

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: Nebraska

B. Waiver Title: Developmental Disabilities Day Services Waiver for Adults

C. Control Number:

NE 0394.R03.09

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):

D. **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.

E.

This Appendix K is an additive amendment to the approved Appendix K. Section K-2-F has been modified to extend temporary rate increases until June 30, 2021 and to introduce a targeted rate increase for certain providers from July 1, 2020 – December 31, 2020.

F. **Proposed Effective Date:** **Start Date:** March 6, 2020 **Anticipated End Date:** June 30, 2021

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].

- 5% above the base rate in place prior to the pandemic, adjusted for legislative appropriations, for services provided November 1, 2020 to June 30, 2021.

The increase would account for excess overtime of direct support professionals to cover staffing needs and to account for additional infection control supplies and service costs: Independent Living, Supported Family Living, Habilitative Community Inclusion, and Habilitative Workshop. The rate setting methodology is the same. Upward adjustments would be made to the supply and staffing costs.

Additional targeted rate increase payments may be made. The payment amounts will be 50% of the net difference in day services billing between two periods (claims with dates of service between July 1, 2019 - December 31, 2019 and July 1, 2020 - December 31, 2020) and will not constitute greater than 50% of the base rate. Day services includes Adult Day, Habilitative Community Inclusion, Habilitative Workshop, Prevocational Services, Enclave, Supported Employment-Follow Along, and Supported Employment-Individual. These rate increase payments include only Agency providers that experienced a net decrease in service revenue as determined by the State by comparing payments made for services provided July 1, 2020 – December 31, 2020 to those provided July 1, 2019 – December 31, 2019. This rate increase is effective from July 1, 2020 to December 31, 2020 for actual services provided. The State assures that these rate increase payments will not duplicate any retainer payments made. For Agency providers that were paid retainer payments AND are eligible for this rate increase, the state assures that the rate increases are not applicable to the retainer payments.

Contact Person(s)

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

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Last Name Green
Title: Director, Division of Developmental Disabilities
Agency: Nebraska Department of Health and Human Services
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8. Authorizing Signature

Signature:

Date: May 26, 2021

_____/S/_____
State Medicaid Director or Designee

First Name: Kevin
Last Name Bagley
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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.