

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: Missouri

B. Waiver Title(s):

Comprehensive Waiver Community Support Waiver Partnership for Hope Waiver Missouri Children with Developmental Disabilities (MOCDD) Waiver

C. Control Number(s):

MO.0178.R06.03 MO.0404.R03.03 MO.0841.R02.02 MO.4185.R05.02
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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 to all waivers included in this Appendix, and all individuals supported through those waivers and impacted by the virus.

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 all waivers to all individuals supported through the waivers and 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.]

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. X 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]

- Self-Directed Personal Assistant Service will allow for a family member to exceed the maximum 40 hours per week.

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. 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]:

- Out of Home respite and Temporary Residential Services may be provided in the following alternate locations to ensure the individual’s health and safety needs can be met:
 - An individual’s private home;
 - A waiver residential setting; or
 - Other setting such as a hotel, shelter, school or church

- If a Day habilitation location closes due to Covid -19, Day habilitation can be provided in the following alternate locations:
 - An individual’s private home;
 - A waiver residential setting; or
 - Other setting such as a hotel, shelter, school or church.

- Prevocational services may be provided in an individual’s home

- Services may be provided in any setting necessary such as state alternative care facilities (hospital overflow), hospitals, and emergency shelter locations (including hotel or other arrangements as necessary to isolate individuals) to ensure the individual’s health and safety needs can be met during the public health emergency.

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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.

Family members must be employed by or contracted with a DD contracted provider. Family members who do not live in the same residence and are not legally responsible individuals, spouses or legal guardians, may provide: Day Habilitation (except for professional portion of Medical or Behavioral exceptions), Group Home (excluding the RN Oversight), In-Home Respite, Individualized Supported Living (excluding the RN Oversight), Prevocational Services, Supported Employment, Career Planning, Community Integration, Community Specialist, Individualized Skill Development, Job Development, Out-of-Home Respite, Temporary Residential, Shared Living, and Transportation services, when no other caregiver is available. This will be extremely critical in situations where a participant may be diagnosed with COVID-19 and the family member is the only willing individual to provide care.

Family members must receive training on the participant's needs and individual support plan for whom they are rendering these services.

When family members render a waiver service, the provider agency authorized to render the service is responsible for ensuring that services are provided and that billing occurs in accordance with billing and service documentation requirements.

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.]

For all waiver services the following are temporary modification for provider qualifications:

- For all Direct contact staff, written verification of education status requirement will be temporarily suspended due to records not being available while schools are closed.
- In the event a contracted provider agency is unable to meet the following certification requirement(s) due to the COVID-19 Pandemic for:
 - **CPR & First Aid Initial Certification Training:**
DD will waive the requirement to utilize certification that requires “hands-on” training. DD will accept the successful completion of on-line training for CPR & First Aide by nationally recognized courses currently accepted. Evidence of successful completion must be placed in the staff’s personnel record.
 - **CPR & First Aid Recertification Training:**
DD will waive the requirement to utilize recertification that requires “hands-on” training. DD will accept the successful completion of the Relias Learning on-line recertification training for CPR & First Aide, or other nationally recognized on-line courses currently accepted.
 - **DMH Medication Administration Initial Certification Training:**
DD will waive the requirement for in-seat (in-person) learning to allow for remote instruction (I.e. use of WebEx or other applications that allow the student interact with the instructor, to interface with questions, etc.). The student may take the written portion of test online in lieu of an in-person paper test. Upon successful completion the required documentation should be placed in the personnel record and copied to the applicable Regional Office for entry into the Registry.
 - **DMH Medication Administration Recertification Training:**
DD will waive the requirement for a face-to-face two year update (recertification). DD will accept completion of the Relias Learning online course “Medication Administration for Unlicensed Paraprofessionals”. Upon successful completion the certificate should be printed and attached to the Two-Year Update form which should be placed in the personnel record and copied to the applicable Regional Office for entry into the Registry. The contracted agency Registered Nurse providing oversight should evaluate the Med Aides’ ability to continue administering medication and document. The Registered Nurses are encouraged to use professional judgment and may conduct their evaluation as a telehealth service.

Note: The above reference to remote instruction and telehealth service may be conducted via telephone, tele-monitoring, or non-public facing remote communication methods. Examples of non-public facing products include Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype. It is important to note that Facebook Live,

Twitch, TikTok, and similar video communication applications are public facing and should not be used in the provision of telehealth.

- Certification requirements for family members providing direct care services through a DD contracted provider will be determined through the individual's assessment and planning process and reflected in the Individual Support Plan(ISP).

ii. ___ Temporarily modify provider types.

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

N/A

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

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

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

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

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

The state will ensure the person-centered service plan is modified to allow for additional supports/and or services to respond to the COVID-19 pandemic. The specificity of such services including amount, duration and scope will be appended as soon as possible to ensure that the specific service is delineated accordingly to the date it began to be received. The support coordinator must submit the request for additional supports/services, as well as the date the verbal consent was provided, no later than 30 days from the date the service begins. The state is allowing verbal consent by telephone for signatures as authorized by Section 1135 authority.

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]

[Redacted]

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.]

