

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); Model Waiver; and Familial Dysautonomia Waiver

C. Control Number:

FL 0867.R02.05
FL 40166.R06.02
FL 40205.R03.03

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 |
| | Other (specify): HCBS FMAP |

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. Section 9817 of the American Rescue Plan Act provides a ten (10) percentage point Federal Medical Assistance Percentage (FMAP) increase. Florida will use the increased FMAP funding, as well as state funds equal to the amount of Federal funds attributable to the FMAP to (1) provide a supplemental payment to eligible home and community-based services (HCBS) providers to build new, and expand current capacity, to serve HCBS beneficiaries; and (2) provide a one-time direct longevity payment to eligible HCBS providers to create financial incentives to both recruit new workers and increase the retention rates of the direct care workforce. The effective start date is April 1, 2021.

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:

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. 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].

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 (1) provide a supplemental payment to eligible HCBS providers to build new, and expand current capacity, to serve HCBS beneficiaries; and (2) provide a one-time direct longevity payment to eligible HCBS providers to create financial incentives to both recruit new workers and increase the retention rates of Direct Service Providers (DSP). Eligible HCBS providers may only use supplemental and/or longevity payments to support services provided by DSPs. DSPs are defined as individuals that have direct contact with an HCBS Medicaid Waiver recipient for purposes of providing an HCBS Waiver covered service. Providers are eligible to apply for and receive one payment for each payment category. Applying for and receiving payment for one category does not eliminate the provider's eligibility to access another type. Providers are not eligible to receive more than one payment or exceed the amount limit per provider category for each payment type.

Eligible HCBS providers are defined as those who:

- Provide Assistive Care Services to enrollees in Florida's HCBS Waiver programs. This includes providers such as assisted living facilities and adult family care homes;
- Provide Home Health Services to enrollees in Florida's HCBS Waiver programs. This includes providers enrolled as home health agencies (PT 65) or providers of home health services enrolled as home and community-based service providers (PT 67);
- Provide Case Management services to enrollees in Florida's HCBS Waiver programs enrolled as PT 91;
- Provide HCBS to enrollees in Florida's HCBS Waiver programs enrolled as PT 67. PT 67 is an enrollment code in the Florida MMIS that can be used by providers of any services included in the HCBS waivers. For the purposes of this Appendix K amendment and the implementation of funds approved for Florida under Section 9817 of the ARP, these providers are only authorized to use funds associated with supplemental and/or longevity payments to support services provided by individuals that have direct contact with an HCBS Medicaid Waiver recipient for purposes of providing an HCBS Waiver covered service.
- Are currently enrolled and in good standing with Florida Medicaid;

Have eligible claims for dates of service during State Fiscal Year 2020-2021 (July 1, 2020 through June 30, 2021).

This funding will enable providers to better meet the needs of HCBS Waiver recipients. The effective start date is April 1, 2021.. Temporary increases in payment rates are authorized in the state's Section 9817 spending plan and therefore will be funded through 9817 resources. Each eligible HCBS provider must have made a request to the State for the payment(s), prior to payment, that includes details on how the funds will be spent in order to demonstrate compliance with ARP requirements.

Supplemental Payments

Purpose and program description

This funding is available to eligible providers who are enrolled as Assistive Care Services, Home Health Services, Home and Community-Based Services, and Case Management Agency provider types. Providers applying for One-Time Provider Supplemental Payments may each request funding for the following activities to build new, and expand current capacity, to serve HCBS beneficiaries:

- Staffing Capacity
- Staffing Stability
- Staffing Flexibility
- Professional Development

All funds go directly to the DSP staff with the exception of up to 10% for allowable administrative costs. Allowable administrative cost includes payroll taxes when used to cover payment taxes incurred by providers directly as a result of the supplemental payment amount, but do not include payroll taxes associated with base salary payments.

Methodology

The total amount available to each eligible HCBS provider was calculated based on total claims paid for all eligible providers for all HCBS services, with the exclusion of the following services, during State Fiscal Year 2020-2021. Excluded services are: Environmental Accessibility Adaptions, Personal Emergency Response Systems, Transportation, and Specialized Medical Equipment and Supplies.

Providers were then categorized into three provider classes based on total paid claims divided by total amount approved in the State's approved HCBS Spending Plan and Narrative:

- Low Volume Providers: Low volume providers are defined as those falling within the lowest 2.5% of base payments for identified HCBS services provided to HCBS program enrollees. Each provider in this class will receive a uniform dollar amount of \$2,000 as their payment.
- Average Volume Providers: Average Volume providers are defined as those falling above the lowest 2.5% and below the highest 9.8% of base payments identified HCBS services provided to HCBS program enrollees. Each provider in this class will receive a uniform percent increase of 46.82% of base payments for identified HCBS services provided to HCBS program enrollees as their payment.
- High Volume Providers: High Volume providers are defined as those falling within the highest 9.8% of base payments for identified HCBS services provided to HCBS program enrollees. Each provider in this class will receive a uniform dollar amount of \$500,000 as their payment.

