



Briefing: Kentucky Response to COVID-19 for 1915(c) Home and Community Based Waivers

Commonwealth of Kentucky
Cabinet for Health and Family Services
March 25, 2020

Webinar Objectives

Clarify Why the COVID-19 Public Health Emergency Requires a 1915(c) Waiver-Specific Response

Explain Appendix K of the 1915(c) Waivers

Review of Appendix K-Specific Policy Changes

Define the Emergency Period and Future Steps for Closing the Emergency Period

Share Additional Resources

COVID-19: Public Health Emergency

Public Health Emergency



The COVID-19 virus (AKA “Coronavirus”) poses a threat to the health and safety of many 1915(c) HCBS waiver participants, which serve many high risk populations who are at a higher risk of contracting the virus and are more likely to suffer complications. This circumstance necessitates temporary changes in service delivery methods and approaches.



On March 6th 2020, Governor Beshear declared a state of emergency in Kentucky related to the COVID-19 virus pandemic.



Appendix K policy updates have been made using guidance provided by key federal agencies including the Centers for Medicare and Medicaid (CMS). CMS has reviewed and approved emergency-based measures.



1915(c) waiver providers are critical partners in assuring effective implementation of these emergency measures, which are intended to: minimize risk to vulnerable participants, implement policies that drive needed services AND mitigate significant disruptions to provider operations.

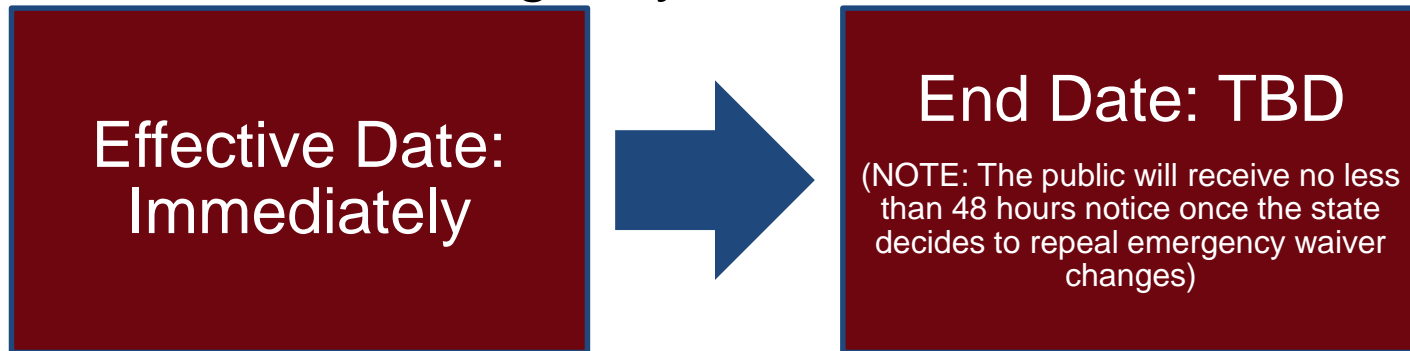
All Appendix K changes are temporary and individuals and providers will transition back to pre-emergency service status once the emergency period has ended.

[Gov. Beshear’s Executive Order declaring a State of Emergency can be found here](#)

Introduction to 1915(c) Appendix K: Emergency Preparedness and Response

1915(c) Appendix K: Emergency Preparedness and Response

- Appendix K is enacted during emergency situations to allow the state to make temporary changes to waiver services.
- Emergency waiver changes are foremost intended to address participant health, safety and welfare for the duration of the emergency.



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Review of COVID-19 Related Appendix K Changes

Emergency Changes to Service Access and Caps/Limits

- Service caps and limits are temporarily lifted for HCBS waiver participants to effectively address emergent health, safety and welfare related needs, particularly those that emerge due to the closure of adult day health and adult day training.

ABI/ABI LTC	ABI LTC only	ABI/ABI LTC MPW/SCL	ABI/ABI LTC, HCB, MPW/SCL	ABI/ABI LTC MPW	SCL only	Model II
Companion Counseling	Nursing Supports	Personal Care/Personal Assistance	Respite Home Delivered Meals PDS Services	Behavioral Support Services	Consultative Clinical and Therapeutic Services	Registered Nurse Licensed Practical Nurse Registered Respiratory Therapist

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Emergency Changes to Service Access and Caps/Limits

- The Cabinet is making a good-faith effort to promote maximum access to needed services during this time.
- Please responsibly expand services only as necessary and appropriate to address emergency-related needs that would place the participant in danger or would cause them to lose functioning that could never be restored.
- Set realistic expectations when making changes - Case managers should ensure that participants are aware that these increases are temporary and will not be sustained beyond the emergency period.
- We are all still responsible to avoid program fraud, waste and abuse and ensure that resources are being applied responsibly and intentionally.

Emergency Changes to Service Definitions and Allowable Provider Types for Services

All enrolled waiver providers may provide home delivered meals to waiver participants, and meals are increased to two per day.

Adult Day Health Care (ADHC) providers are allowed to provide: In home respite, home delivered meals, and in home nursing services.

Adult Day Training (ADT) and ADHC staff may provide respite services in a participant's residence.

The Case Manager and the servicing provider must review and confirm a need to increase services to address emergent health, safety and welfare-related needs of waiver participants during the COVID-19 pandemic. This need must be documented in an emergency person-centered service plan uploaded to MWMA.

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Emergency Changes to Allowable Provider Qualifications for Services

Out-of-State Providers

- During the emergency, the Department is waiving requirements that out of state providers be licensed in Kentucky if they are actively licensed by another state Medicaid agency.