For individuals hospitalized, a provider may bill waiver services to assist with supports, supervision, communication, and any other supports that the hospital is unable to provide. The services will: be identified in an individual's person-centered service plan; provided to meet needs of the individual that are not met through the provision of hospital services; not substitute for services that the hospital is obligated to provide through its conditions of participation or under Federal or State law, or under another applicable requirement; and be designed to ensure smooth transitions between acute care settings and home and community-based settings, and to preserve the individual's functional abilities. Individuals that require hospitalization may receive the following services in a hospital setting when the above criteria are met:

- Personal Assistant
- Staffing supports for the above listed needs normally provided through the individuals Group Home, Individual Supported Living, and Shared Living providers
- Applied Behavior Analysis
- Person Centered Strategies

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. 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]

- To reduce the risk of exposure to individuals, agency staff, and provider staff during the COVID-19 pandemic, DD will modify current quality management processes. Quality management processes that require face-to-face contact with the participant will be modified to allow for the process to be conducted via other methods. Other methods that may be utilized include non-public facing products such as Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype. Modifications may impact the ability to collect data and temporarily suspend some monitoring processes while continuing to address core Health & Welfare assurances.
- the reporting processes for Evidentiary and 372's during the timeframe of January 27, 2020 through January 26, 2021 will be modified due to some performance measure data for Appendix C Qualified Provider and Appendix D Service Planning not being available. These processes have been impacted due to reliance on the ability for staff to collect and access paper documentation (Performance measurement source) during the COVID-19 public health emergency.
- The timeframes for the submission of the CMS 372s and the evidentiary package(s) will be extended as needed pursuant to the emergency. In addition, the state may suspend the collection of data for performance measures other than those identified for the Health and Welfare assurance and notes that as a result the data will be unavailable for this time frame in ensuing reports due to the circumstances of the pandemic.

Appendix K Addendum: COVID-19 Pandemic Response

1. HCBS Regulations

- 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

- Add an electronic method of service delivery (e.g., telephonic) allowing services to continue to be provided remotely in the home setting for:
 - Case management
 - Personal care services that only require verbal cueing
 - In-home habilitation
 - Monthly monitoring (i.e., in order to meet the reasonable indication of need for services requirement in 1915(c) waivers).

v. Other [Describe]:

Allow for the modification of the face-to-face requirements in all other waiver services, except transportation and environmental accessibility adaptations, for the billing purposes of services delivered to participants. Traditional face-to-face services may be delivered through non-face-to-face methods (i.e. telephone, video, text, email), if practical and necessary.

- 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.

Family members must be employed by or contracted with a DD contracted provider. Family members who do not live in the same residence and are not legally responsible individuals, spouses or legal guardians, may provide: Day Habilitation (except for professional portion of Medical or Behavioral exceptions), Group Home (excluding the RN Oversight), In-Home Respite, Individualized Supported Living (excluding the RN Oversight), Prevocational Services, Supported Employment, Career Planning, Community Integration, Community Specialist, Individualized Skill Development, Job Development, Out-of-Home Respite, Temporary Residential, Shared Living, and Transportation services, when no other caregiver is available. This will be extremely critical in situations where a participant may be diagnosed with COVID-19 and the family member is the only willing individual to provide care.

- c. Allow other practitioners in lieu of approved providers within the waiver. *[Indicate the providers and their qualifications]*

- 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: Glenda
Last Name: Kremer
Title: Assistant Deputy Director, Program Operations
Agency: Missouri Department of Social Services, MO HealthNet Division
Address 1: 615 Howerton Court
Address 2: P.O. Box 6500
City: Jefferson City
State: Missouri
Zip Code: 65102-6500
Telephone: (573)751-6962
E-mail: Glenda.A.Kremer@dss.mo.gov
Fax Number: (573)526-4651

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

First Name: Angela
Last Name Brenner
Title: Director of Federal Programs
Agency: Missouri Department of Mental Health, Division of Developmental Disabilities
Address 1: 1706 E. Elm
Address 2: PO Box 687
City Jefferson City
State Missouri
Zip Code 65102
Telephone: (573)526-1853
E-mail Angela.Brenner@dmh.mo.gov
Fax Number (573)751-9207

8. Authorizing Signature

Signature:

/S/

Date: 5/21/2020

State Medicaid Director or Designee

First Name: Todd
Last Name Richardson
Title: Director
Agency: MO HealthNet Division
Address 1: PO Box 6500
Address 2: Click or tap here to enter text.
City Jefferson City
State Missouri
Zip Code 65102
Telephone: (573)751-6922
E-mail Leann.hager@dss.mo.gov
Fax Number (573)751-6564

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):

Home-delivered meals means the preparation, packaging and delivery of meals to individuals who are unable to prepare or obtain nourishing meals. The intent of home delivered meals is to allow individuals to remain in their natural home without paid staff who would not otherwise be able to without the delivery of meals. A full regimen of three meals a day shall not be provided under the HCBS waiver.

The provision of a Home-Delivered Meal is the most cost-effective method of ensuring a nutritiously adequate meal. The goal of the Home-Delivered Meals service is to supplement, not replace, the local home-delivered meal services provided at no cost. **Home-Delivered Meals must be in lieu of paid staff.** This service alone or in conjunction with other services benefits health, enhances independence, promotes quality of life, and prevents institutionalization of the individual. The individual must:

- Be unable to prepare some or all of his or her own meals;
- Have no other natural support to prepare his or her own meals; and
- Have the provision of the Home-Delivered Meals included in his or her Individual Support Plan (ISP)

Providers of home-delivered meals shall:

- Initiate new orders for Home-Delivered Meals within seventy-two (72) hours of referral if specified by the ISP;
- Have the capacity to provide two (2) meals per day, seven days per week;
- Assure that Home-Delivered Meals are delivered to each individual in accordance with the individual's ISP;
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- Ensure that each meal served contains at least one-third of the current recommended dietary allowance as established by the Food and Nutrition Board of the National Academy of Sciences National Research Council;
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- Shall provide special menus to meet the particular dietary needs arising from the health requirements, religious requirements or ethnic backgrounds of service recipients, where appropriate.
- Plan, prepare and serve special meals for health requirements under the supervision/consultation of a dietitian.
- Train the person(s) responsible for the service of special diets to make appropriate substitutions based on food values.

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

A full regimen of three meals a day shall not be provided under the HCBS waiver. No more than two (2) home delivered meals will be authorized for each day. A maximum of 14 meals per week. A unit of service is a meal. The individuals' ISP addresses how the individual's health care needs are being met.

Services will be monitored by the support coordinator through the ISP to avoid duplication with other services.