Longevity Payments for Direct Service Workers Employed by the Provider

Purpose and program description

This funding is available to eligible providers who are enrolled as Assistive Care Services, Home Health Services, Home and Community-Based Services, and Case Management Agency provider types. Providers applying for One-Time Longevity Payments may request funding for the following to create financial incentives to both recruit new workers and increase the retention rates of Direct Service Providers (DSP):

- Staffing Recruitment

- Staffing Retention
- Staffing Quality

All funds go directly to the DSP staff with the exception of up to 10% for allowable administrative costs. Allowable administrative cost includes payroll taxes when used to cover payment taxes incurred by providers directly as a result of the supplemental payment amount, but do not include payroll taxes associated with base salary payments.

Methodology

The total amount available to each eligible HCBS provider was calculated based on total claims paid for all eligible HCBS providers for all HCBS services, with the exclusion of the following services, during State Fiscal Year 2020-2021. Excluded services are: Environmental Accessibility Adaptions, Personal Emergency Response Systems, Transportation, and Specialized Medical Equipment and Supplies.

Providers were then categorized into three provider classes based on total paid claims divided by total amount approved in the State's approved HCBS Spending Plan and Narrative:

- Low Volume Providers: Low Volume providers are defined as those falling within the lowest 3.6% of base payments for identified HCBS service provided to HCBS program enrollees. Each provider in this class will receive a uniform dollar amount of \$2,000 as their payment.
- Average Volume Providers: Average Volume providers are defined as those falling above the lowest 3.6% and below the highest 5.1% of base payments for identified HCBS services provided to HCBS program enrollees. Each provider in this class will receive a uniform percent increase of 28.61% of base payments for identified HCBS services provided to HCBS program enrollees as their payment.
- High Volume Providers: High Volume providers are defined as those falling within the highest 5.1% of base payments for HCBS services provided to HCBS program enrollees. Each provider in this class will receive a uniform dollar amount of \$500,000 as their payment.

Longevity Payments for 1099 Workers Contracted with the Provider

Purpose and program description

This funding is available to eligible providers who are enrolled as Assistive Care Services, Home Health Services, Home and Community-Based Services and Case Management agency provider types. This is an additional funding opportunity for a one-time longevity payment for HCBS Providers utilizing 1099 Contracted workers. Providers applying for One-Time Longevity Payments may request funding for the following to create financial incentives to both recruit new workers and increase the retention rates of Direct Service Providers (DSP):

- Staffing Recruitment
- Staffing Retention

All funds go directly to the DSP staff with the exception of up to 10% for allowable administrative costs. Allowable administrative cost includes payroll taxes when used to cover payment taxes incurred by providers directly as a result of the supplemental payment amount, but do not include payroll taxes associated with base salary payments.

Methodology

The total amount available to each eligible HCBS provider was calculated based on total claims paid for all eligible HCBS providers for all HCBS services, with the exclusion of the following services, during State Fiscal Year 2020-2021. Excluded services are: Environmental Accessibility Adaptions, Personal Emergency Response Systems, Transportation, and Specialized Medical Equipment and Supplies.

Providers were then categorized into three provider classes based on total claims divided by total amount approved in the State's approved HCBS Spending Plan and Narrative:

- **Low Volume Providers:** Low Volume providers are defined as those falling within the lowest 3.6% of base payments for identified HCBS services provided to HCBS program enrollees. Each provider in this class will receive a uniform dollar amount of \$2,000 as their payment.
- **Average Volume Providers:** Average Volume providers are defined as those falling above the lowest 3.6% and below the highest 5.1% of base payments for identified HCBS services provided to HCBS program enrollees. Each provider in this class will receive a uniform percent increase of 28.61% of base payments identified HCBS services provided to HCBS program enrollees as their payment.
- **High Volume Providers:** High Volume providers are defined as those falling within the highest 5.1% of base payments for HCBS services provided to HCBS program enrollees. Each provider in this class will receive a uniform dollar amount of \$500,000 as their payment.

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
Address 1: 2727 Mahan Dr
Address 2: Click or tap here to enter text.
City Tallahassee
State Fl
Zip Code 32308
Telephone: 850-412-4256
E-mail catherine.mcgrath@ahca.myflorida.com
Fax Number Click or tap here to enter text.

8. Authorizing Signature

Signature:

Date:

/s/

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
Zip Code 32308
Telephone: 850-412-4117
E-mail Thomas.wallace@ahca.myflorida.com
Fax Number Click or tap here to enter text.

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.