

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:** Delaware

B. **Waiver Title(s):** DDDS Lifespan Waiver

C. **Control Number(s):**
DE.0009.R08.01

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

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

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

The Governor issued a State of Emergency declaration on March 12, 2020 that became effective on March 13, 2020 ordering Delawareans to stay at home whenever possible and closing all non-essential businesses in Delaware to help fight the spread of COVID-19. The declaration will remain in effect until May 15 or until the public health threat is eliminated.

The COVID-19 pandemic has required all Delawareans to take dramatic emergency actions to slow the transmission of the virus from person to person. This includes practicing “social distancing” which is impeding DDDS’s ability to ensure that individuals are engaged in the community, as this is contraindicated at this time for their health and well-being. DDDS is also preparing for the impact on its employees and provider direct support professionals of staffing shortages that may result from individuals being quarantined or isolated, in addition to the potential for quarantine or isolation of waiver members. This emergency impacts all the 1,650+ enrolled waiver members. Many of the DDDS Lifespan Waiver members are over 60 or have an underlying health condition, making them particularly vulnerable to the virus. DDDS and its provider network are limiting face to face contact between waiver members and individuals who may have been exposed to the virus to limit spread. Delaware is seeking temporary changes to the DDDS Lifespan Waiver to minimize the need for waiver administrative activities to be conducted in person, to address issues of provider staffing shortages by revising service definitions and expanding settings in which services can be delivered and to assist providers to be financially viable so that they can resume normal activities after the emergency.

F. Proposed Effective Date: Start Date: January 27, 2020 Anticipated End Date: January 26, 2021

G. Description of Transition Plan.

Not applicable

H. Geographic Areas Affected:

Entire state

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

N/A

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

Temporary or Emergency-Specific Amendment to Approved Waiver:

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

a. ___ Access and Eligibility:

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

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

ii. ___ Temporarily modify additional targeting criteria.

[Explanation of changes]

b. X Services

i. X Temporarily modify service scope or coverage.

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

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

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

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

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

Allow day habilitation and prevocational services to be delivered in a provider-managed residential setting, in a private home or in another setting as approved by DDDS.

Direct care services, including Residential Habilitation and Medical Residential Habilitation may be provided in a hotel, shelter, church, or alternative facility-based setting or the home of a direct care worker, with permission from DDDS, 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.

During the declared State of Emergency, DDDS requests to suspend the requirement 42 CFR 441.301(c)(4)(vi)(B)(2) that each waiver member must have choice of housemates in order to allow DDDS to designate residential settings where individuals who have tested positive for the COVID-19 virus may be isolated with other individuals who test positive for a temporary period until they are no longer contagious.

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

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

d. X Temporarily modify provider qualifications (for example, expand provider pool, temporarily modify or suspend licensure and certification requirements).

i. X Temporarily modify provider qualifications.

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

Residential Habilitation Agencies – Residential Habilitation agencies may hire relatives or legally responsible individuals to provide services authorized in the Person-Centered Plan. Relatives and legally responsible individuals must receive training on the participant’s ISP for whom they are rendering these services. Training on the ISP must consist of basic health and safety support needs for that participant including the fatal four diagnoses. The provider agency is responsible for ensuring that services are provided as authorized in the ISP and that billing occurs in accordance with DDDS requirements.

ii. X Temporarily modify provider types.

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

See Section A.

iii. X 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.]

Required staffing ratios for a participant, as outlined in his/her Person-Centered Plan, may be modified to allow a participant to receive services in safe and accessible environments, if the participant's needs are being met.

State survey staff are postponing annual agency on-site certification reviews of facility-based settings for the safety of the survey staff, provider staff and waiver participants until the emergency period is over. State survey staff will continue to monitor provider compliance with waiver standards through review of data captured in the electronic case record, telephone interviews and reviews of other available written documentation.

DDDS may accept a provisional Neighborhood Group Home or Family Care Home license issued by the Delaware Division of Health Care Quality during the declared State of Emergency.

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

The state is modifying the requirement that a waiver service is delivered monthly to a waiver participant. Waiver members must receive monthly monitoring when services are furnished on a less than monthly basis during the emergency period due to inability to access services because of COVID-19.

f. X Temporarily increase payment rates.

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

To respond effectively to the COVID-19 outbreak, the state requires flexibility to adjust providers' rates to ensure a sufficient supply of providers are available for individuals. The state may temporarily increase payment rates to specified providers of residential habilitation by up to 5% above the regular payment rate using the CMS-approved methodology described in the waiver. The rate will only be increased when it is necessary to enable the provider to maintain the DSP workforce due to increased risk to the DSPs who are required to support COVID-19 positive members or to cover DSPs who must work higher than normal overtime that is not already factored into the provider rate.

g. ___ Temporarily modify person-centered service plan development process and individual(s) responsible for person-centered service plan development, including qualifications.

