

# 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>i</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  
HCBS Waiver for the Frail Elderly  
HCBS Waiver for Persons with Physical Disabilities

C. Control Number(s):

NV 0125.R07.05  
NV.0152.R07.04  
NV.4150.R06.09

D. Type of Emergency (The state may check more than one box):

<input checked="" type="checkbox"/>	Pandemic or Epidemic
<input type="checkbox"/>	Natural Disaster
<input type="checkbox"/>	National Security Emergency
<input type="checkbox"/>	Environmental
<input type="checkbox"/>	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 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 March 1, 2022, DHCFP will implement short-term supplemental payments to the following:

1. Supplemental payment of 14.2 percent to Waiver Provider Types (PT) 48, 58, 57, 59 that provided waiver services to Frail Elderly and Physically Disabled recipients from April 1, 2021 – June 30, 2021. This is a one-time payment and funds will be distributed by March 31, 2022.
2. Supplemental payment of 15 percent to Medicaid provider type 48, that provided Adult Day Care services to Frail Elderly (FE) Waiver recipients. from April 1, 2021 – December 31, 2022. Funds will be distributed by March 31, 2022 - March 31, 2024 or until ARPA funds have been exhausted (whichever comes first).
3. Supplemental payment of 26.9 percent to Medicaid provider type 38 that provided waiver services to Intellectually and Developmentally Disabled (ID) recipients from April 1, 2021 – December 31, 2022. Funds will be distributed by March 31, 2022 - March 31, 2024 or until ARPA funds have been exhausted (whichever comes first).
4. Temporary addition of Home Delivered Meals (\$5.00 per meal) to the waiver services under Frail Elderly Waiver (FE) effective April 1, 2022 – March 31, 2024 or until ARPA funds have been exhausted (whichever comes first).
5. Add assessment fee(s) to enhanced Environmental Accessibility Adaption (EAA) service under Physically Disabled (PD) Waiver effective April 1, 2022 - March 31, 2024 or until ARPA funds have been exhausted (whichever comes first).

**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.*

a.      Access and Eligibility:

i.      Temporarily increase the cost limits for entry into the waiver.

[Provide explanation of changes and specify the temporary cost limit.]

ii.      Temporarily modify additional targeting criteria.

[Explanation of changes]

b.   X   Services

i.      Temporarily modify service scope or coverage.

[Complete Section A- Services to be Added/Modified During an Emergency.]

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]

NV.4150.R06.09

Medicaid Waiver PT58 that are providing EAA to PD Waiver recipients will be able to bill assessment fee of \$26.25 (mean hourly wage) for maximum of one (1) hour and \$91.11 (flat rate) for single transport mileage over 30 miles to determine the cost of materials and labor require to do the job. The assessment fee and travel of \$117.36 may be billed using the service code S5165 with modifier separate from the maximum amount limit of \$3230 per calendar year (materials and labor costs) service code S5165 without modifier.

The purpose of the EAA enhancement is to ensure waiver recipients receive maximum services and for waiver providers to have the ability to properly identify needed adaptations. This assessment fee addition will begin effective April 1, 2022 – March 31, 2024 or until ARPA funds have been exhausted.

Prior to Appendix K expiring, this enhancement to EAA service will be added to the PD Waiver through regular amendment and/or renewal process.

iii. **X** Temporarily add services to the waiver to address the emergency situation (for example, emergency counseling; heightened case management to address emergency needs; emergency medical supplies and equipment; individually directed goods and services; ancillary services to establish temporary residences for dislocated waiver enrollees; necessary technology; emergency evacuation transportation outside of the scope of non-emergency transportation or transportation already provided through the waiver).

[Complete Section A-Services to be Added/Modified During an Emergency]

iv. \_\_\_\_ 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]:

v. \_\_\_\_ Temporarily provide services in out of state settings (if not already permitted in the state's approved waiver). [Explanation of changes]

c. \_\_\_\_ Temporarily permit payment for services rendered by family caregivers or legally responsible individuals if not already permitted under the waiver. Indicate the services to which this will apply and the safeguards to ensure that individuals receive necessary services as authorized in the plan of care, and the procedures that are used to ensure that payments are made for services rendered.

d.      **Temporarily modify provider qualifications (for example, expand provider pool, temporarily modify or suspend licensure and certification requirements).**

i.      **Temporarily modify provider qualifications.**

[Provide explanation of changes, list each service affected, list the provider type, and the changes in provider qualifications.]

ii.      **Temporarily modify provider types.**

[Provide explanation of changes, list each service affected, and the changes in the provider type for each service].

iii.      **Temporarily modify licensure or other requirements for settings where waiver services are furnished.**

[Provide explanation of changes, description of facilities to be utilized and list each service provided in each facility utilized.]

e.      **Temporarily modify processes for level of care evaluations or re-evaluations (within regulatory requirements).** [Describe]

