

APPENDIX K: Emergency Preparedness and Response

Background:

This standalone appendix may be utilized by the state during emergency situations to request amendment to its approved waiver. 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 completed retroactively as needed by the state.

Appendix K-1: General Information

General Information:

A. State: OHIO

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

C. Control Number: OH.0231.R05.11, OH.0380.R04.04, OH.0877.R02.09

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 applies 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.)

The Ohio Department of Medicaid (ODM) is submitting this Appendix K for the purpose of issuing quarterly value based supplemental payments to home and community-based service providers in 0231-Individual Options (IO), 0380-Level One (L1), and 0877- Self-Empowered Life Funding (SELF)Waivers.

Activities associated with payments to providers begin no earlier than July 1, 2022 and will end with the conclusion of this Appendix K.

Payments are made based on the approved rate methodology indicated in each 1915(c) waiver operated by Department Of Developmental Disabilities (DODD). The additional state match required is funded by the County Boards of Developmental Disabilities, through a Certified Federal Expenditure (CPE) arrangement, as described in Appendix I-4 of each waiver application.

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

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

G. Description of Transition Plan.

All activities are taking 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 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 is permitting the following beginning July 1, 2022:
0231-Individual Options, 0380- Level One, 0877-SELF Waivers.

- Ohio is issuing quarterly value based supplemental payments to fee-for-service waiver providers serving in the Individual Options, Level One, and SELF Waivers to support recruitment and retention of Direct Support Professionals. In order to remain eligible, providers must report certain information to DODD regarding the use of the funds.
- At least 82% of each retention payment distributed to an agency provider must be dispersed to eligible DSPs. Owners and management staff are not eligible unless they also meet the definition of a DSP.
- An agency provider may use up to 18% of a retention payment for costs associated with implementation or administration of the retention payment program, additional employee compensation, or other activities that benefit its DSPs and/or improve service delivery.
- An agency provider will not use retention payments to fund programs or incentives the agency provider had in place prior to the effective date of this rule unless the retention payment program funds are used to increase, not replace, the funding available for the programs or incentives prior to the effective date of this rule.
- Providers eligible to receive each quarterly value-based supplemental payment meets the following criteria:
 - Provider is an active, non-public provider of the following service types:
 - Individual Options- Homemaker/Personal Care (HPC), On-site/On-call HPC, HPC-Daily Billing Unit, Participant-Directed HPC, Shared Living, Transportation, Adult Day Supports, Vocational Habilitation, Career Planning, Independent and Group Employment Supports, and Non-Medical Transportation
 - Level One-Homemaker/Personal Care (HPC), On-site/On-call HPC, HPC-Daily Billing Unit, Participant-Directed HPC, Transportation, Adult Day Supports, Vocational Habilitation, Career Planning, Independent and Group Employment Supports, and Non-Medical Transportation
 - SELF-Participant-Directed HPC, Transportation, Adult Day Supports, Vocational Habilitation, Career Planning, Independent and Group Employment Supports, and Non-Medical Transportation
 - Provider formally agrees to comply with worker-specific reporting requirements. **Independent providers will not be subject to reporting requirements and will automatically be eligible for quarterly payments.**
 - Provider has rendered and been issued payment for eligible services during the established quarter.
 - Quarterly timeframes eligible for payment include the following, and will continue through the conclusion of this Appendix K authority:
 - April 2022-June 2022
 - July 2022-October 2022
 - November 2022-December 2022
- Following the close of the identified quarter, The State calculates eligible provider value-base payment amounts, including independent providers, in the following manner:
 - The State determines the amount paid to the provider for eligible services rendered during the quarter.
 - The amount paid is based on claims available to the Department of Developmental Disabilities (DODD) on the date in which payment is

made. Only provider claims submitted and paid at the time the one-time payment amount is established are used to determine a provider's payment.

- The State multiplies the total value of the provider claims paid by 6.5% to determine the amount paid to each provider.
 - Payment is issued to each provider. Minimum provider payments issued is \$100.
 - Example 1: A provider has been issued \$2,000 in Medicaid payments for services rendered during the April 2022-June 2022 quarter. During the month of July 2022, the provider is issued a one-time payment in the amount of \$130.
 - Example 2: A provider has been issued \$500 in Medicaid payments for services rendered during the April 2022-June 2022 quarter. During the month of July 2022, the provider is issued a one-time payment in the amount of \$100 due to the threshold set for minimum payment being above 6.5% of this provider's value of services rendered.
 - The State considers calculation of quarterly payments final payment, with no additional reconciliation occurring once the payment is rendered. The State is not making adjustments to a provider's payment once this one-time payment has been rendered.
 - Example 3: A provider has been issued \$2,000 in Medicaid payments for services rendered during the April 2022-June 2022 quarter. During the month of July 2022, the provider receives a one-time payment in the amount of \$130. Following issuance of the one-time payment, the provider submits billing and is paid an additional \$1,000 in Medicaid payments for services rendered during the April 2022-June 2022 quarter. No additional payments are made.
- Payments are made based on the approved rate methodology indicated in each 1915(c) waiver operated by DODD.
 - Quarterly value-based supplemental payments issued are subject to recoupment if the provider does not comply with the requirements for participation.

Activities associated with payments to providers begin no earlier than July 1, 2022 and will end with the conclusion of the Appendix K.

As part of the unwinding process, the state will amend the base waivers to include a detailed description of the state's CPE process that comports with requirements found at 42 CFR part 75 and otherwise follow the Medicare cost principles at 42 CFR 413.

Contact Person(s)

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

First Name: ShaRhonda
Last Name Sly
Title: HCBS Policy Section Chief
Agency: Ohio Department of Medicaid
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Address 2: P.O. Box 182709
City Columbus
State OH
Zip Code 43215
Telephone: (380)203-6406
E-mail Sharhonda.sly@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: May 13, 2022

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
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ⁱ Numerous changes that the state may want to make 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; (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.