

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.ⁱ 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):

ARChoices in Homecare Living Choices

C. Control Number(s):

AR.0195.R05.08 AR.0400.R03.09

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 is an additive amendment extending the end date to July 16, 2022. 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.).

As the COVID-19 pandemic and Public Health Emergency has continued, there has been an increase in applications for the ARChoices waiver increasing the need for staff to provide in home services. Providers are competing within the labor market across all providers and industries. We are implementing a rate increase from January 1, 2021 through the end date of the approved Appendix K amendment.

F. Proposed Effective Date: Start Date: March 12, 2020 Anticipated End Date: July 16, 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.

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.]

Due to the current emergency, we are increasing the rate for the Attendant Care service in the ARChoices Waiver from \$4.53 per unit to \$5.12 per unit for certified Attendant Care service providers. The rate will be published on the Arkansas DHS COVID response webpage found at:

[https://humanservices.arkansas.gov/resources/response-covid-19/response-covid-19-providers- 1](https://humanservices.arkansas.gov/resources/response-covid-19/response-covid-19-providers-1).

The interim rate will be in effect from January 1, 2021 throughout the duration of the approved Appendix K amendment. This waiver is currently in the process of being renewed. Arkansas has conducted a rate study for this waiver service and the increased rate is currently included in the waiver renewal application. Upon approval of the ARChoices renewal, the rate will become permanent.

The only provider impacted is Attendant Care Providers. They are paid per 15-minute unit for services delivered.

Contact Person(s)

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

First Name: Elizabeth
Last Name Pitman
Title: Deputy Director
Agency: Division of Medical Services
Department of Human Services
Address 1: P.O. Box 1437
Address 2: Slot S401
City Little Rock
State Arkansas
Zip Code 72203-1437
Telephone: 501-224-3944
E-mail Elizabeth.pitman@dhs.arkansas.gov
Fax Number

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

First Name: Patricia
Last Name Gann
Title: Deputy Director
Agency: Division of Aging, Adult and Behavioral Health Services
Address 1: P.O. Box 1437
Address 2: Slot W241
City Little Rock
State Arkansas
Zip Code 72203-1437
Telephone: 501-686-941
E-mail Patricia.gann@dhs.arkansas.gov
Fax Number

8. Authorizing Signature

Signature: _____ **Date:** 12/30/2021
/S/

State Medicaid Director or Designee

First Name: Dawn
Last Name Stehle
Title: State Medicaid Director
Agency: Department of Human Services
Address 1: P.O. Box 1437
Address 2: Slot S201
City Little Rock
State Arkansas
Zip Code 72203-1437
Telephone: 501-682-6311
E-mail Dawn.stehle@dhs.arkansas.gov
Fax Number

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.