

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: Missouri

B. Waiver Title(s):

Comprehensive Waiver
Community Support Waiver
Partnership for Hope Waiver
Missouri Children with Developmental Disabilities (MOCDD) Waiver

C. Control Number(s):

MO.0178.R07.04
MO.0404.R04.04
MO.0841.R02.14
MO.4185.R05.11

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.

This Appendix K is additive to the approved Appendix K for the COVID-19 pandemic.

Effective July 1, 2022, rate methodologies are updated to a fee schedule methodology for certain home and community-based waiver services.

Effective for dates of service July 1, 2022 and after, a rate increase will be implemented for certain home and community-based waiver services. The General Assembly appropriated an additional \$375M for rate increases utilizing \$90M of the temporary 10 percentage point increase to the federal medical assistance percentage (FMAP) for Medicaid expenditures for home and community-based services (HCBS) under section 9817 of the American Rescue Plan Act of 2021 (ARP).

F. Proposed Effective Date: Start Date: January 27, 2020 Anticipated End Date: Six (6) months after the expiration 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 all waivers to all individuals supported through the waivers and 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 July 1, 2022, rate methodologies are updated to a fee schedule methodology for the following services: Residential Shared Living, Day Habilitation, Transportation, Community Networking, Individualized Supported Living (transportation-staff and agency non-modified vehicle), Individualized Skill Development, Personal Assistant (Personal Assistant-group, Personal Assistant-medical), Professional Assessment and Monitoring, Physical Therapy, Occupational Therapy, Speech Therapy, Support Broker, Community Specialist, In-Home Respite, Out of Home Respite, Crisis Intervention, and Temporary Residential. The updated rate methodology is effective July 1, 2022. Reference the table below for reimbursement rates by service procedure code.

This updated rate methodology will allow the rate methodology changes to be effective retroactively, while the state concurrently submits a 1915(c) waiver amendment to allow the rate methodology changes to be ongoing.

The Missouri General Assembly has included appropriations in the State Fiscal Year (SFY) 2023 budget for the following rate initiatives:

- The General Assembly appropriated an additional \$375M to update rate methodologies and increase service rates to rates adjusted for inflation to SFY 2024, of which \$90M utilizes enhanced FMAP funds. Because the rate increases were part of an effort to standardize historically negotiated rates, the percentage increases vary by provider. This rate increase also meets the CMS accepted corrective action plan Phase IV requirement originally scheduled to begin July 1, 2023. This rate increase utilizes a temporary 10 percentage point increase to the federal medical assistance percentage (FMAP) for Medicaid expenditures for home and community-based services (HCBS) under section 9817 of the American Rescue Plan Act of 2021 (ARP) for Residential Group Home (GH), Individualized Supported Living (ISL nursing, ISL transportation-staff and agency), Shared Living, Intensive Therapeutic Residential Habilitation, Hospital Supports, Day Habilitation (Day Habilitation medical and behavioral), Transportation, Community Networking, Individualized Skill Development, Career Planning, Prevocational, Job Development, Supported Employment, Benefits Planning, Personal Assistant (Personal Assistant-group, Personal Assistant-medical), Professional Assessment and Monitoring, Physical Therapy, Occupational Therapy, Speech Therapy, Support Broker, Community Specialist, In-Home Respite, Out of Home Respite, Crisis Intervention, Applied Behavior Analysis, and Temporary Residential service. Reference the table below for reimbursement rates by service procedure code.

The effective date to begin funding the rate increases is 7/1/2022. – This rate increase with Appendix K will allow the rate increases to be effective retroactively, while the state concurrently submits a 1915(c) waiver amendment to allow the rate increase to be ongoing.

In the event that a provider is currently being paid above the 7/1/22 effective rate for a given service, their current rate will continue to be paid to comply with the MOE requirements of the American Rescue Plan, Section 9817.

Home and Community Based Waiver Service	Code	Rate	Unit	Rate Method Change	Rate Increase
Behavior Identification Assessment	97151HO	\$25.26	15 Minute		X

Behavior Identification Supporting Assessment - Observational	97152HO	\$25.26	15 Minute		X
Behavior Identification Supporting Assessment - Observational	97152HN	\$17.12	15 Minute		X
Behavior Identification Supporting Assessment - Observational	97152HM	\$16.37	15 Minute		X
Behavior Identification Supporting Assessment - Exposure	0362THO	\$25.26	15 Minute		X
Adaptive Behavior Treatment by Protocol by Technician	97153HN	\$17.12	15 Minute		X
Adaptive Behavior Treatment by Protocol by Technician	97153HM	\$16.37	15 Minute		X
Adaptive Behavior Treatment with Protocol Modification	97155HO	\$25.26	15 Minute		X
Adaptive Behavior Treatment with Protocol Modification	97155HN	\$17.12	15 Minute		X
Family Adaptive Behavior Treatment Guidance	97156HO	\$25.26	15 Minute		X
Family Adaptive Behavior Treatment Guidance	97156HN	\$17.12	15 Minute		X
Adaptive Behavior Treatment Social Skills Group	97158HO	\$3.16	15 Minute		X
Adaptive Behavior Treatment Social Skills Group	97158HN	\$2.14	15 Minute		X
Exposure Adaptive Behavior Treatment with Protocol Modification	0373THO	\$25.26	15 Minute		X
Day Habilitation	T2021HQ	\$10.81	15 Minute	X	X
Day Habilitation, Behavioral Exception	T2021TG	\$12.30	15 Minute		X
Day Habilitation, Medical Exception	T2021SC	\$12.14	15 Minute		X
Community Networking	T2021SE	\$12.41	15 Minute	X	X
Individualized Skill Development	S5108	\$12.07	15 Minute	X	X
Benefits Planning	H0038SE	\$17.84	15 Minute		X
Career Planning, Individual	T2019	\$19.45	15 Minute		X
Pre-vocational Services, Individual	H2025	\$15.75	15 Minute		X
Pre-vocational Services, Group	H2025HQ	\$7.88	15 Minute		X
Job Development, Individual	H0038	\$19.45	15 Minute		X
Supported Employment, Individual	H2023	\$19.45	15 Minute		X