[Describe any modifications including qualifications of individuals responsible for service plan development, and address Participant Safeguards. Also include strategies to ensure that services are received as authorized.]

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

State Critical Event or Incident Reporting Requirements: Allow for entry of incidents into the Incident Reporting System within 48 hours of the event and notification of service recipients, legal guardians, and other state agencies within 5 days of the event. Response to incidents will not be impacted.

Allow requirements for demographically appropriate health screenings to be suspended during the emergency. Doctors are not seeing patients for preventive appointments and preventive health care screenings have been postponed during the emergency.

Allow for investigations to be conducted within 10 days from the date of the report and for investigators to use telephonic, video and other electronic means to the greatest extent practicable. Reported allegations of “Neglect” related to failure to carry out prescribed treatment plan and/or inadequate staffing will not be investigated as a “critical” reportable incident under DHSS Policy Memorandum 46 unless there is a significant adverse impact such as hospitalization or death. Allegations of Medication Administration Errors and Medication Diversion will only be investigated if there is a severe adverse outcome to participant. Allegations of incidents of Financial Exploitation of an amount less than \$100 will be reported but not investigated. Only allegations of Financial Exploitation in the amount of \$100 or more will be investigated.

Medication Management and Administration: Methods of State Oversight and Follow-up: The Nurse Consultant will conduct Monthly Medication and Health Audits remotely and will not visit a provider-managed residential setting. Therefore, the Nurse Consultant will not check the waiver participant’s current Medication Administration Record (MAR) maintained in the home against the Physician’s Orders and against medication labels to assure they all align. The Nurse Consultant will also not be able to physically verify that the medications are adequately stocked, properly stored, and not expired. The Nurse Consultant will not be able to compare count sheets and the amount of medication remaining against the amount noted on the count sheet. The Nurse Consultant will ensure that the residential habilitation agency has completed their internal audits which include all of these on-site tasks.

Medication Management and Administration: State Policy: LLAM Guidelines-Initial LLAM trainings will be offered remotely for the procedural portion of LLAM. DDDS will suspend the in-person demonstration of skills and will suspend the requirement to complete 10 Supervised Field Medication Pass Observations. DDDS will allow “Unlicensed Assistive Personnel” (UAP) who have successfully passed the remote procedural portion of the initial LLAM training to assist with medications, if necessary, without having taken the demonstration exam. DDDS program evaluators will not cite providers for failing to comply with DDDS training requirements in these instances.

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

[Specify the services.]

DDDS may authorize providers of residential habilitation, day habilitation, prevocational service or behavior consultation to deliver services to a waiver member who is hospitalized, or who requires a short term stay in a nursing facility when the waiver member requires communication, behavioral stabilization or intensive personal care that cannot be delivered by the institutional provider.

Personal care payments may not exceed the lesser of 30 consecutive days or the number of days for which the State authorizes a payment for hospital "bed-hold" days in nursing facilities.

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

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

DDDS may make retainer payments to providers of residential habilitation that includes personal care as a component part when the member is hospitalized due to a COVID-19 infection or absent from the home.

DDDS may make retainer payments to providers for the following habilitative services that include personal care as a component part: day habilitation, prevocational service and supported employment to preserve provider networks. DDDS may make retainer payments for providers whose attendance and utilization for the service drops by at least 50% due to COVID-19 containment efforts. Retainer payments will be made at a percentage of the regular service rate using the CMS-approved methodology described in the waiver, not to exceed 75% of the regular rate. Retainer payment units are limited to average prior utilization for each member. The resulting payment will not exceed the total amount that the provider would have received had services been provided as expected. DDDS will use prior authorization and billing procedures to ensure that there are no duplicative payments.

Retainer payments cannot exceed 30 consecutive days

Retainers will occur on a case by case basis when the provider is directly affected by COVID-19.

Retainer payments will not be authorized for a participant for units of service for which a provider is authorized to be paid for actual service delivery.

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

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

l. ___ Increase Factor C.

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

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

Participant Rights: DDDS will suspend the right to not have to share a bedroom as may be necessary to isolate COVID-19 positive individuals together or to separate healthy individuals from individuals who are or who may have been exposed to the COVID-19 virus. Providers must receive approval from DDDS before requiring participants to share a bedroom.

Facility Limits in Appendix C-2-c - The facility capacity limit of 4 may be exceeded with permission from DDDS.

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]*:

Nurse Consultation - During the declared State of Emergency, Nurse Consultants will be allowed to remotely perform monitoring activities that would normally be performed in a provider-managed setting. Nurse Consultants will endeavor to perform as many of the duties specified in Appendix C that can be done remotely using telephonic and video technology.

