

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

Appendix K-1: General Information

Section 1135 authorities.ⁱ This appendix may be completed retroactively as needed by the state.

General Information:

- A. **State:** California
- B. **Waiver Title:** Home and Community-Based Services Waiver – HIV/AIDS Waiver
- C. **Control Number:** CA.0183.R05.02
- 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 Emergency:

Coronavirus disease 2019 (COVID-19) is a respiratory illness caused by a novel virus that has been spreading worldwide. Community-acquired cases have been

confirmed in California. The State of California has been working in close collaboration with the national Centers for Disease Control and Prevention (CDC), with the United States Health and Human Services Agency, and local health departments to monitor and plan for the potential spread of COVID-19.

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

On March 4, 2020, the State of California declared a State of Emergency. As of March 12, 2020, there are 1,215 presumptive cases of COVID-19 in the United States, including 198 confirmed cases and four fatalities in California. More than 11,100 Californians across 49 counties are in home monitoring based on possible travel-based exposure to the virus, and officials expect the number of cases in California to increase. Experts anticipate that while a high percentage of individuals affected by COVID-19 will experience mild flu-like symptoms, some will have more serious symptoms and require hospitalization, potentially including medically vulnerable AIDS Waiver participants who have compromised immune systems.

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

The HIV/AIDS Waiver has over 1,000 participants in 24 counties throughout California. The Department of Health Care Services (DHCS) is the single state agency designated to administer the Medi-Cal program. DHCS collaborates with the California Department of Public Health (CDPH), which oversees the day-to-day operation of the program through several contracted HIV/AIDS Waiver Agencies. The Waiver Agencies utilize clinical personnel and case managers to perform intake, assessment, and case management activities both in-person and telephonically with waiver participants. CDPH, Office of AIDS (OA) continues to monitor the HIV/AIDS Waiver agencies and provides updates as situations arise.

4) Expected Changes needed to Service Delivery Methods:

To prevent existing and potential Waiver Participant from exposure to COVID-19, DHCS will allow the following changes to current HIV/AIDS waiver service delivery methods:

- Conduct initial face-to-face comprehensive nursing and psychosocial assessment, monthly service plan monitoring, and ongoing comprehensive reassessments every 180 days through telephonic or live virtual video conferencing, in lieu of, or as an option for, face-to-face visits, and in accordance with HIPAA requirements.
- Conduct care management activities (level of care evaluations, home visits, and home environment assessments) via telephonic or video conferencing or live video assessments in lieu of face-to-face visits for the months of March, April, May, and June of 2020.
- Temporarily allow forms that require participant, or legal representatives' signatures to be signed, scanned and emailed to the Waiver Agency, or for the documents to be signed digitally, through June 30, 2020. The hard copies with wet signatures can be kept in the member's residence file until Waiver Agencies can retrieve them.

DHCS and CDPH/OA anticipates that the COVID-19 outbreak will directly impact HIV/AIDS service delivery methods. Therefore, the State reporting requirements related to the performance measures data may be impacted by a decrease in face-to-face visits;

however, Waiver Agencies will attempt telephonic or video assessments instead and document.

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

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

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

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

[State of California Emergency Plan](#) October 2017 (Page 117)

14.4.7 DEPARTMENT OF PUBLIC HEALTH (CDPH)

Construction and Engineering: Provides technical assistance and support to state and local agencies who are responding to hazardous, biohazardous, or radioactive materials incidents. In conjunction with the Office of Statewide Health Planning and Development (OSHPD), inspects healthcare facilities to determine their ability to provide safe patient care following an emergency.

Fire and Rescue: Provides technical assistance and support to fire and hazardous material responders during hazardous material, biological, or radiological incidents. Provides assessment of health risks to both first responders and the public due to contaminants generated by fire, smoke, and hazardous material releases or spills, and other possible scenarios.

Management: Prepares messages to inform the public on appropriate actions to protect their health and safety. Maintains the California Health Alert Network (CAHAN) to notify appropriate response personnel of significant health/medical related events and/or the need to respond. Prepares public health and medical reports in concert with the Emergency Medical Services Authority (EMSA) and other CHHS departments. Provides technical assistance related to communicable disease, biological, chemical, radiological, hazardous materials, or other public health and environmental health concerns.

