

APPENDIX K: Emergency Preparedness and Response

Background:

This standalone appendix may be utilized by the state during emergency situations to request amendment to its approved waiver. It includes actions that states can take under the existing Section 1915(c) home and community-based waiver authority in order to respond to an emergency. Other activities may require the use of various other authorities such as the Section 1115 demonstrations or the Section 1135 authorities. This appendix may be completed retroactively as needed by the state.

Appendix K-1: General Information

General Information:

- A. **State:** California
- B. **Waiver Title:** California Assisted Living Waiver
- C. **Control Number:** CA.0431.R03.01
- D. **Type of Emergency (The state may check more than one box):**

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

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

1) **Nature of 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’ Department of Health and Human Services, and local health departments to monitor and plan for the spread of COVID-19.

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

On March 4, 2020, California’s Governor declared a State of Emergency. As of March 12, 2020, there are 1,215 presumptive cases of COVID-19 in the United States, including 198 confirmed cases and four fatalities in California. More than 11,100

Californians across 49 counties are in home monitoring based on possible travel-based exposure to the virus, and officials expect the number of cases in California to increase. Experts anticipate that while a high percentage of individuals affected by COVID-19 will experience mild flu-like symptoms, some will have more serious symptoms and require hospitalization, particularly vulnerable populations such as those enrolled in the Assisted Living Waiver (ALW).

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

The Department of Health Care Services (DHCS) administers ALW. As of March 13, 2020, there were 4,583 participants enrolled in the ALW. DHCS contracts with 23 Care Coordination Agencies (CCAs) to conduct Level of Care (LOC) assessments/re-assessments, develop Individualized Service Plans (ISPs), and make monthly care coordination visits within 15 counties in California.

DHCS authorizes enrollment of applicants into the Waiver, developing policies and guidance related to federal and state statute and regulations, and monitoring the contracted CCA and service providers for compliance.

ALW CCAs work to transition eligible Medi-Cal seniors and persons with disabilities from a nursing facility to a community home-like setting in a Residential Care Facility (RCF), an Adult Residential Care Facility (ARF), or public subsidized housing, utilizing ALW services. ALW services are also available to eligible seniors and persons with disabilities who reside in the community, but are at imminent risk of being institutionalized.

4) Expected Changes needed to Service Delivery Methods:

To prevent existing and potential waiver participants from exposure to COVID-19, DHCS will allow the following changes to current ALW service delivery methods, through June 30, 2020:

- a) CCAs will conduct telephonic assessments or video conferencing interactions in lieu of, or as an option for, face-to-face visits for initial assessments/enrollments, in accordance with HIPAA requirements;
- b) CCAs will modify processes for LOC re-evaluations by conducting telephonic or live video virtual assessments in lieu of face-to-face assessments;
- c) Temporarily modify incident reporting requirements for CCAs by allowing facility staff to submit incident reports on non-standard forms as long as all elements of the state approved form are present;
- d) Temporarily suspend the 60 day enrollment period for applicants who are unable to complete the application because they or the assisted living facility have been impacted by the COVID-19 virus;
- e) Temporarily allow for an extension until June 30, 2020, of the 31-60 day re-enrollment period for waiver participants who moved from the assisted living for hospitalization, etc., to retain their slot/enrollment in the waiver; and
- f) Temporarily allow forms that require participant, or legal representative's signatures to be signed, scanned, and emailed to the CCA, 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 RCFE file until CCAs can retrieve them.

The State reporting requirements related to performance measures data will be impacted by a decrease in face-to-face visits; however, CCAs will attempt telephonic or video assessments instead, and include documentation in the case file.

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

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

H. Geographic Areas Affected: 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)

14.4.5.DEPARTMENT OF HEALTH CARE SERVICES (DHCS)

Care and Shelter: Provides coordination to meet mental health and substance use requirements for shelters, as requested. May provide staff for Functional Assessment Service Team (FAST).

Public Health and Medical: Ensures that Medi-Cal, Children's Health Insurance Program (CHIP), and Major Risk Medical Insurance Program (MRMIP) enrollees continue to receive medical care in the event of a disaster. Assesses whether there is a need to modify or waive Medi-Cal, CHIP, and MRMIP eligibility requirements in the affected area. Assists impacted mental health and substance use disorders facilities to secure approval to provide services and to claim for Medi-Cal reimbursement. Facilitates payments to Medi-Cal, CHIP, and MRMIP providers/plans and rural primary care clinics to ensure their continued ability to provide care. Provides information on bed availability of skilled nursing facilities, mental health, and substance use disorders facilities in respective areas. Assists, as needed, to coordinate community mental health disaster response services and activities, and to organize and coordinate communications with county mental health departments related to local mental health disaster response. Coordinates available State agency resources to support organizations providing emergency health and behavioral health services.

Law Enforcement: May supply limited number of sworn peace officers and unmarked vehicles.

Volunteer and Donation Management: Assists in coordination of mental health volunteers.

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]

Temporarily suspend the 60-day enrollment period for applicants who are unable to complete the application submission process and/or secure a bed in an assisted living facility because they or the facility have been impacted by the COVID-19 virus. Instead, applicants who are assigned a waiver slot are unsuccessful in securing a placements in a facility would be allowed to keep the slot without being placed back on the ALW wait list, through June 30, 2020.