Behavior Consultation - During the declared State of Emergency, the Behavior Analyst must have direct observation of the waiver member in order to develop the Functional Behavior Assessment. The development of the Behavior Support Plan, the training of Direct Support Professionals on how to execute the plan and monitoring of the participant's response to the plan may be done remotely using telephonic and video technology whenever practicable. If the provider can document that a Behavior Support Plan continues to meet the needs of the individual, the state may allow the BSP to remain in effect for up to 90 day after the renewal date. The state will ensure that the BSP is modified if it no longer meets the needs of the member. If psychiatric appointments can be held via telehealth, the Behavior Analyst must join the session via electronic means if their attendance is requested by the waiver member.

- b. Add home-delivered meals
 - c. Add medical supplies, equipment and appliances (over and above that which is in the state plan)
 - d. Add Assistive Technology
3. **Conflict of Interest: The state is responding to the COVID-19 pandemic personnel crisis by authorizing case management entities to provide direct services. Therefore, the case management entity qualifies under 42 CFR 441.301(c)(1)(vi) as the only willing and qualified entity.**
- a. Current safeguards authorized in the approved waiver will apply to these entities.
 - b. Additional safeguards listed below will apply to these entities.

4. **Provider Qualifications**

- a. Allow spouses and parents of minor children to provide personal care services
- b. Allow a family member to be paid to render services to an individual.
- c. Allow other practitioners in lieu of approved providers within the waiver. *[Indicate the providers and their qualifications]*

DDDS may allow redeployment of direct support and clinical staff to needed service settings during the emergency. Staff qualified under residential, day habilitation, prevocational service, supported employment, nurse consultation or behavior consultation in the DDDS Lifespan Waiver may be used for provision of any non-professional service under another service definition in C-1/C-3.

Self-Directed Personal Care - DDDS may allow relative caregivers of self-directed personal care to provide services prior to completing background checks and training requirements for CPR and first aid. Caregivers may meet the training requirement for CPR by completing the on-line “classroom” portion of the training. The requirement for the hands-on demonstration is suspended. It is understood that the background check will be submitted by the agency within 30 days after the service begins and training will occur within 90 days of hire without leaving the beneficiary without necessary care.

The state is modifying provider standards for relatives to qualify as a direct care worker while his/her background check and pre-employment screenings are in pending status. Further, should a pending screening come back demonstrating concerns with the background check and/or pre-employment screening that would not allow the worker to continue employment long term that worker continues to be qualified until an alternative employee is identified unless the worker poses an immediate jeopardy to health, safety, and/or welfare of the participant (i.e. has tested positive for infectious disease) or is found to be guilty of past abuse, neglect, exploitation or violent felony and therefore is immediately unqualified.

Supported Living: DDDS may pay relative caregivers to deliver Supported Living in the home of a waiver member.

Specialized Medical Equipment and Supplies: (See Section A) During the COVID-19 emergency, DDDS will authorize additional provider types that can provide Specialized Medical Equipment and Supplies for newly covered items related to health and safety such as personal protective equipment, disinfectant supplies, and emergency nutritional supplies related to the COVID-19 emergency. Additional provider types include authorized providers of: Residential Habilitation, both agency and individual (Shared Living), Day Habilitation, Prevocational Service and Supported Employment.

Direct Support Professionals Employed in other states: Many DDDS providers operate in multiple states. If a Delaware DDDS authorized provider agency has staff from another state who are available to provide services in Delaware, DDDS will honor the background and training requirements from the other state. In those cases, the provider agency must notify DDDS if they are using staff from another state. Staff must receive training on any participant’s ISP for whom they are providing support.

DDDS will allow staff to continue to provide services for the duration of the emergency when CPR, Limited Lay Administration of Medication (LLAM) and Mandt crisis response certification has lapsed.

During the period of the emergency, Direct Support Professionals may meet the requirement for initial LLAM certification by completing the “procedural” portion

d.

of LLAM via webinar that would normally be attended in person. New hires will not be required to attend the in-person demonstration of skills and will not be required to perform the 10 Supervised Field Medication Pass Observations. DDDS will allow “Unlicensed Assistive Personnel” (UAP) who have successfully passed the remote procedural portion of the initial LLAM training to assist with medications. When possible, given staffing shortages, the provider will endeavor to pair staff who have not been certified for field operations with staff that meet the full LLAM requirements. DDDS program evaluators will not cite providers for failing to comply with DDDS training requirements in these instances.