The utilization of Home Delivered Meals may not occur if another paid or natural support is required during the meal time

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:
			Home Delivered Meal Provider	
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>	

<p>Home Delivered Meal Provider</p>			<p>Contract with DMH as a Home delivered meal provider and enrolled through MMAC;</p> <p>HDM Providers shall comply with the sanitation standards and processes contained in the Department of Health and Senior Services Missouri Food Code manual, as referenced in 19 CSR 20-1.025.</p> <p>HDM providers shall provide an assurance in their area plans that any person who provides or applies to provide direct services in the home will be checked against the Family Care Safety Registry and Employee Disqualification List;</p> <p>There shall be an administrator who shall be responsible for the operation of the service center and the service. The administrator, or a person designated by the administrator, shall be present in the service center at all times the service center is open;</p> <p>There shall be an adequate number of staff (paid or volunteer) who are qualified to perform assigned functions in order to implement the activities and services of the service center;</p>

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
<p>Home Delivered Meal Provider</p>	<p>Regional Office</p>	<p>Prior to contract approval or renewal; as needed based on service monitoring concerns</p>

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:	Group Home
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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):

Group home services provide care, supervision, and skills training in activities of daily living, home management and community integration. The services are provided to groups of recipients in group homes, residential care centers and semi-independent living situations (clustered apartment programs) licensed or certified by DMH. Licensure, certification and accreditation all meet the requirements of 45 CFR Part 1397 for board and care facilities. A unit of service is one day (24 hours).

Group homes are owned and operated by public or private agencies under contract with the DMH Division of Developmental Disabilities.

Group homes are paid a per-diem rate for each resident which covers:

- Staff provided assistance and support in the areas of self-care, sensory/motor development, interpersonal skills, communication, behavior shaping, community living skills, mobility, health care, socialization, money management and household responsibilities. Also included are the salary, benefits, and training costs of direct program staff, supervisory staff, and purchased personnel who provide services in these areas;
- Habilitation supplies and equipment that are not specifically prescribed for one individual;
- Necessary staff supervision up to 24-hours a day; and
- Agency administration for habilitation services.

Group homes must maintain staffing per resident ratios according to requirements detailed in 9 CSR Chapter 40.

In some cases, client transportation is included in the rate, when the facility is equipped to routinely provide rides to Day Habilitation Services provided at a stand-alone licensed or certified Day Habilitation provider, which is not physically connected to the participant’s residence or to Community Integration, etc. The DMH regional offices assure no duplication in payment for this service.

- Group Home may allow HCBS providers to transport participants to medical appointments when NEMT is not available even when the service is not specified in the state approved care plan.
- When no other aide/caregiver is available, Group Home services may allow a family member who is not the legally responsible individual, spouse or the legal guardian to be employed by the Group Home

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

The service excludes the following:

- ~~Services, directly or indirectly, provided by a member of the individuals immediate family;~~
- ~~Routine care and supervision which would be expected to be provided by a family or group home provider;~~
- Activities or supervision for which a payment is made by a source other than Medicaid; and
- Room and board costs.

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:

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/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>)		
Community Residential Facility	9 CSR 40-1,2,4, 5	9 CSR 45-5.010; CARF, CQL or Joint Commission	Staff qualifications are in DMH contract and are summarized as follows: Must be 18 years of age; have a high school diploma or its equivalent; training in preventing, detecting, and reporting of abuse and neglect prior to providing direct care; training in the implementation of each individual's service plan within one month of employment; training in positive behavior support curriculum approved by the Division of DD within 3 months of employment. Additionally staff administering medication and/or supervising self-administration of meds must have successfully met the requirements of 9 CSR 45-3.070.		
Semi-Independent Living Arrangement	9 CSR 40-1,2,4,7	9 CSR 45-5.010; CARF, CQL or Joint Commission	Staff qualifications are in DMH contract and are summarized as follows: Must be 18 years of age; have a high school diploma or its equivalent; training in preventing, detecting, and reporting of abuse and neglect prior to providing direct care; training in the implementation of each individual's service plan within one month of employment; training in positive behavior support curriculum approved by the Division of DD within 3 months of employment. Additionally staff administering medication and/or supervising self-administration of meds must have successfully met the requirements of 9 CSR 45-3.070.		
Verification of Provider Qualifications					
Provider Type:	Entity Responsible for Verification:		Frequency of Verification		
Community Residential Facility	Regional Office		Prior to DMH contract approval; and every three years; as needed based on service monitoring concerns		
Semi-Independent Living Arrangement	Regional Office		Prior to DMH contract approval; and every three years; as needed based on service monitoring concerns		

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: Individualized Supported Living

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

Service Definition (Scope):

Individualized Supported Living (ISL) is characterized by creativity, flexibility, responsiveness and diversity. Individualized supported living enables people with disabilities to be fully integrated in communities. ISL services provide individualized supports, delivered in a personalized manner, to individuals who live in homes of their choice. Individuals receiving ISL supports may choose with whom and where they live, and the type of community activities in which they wish to be involved.

Individualized supported living reflects these principles:

- a) People live and receive needed supports in the household of their choice which might include their family home, an apartment, condominium, or house in settings typical of people without disabilities. The selected housing should represent an adequate standard of living common to other citizens, allowing for reasonable protection and safety. Provider owned or leased facilities where residential habilitation services are furnished must be compliant with the Americans with Disabilities Act.
- b) Personal preferences and desires of those served are respected. Personal autonomy and independence are promoted. Individuals receiving services lead the planning, operation, and evaluation of services. The participant's self-direction and control leading toward self-governance are maximized through services rendered.
- c) Existing resources and natural supports, paid and unpaid, are maximized from the community at large.
- d) Training focuses on acquiring functional, useful skills within the community. Services minimize the need for skill transfer by providing training in the environment in which the skills are required.
- e) Services are outcome focused, addressing the quality of life being experienced in the present life style and not in the potential future implied by skill development/attainment.
- f) Services are provided based on individual needs not predicated on inflexible restrictions of specific funding mechanisms.
- g) Service goals are directed toward participation in the life of one's own community. As with any other citizen, this involves individual participation in civic activities and joining community organizations assuming those roles which are valued by the community.

