

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:** Wyoming

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

C. **Control Number(s):**

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

<input checked="" type="radio"/>	Pandemic or Epidemic
<input type="radio"/>	Natural Disaster
<input type="radio"/>	National Security Emergency
<input type="radio"/>	Environmental
<input type="radio"/>	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: 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 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]

b. X 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]

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]:

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

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.]

Service: Personal Support Services

Provider Type: Participant or Designated Employer of Record Under the Participant-Directed Service Delivery Option

Changes to Provider Specifications: Participants/designated employers of record under the participant-directed service delivery option may choose to permit an individual to begin delivering waiver services prior to completion or renewal of the CPR, First Aid, and/or other caregiver trainings required by the Division. The participant/designated employer of record must ensure completion of any required caregiver training within 60 calendar days of the expiration of the National Public Health Emergency Declaration or as otherwise directed by the Division.

Services: Adult Day Services (Health Model), Case Management, Home Health Aide, Personal Support Services, Respite, Skilled Nursing, and Assisted Living Facility Services

Changes to General Specifications in Appendix C-2: Provider agencies and participants/designated employers of record under the participant-directed service delivery option may choose to permit an individual to begin delivering waiver services prior to receiving the criminal history investigation results if that individual has signed an attestation affirming that he/she has not been convicted of, has not pleaded "no contest" to, and does not have a pending deferred prosecution of any of the following barrier crimes:

- Homicide
- Kidnapping
- Sexual assault
- Robbery
- Blackmail
- Assault and Battery
- Bigamy
- Incest
- Abandoning or endangering children
- Violation of an order of protection
- Human trafficking

The provider agency or participant/designated employer of record under the participant-directed service delivery option must ensure that the individual submits to a criminal history investigation within 30 calendar days of the expiration of the National Public Health Emergency Declaration or as otherwise directed by the Division. Upon receipt of the criminal history investigation results, Medicaid reimbursement will not be available for waiver services delivered by individuals who have a criminal history including a barrier crime.

Provider agencies and participants/designated employers of record under the participant-directed service delivery option may choose to permit an individual to begin delivering waiver services prior to receiving the Central Registry screening results if that individual has signed an attestation affirming that he/she is not currently under investigation and has not been substantiated by the Wyoming Department of Family Services for abuse and/or neglect.

The provider agency or participant/designated employer of record under the participant-directed service delivery option must continue to submit Central Registry screening

requests as soon as practicable. Upon receipt of the Central Registry screening results, Medicaid reimbursement will not be available for waiver services delivered by individuals currently under investigation or who have been substantiated by the Wyoming Department of Family Services for abuse and/or neglect.

ii. X Temporarily modify provider types.

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

Service: Personal Support Services

Home health agencies and senior centers are temporarily added as provider types for personal support services. These modifications are implemented to respond to potential increases in demand and to ensure participants maintain access to critical services as communities implement strategies to mitigate the spread of COVID-19.

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

For initial level of care evaluations, the County Public Health Nursing Offices may conduct remote assessments by phone or a HIPAA compliant video conference.

For level of care reevaluations, the County Public Health Nursing Offices may conduct abbreviated assessments by phone or video conference. To conduct an abbreviated assessment, the public health nurse shall:

- 1) Conduct a remote interview and review the results from the most recent assessment with the participant, the participant's legal representative, and/or other credible sources of information on the participant's current functional status, as appropriate.
- 2) Determine, based on the remote interview, whether there have been any significant changes to the participant's functional status in each of the of the 13 assessment domains.
- 3) Use the available data and his/her best clinical judgment to code the level of assistance needed. For each domain:
 - a) If there is no significant change in the participant's functional status, the public health nurse may use the documentation from the most recent assessment in order to support the public health nurse's coding of the participant's level of assistance needed.
 - b) If there has been a significant change to the participant's functional status, the public health nurse may supplement the documentation from the most recent assessment with the newly obtained information in order to support the public health nurse's coding of the participant's level of assistance needed.
- 4) For all assessments conducted remotely, the public health nurse must continue to document the source of the data used to code the level of assistance required for each domain. The public health nurse must also document that the assessment was conducted remotely.

f. X Temporarily increase payment rates.

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

Effective as of the President’s National Emergency Declaration on March 13, 2020, the maximum allowable reimbursement rates for the following services are increased by 15% to account for the increased costs to providers for hazard/retention pay, higher staffing levels, and personal protective equipment and other supplies.

