

# 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>1</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: Arkansas

B. Waiver Title(s): Living Choices Assisted Living Waiver

C. Control Number(s):

AR.0400.R03.07

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.

COVID-19 pandemic. 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.). Arkansas planned to reduce the daily rate for its Assisted Living Facility waiver participants by incrementally reducing the rate. However, we request that the higher rate continue through the duration of the public health emergency. At which time a revision to the waiver may be required to change the rate according to a rate study currently underway.

**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.*

**f. ~~XXX~~ 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 January 1, 2019, the state began to phase in a new rate over the remaining two years of the waiver with a final rate of \$62.89 for the final month of the waiver. Due to the current emergency, we are requesting permission to suspend the reduction to \$62.89 scheduled to occur on 1/1/2021 and continue the interim rate of \$67.25 through 12/31/2021. 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>.

The interim rate will remain in effect throughout the duration of the public health emergency. This waiver is currently in the process of being renewed and will continue to use this interim rate. Arkansas is also conducting a rate study for this waiver service and will submit an amendment once the public health emergency has lapsed.

The only provider impacted is Assisted Living Providers. They are paid a daily rate.

## Contact Person(s)

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

**First Name:** Elizabeth  
**Last Name** Pitman  
**Title:** Deputy 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

**A. 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:

3/09/2021



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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](mailto:Dawn.stehle@dhs.arkansas.gov)  
**Fax Number:** Click or tap here to enter text.

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

Service Specification				
Service Title:				
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>				
Service Definition (Scope):				
Specify applicable (if any) limits on the amount, frequency, or duration of this service:				
Provider Specifications				
Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	<input type="checkbox"/>	Agency. List the types of agencies:
Specify whether the service may be provided by (check each that applies):		<input type="checkbox"/> Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
<b>Provider Qualifications</b> (provide the following information for each type of provider):				
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)	
<b>Verification of Provider Qualifications</b>				
Provider Type:	Entity Responsible for Verification:		Frequency of Verification	
Service Delivery Method				
Service Delivery Method (check each that applies):	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/>	Provider managed



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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.