If individuals choose to live with housemates, no more than four individuals receiving ISL services may share a residence. Individuals receiving ISL services and sharing a home with housemates shall each have a private bedroom. Couples sharing a home where one or both of the couple receives ISL services may share a bedroom if they so choose.

This service provides assistance and necessary support to achieve personal outcomes that enhance an individual's ability to live in and participate in their community. ISL services and supports are individually planned and budgeted for each person served. Services are designed to assist participants in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in home and community-based settings. Individualized supported living services may also include assistance with activities of daily living and assistance with instrumental activities of daily living, depending upon the needs of the individual. Services may include up to 24 hours of support including a combination of habilitation and/or personal support as specified in his/her Service Plan. Each resident in the home has free choice of provider and is not required to use the same ISL provider chosen by their housemates.

The residence (house or apartment) is a private dwelling, not a licensed facility and must be owned or leased by at least one of the individuals residing in the home and/or by someone designated by one of those individuals such as a family member or legal guardian.

ISL budgets include the following:

Direct Support, which includes:

Direct Support Staff

Professional management, responsible for:

- Staff training and supervision;
- Quality enhancement monitoring;
- Direct plan implementation for individuals as needed;
- Monitoring implementation of outcomes;
- Establishing information collection systems;
- Writing monthly reviews;
- Oversight/coordination of all the person's programs and services being received; and
- Coordinating the development of the individual service plan (scheduling, facilitation and summary document).

Back-up and safety net supports, which include

- Maintenance of a phone number which will be answered 24 hours and to assure a regular point of contact for the person supported;
- Provide a back-up plan should other supports fail to materialize as planned; and
- Assuring communication regarding changes in the person's life (health, behavior, employment, etc.), with those important to the individual, including, but not limited to: Family/guardians, educational staff, employer, day program, case manager, physicians, etc.

Administrative costs

Transportation and monthly Registered Nurse oversight can be provided through an ISL provider, in conjunction with the ISL service, but are authorized separately and not included in the daily rate.

- ISL may allow HCBS providers to transport participants to medical appointments when NEMT is not available even when the service is not specified in the state approved care plan
- When no other aide/caregiver is available, ISL services will be expanded to allow a family member who is not a legally responsible person, spouse or legal guardian and who does not live in the same residence to be employed by the ISL service provider

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

No payment is made for supports provided, directly or indirectly, by members of the individual's immediate family. Immediate family, for purposes of ISL services, includes parent, child, sibling, spouse or legal guardian.

Because the ISL service includes assistance with activities of daily living and assistance with instrumental activities of daily living, people who use ISL will not also receive state plan personal care.

Individuals who receive ISL services shall not receive waiver personal assistant services at their home but may receive this service outside the home as long as it is not included in the ISL budget. Individuals who receive ISL services may also receive Day Habilitation services, Community Integration, Behavior Analysis, Supported Employment, Crisis Intervention, etc. and other waiver services that are identified as needs through the person centered planning process as long as there is no duplication with the ISL service and it is not included in the ISL budget.

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:

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)
Individualized Supported Living	9 CSR 40-1,2,4,6	9 CSR 45-5.010; CARF; CQL; or Joint Commission	DMH Contract; Staff qualifications are in DMH contract and are summarized as follows: Must be 18 years of age; have a high school diploma or its equivalent; training in preventing, detecting, and reporting of abuse and neglect prior to providing direct care; training in the implementation of each individual's service plan within one month of employment; training in positive behavior support curriculum approved by the Division of DD within 3 months of employment. Additionally staff administering medication and/or supervising self-administration of meds must have successfully met the requirements of 9 CSR 45-3.070.

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
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Individualized Supported Living	Regional Office	Prior to contract approval or renewal; as needed based on service monitoring concerns		
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: Day Habilitation

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

Service Definition (Scope):

Day Habilitation services focuses on fundamental skill acquisition/development, retention/maintenance to assist the individual in achieving maximum self-sufficiency. Day Habilitation Services assist the individual to acquire, improve and retain the self-help, socialization and adaptive skills necessary to reside successfully in the community. Fundamental skills are a foundation for further learning, such as etiquette in a public setting, recognition of money, proper clothing attire for the time and setting, answering phone, etc. Examples of Day Habilitation Services include, but are not limited to, utilizing etiquette skills at a restaurant, checking out a book at a library, mailing a letter, exchanging money for purchases, etc. This should not only occur in the facility, but on a regular basis in the community to use in a real life situations. Day Habilitation Service differs from the Personal Assistant service in that a personal assistant may directly perform activities or may support the individual to learn how to perform ADLS and IADLS as part of the service. Day Habilitation Services includes all personal assistance needed by the individual. Individuals who receive Group Home or Individualized Supported Living, or Shared Living may receive this service; their group home or ISL budget will clearly document no duplication in service.

This service does not provide basic child care (a.k.a. “baby sitting”). When services are provided to children the ISP must clearly document that services are medically necessary to support and promote the development of independent living skills of the child or youth, and are over and above those provided to a child without disabilities. The ISP must document how the service will be used to reinforce skills or lessons taught in school, therapy or other settings and neither duplicates or supplants the services provided in school, therapy or other settings. The ISP must also clearly document the service is not supplanting the responsibilities of the primary caregiver. ISPs must include outcomes and action steps individualized to what the participant wishes to accomplish, learn and/or change. The Utilization Review Committee, authorized under 9 CSR 45-2.017 has the responsibility to ensure all services authorized are necessary based on the needs of the individual and ensures that Day Habilitation services is not utilized in lieu of basic child care that would be provided to children without disabilities.

Day Habilitation services may be delivered temporarily in the individual’s residential setting, which is defined as

- An individual’s private home
- A provider owned or controlled extended family home or congregate residential setting, or
- Other residential setting, such as a hotel or shelter.

~~Day habilitation services are provided at a stand-alone licensed or certified day program facility, which is not physically connected to the participant’s residence.~~ Costs for transporting the participant from their place of residence to the day program site are not included in the day service rate, and waiver transportation may be provided and separately billed.