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 March 1, 2022, DHCFP will implement short-term supplemental payments to the following:

1. Provide supplemental payment of 14.2 percent to Waiver Provider Types (PT): 48, 57, 58, 59 that provided direct waiver services to FE and PD Waiver recipients from April 1, 2021 – June 30, 2021. This supplemental payment will be determined by taking an identified set of claims by paid date and multiplying the Medicaid Net paid claims amount by 14.2 percent. This is a one-time payment and funds will be distributed by March 31, 2022.
2. Provide supplemental payment of 15 percent to Medicaid PT 48, that provided Adult Day Care services to FE Waiver recipients. This supplemental payment will be determined by taking an identified set of claims by paid date and multiplying the Medicaid Net paid claims amount by 15 percent. The payment will be based on services provided during the quarters of 4/1/2021 to 6/30/2021, 7/1/2021 to 9/30/2021, 10/1/2021 to 12/31/2021, 1/1/2022 to 3/31/2022 and 4/1/2022 to 6/30/2022, 7/1/2022 to 9/30/2022 and 10/1/2022 to 12/31/2022. The calculation of the supplemental payment is equal to the Provider's Medicaid Net paid claims amount from 4/1/2021 to 6/30/2021, 7/1/2021 to 9/30/2021, 10/01/2021 to 12/31/2021, 1/1/2022 to 3/1/2022 and 4/1/2022 to 6/30/22, 7/1/2022 to 9/30/2022 and 10/1/2022 to 12/31/2022, respectively, multiplied by the 15 percent. Funds will be distributed by March 31, 2022 - March 31, 2024 or until ARPA funds have been exhausted (whichever comes first).
3. Provide supplemental payment of 26.9 percent to Medicaid PT 38 that provided waiver services to ID waiver recipients. This supplemental payment will be determined by taking an identified set of claims by paid date and increasing that number by 26.9%. The supplemental payment will be based on services provided during the quarters of 4/1/2021 to 6/30/2021, 7/1/2021 to 9/30/2021, 10/1/2021 to 12/31/2021, 1/1/2022 to 3/31/2022, 4/1/2022 to 6/30/2022, 7/1/2022 to 9/30/2022 and 10/1/2022 to 12/31/2022. The calculation of the supplemental payment is based on the Provider's Medicaid paid claims amount from 4/1/2021 to 6/30/2021, 7/1/2021 to 9/30/2021, 10/01/2021 to 12/31/2021, 1/1/2022 to 2/28/2022, 4/1/2022 to 6/30/2022, 7/1/2022 to 9/30/2022 and 10/1/2022 to 12/31/2022, respectively, then increased by the 26.9 percent. The following ID Waiver services and its corresponding service rates including 26.9 percent are as follows: Day Habilitation per diem - \$195, Prevocational Services per diem - \$195, Residential Support Services per 15 minutes - \$7.93, Supported Employment per diem - \$195, Behavioral Consultation, Training and Intervention (Bachelor's Degree) \$23.43 and Master's Level \$26.94, Career Planning per 15 minutes - \$9.91, Non-Medical Transportation per trip – \$63.45 (max 2 trips a month), Nursing Services per hour RN - \$46.61 and for LPN - \$34.62, Nutrition Counseling Services – Initial Assessment per hour \$17.81 and for Rural - \$20.77, Nutrition Counseling Re-Assessment per hour - \$17.79 and for Rural - \$20.79, Residential Support Management per 15 minutes - \$7.93. Funds will be distributed by March 31, 2022 - March 31, 2024 or until ARPA funds have been exhausted (whichever comes first).
4. The purpose of the above supplemental payments is to provide relief to waiver providers who were impacted by the economic crisis and the associated challenges to recruit and retain a qualified workforce due to COVID-19 pandemic.
5. Prior to Appendix K amendment expiring, the state intends to add the above supplemental payments through the regular waiver amendment and/or renewal process.
6. These supplemental payments 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.

**\_\_\_g.\_\_\_Temporarily modify person-centered service plan development process and individual(s) responsible for person-centered service plan development, including qualifications.**

[Describe any modifications including qualifications of individuals responsible for service plan development, and address Participant Safeguards. Also include strategies to ensure that services are received as authorized.]

**h. \_\_\_Temporarily modify incident reporting requirements, medication management or other participant safeguards to ensure individual health and welfare, and to account for emergency circumstances.** [Explanation of changes]

**i. \_\_\_Temporarily allow for payment for services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay when necessary supports (including communication and intensive personal care) are not available in that setting, or when the individual requires those services for communication and behavioral stabilization, and such services are not covered in such settings.**

[Specify the services.]

**j. \_\_\_Temporarily include retainer payments to address emergency related issues.**

[Describe the circumstances under which such payments are authorized and applicable limits on their duration. Retainer payments are available for habilitation and personal care only.]

