

Disabled and Elderly Health Programs Group

April 29, 2020

Amanda Cassel Kraft
MassHealth
One Ashburton Place
11th Floor, Suite 1109
Boston, MA 02108

Dear Ms. Cassel Kraft:

We are writing to inform you that the Centers for Medicare & Medicaid Services (CMS) is approving Massachusetts' request to amend the following 1915(c) Home and Community-Based Services (HCBS) waivers in order to respond to the COVID-19 pandemic:

WAIVER TITLE	CMS AMENDMENT CONTROL NUMBER
Frail Elder Waiver (FEW)	MA.0059.R07.01
Traumatic Brain Injury (TBI) Waiver	MA.0359.R04.01
MFP – Community Living (MFP-CL) Waiver	MA.1027.R01.02
MFP – Residential Supports (MFP-RS) Waiver	MA.1028.R01.01
Acquired Brain Injury with Residential Habilitation (ABI-RH) Waiver	MA.40701.R02.02
Acquired Brain Injury Non-residential Habilitation (ABI-N) Waiver	MA.40702.R02.01
Community Living Waiver (DDS-CL)	MA.0826.R02.01
Intensive Supports Waiver (DDS-IS)	MA.0827.R02.01
Adult Supports Waiver (DDS-AS)	MA.0828.R.02.01
Children's Autism Spectrum Disorder Waiver	MA.40207.R02.02

The amendments that the state has requested in the Appendix K are effective from March 1, 2020 through February 28, 2021 and apply in all locations served by the individual waivers for anyone impacted by COVID-19.

For each waiver, we have included the approved Appendix K pages with this correspondence. Please utilize the waiver management system for HCBS waivers for any further amendments to these waiver programs other than Appendix K.

If you need assistance, feel free to contact Ryan Shannahan of my staff at 410-786-0295 or by e-mail at Ryan.Shannahan@cms.hhs.gov or Ralph Lollar at 410-786-0777 or by e-mail at Ralph.Lollar@cms.hhs.gov.

Sincerely,

Alissa Mooney DeBoy
Director

Enclosure

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: Massachusetts

B. Waiver Title(s):

- Frail Elder Waiver (FEW)
- Traumatic Brain Injury (TBI) Waiver
- MFP – Community Living (MFP-CL) Waiver
- MFP – Residential Supports (MFP-RS) Waiver
- Acquired Brain Injury with Residential Habilitation (ABI-RH) Waiver
- Acquired Brain Injury Non-residential Habilitation (ABI-N) Waiver
- Community Living Waiver (DDS-CL)
- Intensive Supports Waiver (DDS-IS)
- Adult Supports Waiver (DDS-AS)
- Children’s Autism Spectrum Disorder Waiver

C. Control Number(s):

- MA.0059.R07.01
- MA.0359.R04.01
- MA.1027.R01.02
- MA.1028.R01.01
- MA.40701.R02.02
- MA.40702.R02.01
- MA.0826.R02.01
- MA.0827.R02.01
- MA.0828.R.02.01
- MA.40207.R02.02

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 waiver-wide for each waiver included in this Appendix, to all individuals impacted by the virus or the response to the virus (e.g. closure of day programs, etc.)

F. Proposed Effective Date: Start Date: March 1, 2020 **Anticipated End Date:** February 28, 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 the waiver to all individuals 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]

- MFP-CL and ABI-N Waivers – expand eligibility to include individuals discharged from qualifying long-stay facilities prior to reaching a continuous 90-day stay due to COVID-19
 - Children's Autism Spectrum Disorder Waiver – raise maximum age to include children through age 9 (up to 10th birthday)

b. Services

i. Temporarily modify service scope or coverage.

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

ii. Temporarily exceed service limitations (including limits on sets of services as described in Appendix C-4) or requirements for amount, duration, and prior authorization to address health and welfare issues presented by the emergency.