Day Habilitation may allow HCBS providers to transport participants to medical appointments when NEMT is not available even when the service is not specified in the state approved care plan

Medical Exception:

Exceptional medical supports funding shall be utilized to provide enhanced services as prescribed to meet medical needs which require the following: services from a Certified Nursing Assistance (CNA), services from a licensed practical nurse, or registered nurse within their scope of practice as prescribed by the state, or, for mobility, appropriately trained staff. A separate rate and code modifier is available for this service. This is to promote individuals ability to access community based services and integration to the fullest extent of their capabilities.

Requests for Exceptional medical supports shall be submitted to the Utilization Review Committee and include the following documentation:

- Written Support Plan which includes clinical outcome data with criteria for reduction of supports as relevant to the identified medical condition(s).
- Written documentation noting the individual's assessed need for medical services or mobility services by the individual's medical practitioner.

Behavior Exception:

Exceptional behavioral supports funding may be utilized when an individual is accessing the ABA services for the purpose of implementing the behavioral strategies and additional supervision supports the person requires to learn necessary skills and develop behaviors that will improve their functioning in the community and day habilitation setting.

A separate rate and code modifier is available for this service. This is to promote individuals ability to access community based services and integration to the fullest extent of their capabilities. Requests for Exceptional behavior supports shall be submitted to the Utilization Review Committee and include the following documentation:

- Written Support Plan which includes clinical outcome data with criteria for reduction of supports as relevant to the identified target behavior(s).
- Written documentation noting the individual's assessed need for behavioral services by the individual's Board Certified Behavior Analyst or Qualified Health Care Professional. If this is not an initial request, documentation must include a description of the progress made in the habilitation setting.
- Written documentation that Behavioral services have been authorized and secured for the individual in day habilitation setting.

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

Individuals who receive Group Home, Individualized Supported Living (ISL), and Shared Living Services may also receive day habilitation and/or community integration.
 A waiver participant's ISP may include any combination of services, but service documentation according to 13 CSR 70-3.030(2)(A) 6. requiring a begin and end time for services reimbursed according to time spent in service delivery will clearly show no duplication or overlap in the time of the day the service is provided, and the place of service must match the billing code.

When no other aide/caregiver is available, a family member who is not a legally responsible person, spouse or legal guardian and who does not live in the same residence may provide temporary Day Habilitation services if employed by a DMH contracted provider, except for the Day Habilitation Medical and Behavior Exceptions

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:

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)
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Day Habilitation	9 CSR 40-1,2,9	9 CSR 45-5.010 certification; CARF, CQL or The Joint Commission	<p>DMH Contract;</p> <p>Direct contact staff must have:</p> <p>A high school diploma or its equivalent; training in CPR and First Aid; and one-year experience working with people with intellectual/developmental disabilities, or in lieu of experience, must successfully complete a Quality Outcome training program approved by the Division of DD regional office.</p> <p>Program staff administering medication must have successfully completed a course on medication administration approved by the Division of DD regional office. Medication administration training must be updated every two years with successful completion.</p> <p>Medical and Behavioral Exception for Day Habilitation requires licensed oversight and/or delegation to Certified Nursing Assistance (CNA).</p>

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Day Habilitation	Regional Office	Prior to contract approval and every 3 years; as needed based on service monitoring concerns

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: Personal Assistant

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

Service Definition (Scope):

Personal Assistant Services include assistance with any activity of daily living (ADL) or instrumental activity of daily living (IADL). Assistance for ADLs includes bathing, toileting, transfer and ambulation, skin care, grooming, dressing, extension of therapies and exercise, care of adaptive equipment, meal preparation, feeding, and incidental household cleaning and laundry. IADLs include shopping, banking, budgeting, using public transportation, social interaction, recreation, and leisure activities. Assistance with IADLs includes accompaniment, cueing and minor problem-solving necessary to achieve increased independence, productivity and inclusion in the community. While ordinarily provided on a one-to-one basis, personal assistance may include assisting up to three (3) individuals at a time. With written approval from the Regional Office Director personal assistant services may be delivered to groups of four (4) to six (6) persons when it is determined the needs of each person in the group can be safely met.

Personal assistance may also include the use of remote monitoring technology covered under the Assistive Technology service also in this waiver. The personal assistant may directly perform some activities and support the individual in learning how to perform others; the planning team determines the composition of the service and assures it does not duplicate, nor is duplicated by, any other service provided to the individual.

For self-directed supports Team Collaboration allows the individual's employees to participate in the support plan and to meet as a team to ensure consistency in its implementation. A team meeting also can be convened by the individual or their designated representative for the purposes of discussing specific needs of the individual, the individualized progress towards outcomes, and other related concerns. Team collaboration can be included in the individual budget up to 120 hours per plan year.

For agency-based personal assistant services, team collaboration is included in the unit rate.

Relatives as Providers

Personal assistant services shall not be provided by an individual's spouse, an individual's guardian, or if the individual is a minor (under age 18) by a parent. Personal assistant services may otherwise be provided to a person by a member(s) of his or her family when the person is not opposed to the family member providing the service and the service to be provided does not primarily benefit the family unit, is not a household task family members expect to share or do for one another when they live in the same household, and otherwise is above and beyond typical activities family members provide for another adult family member without a disability.

In case of a paid family member the support plan must reflect:

- The individual is not opposed to the family member providing services;
- The services to be provided are solely for the individual and not task household tasks expected to be shared with people living in family unit;
- The planning team determines the paid family member providing the service best meet the individual's needs;
- A family member will only be paid for the hours authorized in the support plan ~~and at no time can these exceed 40 hours per week~~. Any support provided above this amount would be considered a natural support or the unpaid care that a family member would typically provide

Family is defined as: A family member is defined as a parent, step parent; sibling; child by blood, adoption, or marriage; spouse; grandparent; or grandchild.

