Attendant services incorporate and respond to the participants preferences and priorities.

During the COVID-19 emergency, may also include social and emotional support provided remotely and in-person. May be provided without the individual being present, to perform tasks such as grocery shopping/pick-up of OTC pharmacy items or completing needed errands.

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

This service cannot be provided to participants receiving Adult Residential Services or any other waiver service in which the tasks performed are duplicative of the attendant care services.

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:
		Self-directed -- Attendant Care		Attendant Care

Specify whether the service may be provided by (check each that applies):	<input checked="" type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative
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Provider Qualifications (provide the following information for each type of provider):

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
Attendant Care	Current Business License		All providers: Medicaid providers enrolled to provide attendant care services
Self-directed -- Attendant Care			Demonstrated ability to performs the tasks ordered on behalf of the waiver participant

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Attendant Care	Division of Medicaid and Health Financing, Bureau of Authorization and Community Based Services.	Upon initial enrollment and routinely scheduled monitoring of waiver providers thereafter.
Self-directed -- Attendant Care	Division of Medicaid and Health Financing, Bureau of Authorization and Community Based Services.	Upon initial enrollment and routinely scheduled monitoring of waiver providers 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 Specification

Service Title: **Telehealth Facilitation (Applies to All Waivers)**

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

Service Definition (Scope):

Telehealth Facilitation is provided to individuals who require assistance in order to setup/coordinate/attend an appointment related to their healthcare or waiver services. The service provides for the use of or troubleshooting of technology necessary for the appointment. Staff involved may attend the appointment at the election of the individual/as necessary to assist with devices.

This service may be performed by individuals and agencies already enrolled for the provision of other waiver services and those who may be hired temporarily during the COVID-19 response (caregiver exceptions).

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

This service does not directly compensate for the purchase/rental/lease of equipment needed to attend the appointment, or the purchase of software/mobile applications.

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:
		Self-directed Employee		Waiver Agency

Specify whether the service may be provided by (check each that applies):	<input checked="" 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)
Self-directed Employee			Enrolled with Medicaid/Applicable Waiver Operating Agency
Waiver Agency			Enrolled with Medicaid/Applicable Waiver Operating Agency

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Self-directed Employee	State Medicaid Agency/Waiver Operating Agency	Will vary during COVID-19 response
Waiver Agency	State Medicaid Agency/Waiver Operating Agency	Will vary during COVID-19 response

Service Delivery Method

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

Service Specification

Service Title: **Emergency Food/Home Supplies (Applies to All Waivers)**

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

Service Definition (Scope):

Service is intended to provide for immediate need of food/supplies when an individual may be facing food security concerns or unable to purchase basic necessary hygiene products (toilet paper; feminine hygiene products, etc.)

This service may be performed by individuals and agencies already enrolled for the provision of other waiver services.

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

Service may only be rendered once all personal and community resources have been reasonably exhausted. Services are not duplicative of items covered in Specialized Medical Equipment, Assistive Technology, Environmental Adaptions, Home/Vehicle modifications, etc.

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:
		Self-directed Employee		Waiver Agency

Specify whether the service may be provided by (check each that applies):	<input checked="" 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)
Self-directed Employee			Enrolled with Medicaid/Applicable Waiver Operating Agency
Waiver Agency			Enrolled with Medicaid/Applicable Waiver Operating Agency

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Self-directed Employee	State Medicaid Agency/Waiver Operating Agency	Will vary during COVID-19 response
Waiver Agency	State Medicaid Agency/Waiver Operating Agency	Will vary during COVID-19 response

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"/>	
	<input type="checkbox"/>		<input type="checkbox"/>	

