

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: Nebraska

B. Waiver Title(s): HCBS Waiver for Aged and Adults and Children with Disabilities

C. Control Number(s):
NE.0187.R06.06

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 appendix K is additive to the approved Appendix K. Section K-2-F has been modified to include temporary payment increases for assisted living facilities.

F. Proposed Effective Date: Start Date: March 6, 2020 **Anticipated End Date:** December 31, 2020.

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.]

The following temporary rate increase is to ensure sufficient Assisted Living providers are available to waiver participants. Assisted living facilities will receive an additional \$20 per day payment per waiver participant, effective May 1, 2020 to December 31, 2020.

This increase is based on a review of occupancy rates and actual claims during the pandemic.

The following percentages reflect the increase of the net payment, not including room and board, when \$20 per day is allocated for the entire month.

Rural Single Occupancy = 35%

Rural Multiple Occupancy = 48%

Urban Single Occupancy = 30%

Urban Multiple Occupancy = 40%

Contact Person(s)

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

First Name: Carisa
Last Name Schweitzer Masek
Title: Deputy Director, Division of Medicaid and Long-Term Care
Agency: Nebraska Department of Health and Human Services
Address 1: P.O. Box 95026
Address 2: 301 Centennial Mall South
City Lincoln
State NE
Zip Code 68509-8947
Telephone: 402-471-7514
E-mail Carisa.SchweitzerMasek@Nebraska.gov
Fax Number 402-471-9092

8. Authorizing Signature


Signature:

Date: 11-10-20

/S/

State Medicaid Director or Designee

First Name: Jeremy
Last Name Brunssen
Title: Interim Director, Division of Medicaid and Long-Term Care
Agency: Nebraska Department of Health and Human Services
Address 1: P.O. Box 95026
Address 2: 301 Centennial Mall South
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State NE
Zip Code 68509-5026
Telephone: 402-471-2135
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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.