Family members approved to provide personal assistant services may be employed by an agency or employed by the individual/guardian or designated representative using an approved fiscal management service provider.

If the person employs his/her own workers using an approved fiscal management service provider, the family member serving as a paid personal assistant shall not also be the designated representative/common law employer.

Relation to State Plan Personal Care Services

Personal care services under the state plan differ in service definition, in limitations of amount and scope, and in provider type and requirements from personal assistant services under the waiver. When an individual's need for personal assistance is strictly related to ADLs and can be met through the MO HealthNet state plan personal care program administered by the Division of Senior and Disability Services (DSDS), he or she will not be eligible for personal assistant services under the waiver, in accordance with the requirement that state plan services must be exhausted before waiver services can be provided.

After State Plan Services are exhausted, DD Waiver personal assistant may be authorized when:

- State plan limits on number of units for personal care are reached and more assistance with ADLs and/or IADLs is needed;
- Person requires personal assistance at locations outside of their residence;
- The individual has medical needs and they require a more highly trained personal assistant than is available under state plan.
- When the personal assistant worker is related to the individual;
- When the individual or family is directing the service through the FMS contractor.

When waiver personal assistant is authorized to adults also eligible for state plan personal care, the Support coordinator must consult and coordinate the waiver support plan with the DSDS service authorization system.

Personal care services are provided to children with disabilities according to the federal mandates of the Early Periodic Screening, Diagnosis and Treatment program. Personal Assistant needs for the eligible person through EPSDT, as applicable, shall be accessed and utilized, in accordance with the requirement that state plan services must be exhausted before waiver services can be provided. Personal Assistant services authorized through the waiver shall not duplicate state plan personal care services. State plan personal care services for children are coordinated through the Bureau of Special Health Care Needs (BSHCN).

When waiver personal assistant is authorized for children also eligible for state plan personal care, the Support coordinator must consult and coordinate with the BSHCN service authorization system.

Non-Duplication of Services

Personal Assistant services shall not duplicate other services. Personal assistance is not available to waiver recipients who reside in community residential facilities (Group Homes and Residential Care Centers). Persons who receive Individualized Supported Living (ISL) services shall not receive personal assistant services at their home but may receive this service outside the home - as long as not included in the ISL budget.

Personal Assistant Qualifications and Training

Training will cover, at a minimum:

- a. Training, procedures and expectations related to the personal assistant in regards to following and implementing the individual's Support Plan.

- b. The rights and responsibilities of the employee and the individual, procedures for billing and payment, reporting and documentation requirements, procedures for arranging backup when needed, and who to contact within the Regional Office or Targeted Case Management entity.
- c. Information about the specific condition and needs of the person to be served, including his or her physical, psychological or behavioral challenges, his or her capabilities, and his or her support needs and preferences related to that support.
- d. Training in abuse/neglect, event reporting, and confidentiality.
- e. Duties of the Personal Assistant will not require skills to be attained from the training requirement;
- f. CPR and first aid;
- g. Additionally staff administering medication and/or supervising self-administration of meds must have successfully met the requirements of 9 CSR 45-3.070
- h. Crisis intervention training, as needed, due to challenging behavior by the individual, the assistant will also be trained in crisis intervention techniques such as NCI (Nonviolent Crisis Intervention), MANDT, or others approved by the Division of DD;
- i. training in communications skills; in understanding and respecting Individual choice and direction; cultural and ethnic diversity, personal property and familial and social relationships; in handling conflict and complaints;
- j. Training in assisting with activities of daily living and instrumental activities of daily living, as needed by the individual to be served and identified by the team.

For SDS The planning team will specify the qualifications and training the personal assistant will need in order to carry out the support plan, where/by whom the assistant will be trained, and the source, method and degree of monitoring but not less than quarterly. To the extent they desire, the individual or designated representative will select the personal assistant and carry out training and supervision.

Individual/guardian or designated representative may exempt the following trainings if:

- a. Duties of the Personal Assistant will not require skills to be attained from the training requirement;
- b. The personal assistant named above has adequate knowledge or experience in:
 - CPR and first aid;
 - Medication Administration;
 - Crisis Intervention training, as needed, due to challenging behavior by the individual, the assistant will also be trained in crisis intervention techniques such as NCI (Nonviolent Crisis Intervention), MANDT, or others approved by the Division of DD;
 - Training in communications skills; in understanding and respecting Individual choice and direction; cultural and ethnic diversity, personal property and familial and social relationships; in handling conflict and complaints;
 - Training in assisting with activities of daily living and instrumental activities of daily living, as needed by the individual to be served and identified by the team.

Medical Personal Assistance

To assist in meeting the specialized medical needs for the individual as identified by the team and documented in the ISP, the following must have been met:

- The interdisciplinary team has identified and outlined the need to pursue more intensive support for medically related issues;
- The need must be documented by a physician or advanced practice nurse and maintained on file;

- Prior to approval of funding for medical personal assistance the ISP has gone through the local UR review process to determine the above have been completed.
- Dependent upon the scope of service, a registered professional nurse may be required to provide oversight in accordance with the Missouri Nurse Practice Act.

Personal Assistant may allow HCBS providers to transport participants to medical appointments when NEMT is not available even when the service is not specified in the state approved care plan

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

The service excludes the following:

When this service is provided to minor children living with their parents or guardians, it shall not supplant the cost and provision of support ordinarily provided by parents to children without disabilities, nor shall it supplant educationally related services and support that is the responsibility of local education authorities. Otherwise, the only limitation on hours provided is the individual's need for the service as an alternative to institutional care and the overall cost effectiveness of his or her service plan. Personal Assistant can occur in the person's home and/or community, including the work place. Personal Assistant shall not be provided concurrently with or as a substitute for facility-based day habilitation services.

Payment is on a 15 minute, fee for service basis, with different rates for individual and small group services, and, when needed, for enhanced staff qualifications.

Personal Assistant services through EPSDT for eligible persons under age 21 shall be provided and utilized first before the waiver Personal Assistant service is provided. Children have access to EPSDT services.

