

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.R06.05 (IDD)
- AK.0262.R06.05 (APDD)
 - AK.0263.R06.05 (CCMC)

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.

This Appendix K is additive to those previously approved. This 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. X Services

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

i. X **Temporarily modify provider qualifications.**

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

- Alaska will utilize existing standards for residential habilitation services and temporarily add additional requirements to receive a credential to provide specialized residential habilitation services under their certification.

ii. **Temporarily modify provider types.**

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

iii. X **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.]

- Alaska will temporarily allow acuity add-on to be provided in Residential Habilitation Family Habilitation Home.
- Alaska will temporarily allow Residential Habilitation Group Home service providers to serve individuals 16 years and older.

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, and halved the existing rate for the 12 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 12 hours of 1:1 staffing per day)	Per Day	\$223.32

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
Address 2:
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:
City Anchorage
State AK
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: 7/12/2023

State Medicaid Director or Designee

First Name: Emily
Last Name Ricci
Title: Deputy Commissioner of Medicaid and Healthcare Policy
State Medicaid Director
Agency: Alaska Department of Health
Address 1: 3601 C Street, Suite 902
Address 2:
City Anchorage
State AK
Zip Code 99503
Telephone: (907) 465-1610 (office)
(907) 538-5507 (mobile)
E-mail emily.ricci@alaska.gov
Fax Number (907) 269-0060

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 which the state is temporarily modifying, enter the entire service definition and highlight the change. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
Service Title:	Residential Habilitation – Specialized Acuity Family Habilitation Home
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope):	
<p>Residential habilitation assists participants to reside in the most integrated setting appropriate to his or her needs by providing individually tailored supports that assist with the acquisition, retention or improvement in skills related to living in the community. Supports include adaptive skill development, assistance with activities of daily living, community inclusion, transportation, and social and leisure skills development. If residential habilitation is furnished in a provider owned or leased facilities, the facility must be compliant with the Americans with Disabilities Act as well as the HCBS settings requirements. Payments made for residential habilitation are not made for room and board or the cost of facility maintenance, except the cost of life safety code modifications and other necessary accessibility modifications that ensure the health, safety and welfare of participants. In addition, payments will not be made directly or indirectly to members of the participant's immediate family, nor for the routine care and supervision that would be expected to be provided by a family or group home provider, or for activities or supervision for which a payment is made by a source other than Medicaid. All residential habilitation services must be prior authorized.</p> <p>Due to the extreme acuity of individuals transitioning from institutions and the lack of specialized services available, the State determined the need to temporarily add specialized acuity homes with family home habilitation for individuals with high acuity and complex needs. Highly acute individuals with complex needs 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 these additional supports.</p> <p>This service will occur in an existing setting type of family home habilitation. These settings are determined compliant by the Provider Certification and Compliance Unit and meet all settings requirements.</p> <p>The specialized home rates are reflective of the rate development method used in the approved waivers for group home (\$423.58), plus the modeled acuity add on rate approved in the base waiver (\$446.64) to equal \$870.22 per day for the specialized family habilitation home. These types of homes will require additional experience or training, and/or specialized staff to receive the credential to provide this type of service. The state is using the rate developed for group home because the rate was developed with costs for employee wages and fringe benefits in a shift staffed environment. The specialized acuity family habilitation home will use shift staff.</p>	

Effective July 1, 2023: Payment Rates

Service	Service Unit	Service Rate
Specialized Acuity Family Home Habilitation – Child Must be 17 or younger	Per Day	\$870.22

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

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:
		Foster Home		Assisted Living Home
				Residential Habilitation- Family Habilitation

Specify whether the service may be provided by (check each that applies):

<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 (specify)	Certificate (specify)	Other Standard (specify)
Foster Home	State of Alaska Foster Home License under statute at AS 47.33 and regulations at 7 AAC 50, Community Care Licensing	N/A	SDS “Standards for Residential Habilitation Services” under 7AAC 130.265
Assisted Living Home	State of Alaska Assisted Living Home License under statute at AS 47.33 and regulations at 7 AAC 75	N/A	SDS “Standards for Residential Habilitation Services” under 7AAC 130.265
Residential Habilitation – Family Home Habilitation		SDS Certified Residential Habilitation provider under 7AAC 130.214, Provider Certification and enrollment.	SDS “Standards for Residential Habilitation Services” under 7AAC 130.265 Specialized Family Home Habilitation providers must meet the following staffing qualifications: <ul style="list-style-type: none"> Currently certified and enrolled to provide Residential Habilitation - Family Home or Group Home Habilitation. Providers must have a minimum

