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MO HEALTHNET DIVISION  
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March 19, 2020

Jackie Glaze  
Acting Director  
Medicaid and Chip Operations Group Center  
7500 Security Boulevard  
Baltimore, MD 21244-1850

Dear Ms. Glaze:

In response to the COVID-19 pandemic, to protect the health and safety of the residents of the State of Missouri, the State of Missouri hereby notifies CMS that the MO HealthNet Division working together with the Department of Mental Health will no longer be enforcing compliance with the following:

1. Community Psychiatric Rehabilitation and Comprehensive Substance Treatment and Rehabilitation under the Rehabilitation Option State Plans and Certified Community Behavioral Health Clinics under the Section 223 Demonstration, effective March 9, 2020. See Attachment 1 for explanation of provisions that state is waiving due to the COVID-19 pandemic.
2. Targeted Case Management for Developmentally Disabled State Plan, effective March 9, 2020. See Attachment 2 for explanation of provisions that state is waiving due to the COVID-19 pandemic.
3. 1915(c) HCBS Waiver Programs administered by the Missouri Department of Mental Health, effective March 9, 2020. This includes the Comprehensive Waiver, Community Support Waiver, Partnership for Hope Waiver, and the Missouri Children with Developmental Disabilities Waiver. See Attachment 3 for explanation of provisions that state is waiving due to the COVID-19 pandemic.

The State has provided public notice of these actions on the following websites:  
<https://dmh.mo.gov/dev-disabilities/covid-19-information> , <https://health.mo.gov> and  
<https://dss.mo.gov/mhd/alerts~public-notices.htm> .

The State is in the process of drafting the appropriate Appendix K and 1135 waiver requests, which will provide detailed information regarding these actions as outlined in the Attachments. Accordingly, the State requests that, to the extent necessary, CMS treat this communication as an application for a Section 1135 waiver, a state plan amendment, and/or an amendment to one or

Interpretive services are available by calling the Participant Services Unit at 1-800-392-2161.  
Prevodilačke usluge su dostupne pozivom odjela koji učestvuje u ovom servisu na broj 1-800-392-2161.  
Servicios Interpretativos están disponibles llamando a la unidad de servicios de los participantes al 1-800-392-2161.  
AUXILIARY AIDS AND SERVICES ARE AVAILABLE UPON REQUEST TO INDIVIDUALS WITH DISABILITIES

TDD / TTY: 800-735-2966  
RELAY MISSOURI: 711

more of the State's Section 1915(c) waivers. The State is prepared to provide CMS with any information or documentation CMS may need to expeditiously approve this state action.

Thank you for your expedited consideration of this request.

Sincerely,

A handwritten signature in black ink, appearing to read "Todd Richardson", with a long horizontal flourish extending to the right.

Todd Richardson  
Director

## Attachment 1

### **Exceptions in Response to COVID-19 Exposure Risks for Community Psychiatric Rehabilitation (CPR) and Comprehensive Substance Treatment and Rehabilitation (CSTAR) under the Rehabilitation Option State Plans and Certified Community Behavioral Health Clinics (CCBHC) under the Section 223 Demonstration**

- To maximize behavioral health providers' flexibilities in reducing risks of COVID-19 exposure to those they serve and those they employ, the Missouri Department of Mental Health, Division of Behavioral Health, is requesting immediate approval of the following: ***permit telephonic and other telehealth/electronic means (video, email and text) of providing approved treatment services, stabilization, care management, and crisis response.*** This is based on expressed provider need, and is in accordance with CMS and MO HealthNet guidance: "COVID-19 FAQs for State Medicaid and CHIP Agencies" (published 3.12.2020) #2; and MHD Provider Hot Tip on Telehealth (issued 3.16.2020) which refers to prior Telehealth bulletin (<https://dss.mo.gov/mhd/providers/pdf/bulletin41-20-2018.pdf>) and cites state statutes pertaining to telehealth (191.1145, 191.1146, 208.670, and
- The state may waive other requirements that need to be relaxed and/or timelines extended.

