

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): Brain Injury Waiver

C. Control Number(s):

MO.1406.R00.07

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, increase the waiver cost cap to \$32,000 and increase Factor C to 26 for waiver years 2 and 3.

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.

a. X Access and Eligibility:

i. X Temporarily increase the cost limits for entry into the waiver.

[Provide explanation of changes and specify the temporary cost limit.]

Effective 7/1/22, increase the cost limit for entry into the waiver from \$27,500 to \$32,000 through the end of the Appendix K amendment. The state was able to reallocate funds to services that were previously set aside for system work. This cost limit increase with the Appendix K will allow the increase to be effective retroactively, while the state submits a 1915(c) waiver amendment to allow the increase to be ongoing.

l. X Increase Factor C.

[Explain the reason for the increase and list the current approved Factor C as well as the proposed revised Factor C]

Increase Factor C for waiver years 2 and 3 from 20 to 26 unduplicated participants not to exceed the end of the Appendix K. The state was able to reallocate funds that were previously set aside for system work. The state intends to submit a 1915(c) waiver amendment to allow the Factor C increase 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: Lisa
Last Name Crandall
Title: Bureau Chief
Agency: Department of Health and Senior Services
Address 1: 920 Wildwood Drive
Address 2: P.O. Box 570
City Jefferson City
State Missouri
Zip Code 65109
Telephone: 573-751-6246
E-mail Lisa.Crandall@health.mo.gov
Fax Number 573-751-6237

8. Authorizing Signature


Signature:

Date: 8-18-2022

/s/

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
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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.