Care and Shelter: Ensures the safety of food, drugs, medical devices, and other consumer products following a disaster. Regulates drinking water bottling plants, distributors, and haulers to ensure the safety of bottled or hauled water used as emergency supplies of drinking water. Provides support to local health departments for infectious disease surveillance, food-borne illness outbreak response and food safety, and sanitation

standards in regulated facilities and shelters. Analyzes impacted areas for safe return of displaced populations. Supports the CDSS in coordinating public health and emergency medical needs in general population shelters.

Public Health and Medical: CDPH is designated as a co-lead for ESF-8. Administers and coordinates disaster-related public health programs and assesses hazards to public health, including the health of communities, workers, and first responders. Provides statewide policies on environmental health. Coordinates with local health departments to conduct surveillance of infectious diseases in areas impacted by the disaster and determines appropriate actions to prevent and control disease outbreaks or spread. Implement pandemic influenza response plans in coordination with local health departments and State agencies. Provides laboratory services related to testing of food, drug, cosmetics, drinking water, hazardous materials, and environmental samples. Provides laboratory services to state and local public health and clinical laboratories and cooperating federal laboratories. Provides epidemiology and surveillance technical support for such things as chronic disease exacerbation following disasters, survey development for injuries, surveillance of infectious diseases, contact tracing, and disaster epidemiology. Assesses potential health effects and recommends protective measures, and drafts guidance to protect public from chemical, biological, and radiological incidents. Obtains and provides medical supplies and pharmaceuticals following a disaster. The Center for Health Care Quality, Licensing and Certification Program monitors the quality of care in licensed health care facilities to ensure the health, safety, and continuity of care to clients. This includes the assessment for compliance with applicable regulations pertaining to emergency preparedness and disaster response for facilities the department regulates. The Licensing and Certification Program ensures operational readiness to provide care in coordination with OSHPD's role of structural and operational facility evaluation.

Hazardous Materials: With responding agencies, coordinates investigations of chemical exposures and determines appropriate protective actions. Provides subject matter experts, such as toxicologists, epidemiologists, environmental scientists, occupational physicians, and industrial hygienists. Develops guidance on occupational exposure issues. Maintains an extensive library of chemical, toxicological, and other environmental and occupational emergency response information. Provides personnel trained in Assessment of Chemical Exposures, a rapid registry and public health investigation tool used for large scale hazardous material incidents. Coordinates emergency medical waste management with responsible state and local agencies. Provides technical assistance in support of local radiological monitoring and decontamination programs in the event of a radiological incident. Provides laboratory services related to hazardous materials. Coordinates protection of shellfish growing areas with applicable state and local agencies. Provides assessment of health risks to both first responders and the public due to releases of hazardous materials.

Food and Agriculture: Ensures the safety of food and agricultural commodities impacted by a disaster. Acts as a technical resource on disease-carrying insects and animals. Assists with the assessment of hazards to human health posed by broad application of pesticides used to combat invasive species and disease carrying insects. Provides laboratory and assessment services related to chemical, microbial, and radiological contaminants and provides protective action recommendations for food and drinking water

in case of radiological incidents.

Utilities: Provides technical assistance and guidance on measures to protect the health and safety of the public during nuclear power plant incidents.

Law Enforcement: Provides technical assistance and guidance on radiation safety to law enforcement organizations. Provides assessment of health risks to first responders, patients, and the public due to hazardous material releases. Works with fire and law enforcement to determine patient safety within licensed healthcare facilities. Supports local jurisdictions in safe evacuation of patients from healthcare facilities due to disaster. Provides assistance/coordination in identifying facilities needing evacuation, setting evacuation prioritizations, and in-facility re-population. Provides support for infant transport from neonatal intensive care units in coordination with EMSA. Provides technical support for assessments of radiation levels that require evacuation in a radiological incident. Recovery: Supports the restoration of healthcare facilities. Provides support for monitoring remediation of contaminated property and related recovery activities due to a radiological incident. Ensures the safety of emergency-related salvage and redistribution of food, as well as ensuring the safety of food supplies. Provides disaster epidemiology tools to local jurisdictions to help assess community needs, such as long-term disaster impacts or behavioral issues.

Public Information: The CDPH Office of Legislative and Governmental Affairs assists with the coordination of delivering CDPH information and fielding inquiries to and from legislative and congressional members and staff. The CDPH Office of Public Affairs provides messages to inform the public on appropriate actions to protect their health and safety in the event of a hazardous material, infectious agent, or other incident. Volunteer and Donations Management: Provides technical advice and assists with coordinating donated pharmaceuticals, vaccines, and medical supplies.

