

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): Comprehensive Developmental Disabilities Services Waiver

C. Control Number(s):

NE.4154.R06.15

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 with the exception of the flexibility to allow Habilitative Workshop, Community Inclusion and Adult Day Service in the alternate setting which is being extended through the end of the Appendix K (June 30, 2022). 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 15% temporary rate increase for agency and independent provider types that 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.

iv. X Temporarily expand setting(s) where services may be provided (e.g. hotels, shelters, schools, churches). Note for respite services only, the state should indicate any facility-based settings and indicate whether room and board is included:

[Explanation of modification, and advisement if room and board is included in the respite rate]:

Habilitative Workshop, Community Inclusion and Adult Day Service may be delivered temporarily in the participant's residential setting, by either their agency, independent or residential habilitation - shared living provider. This flexibility will be effective through the end of the approved additive Appendix K amendment (June 30, 2022).

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.]

This additive Appendix K amendment includes a 15% temporary rate increase for Comprehensive Developmental Disability waiver agency and independent provider types. This temporary rate increase is only for services delivered from January 1, 2022 to June 30, 2022. 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.

The 15% rate increase covers all Comprehensive Developmental Disability waiver services except the following excluded services:

- Assistive Technology
- Environmental Modification Assessment
- Home Modifications
- Transitional Services
- Transportation
- Vehicle Modifications
- Personal Emergency Response System (PERS)

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
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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
State	NE
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E-mail	Kevin.Bagley@nebraska.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.