

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.R05.06, OH.0380.R03.12, OH.0877.R02.04

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. 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.

The State has changed section K-2-f under the Individual Options, Level One, and SELF waiver programs, administered by DODD to include a one-time payment to Homemaker/Personal Care (HPC), Onsite/On-call HPC, Participant-Directed HPC, Adult Day Supports, Vocational Habilitation, Career Planning, Independent and Group Employment Supports, Non-Medical Transportation, and Shared Living providers.

This Appendix K is additive to the previously approved Appendix K submissions.

F. Proposed Effective Date: Start Date: 1/27/2020 Anticipated End Date: End date is six months after the conclusion of the PHE

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.

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.

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.]

K-2-f: The State will permit the following:

Individual Options, Level One, and SELF Waivers

- Ohio will make a one-time rate increase payment to all provider types of the following service types: Homemaker/Personal Care (HPC), Onsite/On-call HPC, Participant-Directed HPC, Adult Day Supports, Vocational Habilitation, Career Planning, Independent and Group Employment Supports, Non-Medical Transportation, and Shared Living. Active non-public providers rendering service during the established timeframe will be included for this one-time payment.
 - The phrase “one-time rate increase” is in reference to a temporary percentage increase in a provider’s base rate, based on paid claims during the period of August-October 2020. Specifically, at the time the payments are made, Ohio will calculate the total value of claims paid to each provider for dates of service from 8/1/2020 through 10/31/2020; multiply that value by the established percentage to determine the amount to be paid to each provider; and then will issue a “one-time” payment for the calculated amount to each provider. As an example, if a provider has been paid for \$1,000 for services rendered during the period of August-October 2020, the provider would receive a one-time payment in the amount of \$160.
- The State utilized the period between August-October 2020 to develop the increased rate payment. Using this claims experience, the rate payment will be up to an additional 16% of the average for each individual provider for the abovementioned service types. This increase will replace the 12% increase approved on August 28, 2020 for the Homemaker/Personal Care (HPC), Onsite/On-call HPC, Participant-Directed HPC, and Shared Living services.
- The increased rate payment is based on claims available to the Department of Developmental Disabilities (DODD) on the date in which payment is made.
 - The rate payment will be made once Appendix K approval is received from CMS, but no earlier than the proposed effective date of January 27, 2021. All available claims from the period between August-October 2020 will be used to determine the payment a provider may receive, up to an additional 16%. Providers have up to a year to submit a waiver claim; only claims submitted before or on the date in which payment is to be rendered from services provided between August-October 2020 will be used in determining a provider’s payment.
- This payment is made based on the approved rate methodology indicated in each 1915(c) waiver operated by DODD.
- The additional rate increase will help to support hazard pay, increased overtime, and additional training related to COVID preparedness.

The State considers this a retroactive rate adjustment and no additional reconciliation will occur once the payment is rendered. The State is not making adjustments to a provider’s payment once payment has been rendered. Providers have up to a year to submit a waiver claim; only claims submitted before or on the date in which payment is to be rendered from services provided between August-October 2020 will be used in determining a provider’s payment. For example, if a payment in the amount of

\$160 is rendered on 2/1/2021 to a provider whose claims had a total value \$1,000 for services rendered during the period of August-October 2020 at the time the payment was made, and then that same provider later submits additional claims in the amount of \$100 for services rendered 8/1/2020 through 10/31/2020, there will be no reconciliation performed to pay that provider an additional \$16.

The start date for this one-time rate increase payment is January 27, 2021.

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/_____
State Medicaid Director or Designee

Date:

January 15, 2021

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.