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

Temporary or Emergency-Specific Amendment to Approved Waiver:

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

- a. **Access and Eligibility**
 - i. **Temporarily increase the cost limits for entry into the waiver.** [Provide explanation of changes and specify the temporary cost limit]
 - ii. **Temporarily modify additional targeting criteria.** [Explanation of changes]

b. **Services**

- i. **Temporarily modify service scope or coverage.** [Complete Section A-Services to be Added/Modified During an Emergency.]
- ii. **Temporarily exceed service limitations (including limits on sets of services as described in Appendix C-4) or requirements for amount, duration, and prior authorization to address health and welfare issues presented by the emergency.** [Explanation of changes]
- iii. **Temporarily add services to the waiver to address the emergency situation (for example, emergency counseling; heightened case management to address emergency needs; emergency medical supplies and equipment; individually directed goods and services; ancillary services to establish temporary residences for dislocated waiver enrollees; necessary technology; emergency evacuation transportation outside of the scope of non-emergency transportation or transportation already provided through the waiver).** [Complete Section A-Services to be Added/Modified During an Emergency]
- iv. **Temporarily expand setting(s) where services may be provided (e.g. hotels, shelters, schools, churches) Note for respite services only, the state should indicate any facility-based settings and indicate whether room and board is included:** [Explanation of modification, and advisement if room and board is included in the respite rate]
- v. **Temporarily provide services in out of state settings** (if not already permitted in the state's approved waiver). [Explanation of changes]
- c. **Temporarily permit payment for services rendered by family caregivers or legally responsible individuals if not already permitted under the waiver.** [Indicate the services to which this will apply and the safeguards to ensure that individuals receive necessary services as authorized in the plan of care, and the procedures that are used to ensure that payments are made for services rendered.]
- d. **Temporarily modify provider qualifications (for example, expand provider pool, temporarily modify or suspend licensure and certification requirements).**
- i. **Temporarily modify provider qualifications.** [Provide explanation of changes, list each service affected, list the provider type, and the changes in provider qualifications.]

- ii. **Temporarily modify provider types.** [Provide explanation of changes, list each service affected, and the changes in the provider type for each service].
- iii. **Temporarily modify licensure or other requirements for settings where waiver services are furnished.** [Provide explanation of changes, description of facilities to be utilized and list each service provided in each facility utilized.]

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

CDPH/OA will allow initial face-to-face comprehensive nursing and psychosocial assessments, , and ongoing comprehensive reassessments required every 180 days, to be conducted through telephonic or live virtual video conferencing, in lieu of, or as an option for, face-to-face visits for the months of March, April, May, and June of 2020.

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

g. **Temporarily modify person-centered service plan development process and individual(s) responsible for person-centered service plan development, including qualifications.** [Describe any modifications including qualifications of individuals responsible for service plan development, and address Participant Safeguards. Also include strategies to ensure that services are received as authorized.]

CDPH/OA will allow the AIDS Waiver Agency case managers to conduct telephonic or live virtual video conferencing for initial and ongoing reassessments as an option in lieu of face-to-face required visits. In addition, CDPH/OA will temporarily allow forms that require participant, or legal representatives' signatures to be signed, scanned and emailed to the Waiver Agency, or for the documents to be signed digitally, through June 30, 2020. The hard copies with wet signatures can be kept in the member's residence file until Waiver Agencies can retrieve them.

Currently, a Home Environment Assessment is conducted by a case manager within 30 days of enrollment, with reassessments conducted on an annual basis (and when a participant moves). CDPH/OA will allow the AIDS Waiver Agency case managers to conduct telephonic or live virtual video conferencing for initial and ongoing reassessments as an option in lieu of face-to-face required visits.

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

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

- j. **Temporarily include retainer payments to address emergency related issues.** [Describe the circumstances under which such payments are authorized and applicable limits on their duration. Retainer payments are available for habilitation and personal care only.]

