

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: Florida

B. Waiver Title: Developmental Disabilities Individual Budgeting Waiver (iBudget)

C. Control Number:

FL 0867.R02.06

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 is additive to the previously approved Appendix K. It will apply waiver-wide to all individuals impacted by the virus or the response to the virus (e.g. closure of day programs, etc.). Effective January 1, 2022, through six months after the conclusion of the public health emergency (PHE), this Appendix K will include a temporary one-time supplemental payment for residential facilities licensed pursuant to s. 393.067, Florida Statutes, and Adult Day Training providers to purchase and install Delayed Egress Systems in their facilities, in compliance with the requirements set forth in the Home and Community Based Settings Rule.

The State is using 9817 ARP funds for these supplemental payments.

F. Proposed Effective Date: Start Date: _January 27, 2020 **Anticipated End Date:** _Six months after the conclusion of the PHE

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:

Florida

I. Description of State Disaster Plan (if available) *Reference to external documents is acceptable:*

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. ☒ **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].

Section 9817 of the American Rescue Plan Act (ARP) provides a ten (10) percentage point Federal Medical Assistance Percentage (FMAP) increase for state expenditures relating to home and community-based services (HCBS). Florida will use the increased FMAP funding, as well as state funds equal to the amount of Federal funds attributable to the FMAP to provide funds for residential facilities licensed pursuant to s. 393.067, Florida Statutes, and Adult Day Training providers, to purchase and install Delayed Egress Systems in their facilities, in compliance with the requirements set forth in the Home and Community Based Settings Rule. This supplemental payment cannot exceed a total one-time payment amount of \$10,000 per provider per system.

Florida has identified the following qualified providers, who provide allowable HCBS Waiver services, for receiving Delayed Egress reimbursements: Adult Day Training and Residential Habilitation. The state will assess and consider whether settings proposing to utilize secured perimeters and/or delayed egress have the qualities of home and community-based and not the qualities of an institution. The State will not include settings within the waiver that impose secured perimeters and/or delayed egress unilaterally for all residents. These modifications must be individually based on an assessed need in the person-centered service plan. The state will utilize site visits, policy reviews and the survey and certification process to determine that a setting proposing to use a secured perimeter and/or delayed egress has policy and practice in place to ensure this modification applies only for a resident who has an identified need in their person-centered service plan. Finally, the provider will be required to follow all requirements outlined in 42 CFR §441.301(4)(vi)(F) prior to making a modification and to ensure that this modification does not limit the movement of residents who do not have an identified need in their person-centered service plan.

Effective January 1, 2022, through six months after the conclusion of the public health emergency.

Contact Person(s)

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

First Name: Catherine
Last Name McGrath
Title: AHCA Administrator
Agency: Agency for Health Care Administration
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Address 2:
City Tallahassee
State FL
Zip Code 32308
Telephone: 850-412-4256
E-mail catherine.mcgrath@ahca.myflorida.com
Fax Number


8. Authorizing Signature

Signature: /S/

Date: 4/8/2022

State Medicaid Director or Designee

First Name: Thomas
Last Name Wallace
Title: Deputy Secretary for Medicaid
Agency: Agency for Health Care Administration
Address 1: 2727 Mahan Dr
Address 2: Click or tap here to enter text.
City Tallahassee
State FL
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Fax Number



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.