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: Glyne
Last Name Williams
Title: Chief of Policy and Planning
Agency: Division of Medicaid and Medical Assistance
Address 1: 1901 N. DuPont Hwy
Address 2: Lewis Bldg.
City New Castle
State DE
Zip Code 19720
Telephone: 302-255-9628
E-mail Glyne.williams@delaware.gov
Fax Number Click or tap here to enter text.

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

First Name: Marie
Last Name Nonnenmacher
Title: Director
Agency: Division of Developmental Disabilities Services
Address 1: 1056 S. Governors Ave
Address 2: Click or tap here to enter text.
City Dover
State DE
Zip Code 19904
Telephone: 302-521-9743 (cell)
E-mail Marie.nonnenmacher@delaware.gov
Fax Number Click or tap here to enter text.

8. Authorizing Signature

Signature:

Date: 4/3/2020

_____/S/_____
State Medicaid Director or Designee

First Name: *Stephen*
Last Name *Groff*
Title: Director
Agency: Division of Medicaid and Medical assistance
Address 1: 1901 N DuPont Highway
Address 2: Lewis Bldg.
City New castle
State Delaware
Zip Code 19720
Telephone: 302-255-9626
E-mail stephen.groff@delaware.gov
Fax Number Click or tap here to enter text.

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

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

Service Specification

Service Title: Home Delivered Meals

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

Service Definition (Scope):

Nutritionally well-balanced meals, that provide no more than two-thirds of the current daily Recommended Dietary Allowance (as estimated by the Food and Nutrition Board of Sciences – National Research Council) and that will be served in the member’s home. Special diets shall be provided in accordance with the member’s plan of care when ordered by the member’s physician. These meals are delivered to the member’s community residence and not to other settings such as adult day programs or senior centers.

Home delivered meals may only be received by individuals living in a shared living setting or in the waiver member's own home or the family home.

To be eligible for Home Delivered Meals a participant must:

- A. Be home-bound due to COVID-19 quarantine or illness.
- B. Be unable to purchase groceries or perform meal preparation due to COVID-19 and do not have natural supports available that are willing and able to provide meal preparation services.
- C. Shall be individually packaged if they are heated meals.
- D. May include frozen meals.
- E. May be individually packaged if they are unheated, shelf-stable meals, or may have components separately packaged.

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

Meals are limited to up to two meals per day.

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:
				Meal Delivery 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>
			Agencies that meet the provider qualifications under Delaware’s 1115 DSHP Plus program for Home Delivered Meals
			Authorized prepared meal delivery service

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
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Agencies that meet the provider qualifications under Delaware's 1115 DSHP Plus program for Home Delivered Meals	DDDS will verify enrollment in provider network for Home Delivered Meals with one or both MCOs			
Authorized prepared meal delivery service	DDDS			
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:	Shift Nursing			
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>				
Service Definition (Scope):				
Skilled nursing to be provided to waiver members living in a provider-managed residential setting pursuant to a physician's order for medical treatment that must be provided within the scope of practice of a licensed Registered Nurse.				
Specify applicable (if any) limits on the amount, frequency, or duration of this service:				
As specified in the plan of care.				
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:
				Authorized Residential Habilitation Agency
				Authorized Day Habilitation Agency
				Authorized Prevocational Service Agency
				Authorized Nurse Consultation Agency
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>	
	Nurse must be licensed		Authorized Residential Habilitation Agency	
	Nurse must be licensed		Authorized Day Habilitation Agency	
	Nurse must be licensed		Authorized Prevocational Service Agency	

	Nurse must be licensed		Authorized Nurse Consultation Agency
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Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
All	DDDS	

Service Delivery Method

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

Service Specification

Service Title:	Specialized Medical Equipment and Supplies
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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):

DDDS will add coverage of items related to health and safety such as personal protective equipment, disinfection supplies, and emergency nutritional supplies related to the COVID-19 emergency.

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 checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
		Shared Living Provider		Authorized Residential Habilitation Agency
				Authorized Day Habilitation Agency
				Authorized Prevocational Service Agency
				Authorized Nurse Consultation Agency

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>
			Authorized Residential Habilitation Agency
			Authorized Day Habilitation Agency
			Authorized Prevocational Service Agency
			Authorized Nurse Consultation Agency

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification		
All	DDDS			
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



ⁱ Numerous changes that the state may want to make may necessitate authority outside of the scope of section 1915(c) authority. States interested in changes to administrative claiming or changes that require section 1115 or section 1135 authority should engage CMS in a discussion as soon as possible. Some examples may include: (a) changes to administrative activities, such as the establishment of a hotline; or (b) suspension of general Medicaid rules that are not addressed under section 1915(c) such as payment rules or eligibility rules or suspension of provisions of section 1902(a) to which 1915(c) is typically bound.