[Explanation of changes]

- MFP-CL, ABI-N, TBI – exceed 84-hour/week limit on in-home, non-residential services specified in Appendix C-4
 - All Waivers – exceed 30-day limit on Respite services. When the stay exceeds 30 consecutive days, the state has mechanisms in place to prevent duplicate billing for both institutional and HCB services.
 - Children's Autism Spectrum Disorder Waiver – suspend counting of length of participation in Expanded Habilitation, Education for duration of COVID-19 emergency
 - Children's Autism Spectrum Disorder Waiver – increase budget limits as follows:
 - Increase individual prospective budget limit from \$25,000 to \$28,000
 - Increase step-down budget from \$7,500 to \$8,500
 - Waive limits on individual services for all services with an individual limit.

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

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

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

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

- All applicable waivers – Allow waiver day services to be provided in participants’ homes, including in group home settings
- All waivers – Allow all waiver services, including respite, to be provided to participants residing in alternative settings as necessitated because of the COVID-19 emergency, such as hotels, shelters, or residential schools

HCBS provided in group home settings and other alternative settings will not duplicate other Medicaid services provided in those settings.

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

- Intensive Supports Waiver – Allow waiver services to be provided in out-of-state settings. The state will obtain provider agreements with out-of-state providers for services in out-of-state settings.

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

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

i. Temporarily modify provider qualifications.

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

1. All waivers – The Governor of Massachusetts has issued a series of executive orders extending the professional and occupational licenses, certifications, and registrations of individual licensed health care and other registered professionals in good standing that are set to expire during the state of emergency, for the duration of the COVID-19 emergency plus 90 days. In addition, where provider agency licensure/certification requirements are included in waiver provider qualifications, the state will consider provider agencies' credentials in good standing that are set to expire or are due for review/renewal during the state of emergency, to continue for the duration of COVID-19 emergency plus 90 days. The extension of licensure/certification applies to individual and agency providers of the following waiver services (grouped by service type for ease of reference):

Residential Support Services

- Residential Habilitation
- Shared Living – 24 Hour Supports
- Assisted Living Services
- Independent Living Supports
- Shared Home Supports

Personal Care ADL/Supports

- Home Health Aide
- Personal Care
- Supportive Home Care Aide

In-Home Supports/IADL Supports

- Homemaker

Community Engagement and Skills Training

- Community Based Day Services
- Evidence Based Education Programs
- Goal Engagement Program
- Peer Support

Therapy and Nursing

- Complex Care Training & Oversight
- Occupational Therapy
- Physical Therapy
- Skilled Nursing
- Speech Therapy

Family Support/Respite Services

- Alzheimer's/Dementia Coaching
- Respite
- Stabilization

Environmental Modifications and Accessibility Supports

- Home / Environmental Accessibility Adaptations
- Home Safety & Independence Evaluations
- Orientation and Mobility Services

Behavioral Supports

- Behavioral Supports and Consultation
- Community Behavioral Health Support & Navigation
- Expanded Habilitation, Education

[K-2-d(i) response continues on next page]

2. Children’s Autism Spectrum Disorder Waiver – For Direct Support staff (Expanded Habilitation, Education; Behavioral Supports and Consultation; Community Integration), waive requirement for Bachelor’s Degree; require minimum age of 18. For all provider levels in the following services, waive in-service training hours requirements:
 - Expanded Habilitation, Education
 - Behavioral Supports and Consultation
 - Community Integration
 - Family Training
3. Community Living, Intensive Supports, Adult Supports, and Children’s Autism Spectrum Disorder Waivers – For all services in these waivers, and for DDS-licensed residential and day providers in ABI-N, ABI-RH, MFP-CL, MFP-RS, and TBI, suspend requirements for providers to obtain national criminal background checks, including fingerprint requirements, before beginning work; and extend conditional employment/certification for those with scheduled national criminal background check appointments. If, once the background check is conducted, it is determined that a provider should not continue working with the participant, such provider immediately will be found to be unqualified to render services.

ii. Temporarily modify provider types.

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

- Children’s Autism Spectrum Disorder Waiver – Allow licensed Special Education teachers to qualify as Therapist and Senior Therapist provider types for Expanded Habilitation, Education, Behavioral Supports and Consultation, and Family Training

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]

- All waivers – allow delay of completion of annual LOC re-evaluations due for completion during COVID-19 emergency
- All waivers – allow LOC assessments to be conducted via electronic methods, (telephone/video)

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.]

