

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: South Dakota

B. Waiver Title: Assistive Daily Living Services Waiver

C. Control Number:

SD.0264.R05.03

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 Global Pandemic. The ADLS Waiver serves about 108 medically complex participants. 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 such as travel bans and social distancing. This Appendix K is additive to the previously approved Appendix K and includes the following changes:

1. Effective March 1, 2022, one-time supplemental payment to providers who qualify for the payment funded through section 9817 of the American Rescue Plan (ARP).

F. Proposed Effective Date: Start Date: March 1, 2020 ___ **Anticipated End Date:** ___ 6 months after the end of the Public Health Emergency _____

G. Description of Transition Plan.

No adverse effects anticipated for waiver participants when waiver returns to its original status.

H. Geographic Areas Affected:

These actions will apply across the state of South Dakota and 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:*

N/A

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. ☒ 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].

The State will make a one-time payment to in-home service providers, home health agencies, assisted living facilities, long-term care facilities, and private and hospital-based in-home service providers that have provided qualifying services in the ADLS waiver during the period of April 1, 2021 to December 31, 2021. Qualifying services include personal care, nursing, homemaker, respite, and other HCBS services provided directly by provider staff. One-time supplemental payments will be made based on the following criteria:

- a. Eligibility for the supplemental payment requires providers to attest to the following:
 - i. An understanding these are one-time payments;
The payments will be used to expand, enhance, or strengthen Medicaid Home and Community Based Services as described in b.
- b. Payment is made through a supplemental payment:
 - i. The State will make a supplemental payment to qualified providers in March 2022.
 - ii. Eighty percent of the total payment is for direct care workforce activities. Direct care workforce may include one-time compensation payments, including temporary shift differentials; a one-time compensation adjustment to direct care staff as a method of retention; other types of retention incentives such as paid family leave and paid sick leave; and activities to recruit direct care workers.
 - iii. Twenty percent of the total payment is for equipment and supplies. Equipment and supplies may include expenses related to COVID-19 related equipment, testing supplies, and infection control; telehealth equipment and assistive technology for providers; and other supplies and equipment that enhance the delivery of HCBS.
 - iv. Providers may request in writing an exception from the State to reallocate the percent of the supplemental payment that is designated for each activity. The request must include the proposed use of the funds, justification for the exception, and a report of to date use of supplemental payment funds. The State will determine whether to approve requests based on the merits of the exception request including whether granting the exception furthers the goal of expanding, enhancing, or strengthening HCBS services.
 - v. The one-time payment will equal approximately 41.6 percent of the claim expenditures from SFY 21.
 - vi. Providers will provide the State with a report of funds expended and for what purpose in the form and manner designated by the State.

Contact Person(s)

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

First Name: Matthew
Last Name Ballard
Title: Medicaid Deputy Director
Agency: Department of Social Services
Address 1: 700 Governors Drive
Address 2: Click or tap here to enter text.
City Pierre
State SD
Zip Code 57501
Telephone: (605) 773-3495
E-mail Matthew.Ballard@state.sd.us
Fax Number Click or tap here to enter text.

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

First Name: Jennifer
Last Name Lewis
Title: ADLS Waiver Manager
Agency: Department of Human Services
Address 1: 3800 E Hwy 34
Address 2: c/o 500 E Capitol
City Pierre
State SD
Zip Code 57501
Telephone: (605) 773-3195
E-mail Jennifer.lewis@state.sd.us
Fax Number Click or tap here to enter text.

8. Authorizing Signature


Signature:

/S/

Date: 1/14/2022

State Medicaid Director or Designee

First Name: Matthew
Last Name Ballard
Title: Medicaid Deputy Director
Agency: Department of Medical Services
Address 1: 700 Governors Drive
Address 2: Click or tap here to enter text.
City Pierre
State SD
Zip Code 57501
Telephone: 605-773-3495
E-mail Matthew.Ballard@state.sd.us
Fax Number Click or tap here to enter text.



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.