

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: NV

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

C. Control Number(s):

NV 0125.R07.08

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, 2/17/23 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 July 1, 2023, various rates for Developmental Services providers will increase based on a rate study completed by a third-party vendor.

This increase in service rates will be funded through an increase in state general fund allocated to the budgets of the Aging and Disability Services Division (ADSD).

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)

Appendix K-2: Temporary or Emergency-Specific Amendment to Approved

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.]

Effective July 1, 2023, DHCFP and ADSD will increase various rates for Provider Type 38. These rate increases are based on a third-party rate study completed by Burns and Associates that was completed in June of 2021, primarily using data from 2019. For this rate increase, there is no change to the service authorization methodology.

For service rates that will be increased greater than 50%, i.e. Residential Support Management (T2017:TG), last rate increased was based on the rate study completed in 2002, but did not take account the job tasks, needed skill, and education which requires Bachelor's Degree and must be Qualified Intellectual Disability Professionals (QIPDs); for Nutrition Counseling and Nursing Services (97802, 97802:TN, T1002, T1002:U2), rates have not been increased in almost ten (10) years and were not included in the recent rate study, as those rates were supposed to keep up with the service rates used by other Medicaid Provider Types 15 & 29.

The increased maximum rates will be as follows:

T2017 – Habilitation, residential, waiver - \$8.05/15-minutes (28.8% increase)
T2017:UJ – Habilitation, residential, waiver, sleep - \$4.89/15-minutes (28.7% increase)
T2017:TG – Residential Support Management - \$10.83/15-minutes (73.3% increase)
T2014 – Habilitation, prevocational, waiver - \$187.20/day (14.5% increase)
T2018 – Habilitation, supported employment, waiver - \$233.52/day (42.8% increase)
T2020 – Day habilitation, waiver - \$187.20/day (14.5% increase)
T2025:HO - Behavioral Consultation, Training & Intervention, Master's - \$22.73/15-minutes (7.1% increase)

The following maximum rates will be raised to match the rates of Provider Type 38 to the same services within other DHCFP provider types (Provider Type 15 for Nutritional Counseling and Provider Type 29 for Nursing Services):

97802 – Nutrition Counseling Services, initial assessment - \$22.79/15-minutes (62.3% increase)
97802:TN - Nutrition Counseling Services, initial assessment, rural - \$26.57/15-minutes (62.3% increase)
97803 - Nutrition Counseling Services, re-assessment - \$19.63/15-minutes (40.0% increase)
97803:TN - Nutrition Counseling Services, re-assessment, rural - \$22.91/15-minutes (40.0% increase)
T1002 – Nursing Services, RN - \$28.00/15-minutes (135.9% increase)
T1002:U2 – Nursing Services, RN, rural - \$32.15/15-minutes (132.1% increase)
T1003 – Nursing Services, LPN/LVN - \$16.25/15-minutes (83.8% increase)
T1003:TN – Nursing Services, LPN/LVN, rural - \$17.00/15-minutes (64.7% increase)
S9123 – Nursing Care, in the home, RN - \$64.00/hour (74.2% increase)
S9124 – Nursing Care, in the home, LPN - \$42.25/hour (54.9% increase)

All of the above will be reflected in the upcoming renewal of the HCBS Waiver for Intellectual and Developmental Disabilities.

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@dhefp.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: 4/4/2023


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
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"/>	Agency. List the types of agencies:	
Specify whether the service may be provided by (check each that applies):		<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
Provider Qualifications (provide the following information for each type of provider):					
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)		
Verification of Provider Qualifications					
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"/>	Provider managed	



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.