

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: Nebraska

B. Waiver Title(s): Traumatic Brain Injury

C. Control Number(s):

NE-40199.R04.09

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):

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. While this additive Appendix K extends the end date of the Appendix K from June 30, 2021 to June 30, 2022, this Appendix K amendment does not extend the Appendix K flexibilities that ended June 30, 2021. This amendment is additive to those previously approved and will apply waiver-wide for each waiver included in this Appendix, to all individuals impacted by the virus or the response to the virus (e.g. closure of day programs, etc.). Effective January 1, 2022, the Appendix K allows for a temporary rate increase for Assisted Living Service Providers delivering services in the TBI waiver. The rate increase will be implemented using ARP funding.

F. Proposed Effective Date: Start Date: March 6, 2020 **Anticipated End Date:** June 30, 2022

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

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 temporary rate increase is for Assisted Living Service Providers delivering services in the TBI waiver. The temporary rate increase will help ensure sufficient Assisted Living service providers are available to TBI waiver participants. Assisted living service providers will receive a rate increase of \$20 per patient per day. This temporary rate increase is only for services delivered from January 1, 2022, to June 30, 2022. No temporary rate increase payments can occur for services delivered outside of this time frame.

The \$20 per patient per day rate increase covers Assisted Living services delivered in the TBI waiver by Assisted Living Services Providers.

The temporary rate increase of \$20 per patient per day will result in an 18% increase in the net payment, which does not include room and board.

The rate methodology has changed as Nebraska intends to use American Rescue Plan Act of 2021(ARP) funding (not previously available) to effectuate the rate increase. This rate increase will be applying the enhanced FMAP as authorized in the ARP.

Contact Person(s)

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

First Name:	Tony
Last Name:	Green
Title:	Director, Division of Developmental Disabilities
Agency:	Nebraska Department of Health and Human Services
Address 1:	P.O. Box 98947
Address 2:	301 Centennial Mall South
City	Lincoln
State	NE
Zip Code	68509-8947
Telephone	402-471-6038
E-mail	Tony.Green@nebraska.gov
Fax Number	402-471-8792

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

8. Authorizing Signature


Signature:

Date: February 3, 2022

_____/S/_____

State Medicaid Director or Designee

First Name:	Kevin
Last Name:	Bagley
Title:	Director, Medicaid and Long Term Services
Agency:	Nebraska Department of Health and Human Services
Address 1:	P.O. Box 95026
Address 2:	301 Centennial Mall South
City	Lincoln
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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.