

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.ⁱ This appendix may be completed retroactively as needed by the state.

Appendix K-1: General Information

General Information:

A. State: Connecticut

B. Waiver Title:

Home and Community Based Services Waiver for Elders
Personal Care Assistance Waiver
CT ABI I Waiver
Home and Community Support Waiver for Persons with Autism
CT ABI II Waiver
Mental Health Waiver
Katie Beckett Waiver

C. Control Number:

CT.0140.R07.06
CT.0301.R05.08
CT.0302.R05.04
CT.0993.R02.02
CT.1085.R01.07
CT.0653.R02.06
CT.4110.R08.03

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.

Coronavirus Disease (COVID 19) pandemic.

Federal public health emergency continues to exist as a result of the COVID-19 pandemic.

This Appendix K is additive to the previously approved Appendix Ks and includes the following modifications beginning May 12, 2023:

1. Increased Provider Rates. Rate sufficiency is imperative to quickly build supply of HCBS workers needed.

a. Supplemental rate funding for value-based payment increased from 1% to 2% value-based payment (VBP) as approved under the ARPA reinvestment plan, effective on or before July 31, 2023, with the VBP increase contingent on: participation in race equity training; connection to the state's health information exchange (HIE); and reporting of quality and financial data.

b. Supplemental rate funding for certain improvements in meaningful use of data

Acknowledging the payments listed in this Appendix K are time-limited payments the State understands that its ability to make payments under the Appendix K authority will end six months following the conclusion of the Federal public health emergency. The State will be responsible to seek other authority, such as amending the 1915(c) HCBS waivers, for the continuation of these payments beyond the termination date of the Appendix K

- F. Proposed Effective Date: Start Date:** 3/16/2020 **Anticipated End Date:** Six months after the conclusion of the Federal 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:*

Not applicable.

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.

a. ___ Access and Eligibility:

i. ___ Temporarily increase the cost limits for entry into the waiver.

[Provide explanation of changes and specify the temporary cost limit.]

ii. ___ Temporarily modify additional targeting criteria.

[Explanation of changes]

b. ___ Services

i. ___ Temporarily modify service scope or coverage.

[Complete Section A- Services to be Added/Modified During an Emergency.]

ii. ___ Temporarily exceed service limitations (including limits on sets of services as described in Appendix C-4) or requirements for amount, duration, and prior authorization to address health and welfare issues presented by the emergency.

[Explanation of changes]

iii. ___ Temporarily add services to the waiver to address the emergency situation (for example, emergency counseling; heightened case management to address emergency needs; emergency medical supplies and equipment; individually directed goods and services; ancillary services to establish temporary residences for dislocated waiver enrollees; necessary technology; emergency evacuation transportation outside of the scope of non-emergency transportation or transportation already provided through the waiver).

[Complete Section A-Services to be Added/Modified During an Emergency]

iv. ___ Temporarily expand setting(s) where services may be provided (e.g. hotels, shelters, schools, churches) Note for respite services only, the state should indicate any facility-based settings and indicate whether room and board is included:

[Explanation of modification, and advisement if room and board is included in the respite rate]:

v. ___ Temporarily provide services in out of state settings (if not already permitted in the state's approved waiver). [Explanation of changes]

c. **Temporarily permit payment for services rendered by family caregivers or legally responsible individuals if not already permitted under the waiver.** Indicate the services to which this will apply and the safeguards to ensure that individuals receive necessary services as authorized in the plan of care, and the procedures that are used to ensure that payments are made for services rendered.

d. **Temporarily modify provider qualifications (for example, expand provider pool, temporarily modify or suspend licensure and certification requirements).**

i. **Temporarily modify provider qualifications.**

[Provide explanation of changes, list each service affected, list the provider type, and the changes in provider qualifications.]

ii. **Temporarily modify provider types.**

[Provide explanation of changes, list each service affected, and the changes in the provider type for each service].

iii. **Temporarily modify licensure or other requirements for settings where waiver services are furnished.**

[Provide explanation of changes, description of facilities to be utilized and list each service provided in each facility utilized.]

e. **Temporarily modify processes for level of care evaluations or re-evaluations (within regulatory requirements).** [Describe]

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].

Supplemental Payments to Enhance, Expand, and/or Strengthen Home and Community-Based Services (HCBS): Implemented in accordance with the state's Spending Plan for Implementation of the American Rescue Plan Act of 2021, Section 9817, as updated (ARPA HCBS Spending Plan):

Beginning May 12, 2023,

General Requirements: All supplemental payments set forth below apply only to HCBS waiver providers actively enrolled on the date payment is issued. Providers and services excluded from these payments are: assistive technology; environmental accessibility modifications, personal response systems, skilled chore services, Specialized Medical Equipment, Individual Goods and Services, and all Self-Directed Services. As applicable, payments may be proportionally reduced to the extent necessary to remain within available funding approved under the ARPA HCBS Spending Plan.

(a) Performance Supplemental Payments:

HCBS providers must complete all activities outlined in the benchmark period to receive payment for that period. The specified Training and/or learning collaboratives are required of the provider to be eligible for the benchmark payment and are not state-required trainings to become a certified, qualified Medicaid waiver provider. Training and/or learning collaboratives will be offered multiple times through the period, but providers must only attend one session per collaborative or training.

i. On or before July 31, 2023, benchmark payments will be paid to HCBS waiver providers effective for and calculated based on 2% of expenditures from March 1, 2023 through June 30, 2023.