Payment is on a 15 minute, fee for service basis, with different rates for individual and small group services, and, when needed, for enhanced staff qualifications. The same qualifications noted in personal assistance apply for the use of state plan 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:
	Employee of Consumer/Family		A Medicaid-enrolled provider of personal care services.	
	Relative Employed by Consumer/Family		Day Habilitation Services	
	Independent Contractor		Individualized Supported Living 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
Provider Qualifications (provide the following information for each type of provider):				
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)	

<p>A Medicaid-enrolled provider of personal care services.</p>			<p>DMH Contract; DHSS Medicaid Personal Care Enrollment;</p> <p>The agency-based provider of personal assistance must be trained and supervised in accordance with the certification or program enrollment requirements that apply, but must include at least the minimum training specified for the individual provider; and the planning team may specify additional qualifications and training necessary to carry out the service plan.</p>
<p>Day Habilitation Services</p>		<p>DMH Certification for day hab; or CARF/CQL/Joint commission accredited for day hab</p>	<p>DMH Contract;</p> <p>The agency-based provider of personal assistance must be trained and supervised in accordance with the certification or program enrollment requirements that apply, but must include at least the minimum training specified for the individual provider; and the planning team may specify additional qualifications and training necessary to carry out the service plan.</p>
<p>Individualized Supported Living Services</p>		<p>DMH Certification for ISL; or CARF/CQL/Joint Commission accredited for ISL.</p>	<p>DMH Contract;</p> <p>The agency-based provider of personal assistance must be trained and supervised in accordance with the certification or program enrollment requirements that apply, but must include at least the minimum training specified for the individual provider; and the planning team may specify additional qualifications and training necessary to carry out the service plan.</p>
<p>Employee of Consumer/Family</p>			<p>Age 18; has completed Abuse and Neglect training/reporting events and training on the Individual Support Plan; meets minimum training requirements; agreement with individual/designated representative;</p> <p>Planning team will specify the qualifications and training the personal assistant will need in order to carry out the service plan;</p> <p>Supervision is provided by the individual or a designated representative in providing service in the home or community consistent with the service plan.</p>

Relative Employed by Consumer/Family			<p>Age 18;has completed Abuse and Neglect training/reporting events and training on the Individual Support Plan; meets minimum training requirements; agreement with individual/designative representative;</p> <p>Shall not be the consumer’s spouse; a parent of a minor child (under age 18); a legal guardian; nor the employer of record for the consumer.</p> <p>The individual shall not be opposed to the family member providing care.</p> <p>The planning team agrees the family member providing the personal assistant service will best meet the individual’s needs.</p> <p>Family members employed by the consumer or designated representative are supervised by the consumer or a designated representative in providing service in the home or community consistent with the service plan.</p> <p>Family members employed by an agency are supervised by the agency.</p>
Independent Contractor	Missouri State professional license such as RN or LPN		<p>DMH Contract;</p> <p>Shall not be the consumer’s spouse; a parent of a minor child (under age 18); nor a legal guardian</p>

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
A Medicaid-enrolled provider of personal care services.	Agency verifies qualifications of personal assistant; oversight by Regional office staff	Agency verifies upon hiring and as needed based on supervision; regional office monitors provider every 3 years.
Day Habilitation Services	Regional Office staff	Prior to contract approval or renewal; as needed based on service monitoring concerns
Individualized Supported Living Services	Regional Office staff	Prior to contract approval or renewal; as needed based on service monitoring concerns
Employee of Consumer/Family	Consumer; Family; Fiscal Management Service contractor; Regional office has oversight	FMS verifies on behalf of consumer/family upon hire.

Relative Employed by Consumer/Family	Consumer; Family; Fiscal Management Service contractor; Regional Office has oversight	FMS verifies on behalf of consumer/family upon hire. Prior to signed agreement with regional office and consumer/designated representative; service review as needed based on service monitoring concerns; as consumer needs change.
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Independent Contractor	Regional office staff	Prior to signed contract; as needed based on service monitoring concerns and as consumer needs change
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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
	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>	

Service Specification

Service Title: Temporary Residential Service

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

Service Definition (Scope):

Temporary Residential Service is care provided in the individual's place of residence, the community or outside the home in a licensed, accredited or certified waiver residential facility, ICF/ID or State Habilitation Center by trained and qualified personnel for a period of no more than 60 days annually, unless a written exception is granted from the Regional Office Director. During the time of the COVID-19 Pandemic, Temporary Residential may be provided in locations other than licensed, accredited or certified waiver residential facility, ICF/ID or State Habilitation Center to ensure the individual's health and safety needs can be met. The need for this service has to be an identified need through the planning process which would include the individual, guardian if applicable, the primary caregiver, other family members, support coordinator, and any other parties the individual requests.

This service is not delivered in lieu of day care for children nor does it take the place of day services programming for adults. A unit of service is 15 minutes, when provided in increments less than 24 hours, or one day (24 hours). Temporary Residential Service is provided to individuals unable to care for themselves, on a short-term basis. This service is also furnished because of the absence or need for relief of those persons who normally care for the participant. It is a residential support of providing temporary care, assistance and supervision directly to eligible persons and is not intended to be permanent placement. FFP is not claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the State that is not a private residence.

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

Temporary Residential service is limited to no more than 60 days annually, unless a written exception is granted from the regional office director. This limit may be exceeded on an individual basis when necessary to protect the health and welfare of a waiver participant subject to the approval of both the county board and regional directors. The 60 days may be consecutive, unless the service is provided in an ICF/ID or State Habilitation Center. Temporary Residential Service provided in an ICF/ID or State Habilitation Center cannot exceed 30 days.

