

# 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.<sup>1</sup> 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: NV

B. Waiver Title(s): HCBS Waiver for Intellectual and Developmental Disabilities

C. Control Number(s):

NV 0125.R07.07

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 amendment is additive to the previous Appendix K approved on 4/15/2020, 8/19/2020, 6/22/2021, 1/6/2022, 3/14/22, 11/2/22 and flexibilities from that Appendix K and amendment remain in place until six (6) months after the end of the federal public health emergency (PHE).

Effective February 1, 2023, DHCFP will increase the current Medicaid Dental Service reimbursement rates by ten percent to Medicaid dental providers (Provider Type 22 Dental) who are providing dental services specific to ID Waiver participants. Additionally, temporarily increase the maximum amount limit from \$2000 to \$2500 per calendar year.

This increase in dental service rates will be funded through the enhanced Federal Funds available per Nevada's Spending Plan for Section 9817 of the American Rescue Plan Act of 2021 until the specified end date of the ARP or when all section 9817 funds are exhausted, whichever is the earliest.

Prior to Appendix K amendment expiring, this increase will be reflected in the ID Waiver through the regular waiver amendment and/or renewal process.

**F. Proposed Effective Date: Start Date:** January 27, 2020 **Anticipated End Date:** Six (6) months after the end of the Public Health Emergency (PHE)

**G. Description of Transition Plan.**

**H. Geographic Areas Affected:**

**I. Description of State Disaster Plan (if available)** *Reference to external documents is acceptable:*

## 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.*

**b. X Services**

**ii. X Temporarily exceed service limitations (including limits on sets of services as described in Appendix C-4) or requirements for amount, duration, and prior authorization to address health and welfare issues presented by the emergency.**

[Explanation of changes]

On the previous Appendix K amendment approved on 11/2/22, the state included a \$2000 maximum amount limit per calendar year, however, to align with the increase in Medicaid reimbursement rates, the maximum amount limit is temporarily increased to \$2500 per calendar year.

**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.]

Effective February 1, 2023, the state will increase reimbursement rates by 10% to provide incentives to dental providers (provider type 22) as the state is facing challenges in recruiting dental providers; and enrolled Medicaid dental providers may decline to serve ID Waiver participants due to the complexity and related medical conditions of ID Waiver participants which require special or higher level of treatment.

The service rates methodology is based on the State Plan Extended Dental Services – Pregnancy Related Services (SPA Attachment 4.19-B Page 2c) <https://dhcfp.nv.gov/uploadedFiles/dhcfpnvgov/content/Resources/AdminSupport/Manuals/MSP/Sec4/5-4.19AttachBPayforMedCare.pdf>. Reimbursement rates for dental services provided to ID Waiver participants will be determined by multiplying a factor of 1.1 times the rates described in the link above.

## Contact Person(s)

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

**First Name:** Kirsten  
**Last Name** Coulombe  
**Title:** Social Services Chief III, LTSS  
**Agency:** Division of Health Care Financing and Policy  
**Address 1:** 1100 E. Williams St  
**Address 2:** Suite 101  
**City** Carson City  
**State** NV  
**Zip Code** 89701  
**Telephone:** (775) 684-3743  
**E-mail** kirsten.coulombe@dhcfp.nv.gov  
**Fax Number** (775) 687-8724

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

**First Name:** Jennifer  
**Last Name** Frischmann  
**Title:** Quality Assurance Manager  
**Agency:** Aging and Disability Services Division  
**Address 1:** 3416 Goni Rd.  
**Address 2:** Suite D-132  
**City** Carson City  
**State** NV  
**Zip Code** 89706  
**Telephone:** (775) 687-0528  
**E-mail** jfrischmann@adsd.nv.gov  
**Fax Number** (775) 687-0754

## 8. Authorizing Signature

**Signature:** /S/

**Date:** 02/06/2023


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State Medicaid Director or Designee

**First Name:** Stacie  
**Last Name** Weeks  
**Title:** Administrator  
**Agency:** Division of Health Care Financing and Policy  
**Address 1:** 1100 E William Street  
**Address 2:** Ste 101  
**City** Carson City  
**State** NV  
**Zip Code** 89701  
**Telephone:** (775) 687-7101  
**E-mail** [sweeks@dhcftp.nv.gov](mailto:sweeks@dhcftp.nv.gov)  
**Fax Number** (775) 687-3893

## Section A---Services to be Added/Modified During an Emergency

Complete for each service added during a time of emergency. For services in the approved waiver that the state is temporarily modifying, enter the entire service definition and highlight the change. State laws, regulations and policies referenced in the specification should be readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification				
Service Title:	Dental Service			
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>				
Service Definition (Scope):				
Specify applicable (if any) limits on the amount, frequency, or duration of this service:				
Provider Specifications				
Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:		<input type="checkbox"/>
Specify whether the service may be provided by (check each that applies):		<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>
				Relative/Legal Guardian
<b>Provider Qualifications</b> (provide the following information for each type of provider):				
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)	
<b>Verification of Provider Qualifications</b>				
Provider Type:	Entity Responsible for Verification:		Frequency of Verification	
Service Delivery Method				
Service Delivery Method (check each that applies):	<input type="checkbox"/>	Participant-directed as specified in Appendix E		<input type="checkbox"/>



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<sup>i</sup> 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.