			<p>of 10 years of experience providing the service in Alaska with no breaks in certification or hold an accreditation from an accrediting body such as CARF or Council on Accreditation.</p> <ul style="list-style-type: none"> • Must have access to a licensed Psychologist or Psychiatrist on at least a bi-weekly basis or more often if needed for recipient's complex needs. These professionals can be on staff or contracted with the agency. • Must have a registered nurse on staff. • Must have an adequate number of trained staff who can provide continuous service and emergency coverage in the event of staff absences or a crisis situation. Staff must include a behavioral health professional trained in behavioral modification techniques. Staff training must include Mandt or another holistic training that provides for the emotional, psychological, and physical safety of recipients and staff and training specific to the needs of the recipient.
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Verification of Provider Qualifications		
Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Foster Home	AK Dept. of Family and Community Services, Office of Children's Services	Emergency – 90 days; Standard – two years
Assisted Living Home	License: AK Dept. of Health Division of Health Care Services, Residential Licensing Unit Certification: Senior and Disabilities Services	Probationary -Not to exceed two years; Standard- two years
Residential Habilitation – Family Home Habilitation	SDS Provider Quality Assurance Unit, Provider Certification section	Probationary – 1 year; Standard – Variable, not to exceed four years
Service Delivery Method		

Service Delivery Method (check each that applies):	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed

Service Specification

Service Title: Residential Habilitation – Specialized Acuity Group Home

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

Service Definition (Scope):

Residential habilitation assists participants to reside in the most integrated setting appropriate to his or her needs by providing individually tailored supports that assist with the acquisition, retention or improvement in skills related to living in the community. Supports include adaptive skill development, assistance with activities of daily living, community inclusion, transportation, and social and leisure skills development. If residential habilitation is furnished in a provider owned or leased facilities, the facility must be compliant with the Americans with Disabilities Act as well as the HCBS settings regulations. Payments made for residential habilitation are not made for room and board or the cost of facility maintenance, except the cost of life safety code modifications and other necessary accessibility modifications that ensure the health, safety and welfare of participants. In addition, payments will not be made directly or indirectly to members of the participant's immediate family, nor for the routine care and supervision that would be expected to be provided by a family or group home provider, or for activities or supervision for which a payment is made by a source other than Medicaid. All residential habilitation services must be prior authorized.

Due to the extreme acuity of individuals transitioning from institutions and the lack of specialized services available, the State determined the need to temporarily add specialized acuity homes with group home habilitation for individuals with higher acuity and complex needs. Highly acute individuals with complex needs 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 these additional supports.

This service will occur in an existing setting type of group home habilitation. These settings are determined compliant by the Provider Certification and Compliance Unit and meet all settings requirements.

The specialized home rates are reflective of the rate development method used in the approved waivers for group home (\$423.58), plus the modeled acuity add on rate approved in the base waiver (\$446.64) to equal \$870.22 per day for the specialized family habilitation home. These types of homes will require additional experience or training, and/or specialized staff to receive the credential to provide this type of service. The state is using the rate developed for group home because the rate was developed with costs

for employee wages and fringe benefits in a shift staffed environment. The specialized acuity family habilitation home will use shift staff.

Effective July 1, 2023: Payment Rates

Service	Service Unit	Service Rate
Specialized Acuity Group Home Habilitation – Ages 16 and older	Per Day	\$870.22

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

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:
	Foster Home		Assisted Living Home
			Residential Habilitation- Group Home Habilitation

Specify whether the service may be provided by (check each that applies):

<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 (specify)	Certificate (specify)	Other Standard (specify)
Foster Home	State of Alaska Foster Home License under statute at AS 47.33 and regulations at 7 AAC 50, Community Care Licensing	N/A	SDS “Standards for Residential Habilitation Services” under 7AAC 130.265
Assisted Living Home	State of Alaska Assisted Living Home License under statute at AS 47.33 and regulations at 7 AAC 75	N/A	SDS “Standards for Residential Habilitation Services” under 7AAC 130.265
Residential Habilitation – Group Home Habilitation		SDS Certified Residential Habilitation provider under 7AAC 130.214, Provider	SDS “Standards for Residential Habilitation Services” under 7AAC 130.265 Specialized Group Home Habilitation providers must meet the following staffing qualifications:

		Certification and enrollment.	<ul style="list-style-type: none"> • Currently certified and enrolled to provide Residential Habilitation - Group Home Habilitation. Providers must have a minimum of 10 years of experience providing the service in Alaska with no breaks in certification or hold an accreditation from an accrediting body such as CARF or Council on Accreditation • Must have access to a licensed Psychologist or Psychiatrist on at least a bi-weekly basis or more often if needed for recipient's complex needs. These professionals can be on staff or contracted with the agency. • Must have a registered nurse on staff. • Must have an adequate number of trained staff who can provide continuous service and emergency coverage in the event of staff absences or a crisis situation. Staff must include a behavioral health professional trained in behavioral modification techniques. Staff training must include Mandt or another holistic training that provides for the emotional, psychological, and physical safety of recipients and staff and training specific to the needs of the recipient.
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Verification of Provider Qualifications		
Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Foster Home	AK Dept. of Family and Community Services, Office of Children's Services	Emergency – 90 days; Standard – two years
Assisted Living Home	License: AK Dept. of Health Division of Health Care Services, Residential Licensing Unit	Probationary -Not to exceed two years; Standard- two years

	Certification: Senior and Disabilities Services		
Residential Habilitation – Group Home Habilitation	SDS Provider Quality Assurance Unit, Provider Certification section		Probationary – 1 year; Standard – Variable, not to exceed four years
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 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.