

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: Arkansas

B. Waiver Title(s):

Community and Employment Supports Waiver (CES)
Autism Waiver

C. Control Number(s):

AR 0188.R05.09
AR.0936.R01.04

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 K amendment, to all individuals impacted by the virus or the response to the virus. This amendment increases the point in time limit and the unduplicated number of participants, allotted to the CES waiver from the previously approved 5,263 up to 5,483 for point in time, and 5,483 to 5,683 for overall unduplicated annual cap, in order to serve more clients in the community. This amendment also allows a training alternative to the current requirement that a direct support professional must have at least one year of experience working with persons with developmental disabilities or behavioral health diagnosis as outlined in Appendix C: Participant Services in the CES Waiver. This will allow flexibility in hiring direct support professionals while maintaining the health and safety of the clients served. This amendment also extends the end dates of the Appendix K for both the CES Waiver and the Autism Waiver. These requested changes are intended to last for the duration of this approved amendment.

F. Proposed Effective Date: Start Date: March 12, 2020 **Anticipated End Date:** July 1, 2022

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.

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.]

To allow a training alternative for direct support professionals if they do not currently have at least one year of experience working with persons with developmental disabilities or behavioral health diagnosis as currently required in Appendix C: Participant Services in the CES Waiver, in order to recruit and maintain staffing for HCBS while maintaining the health and safety of the clients served. These requested changes are intended to last for the duration of this approved amendment.

The training alternative requested above requires that each direct support professional complete a session on incident reporting, abuse and neglect identification and reporting, overall training on IDD diagnosis, as well as, client specific training on diagnosis and behavioral support needs. These requested changes are intended to last for the duration of this approved amendment with an effective date of 12/14/21.

l. x Increase Factor C.

[Explain the reason for the increase and list the current approved Factor C as well as the proposed revised Factor C]

This amendment increases the point in time limit and the unduplicated number of participants, allotted to the CES waiver from the previously approved 5,263 up to 5,483, for point in time, and 5,483, to 5,683 for overall unduplicated annual cap, in order to serve more clients in the community. These requested changes are intended to last for the duration of this approved amendment with an effective date of 12/14/21.

Contact Person(s)

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

First Name: Elizabeth
Last Name Pitman
Title: Division Director
Agency: Department of Human Services
Division of Medical Services
Address 1: P.O. Box 1437
Address 2: Slot S-401
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Zip Code 72201
Telephone: 501-244-3944
E-mail Elizabeth.pitman@dhs.arkansas.gov
Fax Number 501-682-1197

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

First Name: Melissa
Last Name Stone
Title: Division Director
Division of Developmental Disabilities
Agency: Department of Human Services
Address 1: P.O. Box 1437
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Fax Number Click or tap here to enter text.

8. Authorizing Signature

Signature:

Date: January 12, 2022

/S/

State Medicaid Director or Designee

First Name: Dawn
Last Name Stehle
Title: State Medicaid Director
Agency: Department of Human Services
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