To effectively respond to the COVID-19 outbreak, the state requires flexibility to adjust provider rates to ensure availability of providers for waiver participants. The state may reimburse providers with enhanced COVID-19 add-on rates up to 10% of historic average monthly billing, based on current market factors and additional costs impacting specific service sectors:

- Enhancements to residential rates to account for increased daytime staffing needs
- Enhancements for in-home support services rates to account for complexity of providing services during COVID-19 emergency

In the Frail Elder Waiver only, for in-home services including Home Health Aide, Supportive Home Care Aide, Personal Care, Homemaking, Companion, Chore, Complex Care Training and Oversight, when the participant or a member of the participant's household has been diagnosed as COVID-19 positive or has been advised to self-quarantine, the state may pay providers of these services an enhanced rate to account for complexity of providing services. The enhanced rates for these services will include compensation for willing workforce, necessary personal protective equipment (PPE) consistent with CDC and OSHA guidance; i.e., based on risk level, and required training on use of PPE during interactions with waiver participants. Payment rates for these services may be increased up to an additional 50% of the maximum rate for each service.

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

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

- All waivers, allow electronic (e.g., telephonic/video) performance of person-centered planning meetings
- All waivers, for completion of annual person-centered planning process where review was due for completion during COVID-19 emergency, with documentation of participant consent, waive requirements for full Team participation in person-centered planning meetings, allowing case managers and participants to jointly make updates and revisions in a timely manner

Note: Any authorization to substitute documented verbal consent for a regulatory requirement for person-centered service plans will come through an 1135.

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]

Allow six-month delay of submission of all HCBS waiver reports due during COVID-19 emergency, including CMS-372 reports.

i. ✓ __ Temporarily allow for payment for services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay when necessary supports (including communication and intensive personal care) are not available in that setting, or

when the individual requires those services for communication and behavioral stabilization, and such services are not covered in such settings.

[Specify the services.]

For all waivers, allow delivery of applicable waiver services in acute care hospitals or short-term institutional stays when necessary supports are not available in that setting, or when needed for purposes of behavioral stabilization or communication facilitation and such services are not otherwise covered in such settings. Services include:

- Residential Habilitation
- Personal Care
- Adult Companion/companion
- Behavioral Supports and Consultation
- Expanded Habilitation, Education

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.]

For Day Habilitation Supplement services in the Community Living, Intensive Supports, and Adult Supports Waivers, to ensure sufficient availability of providers during and after the COVID-19 emergency, the state requires temporary authorization of retainer payments for waiver providers of habilitation programs that have been closed due to COVID-19 related public health concerns for the duration of the COVID-19 state of emergency.

The retainer time limit may not exceed the lesser of 30 consecutive days or the number of days for which the State authorizes a payment for “bed-hold” in nursing facilities. Retainer payments will not duplicate payments for services delivered through alternate methods, and must be attributable to each individual absent from the habilitation program.

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. 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]

All waivers – temporarily suspend waiver provider monitoring/oversight activities that are impacted by the COVID-19 emergency, including but not limited to on-site licensure visits, desk reviews, and credential verification functions. Provider monitoring/oversight activities typically require providers to produce a range of documentation such as required staff trainings and other administrative/operational processes. During the COVID-19 emergency, providers may be temporarily closed, operating with reduced staff, lack of access to electronic infrastructure/resources, and/or directing all available resources to addressing the immediate challenges and complexities of delivering services to waiver participants during the COVID-19 emergency, and consequently unable to collect and produce required documentation. In addition, the entities responsible for verifying provider qualifications face operational barriers to completing monitoring/oversight activities due to limitations on on-site visits, receipt of documentation, and the need to focus resources on the COVID-19 response effort during the emergency.

Suspended monitoring/oversight activities will resume within 90 days following the end of the COVID-19 emergency.

Provider monitoring/oversight will be conducted for abuse and neglect complaints and immediate jeopardy concerns to ensure participant's health and welfare.

