

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): ARChoices In Home Care

C. Control Number(s):

AR.0195.R05.07

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 amendment will apply waiver-wide to the ARChoices in Home Care waiver.

This additive Appendix K amendment is increasing the waiver year 5 Factor C from 11,350 to 11,650 to ensure continued availability for in-home services for the elderly and physically disabled population covered under the ARChoices waiver. Additionally, this request is to increase the point in time number of waiver beneficiaries served from 9434 to 9683. The effective date for these changes will be March 12, 2020.

F. Proposed Effective Date: Start Date: 03/12/2020 **Anticipated End Date:** 12/31/2021

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.

I. Increase Factor C.

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

As the COVID-19 pandemic and Public Health Emergency has continued, there has been a decrease in Nursing Home and Assisted Living admissions and an increase in applications for the ARChoices waiver. We are implementing an increase in the waiver year five cap from 11,350 to 11,650, as well as the point in time cap from 9434 to 9683. The increases will be effective from March 12, 2020 through the end of the approved Appendix K. This will ensure continued availability for in-home services for the elderly and physically disabled population covered under the ARChoices waiver pending renewal of the waiver.

Contact Person(s)

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

First Name: Elizabeth
Last Name: Pitman
Title: Director
Agency: Department of Human Services
Division of Medical Services
Address 1: P.O. Box 1437
Address 2: Slot S-401
City: Little Rock
State: Arkansas
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: 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 72201
Telephone: 501-686-9431
E-mail Patricia.gann@dhs.arkansas.gov
Fax Number Click or tap here to enter text.

8. Authorizing Signature


Signature:

Date:
9/23/21

/S/

State Medicaid Director or Designee

First Name: Dawn
Last Name Stehle
Title: State Medicaid Director
Agency: Department of Human Services
Address 1: 1437 P.O. Box
Address 2: Slot S-201
City Little Rock
State Arkansas
Zip Code 72201
Telephone: (501) 682-6311
E-mail Dawn.stehle@dhs.arkansas.gov
Fax Number Click or tap here to enter text.



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.