Affected programs will be Comprehensive Psychiatric Rehabilitation (CPR) state plan, and the Comprehensive Substance Treatment and Rehabilitation (CSTAR) state plan. The Certified Community Behavioral Health Centers (CCBHCs) are still operating under the federal demonstration.

#### **GUIDING PRINCIPLES**

- Prevent or minimize clients' and staff's exposure to contagious illness.
- Focus on maintaining the clinical stability of clients in the community to avoid unnecessary burdens on the general and acute healthcare system.
- Reduce barriers to providing necessary clinical interventions in atypical circumstances via alternative means of communication.
- Simplify, to the degree possible, the process for billing services while simultaneously capturing data that may be relevant and valuable post-pandemic.
- Continue billing services to the appropriate fund source.

#### **FISCAL GUIDANCE**

**CCBHO Providers:** These organizations will continue to receive prospective payments (PPS). In addition, visit-triggering services that are delivered via non-face-to-face electronic methods will also be reimbursed via PPS.

#### **PROGRAM POLICY GUIDANCE**

We recognize that certain rules typically associated with program administration may need to be temporarily relaxed and some timelines extended. The DBH will be issuing details on the impacted service codes, documentation requirements, and staff qualifications. These policy changes will be effective March 9, 2020 as it relates to service provision. The following is a brief explanation of the policy changes:

##### **Service Documentation:**

##### **Service Documentation:**

- Client signatures on required documents will be waived. Please obtain verbal consent/approval and ensure that this consent is documented.

- Time frame allowed for the completion of general progress notes will be extended from five (5) business days to 15 business days.
- Timelines associated with the completion of assessments/treatment plans will be extended from 30/45 days to 60/90 days.

**Staff Qualifications and Training:**

- Community support may be delivered by all clinical staff with appropriate training, as determined by the agency, to perform this function.
- Certain training requirements for new community support specialists, peer support specialists, and family support specialists may be waived in order to expedite their ability to provide services to consumers. Background checks must still be completed. Minimal training requirements are being established by DBH.

**Other:**

- The state may waive other requirements that need to be relaxed and/or timelines extended as issues are identified.

## Attachment 2

### Division of Developmental Disabilities (DD) Targeted Case Management State Plan Amendment Exceptions in Response to COVID-19 Exposure Risks

DD supports Medicaid participants under the Targeted Case Management (TCM) for Developmentally Disabled State Plan. Many of the participant's receiving these services have co-morbid medical conditions. These are community-based services, delivered in participants' homes or community settings.

In response to COVID-19 State of Emergency to protect the health and safety of the residents of the State of Missouri, it is necessary for the state to make appropriate preparations to accomplish the following:

- Do everything possible to keep the participants we serve in their home and community based settings. This will avert any unnecessary visits to general or emergent healthcare settings (which would increase their risk of exposure to contagious illnesses and further burden the healthcare system).
- For those we serve and those employed as TCM providers to prevent or minimize the level of exposure to contagious illnesses.

We recognize that certain rules typically associated with program administration may need to be temporarily relaxed and some timelines extended. The DD will be issuing details on the impacted service codes, documentation requirements, and staff qualifications for TCM services to DD Medicaid. These policy changes will be effective March 9, 2020 as it relates to service provision. The following is a brief explanation of the policy changes:

#### Service Plan

- Temporary modifications can be made through the individual support plan (ISP) process with verbal approval through non-face-to-face methods (i.e. telephone, video, text, email). The ISP must document the name of the authorized person with a note "via telehealth."
- Given the rapid response that will be necessary to ensure participant health and safety and to avoid delays while waiting for approval and authorization of ISP changes, documentation of verbal or electronic (i.e. telephone, video, text, email) approval of changes and additions to ISP will suffice as authorization.

### Attachment 3

#### **Division of Developmental Disabilities (DD) Program Rule Exceptions in Response to COVID-19 Exposure Risks**

DD supports Medicaid participants in Four (4) 1915 (c) Home and Community Based Service (HCBS) waivers which include the following: Comprehensive, Community Support, Partnership for Hope and Missouri Children's with Developmental Disabilities waivers. Many of the participant's receiving these services have co-morbid medical conditions. These are community-based services, delivered in participants' homes or community settings.

