

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: **OHIO** _____

B. Waiver Title(s): Individual Options, Level One, and Self-Empowered Life Funding Waiver (SELF)

C. Control Number(s): OH.0231.R05.05, OH.0380.R03.11, OH.0877.R02.02

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.

COVID-19 pandemic. This amendment 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.)

On March 11, 2020, the World Health Organization declared the rapidly spreading coronavirus (COVID-19) outbreak will likely spread to all countries around the globe. Earlier, on March 9, 2020, Ohio Governor Mike DeWine declared a statewide state of emergency to protect the health, safety and well-being of Ohioans from the dangerous effects of COVID-19. All citizens have been urged to heed the advice of the Ohio Department of Health (ODH) and other emergency officials regarding this public health emergency. State agencies, including those serving individuals through Ohio Medicaid, are authorized to coordinate the State response to COVID-19, and to develop and implement procedures, including suspending or adopting temporary rules within an agency's authority, consistent with recommendations from ODH designed to prevent or alleviate this public health threat. The Ohio Department of Medicaid (ODM) is submitting this Appendix K for the purpose of **establishing processes aimed at reducing risks and ensuring access to home and community-based services (HCBS) to individuals through the Individual Options (IO), Level One, and Self-Empowered Life Funding (SELF) Waivers who are at greatest risk from COVID-19.**

Current enrollment as of the submission of this Appendix K on each of the three waivers is as follows:

- IO: 24,228
- L1: 15,494
- SELF: 2,105

Slots for the respective waivers are as follows, as of the submission of this Appendix K:

- IO: 27,200 during Waiver Year 2
- L1: 19,200 during Waiver Year 5
- SELF: 2,200 during Waiver Year 1

All three intermediate care facility for individuals with intellectual and developmental disabilities (ICF/IID) level of care waivers service individuals ages birth and older. The State is assuming all enrolled individuals on the IO, L1, and SELF programs are currently at risk of contracting the infection which causes COVID-19.

The single State Medicaid Agency (ODM) assures compliance with this waiver by: delegating specific responsibilities to the Operating Agency the Department of Developmental Disabilities (DODD) through an interagency agreement; managing Medicaid provider agreements; establishing general Medicaid rules; approving the Operating Agency's program-specific rules related to Medicaid requirements; processing claims for federal reimbursement, conducting audits; conducting post-payment review of Medicaid claims; monitoring the compliance and effectiveness of the Operating Agency's operations; leading the development of quality improvement plans; and facilitating interagency data-sharing and collaboration. The single State Medicaid Agency's (ODM) oversight of the Operating Agency's (DODD) performance occurs through a combination of reviews of performance data and management reports, interagency quality briefings, interagency quality forums, and fiscal reviews.

This Appendix K is additive to the previously approved appendix K submissions. This Appendix K submission also updates the end date to 6 months after the conclusion of the public health emergency.

F. Proposed Effective Date: Start Date: 1/27/2020 Anticipated End Date: 6 months after the conclusion of the public health emergency.

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

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

Please see the state disaster plan documentation originally submitted with Ohio's initial Appendix K submission.

Contact Person(s)

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

First Name: Icilda
Last Name: Dickerson
Title: Bureau Chief, Long-Term Services and Supports
Agency: Ohio Department of Medicaid
Address 1: 50 W. Town St. 5th Floor
Address 2: P.O. Box 182709
City: Columbus
State: OH
Zip Code: 43215
Telephone: 614-752-3578
E-mail: Icilda.dickerson@medicaid.ohio.gov
Fax Number: 614-644-6945

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

First Name: Deborah
Last Name: Hoffine
Title: Deputy Director, Medicaid Development and Administration
Agency: Ohio Department of Developmental Disabilities
Address 1: 30 E. Broad St., 13th Floor
Address 2: Click or tap here to enter text.
City: Columbus
State: OH
Zip Code: 43215
Telephone: 614-387-0375
E-mail: Deborah.hoffine@dodd.ohio.gov
Fax Number: 614-644-0501

8. Authorizing Signature

Signature: _____/S/_____

Date:

January 11, 2021

State Medicaid Director or Designee

First Name: *Maureen*
Last Name: *Corcoran*
Title: Director of Medicaid
Agency: Ohio Department of Medicaid
Address 1: 50 W. Town St., Suite 400
Address 2: Click or tap here to enter text.
City: Columbus
State: OH
Zip Code: 43215
Telephone: 614-466-4443
E-mail: Maureen.Corcoran@medicaid.ohio.gov
Fax Number: 614-752-3986

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.