

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): Ohio Home Care Waiver and PASSPORT Waiver

C. Control Number(s): OH.0337.R05.02, OH.0198.R06.08

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.

COVID-19 pandemic. This amendment applies waiver-wide for each waiver included in this Appendix, to all enrolled 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 one-time direct payment to home and community-based service providers in 0337-Ohio Home Care and 0198-PASSPORT waivers.

Activities associated with payment to providers begin upon receipt of CMS approval but no earlier than February 7, 2022.

Ohio is utilizing 9817 American Recovery Plan (ARP) funding for payments issued through this Appendix K authority. Approval for use of ARP funding for this purpose was issued by the Centers of Medicare and Medicaid Services on December 13, 2021.

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 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 permits the following:

0337-Ohio Home Care and 0198-PASSPORT waivers

- Ohio is issuing a one-time payment to the provider types serving in the OHC and PASSPORT Waivers to help to support waiver service providers with costs associated with hazard pay, increased overtime, and additional training related to COVID preparedness.
- One-time payment is issued to active, non-public providers rendering services during the established timeframe and include providers of the following service types:
 - OHC– Adult Day Health, Community Integration, Community Transition, Emergency Response, Home Care Attendant, Home Delivered Meals, Home Maintenance and Chore, Home Modification, Out-of-Home Respite, Personal Care Aide, Supplemental Adaptive and Assistive Devices, Supplemental Transportation and Waiver Nursing
 - PASSPORT- Adult Day Health, Alternative Meal Service, Choices Home Care Attendant, Community Integration, Community Transition, Enhanced Community Living, Home Care Attendant, Home Delivered Meals, Home Maintenance and Chore, Home Modification, Homemaker, Home Medical Equipment and Supplies, Non-Medical Transportation, Nutritional Consultation, Out of Home Respite, Personal Care, Personal Emergency Response System, Social Work and Counseling and Waiver Nursing
- The phrase “one-time payment” is in reference to an established percentage of the total amount of participant claims paid for dates of service during the established timeframe. The total amount paid for dates of service utilized for this methodology excludes previous one-time payments issued to providers during the established timeframe.
- Ohio calculates the total value of claims paid to each provider for dates of service between *11/1/2020-10/31/2021* and multiplies that value by 10% to determine the amount paid to each provider; and then issues the “one-time” payment for the calculated amount 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 period of 11/1/2020-10/31/2021. The provider receives a one-time payment in the amount of \$200.
 - Example 2: A provider has been issued \$500 in Medicaid payments for services rendered during the period of 11/1/2020-10/31/2021. The provider receives a one-time payment in the amount of \$100 due to the threshold set for minimum payment being above 10% of this provider’s value of services rendered.

- The State considers this one-time payment a retroactive rate adjustment and no additional reconciliation is occurring once the payment is rendered. The State is not making adjustments to a provider's payment once this one-time payment is rendered. Only provider claims submitted and paid at the time the one-time payment amount is established are used to determine a provider's payment.
 - Example 3: A provider has been issued \$2,000 in Medicaid payments for services rendered during the period of 11/1/2020-10/31/2021. The provider receives a one-time payment in the amount of \$200. Following issuance of the one-time payment, the provider submits billing and is paid an additional \$2,000 in Medicaid payments for services rendered during the period of 11/1/2020-10/31/2021. **No additional payments are made.**
- Ohio is utilizing 9817 American Recovery Plan (ARP) funding for payments issued through this Appendix K authority. Approval for use of ARP funding for this purpose was issued by the Centers of Medicare and Medicaid Services on December 13, 2021.

Activities associated with payment to providers begin upon receipt of CMS approval but no earlier than February 7, 2022.

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, Bureau of Long-Term Services and Supports
Address 1: 50 West Town Street, Fifth Floor
Address 2: P.O. Box 182709
City: Columbus
State: Ohio
Zip Code: 43215
Telephone: (380) 203-6406
E-mail: ShaRhonda.Sly@medicaid.ohio.gov
Fax Number: (466) 466-6945

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


First Name: Click or tap here to enter text.
Last Name Click or tap here to enter text.
Title: Click or tap here to enter text.
Agency: Click or tap here to enter text.
Address 1: Click or tap here to enter text.
Address 2: Click or tap here to enter text.
City Click or tap here to enter text.
State Click or tap here to enter text.
Zip Code Click or tap here to enter text.
Telephone: Click or tap here to enter text.
E-mail Click or tap here to enter text.
Fax Number Click or tap here to enter text.

8. Authorizing Signature

Signature:
_____/S/_____.
State Medicaid Director or Designee

Date:
February 16, 2022

First Name: Maureen M.
Last Name Corcoran
Title: Director
Agency: Ohio Department of Medicaid
Address 1: 50 West Town Street, Fifth Floor
Address 2: P.O. Box 182709
City Columbus
State OH
Zip Code 43215
Telephone: (614)752-5024
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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.