

# 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.<sup>i</sup> 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: Missouri

B. Waiver Title(s):

Comprehensive Waiver Community Support Waiver Partnership for Hope Waiver
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C. Control Number(s):

MO.0178.R07.07 MO.0404.R04.07 MO.0841.R03.01
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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 the approved Appendix K for the COVID-19 pandemic.

Effective July 1, 2023, the maximum lifetime limitation will temporarily increase for the Community Transition service. The Community Transition services are non-recurring, set-up expenses for individuals who are transitioning from an institutional or provider-operated living arrangement to a living arrangement in a private residence. The increase is necessary due to the increase in essential household transition expenses as a result of the PHE.

Due to the COVID-19 pandemic, effective July 1, 2023, update Group Home billing methodology to authorize group home nursing monthly oversight separately and not include in the group home rate. The change in rate methodology will aid in identifying and addressing nursing workforce shortages attributed to the PHE.

Due to the COVID-19 pandemic, effective July 1, 2023, update Individualized Supported Living (transportation-agency modified vehicle) rate methodology from per month to per mile. The change in methodology is a result of increased costs associated with vehicle modifications and transportation shortages attributed to the PHE.

**F. Proposed Effective Date: Start Date: January 27, 2020 Anticipated End Date: Six (6) months after the expiration of the public health emergency.**

**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 all waivers to all individuals supported through the waivers and 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.*

### b. X Services

ii. X 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]

Increase Community Transition service maximum lifetime limit in the Comprehensive, Community Support and Partnership for Hope Waivers from \$3,000 to \$3,900. This increase is necessary due to the increase in essential household transition expenses as a result of the PHE (i.e. security deposits). The effective date to begin funding the increased limitation is 7/1/2023.

### 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 July 1, 2023, rate methodologies are updated for the following services in the Comprehensive Waiver: Group Home Nursing and Individualized Supported Living (transportation-agency modified vehicle). The updated rate methodology is effective July 1, 2023. Reference the table below for reimbursement rates by service procedure code.

The Group Home billing methodology change to authorize monthly nursing oversight separately is a result of a need to identify and address nursing workforce shortages attributed to the PHE. By billing nursing oversight separately from the Group Home rate providers are able to obtain reimbursement specifically for monthly oversight nursing hours.

The Individualized Support Living (transportation-agency modified vehicle) rate methodology change to standardize the rate methodology is a result of increase costs associated with vehicle modifications and transportation shortages attributed to the PHE.

This updated rate methodology with Appendix K will allow the rate methodology changes to be effective retroactively to address workforce shortages and access to services, while the state concurrently submits a 1915(c) waiver amendment to allow the rate methodology changes to be ongoing.

The General Assembly appropriated additional funding to update rate methodologies. Because the rate increases were part of an effort to standardize historically negotiated rates, the percentage increases vary by provider.

In the event that a provider is currently being paid above the 7/1/23 effective rate for a given service, their current rate will continue to be paid to comply with the MOE requirements of the American Rescue Plan, Section 9817.

Home and Community Based Waiver Service	Code	Current Approved Rate	Rate Effective 7/1/23	Unit	Rate Method Change	Rate Impact
Group Home Monthly Registered Nurse Oversight	T1002HQ	N/A	\$18.05	15 Minute	X	Neutral
Group Home Monthly LPN (with Registered Nurse Oversight)	T1003HQ	N/A	\$11.99	15 Minute	X	Neutral
Individual Supported Living Transportation-staff and agency modified vehicle	T2001HQ	*Market negotiated; up to a maximum of \$2243.37 Per Month	\$0.83	Per Mile	X	Increase

\*ISL modified transportation vehicle rates vary per provider with a maximum of \$2243.37 per individual per month.

## Contact Person(s)

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

**First Name:** Glenda  
**Last Name** Kremer  
**Title:** Assistant Deputy Director, Program Operations  
**Agency:** Missouri Department of Social Services, MO HealthNet Division  
**Address 1:** 615 Howerton Court  
**Address 2:** P.O. Box 6500  
**City** Jefferson City  
**State** Missouri  
**Zip Code** 65102-6500  
**Telephone:** (573)751-6962  
**E-mail** Glenda.A.Kremer@dss.mo.gov  
**Fax Number** (573)526-4651

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

**First Name:** Emily  
**Last Name** Luebbering  
**Title:** Director of Federal Programs  
**Agency:** Missouri Department of Mental Health, Division of Developmental Disabilities  
**Address 1:** 1706 E. Elm  
**Address 2:** PO Box 687  
**City** Jefferson City  
**State** Missouri  
**Zip Code** 65102  
**Telephone:** (573) 526-3308  
**E-mail** Emily.Luebbering@dmh.mo.gov  
**Fax Number** (573)751-9207

## 8. Authorizing Signature

Signature: /S/

Date: 09/21/2023

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State Medicaid Director or Designee

**First Name:** Todd  
**Last Name** Richardson  
**Title:** Director  
**Agency:** MO HealthNet Division  
**Address 1:** PO Box 6500  
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**City** Jefferson City  
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<sup>i</sup> 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.