

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.¹ 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): AIDS Waiver

C. Control Number(s):

MO.0197.R07.01

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 date to begin funding to increase waiver service provider rates by 5.29% is 7/1/2021. Funding for this rate increase is from 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). Utilizing ARP funding for this increase will continue until all funds are exhausted at which time it is the intent to utilize State general revenue to fund the increase.

Additionally, the General Assembly appropriated funding to increase individual service rates to include market-based adjustments and to support an increased minimum wage for direct service workers, effective July 1, 2022.

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 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.

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.]

Increase provider payment rates by 5.29%. Funding for this rate increase is from 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). The effective date to begin funding the rate increase is 7/1/2021. Utilizing ARP funding for this increase will continue until all funds are exhausted at which time it is the intent to utilize State general revenue to fund the increase.

Additionally, the General Assembly appropriated funding to increase individual service rates to include market-based adjustments and to support an increased minimum wage for direct service workers, effective July 1, 2022.

The specific services by program/provider along with the reimbursement rates and effective dates are as follows:

PROGRAM/PROVIDER	SERVICE	UNIT	07/01/21	07/01/22
AIDS Waiver	Private Duty Nursing	15 minutes	\$9.64	\$12.87
AIDS Waiver	Attendant Care	Per day	\$237.65	\$343.14
AIDS Waiver	Personal Care	15 minutes	\$5.28	\$7.63

These rate increases with the Appendix K will allow the rate increases to be effective retroactively, while the state submits a 1915(c) waiver amendment to allow the rate increases to be ongoing.

Contact Person(s)

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

First Name: Glenda
Last Name Kremer
Title: Program Manager
Agency: MO HealthNet Division
Address 1: 615 Howerton Court
Address 2: P.O. Box 6500
City Jefferson City
State Missouri
Zip Code 65109
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: Alicia
Last Name Jenkins
Title: Bureau Chief
Agency: Department of Health and Senior Services
Address 1: 930 Wildwood Drive
Address 2: P.O. Box 570
City Jefferson City
State Missouri
Zip Code 65109
Telephone: 573-526-3187
E-mail Alicia.Jenkins@health.mo.gov
Fax Number 573-751-6447


8. Authorizing Signature

Signature: /S/

Date: 7/22/2022

State Medicaid Director or Designee

First Name: *Todd*
Last Name *Richardson*
Title: Director
Agency: MO HealthNet Division
Address 1: 615 Howerton Court
Address 2: P.O. Box 6500
City Jefferson City
State Missouri
Zip Code 65109
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.