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]
- Temporarily allow initial assessment, LOC evaluations, , and 6-month LOC re-assessments to be conducted telephonically, or via video conference.
- Temporarily allow forms that require participant, or legal representatives' signatures to be signed, scanned, and emailed to the CCA, 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 RCFE file until CCAs can retrieve them.
- 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.]
- 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]

Temporarily allow facility staff to submit incident reports on non-standard forms, with the stipulation that all required elements in the standard form are included.

- 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]

If a participant leaves the assisted living setting due to hospitalization, the CCA will continue to advocate for the participant for up to thirty days for the purpose of coordinating the participant returning to the assisted living setting. If the participant is unable to return after 30 days, the participant will be disenrolled from the ALW. The participant retains the unduplicated slot for 60 days to facilitate subsequent return to the ALW. After 60 days, the slot is available to another participant.

Temporarily allow for an extension of the 31-60 day re-enrollment period for participants who are unable to return to their Residential Care Facility (RCF) because of the COVID-19 outbreak, by June 30, 2020, so they are not dis-enrolled as a result of the emergency.

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

8. Authorizing Signature

Signature:

Date: 3/14/2020

/S/

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) 449-7400
E-mail	Jacey.Cooper@dhcs.ca.gov
Fax Number	(916) 449-7404

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: Case Management

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

Service Definition (Scope):

Care Coordinators assist participants in gaining access to needed waiver and other state plan services. In collaboration with participants and/or their families, the Care Coordinators will complete the assessment and reassessment of waiver participants using the ALW Assessment Tool, at least every six months, and more frequently, as indicated by a change in the condition of the participant. A CCA RN must conduct the assessment and complete the Assessment Tool. Care Coordinators must also verify Medi-Cal eligibility. Care Coordinators will assist participants in the direct development, implementation, and modification of their ISP to the extent that the participant desires to be involved. Participants who are unable to direct the development of their own ISP and participate in the oversight of their own services may be assisted by a family member or other responsible party, such as a legal conservator. The person(s) responsible for a participant's health care decisions may fill the lead role in plan development and oversight in collaboration with the Care Coordinator as necessary. The ISP is a plan describing the services rendered to the participant, the manner in which the services are delivered, and the desired outcome for each service.

The ISP must include specification of the type of provider performing each service and the frequency and duration of each service. Participants may choose to be involved in all aspects of the design, delivery, and modification of their services. They have the right to decide when services are delivered, where services are delivered and how services are delivered. The Care Coordinator will ensure that the ISP is completed during the initial meeting and reviewed (and updated as needed) every six months. On an ongoing basis, Care Coordinators, in collaboration with participants, will also be responsible for ensuring the appropriate, timely delivery of needed services. This will be achieved through face-to-face meetings, telephonically or via video conference with the participant and/or responsible parties every month, and a review of participant records at each six-month reassessment. Participants may request a review of their ISP at any time.

The Care Coordinator assessments and determinations of Medi-Cal eligibility are subject to verification by the DHCS. Every six months a Care Coordinator RN will reassess participants and determine with the participant what, if any, updates need to be made to the ISP. The Care Coordinator will assess the participants for health and safety. Any signs of abuse or neglect will be reported immediately to Adult Protective Services (APS), and the DHCS. Depending on whether the participant is residing in an RCFE/ARF or PSH, CCL or DPH L&C will also be notified.

Participants will be enrolled into the ALW upon completion of the Assessment, verification of eligibility and completion of the Freedom of Choice Document. The Care Coordinator is eligible to submit bills for Care Coordination once the participant is enrolled. A participant can only be enrolled into the waiver after having been transitioned into an assisted living community residence.

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

Care Coordination is on-going for the duration of time the participant is enrolled in the waiver. If a participant leaves the assisted living setting due to hospitalization, etc...the CCA will continue to advocate for the participant for up to thirty days for the purpose of coordinating the participant returning to the assisted living setting. If the participant is unable to return after 30 days, **by June 30, 2020** the participant will be disenrolled from the ALW. The participant retains the unduplicated slot for 60 days, **or through June 30, 2020**, to facilitate subsequent return to the ALW. After **that point**, the slot is available to another participant.

The emphasis of the ALW is the successful transition of persons from skilled nursing into assisted living based on freedom of choice. The goal is for the CCAs to coordinate at least one NF transition for every one community placement they coordinate.

The CCAs will work in conjunction with the Money Follows the Person (MFP) program, known in California as California Community Transitions (CCT) to assist with the successful placement of persons identified by CCT who choose the ALW. The CCAs will consider the placement of a CCT individual as a qualifying NF transition. The CCT Operational Protocol recognizes the PSH sites as an appropriate placement. Should a participant in the CCT demonstration choose to reside in an RCFE/ARF, the CCT demonstration would refer the participant to a CCA for enrollment in the ALW.

Provider Specifications

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

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

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
Registered Nurse	California Department of Consumer Affairs Board of Registered Nursing license that is in good standing	N/A	In addition to the license, 1000 hours of acute care hospital experience or 2000 of experience in a home health setting.
Social Worker	N/A	N/A	Bachelor or Master's Degree in social work psychology, counseling, rehabilitation, gerontology, or sociology plus one year of related experience.

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Registered Nurse	CCA and DHCS upon application as an ALW provider and during annual review	Annually
Registered Nurse	CCA and DHCS upon application as an ALW provider and during annual review	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			



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.