**k. \_\_\_Temporarily institute or expand opportunities for self-direction.**

[Provide an overview and any expansion of self-direction opportunities including a list of services that may be self-directed and an overview of participant safeguards.]

**l. \_\_\_Increase Factor C.**

[Explain the reason for the increase and list the current approved Factor C as well as the proposed revised Factor C]

m. **Other Changes Necessary** [For example, any changes to billing processes, use of contracted entities or any other changes needed by the State to address imminent needs of individuals in the waiver program]. [Explanation of changes]

## Appendix K Addendum: COVID-19 Pandemic Response

### 1. HCBS Regulations

- a ☐ Not comply with the HCBS settings requirement at 42 CFR 441.301(c)(4)(vi)(D) that individuals are able to have visitors of their choosing at any time, for settings added after March 17, 2014, to minimize the spread of infection during the COVID-19 pandemic.

### 2. Services

- a ☐ Add an electronic method of service delivery (e.g., telephonic) allowing services to continue to be provided remotely in the home setting for:
- i ☐ Case management
  - i ☐ Personal care services that only require verbal cueing
  - i ☐ In-home habilitation
  - iv ☐ Monthly monitoring (i.e., in order to meet the reasonable indication of need for services requirement in 1915(c) waivers).
  - v ☐ Other *[Describe]*:

- b ☐ Add home-delivered meals
- c ☐ Add medical supplies, equipment and appliances (over and above that which is in the state plan)
- d ☐ Add Assistive Technology

### 3. Conflict of Interest: The state is responding to the COVID-19 pandemic personnel crisis by authorizing case management entities to provide direct services. Therefore, the case management entity qualifies under 42 CFR 441.301(c)(1)(vi) as the only willing and qualified entity.

- a ☐ Current safeguards authorized in the approved waiver will apply to these entities.
- b ☐ Additional safeguards listed below will apply to these entities.



#### 4. Provider Qualifications

- a ☐ Allow spouses and parents of minor children to provide personal care services
- b ☐ Allow a family member to be paid to render services to an individual.
- c ☐ Allow other practitioners in lieu of approved providers within the waiver. *[Indicate the providers and their qualifications]*

- d ☐ Modify service providers for home-delivered meals to allow for additional providers, including non-traditional providers.

#### 5. Processes

- a ☐ Allow an extension for reassessments and reevaluations for up to one year past the due date.
- b ☐ Allow the option to conduct evaluations, assessments, and person-centered service planning meetings virtually/remotely in lieu of face-to-face meetings.
- c ☐ Adjust prior approval/authorization elements approved in waiver.
- d ☐ Adjust assessment requirements
- e ☐ Add an electronic method of signing off on required documents such as the person-centered service plan.

### 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@dncfp.nv.gov](mailto:kirsten.coulombe@dncfp.nv.gov)  
**Fax Number** (775) 687-3893

#### 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:** 2-15-22

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State Medicaid Director or Designee


**First Name:** *Suzanne*  
**Last Name** *Biermann*  
**Title:** Administrator  
**Agency:** Division of Health Care Financing and Policy  
**Address 1:** 1210 S. Valley View Blvd  
**Address 2:** Ste 104  
**City** Las Vegas  
**State** NV  
**Zip Code** 89102  
**Telephone:** (702) 668-4277  
**E-mail** [suzanne.bierman@dhcftp.nv.gov](mailto:suzanne.bierman@dhcftp.nv.gov)  
**Fax Number** (702) 668-4280

## 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:	Home Delivered Meals			
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>				
Service Definition (Scope):				
NV.0152.R07.04 HCBS Waiver for Frail Elderly (\$5.00 a meal).				
Home delivered meals are the provision of meals to seniors at risk of institutional care due to inadequate nutrition because of COVID-19 crisis and increase cost of food that impacted homebound seniors. Home delivered meals include the planning, purchase, preparation and delivery or transportation costs of meals to senior's home.				
The service will be effective April 1, 2022 – March 31, 2024 or until ARPA funds have been exhausted.				
Prior to Appendix K amendment expiring, this service will be added to Frail Elderly Waiver through the regular waiver amendment and/or renewal process.				
Specify applicable (if any) limits on the amount, frequency, or duration of this service:				
Home Delivered Meals are limited to two meals per day (\$5.00 a meal).				
Service must be prior authorized by Aging and Disability Services Division (ADSD), state operating agency for Frail Elderly Waiver.				
Provider Specifications				
Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
				Home Delivered Meals Agency
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)	
Home Delivered Meals Agencies	Business license from the Secretary of State (for in-state providers) or a copy of the Secretary of State business license in the provider's home state (for out-of-state provider).		Must be enrolled as a Medicaid Waiver provider	

Verification of Provider Qualifications				
Provider Type:		Entity Responsible for Verification:		Frequency of Verification
Home Delivered Meals Agencies		DHCFP Fiscal Agent		Upon enrollment
Service Delivery Method				
<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed



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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.