

APPENDIX K: Emergency Preparedness and Response

Background:

This standalone appendix may be utilized by the state during emergency situations to request amendment to its approved waiver. 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.ⁱ This appendix may be completed retroactively as needed by the state.

Appendix K-1: General Information

General Information:

A. State **ALASKA**

B. Waiver Title: People with Intellectual and Developmental Disabilities (IDD)
Adults with Physical and Developmental Disabilities (APDD)
Children with Complex Medical Conditions (CCMC)

C. Control Number: AK.0260.R06.06(IDD)
• AK.0262.R06.06 (APDD)
• AK.0263.R06.06 (CCMC)

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.

This Appendix K is additive to those previously approved. This Appendix K revises the hourly unit for acuity rates from 12-hour blocks to 8-hour blocks. The Appendix K applies to residential habilitation services (IDD, APDD, and CCMC Waivers only) temporarily amending services and expanding certifications to serve highly acute individuals with complex needs that are not able to be served with the existing service array in the community. These services are needed to address extraordinary care of individuals with comorbidities, and/or severe behavior concerns, and/or complex health issues. The pandemic restricted movement between institutions and community-based settings resulting in fewer placements during the height of COVID. Now as people are seeking a less restrictive setting in the community, there are fewer homes available. Certified Providers with demonstrated experience currently struggle to accept highly acute individuals, or to staff homes with trained and qualified individuals, without additional supports.

Effective 7/01/23: Alaska will administer these modifications for the duration of the Appendix K and work to amend the base waivers to meet the needs of these highly acute and complex beneficiaries' needs in the future.

F. **Proposed Effective Date: Start Date:** March 11, 2020 **Anticipated End Date:** six months after the end of the PHE

G. **Description of Transition Plan.**

(No change)

H. **Geographic Areas Affected:**

(No change)

I. **Description of State Disaster Plan (if available) Reference to external documents is acceptable:**

(No change)

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. ___ 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.]

ii. ___ **Temporarily modify provider types.**

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

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

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

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

f. **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].

The acuity add-on approved in the base waiver supports a staff to client ratio of 1:1 for 24 hours per day. Alaska determined the need for two additional options to support highly complex individuals in Group Homes, Family Habilitation Homes, Specialized Acuity Family Habilitation Homes and Specialized Acuity Group Homes. The state doubled the existing 1:1 rate for the 2:1 rate, divided the existing rate by 3 for the 8-hour rate, and doubled the 8-hour rate for the 16-hour rate		
Residential Habilitation Acuity Add-on (requires 2:1 staff 24 hours per day)	Per Day	\$893.28
Residential Habilitation Acuity Add-on (requires 8 hours of 1:1 staffing per day)	Per Day	\$148.88
Residential Habilitation Acuity Add-on (requires 16 hours of 1:1 staffing per day)	Per Day	\$297.76

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. ___ 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.]

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]

Contact Person(s)

A. The Medicaid agency representative with whom CMS should communicate regarding the request:

First Name: Anthony
Last Name: Newman
Title: Director
Agency: Division of Senior and Disabilities Services, DHSS
Address 1: 240 Main St Suite 600
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City: Juneau
State: AK
Zip Code: 99801
Telephone: (907)465-5481
E-mail: Anthony.newman@alaska.gov
Fax Number: (907) 465-1170

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

First Name: Lynne
Last Name: Keilman-Cruz
Title: Deputy Director
Agency: Division of Senior and Disabilities Services, DOH
Address 1: 1835 Bragaw St, Suite 305
Address 2:
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Zip Code: 99508
Telephone: (907)269-5606
E-mail: lynne.keilman-cruz@alaska.gov
Fax Number: (907) 296-3690


8. Authorizing Signature

Signature: /S/

Date: 10/10/2023

State Medicaid Director or Designee

First Name: Emily
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State Medicaid Director
Agency: Alaska Department of Health
Address 1: 3601 C Street, Suite 902
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ⁱ Numerous changes that the state may want to make 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; (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.