Benchmarks must be met no later than June 15, 2023, and are as follows:

(a) Complete the Department of Social Services' racial equity training and related person-centered planning learning collaboratives. Both racial equity training and person-centered planning learning collaborative are offered in person or virtually. Both are required of participating providers and attendance is documented by the Department of Social Services. Providers newly participating in value-based payments must enroll in the Trauma Informed Care Racial Training and complete all prior training modules in addition to this period's module.

(b) Providers will be trained in accessing and viewing data within Connecticut's Health Information Exchange (HIE) CONNIE and documented that the provider accessed the HIE. Providers will participate in one data use learning collaboratives and/or training. Attendance will be taken by either the Department of Social Services and/or the HIE team and shared with the Department of Social Services. Providers newly participating in value-based payments must also sign a Data Sharing Agreement with CONNIE Connecticut's HIE.

ii. On or before November 30, 2023, benchmark payments will be paid to HCBS waiver providers effective for and calculated based on 2% of expenditures from July 1, 2023 through October 31, 2023.

Benchmarks must be met no later than October 15, 2023, and are as follows:

(a) Complete the Department of Social Services' racial equity training and related person-centered planning learning collaboratives. Both racial equity training and person-centered planning learning collaborative are offered in person or virtually.

Both are required of participating providers and attendance is documented by the Department of Social Services. Providers newly participating in value-based payments must enroll in the Trauma Informed Care Racial Training and complete all prior training modules in addition to this period's module.

(b) Providers will be trained in accessing and viewing data within Connecticut's Health Information Exchange (HIE) CONNIE and documented that the provider accessed the HIE. Providers will participate in one data use learning collaboratives and/or training. Attendance will be taken by either the Department of Social Services and/or the HIE team and shared with the Department of Social Services. Providers newly participating in value-based payments must also sign a Data Sharing Agreement with CONNIE Connecticut's HIE.

Types of waiver providers that receive such payments: All provider types covered under these 1915(c) waivers active as of the issuance date of the respective payment and participating in the state's VBP as defined above are eligible for the quality supplemental payment other than those provider types and services specifically excluded.

Excluded providers and services: *Assistive Technology; Environmental Accessibility Modifications, Personal Response System, Skilled Chore, Specialized Medical Equipment, Individual Goods and Services, and all Self-Directed Services.*

Source of the non-federal share of the supplemental or enhanced payments: The source for this supplemental payment is the state general fund as supported under Connecticut's American Rescue Plan Act Spending Plan and Narrative.

Specify that providers eligible to receive the supplemental or enhanced payment must be able to retain 100% of the total computable expenditure claimed by the Medicaid agency to CMS:

All providers eligible to receive the supplemental or enhanced payment will be permitted to retain 100% of the total computable expenditure claimed by the Medicaid agency to CMS.

g.____ Temporarily modify person-centered service plan development process and individual(s) responsible for person-centered service plan development, including qualifications.

[Describe any modifications including qualifications of individuals responsible for service plan development, and address Participant Safeguards. Also include strategies to ensure that services are received as authorized.]

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h. ___ Temporarily modify incident reporting requirements, medication management or other participant safeguards to ensure individual health and welfare, and to account for emergency circumstances. [Explanation of changes]

i. ___ Temporarily allow for payment for services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay when necessary supports (including communication and intensive personal care) are not available in that setting, or when the individual requires those services for communication and behavioral stabilization, and such services are not covered in such settings.

[Specify the services.]

j. ___ Temporarily include retainer payments to address emergency related issues.

[Describe the circumstances under which such payments are authorized and applicable limits on their duration. Retainer payments are available for habilitation and personal care only.]

k. ___ Temporarily institute or expand opportunities for self-direction.

[Provide an overview and any expansion of self-direction opportunities including a list of services that may be self-directed and an overview of participant safeguards]

l. ___ Increase Factor C.

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

m. ___ Other Changes Necessary [For example, any changes to billing processes, use of contracted entities or any other changes needed by the State to address imminent needs of individuals in the waiver program]. [Explanation of changes]

Contact Person(s)

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

First Name: Christine
Last Name Weston
Title: Director of Community Options
Agency: State of CT Department of Social Services
Address 1: 55 Farmington Avenue
Address 2: 9th Floor
City Hartford
State CT
Zip Code 06105
Telephone: 860-525-0697
E-mail christine.weston@ct.gov
Fax Number 860-424-4963

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

First Name: Click or tap here to enter text.
Last Name Click or tap here to enter text.
Title: Click or tap here to enter text.
Agency: Click or tap here to enter text.
Address 1: Click or tap here to enter text.
Address 2: Click or tap here to enter text.
City Click or tap here to enter text.
State Click or tap here to enter text.
Zip Code Click or tap here to enter text.
Telephone: Click or tap here to enter text.
E-mail Click or tap here to enter text.
Fax Number Click or tap here to enter text.

8. Authorizing Signature

Signature: /S/

Date: 05/09/2023

William Woolston
State Medicaid Director or Designee

First Name: William
Last Name Woolston
Title: State Medicaid Director
Agency: State of CT Department of Social Services
Address 1: 55 Farmington Avenue
Address 2: 9th Floor
City Hartford
State CT
Zip Code 06105
Telephone: 860-424-5077
E-mail william.woolston@ct.gov
Fax Number 860-424-4963

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 which the state is temporarily modifying, enter the entire service definition and highlight the change. State laws, regulations and policies referenced in the specification are 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
Provider Qualifications (provide the following information for each type of provider):				
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)	
Verification of Provider Qualifications				
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



ⁱ 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.