

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: Assisted Living, Ohio Home Care Waiver, My Care Ohio, PASSPORT

C. Control Number: 0446.R03.03, 0337.R04.08, 1035.R01.04, 0198.R06.05.

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.

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 Assisted Living, Ohio Home Care, MyCare Ohio, and PASSPORT waiver programs who are at greatest risk from COVID-19.

Current enrollment on each of the three waivers is as follows:

- Assisted Living: 3,310
- Ohio Home Care: 7,134
- MyCare Ohio: 32,890
- PASSPORT: 20,429

Slots for the respective waivers are as follows:

- Assisted Living: 5,391 in waiver year 2
- Ohio Home Care: 9,800 in waiver year 5
- MyCare Ohio: 33,938 in waiver year 3
- PASSPORT: 35,919 in waiver year 3

The Ohio Home Care serves individuals birth through age 59, and the MyCare Ohio waiver programs serve individuals ages 18 and older. The Assisted Living program serves individuals age 21 and older and the PASSPORT program serves individuals aged 60 and older. All these waivers require a skilled or intermediate level of care (considered by the State to meet nursing facility (NF) level of care) for enrollment. The State is assuming all enrolled individuals on the Assisted Living, Ohio Home Care, MyCare Ohio, and PASSPORT programs are currently at risk of contracting the infection which causes COVID-19.

The Ohio Department of Medicaid (ODM), the State Medicaid agency, is responsible for administration and oversight of the Ohio Home Care Waiver and MyCare Ohio Waiver programs. ODM contracts with multiple case management agencies (CMA) to provide assessment and case management services. The CMAs operate regionally around the state and are responsible for interfacing with individuals at the local level to assure access to services. CMA staff perform level of care assessments, as well annual and event-based reassessments, work with each waiver individual to develop/update person-centered service plans tailored to meet their specific needs, monitor health and welfare, and provide ongoing case management and support. ODM also contracts with a single entity to perform provider management and oversight functions and to conduct provider oversight and incident investigations.

The Ohio Department of Medicaid (ODM) maintains oversight of operational and policy development at Ohio Department of Aging (ODA) through an interagency agreement between ODM and ODA, and thirteen three party agreements with ODM, ODA and the PAAs. These agreements provide for ODM reviews of programmatic compliance with federal and state laws and regulations and both auditing and fiscal compliance. The PAAs, which serve as ODA's designee as outlined in the agreement, are delegated responsibility for the daily operation of the Assisted Living and PASSPORT waiver as designated regional entities. ODA is primarily responsible for monitoring the PAAs compliance with state and federal law and policies relative to waiver operations.

The State has changed Section K-2-f under the Ohio Home Care and MyCare Ohio waiver programs administered by ODM and the PASSPORT waiver program administered by ODA to include a one-time payment for waiver nursing, personal care and home care attendant service providers.

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

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 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:

Ohio Home Care, MyCare Ohio and PASSPORT waivers

- Ohio may make a one-time payment to all provider types of the following services: Waiver Nursing, Personal Care, and Home Care Attendant services. Active providers rendering service during the established timeframe will be included for this one-time payment.
 - The phrase “one-time payment” 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 used the period between August – October 2020 to develop the increased rate of payment. Using this claims experience, the payment is up to an additional 16% of the average for each individual provider for the abovementioned services.
- The payment is based on claims data available to ODM on the date on which the payment is made. It reflects approximately two weeks of total income they earned from Medicaid claims in CY 19.
 - The 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.
- The payment is made based on the approved rate methodology indicated in the above-mentioned waivers.
- The additional payment helps to support hazard pay, increased overtime, and additional training related to COVID preparedness.

The State considers this a retroactive adjustment and no additional reconciliation occurred when the payment was 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.

ODM has not excluded any providers from the one-time payment, however, providers can choose to opt out themselves.

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

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

First Name: Icilda
Last Name: Dickerson
Title: Chief
Agency: Bureau of Long-Term Services and Supports
Address 1: Ohio Department of Medicaid
Address 2: 50 West Town Street, Fifth Floor, P.O. Box 182709
City: Columbus
State: Ohio
Zip Code: 43215
Telephone: (614) 752-3578
E-mail: Icilda.Dickerson@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/____

Date:

January 15, 2021

State Medicaid Director or Designee

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. Bo 182709
City Columbus
State Ohio
Zip Code 43215
Telephone: (614) 752-5024
E-mail Maureen.Corcoran@medicaid.ohio.gov
Fax Number (614) 644-4368

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.