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): Autism Waiver

C. Control Number(s): AR.0936.01.03

D. Type of Emergency (The state may check more than one box):

X	**Pandemic or Epidemic**
○	**Natural Disaster**
○	**National Security Emergency**
○	**Environmental**
○	**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.) This amendment adds an electronic service delivery method in the Autism Waiver.

F. Proposed Effective Date: Start Date: March 12, 2020 **Anticipated End Date:** December 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 Addendum: COVID-19 Pandemic Response

1. **HCBS Regulations**
   a. ☐ Not comply with the HCBS settings requirement at 42 CFR 441.301(c)(4)(vi)(D) that individuals are able to have visitors of their choosing at any time, for settings added after March 17, 2014, to minimize the spread of infection during the COVID-19 pandemic.

2. **Services**
   a. ☐x Add an electronic method of service delivery (e.g,. telephonic) allowing services to continue to be provided remotely in the home setting for:
      i. ☐ Case management
      ii. ☐ Personal care services that only require verbal cueing
      iii. ☐ In-home habilitation
      iv. ☐ Monthly monitoring (i.e., in order to meet the reasonable indication of need for services requirement in 1915(c) waivers).
      v. ☐x Other *[Describe]:*

      2024 U3 Individual Assessment/Treatment Plan/ Development/ Monitoring

   b. ☐ Add home-delivered meals *The meals will be delivered to individuals in their home and can be provided once per day, but shall not constitute a full nutritional regimen.*
   c. ☐ Add medical supplies, equipment and appliances (over and above that which is in the state plan)
   d. ☐ Add Assistive Technology

3. **Conflict of Interest: The state is responding to the COVID-19 pandemic personnel crisis by authorizing case management entities to provide direct services. Therefore, the case management entity qualifies under 42 CFR 441.301(c)(1)(vi) as the only willing and qualified entity.**
   a. ☐ Current safeguards authorized in the approved waiver will apply to these entities.
   b. ☐ Additional safeguards listed below will apply to these entities.

4. **Provider Qualifications**
   a. ☐ Allow spouses and parents of minor children to provide personal care services
   b. ☐ Allow a family member to be paid to render services to an individual.
   c. ☐ Allow other practitioners in lieu of approved providers within the waiver. *[Indicate the providers and their qualifications]*

d. ☐ Modify service providers for home-delivered meals to allow for additional providers, including non-traditional providers.

5. Processes

a. ☐Allow an extension for reassessments and reevaluations for up to one year past the due date.

b. ☐Allow the option to conduct evaluations, assessments, and person-centered service planning meetings virtually/remotely in lieu of face-to-face meetings.

c. ☐ Adjust prior approval/authorization elements approved in waiver.

d. ☐ Adjust assessment requirements

e. ☐Add an electronic method of signing off on required documents such as the person-centered service plan.

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:	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:	Melissa
Last Name	Stone
Title:	Director
Agency:	Division of Developmental Disabilities Services Department of Human Services
Address 1:	P.O. Box 1437
Address 2:	Slot N-501
City	Little Rock
State	Arkansas
Zip Code	72201
Telephone:	(501) 682-8665
E-mail	Melissa.stone@dhs.arkansas.gov
Fax Number	Click or tap here to enter text.

8. Authorizing Signature

Signature: **Date: 03/18/2021**

_____/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
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