

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: Florida

B. Waiver Title(s): Florida Long-Term Care Program

C. Control Number(s):

FL 0962.R01.05

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.) This amendment is an update to the previously approved Appendix K that updates language regarding retainer payments.

F. Proposed Effective Date: **Start Date:** January 27, 2020 **Anticipated End Date:** Six 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.

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

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.]

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. X 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.]

The Agency modified flexibilities to make retainer payments for the following service which includes personal care services:

Adult Day Health Care Services: Retainer payments are offered to providers when the individuals must leave the provider setting for any reason in response to the state of emergency or the individual is diagnosed with COVID or must self-quarantine (due to local or state requirements) and cannot receive services. Retainer payments are based upon the average payment amount made to the provider over a retrospective three-month period; payments are limited to 30 consecutive days of billing, which will continue during the state of emergency and not to extend past the end date of this Appendix K amendment. Retainer payments will not exceed three periods of 30 consecutive days with the exception of any payments that may have been made which exceed this amount for retainer payments from the authorization date of retainer payments through July 2020.

The state implemented a distinguishable process to monitor payments to avoid duplication of billing and to monitor the use of retainer payments.

For retainer payments made after August 1, 2020, the state requires providers to attest to the following:

- Retainer payments will be subject to recoupment if inappropriate billing or duplicate payments for services occurred (or in periods of disaster, duplicate uses of available funding streams), as identified in a state or federal audit or any other authorized third party review. Note that “duplicate uses of available funding streams” means using more than one funding stream for the same purpose.
- The provider will not lay off staff, and will maintain wages at existing levels.
- The provider cannot receive funding from any other sources, including but not limited to unemployment benefits and Small Business Administration loans, that would exceed their revenue for the last full quarter prior to the PHE, or that the retainer payments at the level provided by the state would not result in their revenue exceeding that of the quarter prior to the PHE.
 - If a provider had not already received revenues in excess of the pre-PHE level but receipt of the retainer payment in addition to those prior sources of funding results in the provider exceeding the pre-PHE level, any retainer payment amounts in excess would be recouped.
 - If a provider had already received revenues in excess of the pre-PHE level, retainer payments are not available.

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.]

- i. ☐ Other [Describe]:

Contact Person(s)

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

First Name: Ann
Last Name Dalton
Title: AHC Administrator
Agency: Agency for Health Care Administration
Address 1: 2727 Mahan Drive, Mail Stop #20
Address 2: Click or tap here to enter text.
City Tallahassee
State Florida
Zip Code 32308
Telephone: (850) 412-4257
E-mail Ann.Dalton@ahca.myflorida.com
Fax Number (850) 414-1721

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/_____
State Medicaid Director or Designee

Date:

____9/5/2020____

First Name: Beth
Last Name Kidder
Title: Deputy Secretary for Medicaid
Agency: Agency for Health Care Administration
Address 1: 2727 Mahan Drive, Mail Stop #8
Address 2:
City Tallahassee
State FL
Zip Code 32308
Telephone: (850) 412-4006
E-mail Beth.Kidder@ahca.myflorida.com
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