In response to COVID-19 State of Emergency to protect the health and safety of the residents of the State of Missouri, it is necessary for the state to make appropriate preparations to accomplish the following:

- Do everything possible to keep the participants we serve in the HCBS waivers supported in their home and community based settings. This will avert any unnecessary visits to general or emergent healthcare settings (which would increase their risk of exposure to contagious illnesses and further burden the healthcare system).
- For those we serve and those employed as HCBS providers to prevent or minimize the level of exposure to contagious illnesses.

We recognize that certain rules typically associated with program administration may need to be temporarily relaxed and some timelines extended. The DD will be issuing details on the impacted service codes, documentation requirements, and staff qualifications for HCBS service delivery to Medicaid participants enrolled in 1915 (c) HCBS waivers. These policy changes will be effective March 9, 2020 as it relates to service provision. The following is a brief explanation of the policy changes:

#### **Temporary modification of service scope and coverage**

- Allow for the modification of the face to face requirements 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.
- Allow for Live-in caregivers (family or staff) in Group Home and Individualized Supported Living (ISL)
- Group Home or ISL providers may make arrangements for participants to temporarily receive Group Home and ISL services in staff's home
- Day Habilitation may be temporarily provided in a participant's home
- Allow waiver providers to transport participants for medical transportation needs.

#### **Family Caregivers or Legally Responsible Individuals**

- All of the non-licensed waiver services may be provided by family caregivers or legally responsible relative, but the family member must be employed by a DMH contracted provider
- Allow waiver providers to reimburse families for transportation in lieu of waiver provider staff providing transportation
- Allow for Live-in caregivers (family or staff) in Group Home and ISL;

#### **Temporarily modify provider qualifications**

- Staff will have a grace period for the competency based portion of CPR and First Aide and an online version of this training will be sufficient during this time for recertification only. For DMH DD Med Aide

or DHSS Med Aide recertification, we will allow the RN for the agency to evaluate the ability of the staff to determine staffs ability to have an exemption for the recertification.

- Suspend requirement to have written verification of education status due to records not being available while schools are closed
- Staff who are qualified to provide services under any service definition in the 1915(c) waiver may be reassigned to provide Group Home, ISL, Shared Living, Out of Home Respite, and Personal Assistance Services.
- All staff should receive training on the participant's ISP for whom they are providing support. Training on the ISP must consist of basic health and safety support needs for that individual.

#### **Process for Level of Care Evaluations and Re-evaluations**

- Initial assessments MOCABI, Vineland and SIS will be completed through non-face-to-face methods (i.e. telephone, video, text, email). Annual reassessment process will be modified to allow for completion without the need for face-to-face meetings.

#### **Service Plan**

- Temporary modifications can be made through the individual support plan (ISP) process with verbal approval through non-face-to-face methods (i.e. telephone, video, text, email). The ISP must document the name of the authorized person with a note "via telehealth."
- Given the rapid response that will be necessary to ensure participant health and safety and to avoid delays while waiting for approval and authorization of ISP changes, documentation of verbal or electronic approval (i.e. telephone, video, text, email) approval of changes and additions to ISP will suffice as authorization. Upon validation that a verbal or email approval was provided for requested changes, the DD may backdate authorizations for waiver services provided during the period specified in Appendix K.

#### **Retainer Payments**

- The State will make retainer payments available for waiver services when the waiver participant is hospitalized or absent from his/her home for a period of no more than 30 days to maintain provider stability and capacity.
- In the event of a Congregate setting (Day Habilitation, Group Homes, and ISL) temporarily closing to limit COVID-19 exposure, the provider will continue to check on the waiver participants served to ensure health and safety, and bill appropriately. The division will review billings from these providers, and provide a retainer payment if needed in order to limit their losses.

#### **Other**

- The State may waive HCBS requirements in alternative settings on a case-by-case basis.