New Employee Background Checks

- Traditional and participant-directed services may be initiated while a direct service worker's background check and pre-employment screenings are in pending status.
- *NOTE: Exceptions apply for screenings that identify a worker who may pose an immediate risk to the health, safety and welfare of the participant.*

PDS Screening of Immediate Family Members

- The Department will temporarily suspend DAIL screenings for immediate family members to serve as participant directed service employees.
- *NOTE: PDS employees who are defined as immediate family members will be required to undergo screening once the emergency period has ended.*

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Emergency Changes to Level of Care Assessments

- Level of care evaluations or re-evaluations for all waivers may be conducted remotely using telephonic or video-conferencing / web-based conferencing platforms in accordance with HIPAA requirements.
- The method used must allow direct communication between the assessor and participant / participant's representative

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Emergency Changes to Case Management and Person-Centered Planning

- Case Managers should modify the person-centered service plan 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. Requests should be submitted no later than 30 days from the date the service began.
 - The method of communication must meet HIPAA requirements using telephonic and video-conferencing / web-based conferencing platforms, secure email and fax.
- The case manager may receive signatures consenting to a modified plan using fax or by sharing scanned documents via secured email. Consent may also be provided electronically via email.
 - The case manager must document these emergency protocols in case notes, including the date, time and provider representative (if applicable) providing consent to deliver services.
- Person-Centered Service Plans that are due to expire within the next 60 days require case management contact with the participant using allowable remote contact methods.

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Emergency Changes to Critical Incident Reporting for All Waivers

- For all waivers, all providers must submit critical incident reports for participants who are tested and confirmed positive for the COVID-19 virus.
- Providers must submit critical incident reports to report any waiver-funded disruption extending beyond 3 (calendar or business) days to services documented in the participant's person-centered service plan.
 - This includes waiver-funded service disruptions that occur due to staff unavailability directly related to COVID-19 staff infection, quarantine or other pandemic-related circumstance.
- While reports will be required, providers do not need to conduct an investigation or submit a corrective action plan related to these reports, unless instructed directly to do so at the Department's discretion.
- Provider must ensure that participants without natural or other supports continue to receive services.

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Emergency Changes to Provider Certification Processes

- For all waivers, the Cabinet is suspending provider on-site certification visits conducted by the Department (or its designee) and all existing Medicaid provider contracts will be extended by 60 days.
- If the emergency extends beyond 60 days, contracts may be extended for additional amounts of time.
- This change is intended to remove non-essential in-person contacts and reduce the risk of spreading COVID-19.
- Providers are expected to continue observing all program rules and requirements that have not been otherwise changed via the currently enacted Appendix K.

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Appendix K Wrap-Up

- To conclude – Appendix K includes a series of modifications intended to minimize risk to vulnerable participants, implement policies that drive needed services AND mitigate significant disruptions to provider operations
- Program-specific policy or operational questions should be directed to the 1915(c) Waiver Help Desk at 1915cWaiverHelpDesk@ky.gov or (844) 784-5614.
- The Cabinet wants to thank all providers for your willingness to partner and collaborate as we work to address the emergent needs of 1915(c) waiver participants during this rapidly changing time.

Additional Emergency-Related Guidance and Resources

Review of Defined Risk Populations and COVID-19 Symptoms

High Risk Groups

- Older adults (65 years and older)
- People who have serious underlying medical conditions like:
 - Heart disease
 - Diabetes
 - Lung disease
- Pregnant Women
- People living with HIV or other immuno-deficient disorders

Known Symptoms and Emergency Warning Signs

- Fever
- Cough
- Shortness of breath
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

Source: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

When To Seek Care

To ensure the sickest people receive care, help minimize the spread of infection and maintain resources, please follow the guidelines below when considering whether to seek medical care.

Stay home

If you are worried-well, **please stay home** or **call the Kentucky State Hotline (1-800-722-5725)**.

Going to a hospital or doctor's office adds to a higher concentration of people and further overwhelms medical staff.

Call for advice

If you are **ill, but would not have sought care** if not for COVID-19, **do not seek in-person care** at an ER, hospital or doctor's office.

Instead please **call your local healthcare provider** or **local health department**.

Seek care

If you are **sick and feel you have an emergency**, please call your doctor or **seek medical care**.

Hospitals and medical staff across the commonwealth stand ready to serve you.

Please Continue to Contact 911 for Emergencies not Related to COVID-19

**In an
emergency
dial 911**

- An emergency is any situation that requires immediate assistance from the fire department, police, or emergency medical services. Examples include:
 - A fire
 - A car crash (if someone is injured)
 - A medical emergency, (for symptoms that require immediate medical attention)
- If you are unsure if the situation is a true emergency, officials recommend calling 911 and letting the operator determine whether you need emergency help or redirection.

Additional COVID-19 Resources

Link to Kentucky 1915(c) Appendix K:

<https://chfs.ky.gov/agencies/dms/dca/Pages/default.aspx>

**Note: Appendix K has not been posted as of 3/25/20 as it is pending final CMS approval.*

KY COVID-19 Resources: <https://govstatus.egov.com/kycovid19>

KY COVID-19 Hotline (800) 722-5725

Please review the KY COVID-19 website prior to calling the hotline

Centers for Disease Control and Prevention (CDC) KY COVID-19:

<https://www.cdc.gov/coronavirus/2019-nCoV/index.html>

Administration for Community Living's COVID-19 Response <https://acl.gov/COVID-19>