Appendix K Addendum: COVID-19 Pandemic Response

1. HCBS Regulations

- a. Not comply with the HCBS settings requirement at 42 CFR 441.301(c)(4)(vi)(D) that individuals are able to have visitors of their choosing at any time, for settings added after March 17, 2014, to minimize the spread of infection during the COVID-19 pandemic.

2. Services

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

In all applicable Waivers (examples provided where remote provision of services may need clarification):

- Adult Companion/Companion
- Alzheimer's/Dementia Coaching
- Assistive Technology (assessments, training)
- Behavioral Supports and Consultation
- Community Based Day Supports (facilitation of online or telephonic community integration/socialization activities)
- Community Support and Navigation
- Complex Care Training and Oversight (where, based on clinical judgement of nurse, the task can be effectively performed using telehealth)
- Day Services
- Goal Engagement Program
- Environmental Accessibility Adaptation (consultations, walk-throughs, planning)
- Evidence-based Education Programs
- Expanded Habilitation, Education
- Family Training
- Home Health Aide (limited to cueing and supervision)
- Homemaker (facilitating online grocery orders, guidance/supervision for in-home tasks)
- Home Accessibility Modifications/Adaptations (consultations, walk-throughs, planning)
- Individualized Home Supports
- Individual Support and Community Habilitation (habilitation, facilitating access to services)
- Orientation and Mobility Services (orientation to and training for accessing services during COVID-19 emergency)
- Peer Support
- Personal Care (limited to cueing and supervision)
- Physical Therapy/Occupational Therapy/Speech Therapy
- Skilled Nursing (where, based on clinical judgement of the nurse, the task can be effectively performed using telehealth)
- Specialized Medical Equipment (assessment and training)
- Supported Employment (facilitating remote work)
- Supportive Day Program
- Supportive Home Care Aide (limited to cueing and supervision)
- Transitional Assistance (planning, exploratory discussions, online shopping)
- Vehicle Modifications (consultations, planning)

- 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.

N/A

4. Provider Qualifications

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

No change to approved waiver applications

- 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: Amy

Last Name: Bernstein

Title: Director, Home and Community Based Services Waiver Administration

Agency: MassHealth

Address 1: One Ashburton Place

Address 2: 5th Floor

City: Boston

State: MA

Zip Code: 02108

Telephone: (617) 573-1751

E-mail: Amy.Bernstein@state.ma.us

Fax Number: Click or tap here to enter text.

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

First Name: Click or tap here to enter text.
Last Name Click or tap here to enter text.
Title: Click or tap here to enter text.
Agency: Click or tap here to enter text.
Address 1: Click or tap here to enter text.
Address 2: Click or tap here to enter text.
City Click or tap here to enter text.
State Click or tap here to enter text.
Zip Code Click or tap here to enter text.
Telephone: Click or tap here to enter text.
E-mail Click or tap here to enter text.
Fax Number Click or tap here to enter text.

8. Authorizing Signature

Signature:

/s/

Date: April 17, 2020

State Medicaid Director or Designee

First Name: Amanda
Last Name Cassel Kraft
Title: Deputy Medicaid Director and Acting Medicaid Director
Agency: MassHealth
Address 1: One Ashburton Place
Address 2: 11th Floor, Suite 1109
City Boston
State MA
Zip Code 02108
Telephone: (617) 573-1600
E-mail Amanda.CasselKraft@state.ma.us
Fax Number Click or tap here to enter text.