- k. **Temporarily institute or expand opportunities for self-direction.** [Provide an overview and any expansion of self-direction opportunities including a list of services that may be self-directed and an overview of participant safeguards]

- l. **Increase Factor C.** [Explain the reason for the increase and list the current approved Factor C as well as the proposed revised Factor C]

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

Contact Person(s)

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

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

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

First Name:	Nanci
Last Name	Beams
Title:	Chief, Program Compliance and Reporting Section
Agency:	California Department of Public Health
Address 1:	1616 Capitol Avenue, Suite 616
Address 2:	PO Box 997426, MS 7700
City	Sacramento
State	CA
Zip Code	95899-7246
Telephone:	(916) 445-8499
E-mail	Nanci.Beams@aging.ca.gov
Fax Number	(916) 449-5277

8. Authorizing Signature

Signature:

/S/

Date: March 14, 2020

State Medicaid Director or Designee

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

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

Complete for each service added during a time of emergency. For services in the approved waiver which the state is temporarily modifying, enter the entire service definition and highlight the change. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification

Service Title: Enhanced Case Management

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

Service Definition (Scope):

Enhanced Case Management consists of identifying service needs, locating, coordinating and supervising services rendered to persons with a diagnosis of HIV /AIDS, in accordance with identified needs as set forth in a written participant centered service plan and in consideration of the participant's health and welfare. Enhanced Case Management ensures access to services, regardless of funding source. This service is primarily for the benefit of the AIDS Waiver participant.

Enhanced Case Management includes an initial face-to-face comprehensive nursing and psychosocial assessment, monthly service plan monitoring through face-to-face or telephonic contact by a case manager, and ongoing comprehensive reassessments every 180 days that provide information about each participant's service needs and the development, implementation, and periodic evaluation of the written participant centered service plan.

California will conduct telephonic or live virtual video conferencing in lieu of, or as an alternative to, face-to-face and in-home visits.

Enhanced Case Management is a collaborative and interdisciplinary approach, performed by a team consisting of case managers, foster child care worker (if applicable), Primary Care Provider, parent or guardian of a child with HIV/AIDS and participant or legal representative.

Enhanced Case Management services under the AIDS Waiver differ from the scope and nature of case management services under the State Plan. Under the AIDS Waiver, services are concentrated on the coordination and monitoring of cost-effective, quality direct care services for the participant. Under the State Plan, services are concentrated on referring and coordinating services. Under the AIDS Waiver, reassessments are conducted every 180 days, or upon the participants' change of condition, with monthly face-to-face or telephonic participant contact to ensure participant's health and welfare the necessity and quality of direct care services. Under the State Plan, reevaluations are conducted every six months, or upon the participants' change of condition, to evaluate the beneficiary's progress toward achieving the objectives in the service plan.

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

AIDS Waiver Agencies' case management services are reimbursed a monthly flat fee per participant for enrolled participants.

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:
				County Public Health Departments
				Community-Based Organizations

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 (specify)	Certificate (specify)	Other Standard (specify)
Social Worker Case Manager	Licensed Clinical Social Worker, Marriage and Family Therapist, or Psychologist	N/A	An individual licensed by the State of California as a Licensed Clinical Social Worker, Marriage and Family Therapist, or Psychologist, or an individual with a Master's Degree in Social Work, Counseling, or Psychology, as approved by CDPH/OA.
Registered Nurse (RN) Case Manager	Licensed Registered Nurse from the California Board of Registered Nursing	N/A	Two years of experience as an RN, with at least one year in community nursing. It is desirable that the RN obtain a Bachelor of Science degree in Nursing and a Public Health Nurse certificate.

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Social Worker Case Manager	Licensed Clinical Social Worker: Department of Consumer Affairs, Board of Behavioral Sciences Project Director or Personnel Office at the AIDS Waiver Agency	Licensed Clinical Social Worker: Every two years Prior to/at time of employment
	Marriage and Family Therapist Department of Consumer Affairs, Board of Behavioral Sciences Project Director or Personnel Office at the AIDS Waiver Agency	Marriage and Family Therapist Every two years Prior to/at time of employment
	Psychologist Department of Consumer Affairs, Board of Psychology and Project Director or Personnel Office at the AIDS Waiver Agency	Psychologist Every two years Prior to/at time of employment
	Master of Social Work, Counseling, or Psychology approved by CDPH/OA Project Director or Personnel Office at the AIDS Waiver Agency.	Master of Social Work, Counseling, or Psychology approved by CDPH/OA Prior to/at time of employment with proof of Master's degree.
Registered Nurse (RN) Case Manager	Department of Consumer Affairs, Board of Registered Nursing and Project Director or Personnel Office at the AIDS Waiver Agency	Every two years.

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



¹Numerous 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.