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:
		Independent Contractor		Community Residential Facility
				State Operated ICF/ID

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:	Entity Responsible for Verification:	Frequency of Verification	Provider Type:
Community Residential Facility	9 CSR 40 1,2,4,5	9 CSR 45-5.010; CARF; CQL; or Joint Commission	DMH Contract
State-operated ICF/ID		13 CSR 15-9.010	In good standing with DHSS

Verification of Provider Qualifications				
Provider Type:	Entity Responsible for Verification:		Frequency of Verification	
Community Residential Facility	Regional Office		Prior to contract approval; service review every 3 years; as needed based on service monitoring concerns	
State-operated ICF/ID	DHSS ICF/ID Unit		Annual	
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: Out of Home Respite

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

Service Definition (Scope):

Out of home respite is care provided outside the home in a licensed, accredited or certified waiver residential facility, ICF/ID or State Habilitation Center by trained and qualified personnel for a period of no more than 60 days annually, unless a written exception is granted from the Regional Office Director. During the time of the COVID-19 Pandemic, Out of Home respite may be provided in locations other than licensed, accredited or certified waiver residential facility, ICF/ID or State Habilitation Center to ensure the individual's health and safety needs can be met.

The need for this service has to be an identified need through the planning process which would include the individual, guardian if applicable, the primary caregiver, other family members, support coordinator, and any other parties the individual requests. The purpose of respite care is to provide planned relief to the customary caregiver and is not intended to be permanent placement. FFP is not claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the State that is not a private residence.

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

Out of home respite is limited to no more than 60 days annually, unless a written exception is granted from the Regional Office Director. The 60 days may be consecutive, unless the service is provided in an ICF/ID or State Habilitation Center. Out of home respite provided in an ICF/ID or State Habilitation Center cannot exceed 30 days.

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:
		Independent Contractor		Community Residential Facility
				State Operated ICF/ID

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/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>
Community Residential Facility	9 CSR 40 1,2,4,5	9 CSR 45-5.010; CARF; CQL; or Joint Commission	DMH Contract
State-operated ICF/ID		13 CSR 15-9.010	In good standing with DHSS

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Community Residential Facility	Regional Office	Prior to contract approval; service review every 3 years;

		as needed based on service monitoring concerns		
State-operated ICF/ID	DHSS ICF/ID Unit		Annual	
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: **In Home Respite**

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

Service Definition (Scope):

In-home respite care is provided to individuals unable to care for themselves, on a short-term basis, because of the absence or need for relief of those persons normally providing the care. To be eligible for in-home respite care, the persons who normally provide care to the individual must be other than formal, paid caregivers. In Home Respite will also be expanded to individuals unable to care for themselves, on a short-term basis, because of the Shared Living Service providers' absence or exposure to COVID19. This service is not delivered in lieu of day care for children nor does it take the place of day habilitation programming for adults. While ordinarily provided on a one-to-one basis, in-home respite may include assisting up to three individuals at a time. The only limitation on total hours provided is that they be necessary to avoid institutionalization and remain within the overall cost effectiveness of each individual's support plan. The service is provided in the individual's place of residence or in a licensed/certified/accredited facility when service is provided in interim periods, at the discretion of the individual/guardian/family, which does not include overnight care. If the service includes overnight care, it must be provided in the individual's place of residence..

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

A unit of service is 15 minutes or one day. The only limitation on total hours provided is that they be necessary to avoid institutionalization and remain within the overall cost effectiveness of each individual's plan.

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:
		Independent Contractor		Day Habilitation
				Medicaid State Plan personal care, respite, or homemaker services provider
				Individualized Supported Living
				Residential Habilitation

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/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>
Day Habilitation	9 CSR 40 1,2,9	9 CSR 45-5.010; CARF; CQL; or Joint Commission	DMH Contract; The agency-based provider of respite must be trained and supervised in accordance with the certification or program enrollment requirements that apply, but must include at least the minimum training specified for the individual provider; the planning team may specify additional qualifications and training necessary to carry out the service plan.

Medicaid State Plan personal care, respite, or homemaker services provider			Medicaid Personal Care Provider Agreement; DMH Contract; The agency-based provider of respite must be trained and supervised in accordance with the certification or program enrollment requirements that apply, but must include at least the minimum training specified for the individual provider; the planning team may specify additional qualifications and training necessary to carry out the service plan.
Individualized Supported Living	9 CSR 40 1,2,4,6	9 CSR 45-5.010; CARF; CQL; or Joint commission	DMH Contract; The agency-based provider of respite must be trained and supervised in accordance with the certification or program enrollment requirements that apply, but must include at least the minimum training specified for the individual provider; the planning team may specify additional qualifications and training necessary to carry out the service plan.
Independent Contractor	Missouri State professional license such as RN or LPN		DMH Contract; Shall not be the individual's spouse; a parent of a minor child (under age 18); nor a legal guardian
Residential Habilitation	9 CSR 40 1,2,4,5 9 CSR 40 1,2,4,7	9 CSR 45-5.010; CARF; CQL; or Joint Commission	DMH Contract; The agency-based provider of respite must be trained and supervised in accordance with the certification or program enrollment requirements that apply, but must include at least the minimum training specified for the individual provider; the planning team may specify additional qualifications and training necessary to carry out the service plan.

Verification of Provider Qualifications		
Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Day Habilitation	Agency verifies qualification of relatives employed by agencies; oversight by Regional Office	Agency verifies upon hiring and as needed based on supervision; regional office monitors provider every 3 years.
Medicaid State Plan personal care, respite, or homemaker services provider	Agency verifies qualification of relatives employed by agencies; oversight by Regional office	Agency verifies upon hiring and as needed based on supervision; regional office monitors provider every 3 years.

Individualized Supported Living	Agency verifies qualification of relatives employed by agencies; oversight by Regional office	Agency verifies upon hiring and as needed based on supervision; regional office monitors provider every 3 years.
Independent Contractor	Regional office staff	Prior to signed contract; as needed based on service monitoring concerns and as consumer needs change; regional office monitors every three years.
Residential	Agency verifies qualification of individuals employed by agencies; oversight by Regional Office	Agency verifies upon hiring and as needed based on supervision; regional office monitors provider every 3 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
	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>	



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.