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

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

Service Specification				
Service Title:	Assistive Technology for Telehealth Delivery of HCBS Waiver Services			
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>				
Service Definition (Scope):				
<p>Adding Assistive Technology for Telehealth Delivery of HCBS Waiver Services in all waivers: Frail Elder Waiver Traumatic Brain Injury (TBI) Waiver MFP – Community Living (MFP-CL) Waiver MFP – Residential Supports (MFP-RS) Waiver Acquired Brain Injury with Residential Habilitation (ABI-RH) Waiver Acquired Brain Injury Non-residential Habilitation (ABI-N) Waiver Community Living Waiver (DDS-CL) Intensive Supports Waiver (DDS-IS) Adult Supports Waiver (DDS-AS) Children’s Autism Spectrum Disorder Waiver</p> <p>This service includes the purchasing, leasing or otherwise providing the acquisition of assistive technology devices such as tablets, smart phones, laptops, etc. for participants, specifically to support the delivery of and participants’ ability to engage in HCBS waiver services in participants’ service plan/waiver plan of care via telehealth. This service may include technical assistance for the participant, or, where appropriate, the family members, guardians, advocates, or authorized representatives of the participant; and training or technical assistance for professionals or other individuals who provide services to, employ, or are otherwise substantially involved in the major life functions of participants. Assistive Technology must be authorized by the waiver Case Manager/Service Coordinator/Care Manager/Clinical Manager as part of the Individual Service Plan/waiver Plan of Care. Only items not covered by the State Plan may be purchased through the Waiver. Service only available if participant does not already have or have access to such a device.</p>				
Specify applicable (if any) limits on the amount, frequency, or duration of this service:				
Limited to least costly alternative that can successfully meet the participant’s need, up to \$500.				
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:
		Individual Qualified contractors authorized to sell this equipment		Qualified Contractors authorized to sell this equipment

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 (*provide the following information for each type of provider*):

Provider Type:	License (<i>specify</i>)	Certificate (<i>specify</i>)	Other Standard (<i>specify</i>)
Qualified Contractors authorized to sell this equipment			This service can be purchased from typical vendors in the community. Vendors must meet industry standards in the community.
Individual Qualified contractors authorized to sell this equipment			This service can be purchased from typical vendors in the community. Vendors must meet industry standards in the community.

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Qualified Contractors authorized to sell this equipment	ASAPs, DDS, MRC, UMMS Administrative Service Organization (ASO), Fiscal Intermediary, FMS/FEA	Prior to service initiation.
Individual Qualified contractors authorized to sell this equipment	ASAPs, DDS, MRC, UMMS Administrative Service Organization (ASO), Fiscal Intermediary, FMS/FEA	Prior to service initiation.

Service Delivery Method

Service Delivery Method (<i>check each that applies</i>):				
	X	Participant-directed as specified in Appendix E	X	Provider managed
		Participant direction available only in waivers that already include opportunities for participant direction.		

Service Specification

Service Title:	Home Delivered Meals
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope):	

Adding Home Delivered Meals in all waivers:
 Frail Elder Waiver (expanding current service definition and provider qualifications)
 Traumatic Brain Injury (TBI) Waiver
 MFP – Community Living (MFP-CL) Waiver
 MFP – Residential Supports (MFP-RS) Waiver
 Acquired Brain Injury with Residential Habilitation (ABI-RH) Waiver
 Acquired Brain Injury Non-residential Habilitation (ABI-N) Waiver
 Community Living Waiver (DDS-CL)
 Intensive Supports Waiver (DDS-IS)
 Adult Supports Waiver (DDS-AS)
 Children’s Autism Spectrum Disorder Waiver

Home Delivered Meals service includes the preparation, packaging and delivery of meals.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:
 Up to the federally-allowed maximum.

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:
		Individual Home Delivered Meal Providers		Home Delivered Meal Provider Agencies

Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input 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)
Home Delivered Meal Provider Agencies			Home Delivered Meal Provider Agencies must be enrolled as a provider of a waiver service.
Individual Home Delivered Meal Providers			Must meet applicable Board of Health standards for food preparation and sanitation and/or hold applicable state/local permit for commercial or residential kitchen operations.

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Home Delivered Meal Provider Agencies	ASAPs, DDS, MRC, UMMS Administrative Service Organization (ASO), Fiscal Intermediary, FMS/FEA	Prior to service initiation.
Individual Home Delivered Meal Providers	ASAPs, DDS, MRC, UMMS Administrative Service Organization (ASO), Fiscal Intermediary, FMS/FEA	Prior to service initiation.

Service Delivery Method				
Service Delivery Method <i>(check each that applies):</i>	X	Participant-directed as specified in Appendix E	X	Provider managed
		Participant direction available only in waivers that already include opportunities for participant direction.		

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.