Supported Employment, Group	H2023HQ	\$9.72	15 Minute		X
Personal Assistant Agency/Contractor	T1019	\$8.25	15 Minute	X	X
Personal Assistant Agency/Contractor - Group	T1019HQ	\$4.59	15 Minute	X	X
Pers. Assistant Medical, Agency/Contractor	T1019SC	\$9.19	15 Minute	X	X
Group Home	T2016HQ	\$1,890.29	Day		X
Group Home Monthly Registered Nurse Oversight	T1002HQ	\$18.05	15 Minute		X
Group Home LPN (with Registered Nurse Oversight)	T1003HQ	\$11.36	15 Minute		X
Intensive Therapeutic Residential Habilitation	T2016HK	\$851.42	Day		X
Individualized Supported Living	T2016	\$1,890.29	Day		X
Individual Supported Living Monthly Registered Nurse Oversight	T1002TD	\$18.05	15 Minute		X
Individual Supported Living LPN (with Registered Nurse Oversight)	T1003TE	\$11.36	15 Minute		X
Individual Supported Living Transportation-staff and agency non- modified	T2001	\$0.60	Per Mile	X	X
Shared Living	S5136	\$624.15	Day	X	X
Hospital Supports for all Residential Services	S5125	\$9.08	15 Minute		X
Community Specialist	T1016	\$13.60	15 Minute	X	X
Crisis Intervention, Professional	S9484	\$91.63	Hour	X	X
Crisis Intervention, Technician	S9484HM	\$58.06	Hour	X	X
Professional Assessment and Monitoring, Registered Nurse	T1002	\$20.29	15 Minute	X	X
Professional Assessment and Monitoring, Licensed Practical Nurse	T1003	\$12.82	15 Minute	X	X
Professional Assessment and Monitoring, Dietician	S9470	\$14.83	15 Minute	X	X
Respite Care, In-Home, Day	S5151	\$573.82	Day	X	X
Respite Care, In-Home, Individual	S5150	\$8.97	15 Minute	X	X
Respite Care, In-Home, Group	S5150HQ	\$6.19	15 Minute	X	X
Respite Care, Out-of-Home, Day	H0045	\$587.82	Day	X	X
Temporary Residential, Daily	H0045	\$587.82	Day	X	X
Support Broker, Agency	T2041	\$10.54	15 Minute	X	X
Physical Therapy	97110	\$30.01	15 Minute	X	X

Occupational Therapy	97535	\$30.01	15 Minute	X	X
Speech Therapy	92507	\$30.01	15 Minute	X	X
Transportation: Ambulatory Zone 1 (0-10 Miles)	A0110	\$11.63	Per Trip	X	X
w/ Non-Ambulatory Modifications Zone 1 (0-10 Miles)	A0110HE	\$25.09	Per Trip	X	X
Ambulatory Zone 2 (10+ to 20 Miles)	T2002	\$21.02	Per Trip	X	X
w/ Non-Ambulatory Modifications Zone 2 (10+ to 20 Miles)	T2002HE	\$45.72	Per Trip	X	X
Ambulatory Zone 3 (20+ Miles)	T2003	\$29.02	Per Trip	X	X
w/ Non-Ambulatory Modifications Zone 3 (20+ Miles)	T2003HE	\$63.56	Per Trip	X	X

Contact Person(s)

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

First Name: Glenda
Last Name Kremer
Title: Assistant Deputy Director, Program Operations
Agency: Missouri Department of Social Services, MO HealthNet Division
Address 1: 615 Howerton Court
Address 2: P.O. Box 6500
City Jefferson City
State Missouri
Zip Code 65102-6500
Telephone: (573)751-6962
E-mail Glenda.A.Kremer@dss.mo.gov
Fax Number (573)526-4651

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

First Name: Emily
Last Name Luebbering
Title: Director of Federal Programs
Agency: Missouri Department of Mental Health, Division of Developmental Disabilities
Address 1: 1706 E. Elm
Address 2: PO Box 687
City Jefferson City
State Missouri
Zip Code 65102
Telephone: (573) 526-3308
E-mail Emily.Luebbering@dmh.mo.gov
Fax Number (573)751-9207

8. Authorizing Signature

Signature:

Date: 07/22/2022

/s/

State Medicaid Director or Designee

First Name: Todd
Last Name Richardson
Title: Director
Agency: MO HealthNet Division
Address 1: PO Box 6500
Address 2: Click or tap here to enter text.
City Jefferson City
State Missouri
Zip Code 65102
Telephone: (573)751-6922
E-mail Leann.hager@dss.mo.gov
Fax Number (573)751-6564

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

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 that the state is temporarily modifying, enter the entire service definition and highlight the change. State laws, regulations and policies referenced in the specification should be 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 – Covid-19 Flexibility
Provider Qualifications (provide the following information for each type of provider):				
Provider Type:	License:	Certificate:	Other Standard:	
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