

APPENDIX K: Emergency Preparedness and Response

Background:

This standalone appendix may be utilized by the state during emergency situations to request amendment to its approved waiver. 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 completed retroactively as needed by the state.

Appendix K-1: General Information

General Information:

A. State: Colorado

B. Waiver Title:

- Brain Injury (HCBS-BI) waiver
- Community Integrative Health (HCBS-CIH) waiver
- Supported Living Services (HCBS-SLS) waiver
- Children with Life-Limiting Illness (HCBS-CLLI) waiver
- Children’s Habilitation Residential Program (HCBS-CHRP) waiver
- Developmental Disabilities (HCBS-DD) waiver
- Elderly, Blind and Disabled (HCBS-EBD) waiver
- Community Mental Health Supports (HCBS-CMHS) waiver
- Children’s Extensive Support (CES) waiver
- Children’s Home and Community Based Services (CHCBS) waiver

C. Control Number:

- HCBS-BI: CO.0288.R06.06
- HCBS-CIH: CO.0961.R02.19
- HCBS-SLS: CO.0293.R05.25
- HCBS-CLLI: CO.0450.R03.17
- HCBS-CHRP: CO.0305.R05.24
- HCBS-DD: CO.0007.R08.24
- HCBS-EBD: CO.0006.R09.06
- HCBS-CMHS: CO.0268.R06.06
- HCBS-CES: CO.4180.R05.24
- CHCBS: CO.4157.R07.02

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

<input checked="" type="checkbox"/>	Pandemic or Epidemic
<input type="checkbox"/>	Natural Disaster
<input type="checkbox"/>	National Security Emergency
<input type="checkbox"/>	Environmental
<input type="checkbox"/>	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 Appendix K is additive to the previously approved Appendix K amendments. Effective December 1, 2022, through the end of the Appendix K, the Department has implemented longevity and retention bonus for case managers for all ten (10) HCBS waivers to promote, encourage, support, and retain case management workers during the public health emergency. The Department will use 9817 ARP funds for these longevity and retention bonuses.

F. Proposed Effective Date: Start Date: March 10, 2020 **Anticipated End Date:** 6 months after the conclusion of the public health emergency

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].

Effective December 1, 2022, through the end of the Appendix K, the Department has implemented longevity and retention bonuses to qualified case management workers for all ten (10) HCBS waivers to promote, encourage, and support case management for the HCBS waivers during the public health emergency and Case Management Redesign. These bonuses will not exceed \$1,800 dollars per bonus and are available up to four (4) times between January 2023 and the end of the Appendix K. Bonuses are not to exceed \$4,100 per case manager, case manager aid or case manager supervisor. The case manager, case manager aid, or case manager supervisor will receive 100% of the gross bonus amount.

If agencies are unable to provide bonus awards due to agency bylaws (for example, counties with restrictions on individual bonus payments), Case Management Agencies (CMAs) may use funds up to \$500 per case manager, case manager aid or case manager supervisor staff for retention incentives to help retain staff through significant CMA systems changes and reward staff for their extraordinary work and dedication during such uncertain times.

Bonuses are available starting in December 2022. To be eligible for the first-round bonuses, the case management agency staff will have been employed at the case management agency for at least six (6) months, have completed the necessary training required in CMA contracts for their position, and are in good standing with performance standards. The maximum amount for the first-round bonus is \$500 per case manager, case manager aid or case manager supervisor.

To be eligible for the second-round bonuses, the case management agency staff will have been employed at the case management agency for at least six (6) months if they were not eligible for the first bonus and employed (9) months if they did receive the first-round bonus. The case management staff will also need to have completed the necessary training required in the CMA contract for their position and will be in good standing with performance standards regardless of employment length. The maximum amount for the second-round bonus is \$750 per case manager, case manager aid or case manager supervisor.

To be eligible for the third-round bonuses, the case management agency staff will have been employed at the case management agency for at least six (6) months if they were not eligible for the first or second round bonuses, employed (9) months if they were not eligible for the first-round bonuses, and employed for twelve (12) months if they received the first and second round bonus. The case management staff will also need to have completed the necessary training required in the CMA contract for their position and will be in good standing with performance standards regardless of employment length. The maximum amount for the third-round bonus is \$1,000 per case manager, case manager aid or case manager supervisor.

To be eligible for the fourth-round bonuses, the case management agency staff will have been employed at the case management agency for at least six (6) months if they were not eligible for the first or second round bonuses, employed (9) months if they were not eligible for the first-round bonuses, and employed for twelve (12) months if they received the first and second round bonus. In addition, the case management agency staff will sign an attestation that they will remain with their current case management agency for six (6) months. Each Case Management Agency will have recruitment and retention Standard Operating Procedures (SOP) that outlines their process for recoupment of funds if the terms are not met. The maximum amount for the fourth-round bonus is \$1,800 per case manager, case manager aid or case manager supervisor. The case management staff will also need to have completed the necessary training required in CMA contract for their position and will be in good standing with performance standards regardless of employment length.

First Round Bonus Eligibility: \$500 maximum bonus

- Employed at least 6 months, required training, good standing in performance

Second Round Bonus Eligibility: \$750 maximum bonus

- Employed at least 6 months, required training, good standing in performance
- Employed at least 9 months if received 1st round bonus, required training, good standing in performance

Third Round Bonus Eligibility: \$1,000 maximum bonus

- Employed at least 6 months, required training, good standing in performance
- Employed at least 9 months if received 2nd round bonus, required training, good standing in performance
- Employed at least 12 months if received 1st and 2nd round bonus, required training, good standing in performance

Fourth Round Bonus Eligibility: \$1,800 maximum bonus

- Employed at least 6 months, required training, good standing in performance
- Employed at least 9 months if received 2nd round bonus, required training, good standing in performance
- Employed at least 12 months if received 1st and 2nd round bonus, required training, good standing in performance
- Sign attestation that case management agency staff will remain with the current case management agency for 6 months after CMA contract start date.

The Department will use 9817 ARP funds for the longevity and retention bonuses.

Contact Person(s)


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

First Name:	Colin
Last Name	Laughlin
Title:	Deputy Director of the Office of Community Living
Agency:	Department of Health Care Policy and Financing
Address 1:	1570 Grant Street
Address 2:	Click or tap here to enter text.
City	Denver
State	CO
Zip Code	80128
Telephone:	303-866-2549
E-mail	Colin.Laughlin@state.co.us
Fax Number	303-866-4411

8. Authorizing Signature

Signature: /S/	Date: May 25, 2023
State Medicaid Director or Designee	

First Name:	<i>Adela</i>
Last Name	<i>Flores-Brennan</i>
Title:	Medicaid Director
Agency:	Department of Health Care Policy and Financing
Address 1:	1570 Grant Street
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City	Denver
State	CO
Zip Code	80128
Telephone:	303-866-3060
E-mail	<i>Adela.Flores-Brennan@state.co.us</i>
Fax Number	303-866-2828



¹ Numerous changes that the state may want to make 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; (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.