Service	Provider Type	Unit Value	Maximum Allowable Rate
Assisted Living Facility Services Level I Level II Level III	Assisted Living Facility	1 Day	\$48.30
		1 Day	\$58.57
		1 Day	\$70.44
Home Health Aide	Home Health Agency	15 Minutes	\$8.12
Skilled Nursing Care	Home Health Agency	1 Hour	\$76.60

The wages paid to individuals employed under the participant-directed service option are capped at \$12.00 per hour. This wage cap is temporarily increased by 13.5% to \$13.62 per hour in order to allow participants (or designated employers of record) the option to offer employees a temporary hazard/retention pay differential. The temporary wage cap represents the 75th percentile of the Bureau of Labor Statistics compensation data for personal care wages in Wyoming.

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

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

h. ___ 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]

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.]

Personal support services
Case management

These services may be provided in the hospital/institution when necessary to provide behavioral and communication supports not otherwise provided in that setting and to support a smooth transition between acute care settings and home and community-based settings (e.g. grocery or personal needs shopping). Payment for services delivered while the participant is admitted to an institution other than an acute care hospital is limited to thirty (30) consecutive days.

The services must be:

- Identified in the participant's service plan;
- Provided to meet needs of the participant that are not met through the provision of hospital/short-term institutional services and do not duplicate the services that the hospital/institution is obligated to provide through its conditions of participation or under Federal or State law or under another applicable requirement; and
- Designed to ensure smooth transitions between acute care settings and home and community-based settings and to preserve the individual's functional abilities.

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. ___ 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]

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]*:

- b. Add home-delivered meals
c. Add medical supplies, equipment and appliances (over and above that which is in the state plan)
d. Add Assistive Technology

3. Conflict of Interest: The state is responding to the COVID-19 pandemic personnel crisis by authorizing case management entities to provide direct services. Therefore, the case management entity qualifies under 42 CFR 441.301(c)(1)(vi) as the only willing and qualified entity.

- a. Current safeguards authorized in the approved waiver will apply to these entities.
b. Additional safeguards listed below will apply to these entities.

4. Provider Qualifications

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

- 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: James
Last Name: Hruby
Title: Programs and Benefits Manager
Agency: Wyoming Department of Health, Division of Healthcare Financing
Address 1: Herschler Building
Address 2: 122 West 25th Street, 4 West
City: Cheyenne
State: WY
Zip Code: 82002
Telephone: (307) 777-7366
E-mail: james.hruby1@wyo.gov
Fax Number: (307) 777-8685

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:

Date: 5/29/2020

_____/S/_____
State Medicaid Director or Designee

First Name: Tyler
Last Name Deines
Title: Community-Based Services Administrator
Agency: Wyoming Department of Health, Division of Healthcare Financing
Address 1: Herschler Building
Address 2: 122 West 25th Street, 4 West
City Cheyenne
State WY
Zip Code 82002
Telephone: (307) 777-2485
E-mail tyler.deines@wyo.gov
Fax Number (307) 777-8685

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: Skilled Nursing

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

Service Definition (Scope):

Part-time or intermittent skilled nursing care which is within the scope of practice and required to be delivered by a Registered Nurse (RN) or Licensed Practical Nurse (LPN) under the Wyoming Nurse Practice Act. Waiver skilled nursing services are provided in addition to the skilled nursing services as defined by 42 CFR §440.70 and furnished under the Wyoming Medicaid State Plan.

Skilled nursing services under the waiver differ in nature and scope from state plan skilled nursing services in that the waiver services are not limited to rehabilitative services as defined by 42 CFR §440.130, may be provided on a long-term basis, and are not subject to a physician’s review every 60 days.

Skilled nursing services may be provided in the home or in the community when the participant requires assistance in order to participate in community activities or to access other services in the community. Skilled nursing may not include companionship or other services which are diversional/recreational in nature. Participant transportation costs are not associated with the provision of skilled nursing services and must be billed separately.

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

Skilled nursing services may not duplicate those available through the state plan and are authorized by a contracted Quality Improvement Organization (QIO) in accordance with the participant's assessed needs. Medically necessary skilled nursing services for individuals under the age of 21 are provided under the state plan in accordance with Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) coverage requirements.

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 Health Agency

Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
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Provider Qualifications *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Home Health Agency	Home Health Agency License granted by the Wyoming Department of Health, Aging Division		

Verification of Provider Qualifications		
Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Home Health Agency	Wyoming Department of Health, Division of Healthcare Financing	Annually
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



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: Personal Support Services

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

Service Definition (Scope):

Part-time or intermittent personal support assistance to enable waiver participants to accomplish activities of daily living (i.e., eating, bathing, grooming, dressing, toileting, and functional mobility) that they would normally do for themselves if they did not have a disability (to the extent permitted by state law). This assistance may take the form of hands-on assistance (actually performing a task for the person) or cuing to prompt the participant to perform a task.

Personal support services may also consist of general household tasks (i.e., meal preparation, grocery/personal needs shopping, and light housekeeping) when the participant is unable to manage the home and care for him or herself and the individual regularly responsible for these activities is temporarily absent or unable to conduct these activities.

Personal support services may be provided in the home or in the community when the participant requires assistance with activities of daily living in order to participate in community activities or to access other services in the community. Personal support services may not include companionship or other services which are diversional/recreational in nature. Participant transportation costs are not associated with the provision of personal support services and must be billed separately.

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

Personal support services may not duplicate those available through the state plan or waiver services and are authorized by a case manager in accordance with the participant's assessed needs. by a case manager based on the participant's assessed needs. Medically necessary personal care services for individuals under the age of 21 are provided under the state plan in accordance with Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) coverage requirements.

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:
		Participant or Designated Employer of Record Under the Participant-Directed Service Delivery Option		Home Health Agency
				Senior Center

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 <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
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Participant or Designated Employer of Record Under the Participant-Directed Service Delivery Option			<p>The participant or designated the employer of record must be determined to meet the criteria for election of the participant-directed service option as described in Appendix E-1, and submit all necessary documentation to enroll with the contracted Financial Management Services (FMS) agency and the Division's fiscal agent as the employer of record.</p> <p>Individuals employed under the participant-directed service delivery option must be at least 18 years of age and successfully complete the Division's training curriculum. The participant or designated employer of record may require that their employees meet additional training, education, or experience requirements.</p>
Home Health Agency	Home Health Agency License granted by the Wyoming Department of Health, Aging Division		
Senior Center			A senior center approved by the Wyoming Department of Health, Aging Division to provide Title III-B Supportive Services under the Older Americans Act. Senior centers may provide only adult day (social model) services.

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Participant or Designated Employer of Record Under the Participant-Directed Service Delivery Option	<p>The contracted FMS agency verifies and maintains documentation of employment eligibility status, criminal history and background investigation, and training.</p> <p>The participant or designated employer of record must verify and maintain documentation of any additional qualifications.</p> <p>The contracted FMS agency maintains a directory of individuals who are interested in additional employment opportunities under the participant-directed service delivery option.</p>	The FMS verifies minimum provider qualifications upon hire and submits a report to the Division on a representative sample of employee files annually.
Home Health Agency	Wyoming Department of Health, Division of Healthcare Financing	Annually

Senior Center	Wyoming Department of Health, Division of Healthcare Financing	Annually
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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
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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: Personal Protective Equipment

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

Service Definition (Scope):

Personal protective equipment is an extended state plan service intended to protect the participant from the spread of infection or illness and includes surgical masks and medical/procedure gowns. Coverage for personal protective equipment is limited to those receiving services under the participant-directed service delivery option as agency-based service providers supply personal protective equipment to their employees.

Surgical masks must create a physical barrier between the mouth and nose of the wearer and the immediate environment and meet liquid barrier performance consistent with American Society for Testing and Materials (ASTM) F1862 standard. Medical/procedure gowns must meet the American National Standards Institute/Association of the Advancement of Medical Instrumentation (ANSI/AAMI) the Level I standard for use during basic care or higher.

Surgical masks are limited to participants who demonstrate a need for close contact with their caregivers. Medical/procedure gowns are limited to participants whose personal care needs result in likely contact with potentially infectious liquid and solid material and/or to protect participants who are at increased risk for severe illness or are vulnerable to infectious disease, such as those with compromised immune systems.

The personal protective equipment service is limited to those items not otherwise covered under the state plan, including EPSDT coverage provisions, but consistent with the waiver objectives of avoiding institutionalization. All items shall meet applicable standards of manufacture, design and installation. Costs for personal protective equipment are included in the reimbursement rate for agency-based services and are not billed separately.

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

Surgical masks are limited to 480 per service plan year or the prorated equivalent of 40 masks per month. Medical gowns are limited to 360 per service plan year or the prorated equivalent of 30 gowns per month.

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:
				Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Supplier

Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
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Provider Qualifications *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
DMEPOS Supplier			Must maintain DMEPOS Accreditation and enrollment as a DMEPOS supplier for the Wyoming Medicaid State Plan.

Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
DMEPOS Supplier	Wyoming Department of Health, Division of Healthcare Financing		Annually
Service Delivery Method			
Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/> Provider managed



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