

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: _____ Texas _____

B. Waiver Title:

Community Living Assistance and Support Services (CLASS); Deaf-Blind Multiple Disabilities (DBMD); Home and Community-Based Services (HCS); Texas Home Living (TxHmL); Medically Dependent Children Program (MDCP)

C. Control Number:

0221.R06.06
0281.R05.11
0110.R07.12
0403.R04.01
0181.R06.12

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.

Federally Declared Public Health Emergency related to COVID-19. This amendment will apply waiver-wide for each waiver included in this Appendix K. Impacted providers include those delivering attendant and nursing services, including those of day habilitation, residential services, and transportation.

HHSC requests approval to implement the following flexibilities up through the end of the disaster period.

F. Proposed Effective Date: Start Date: March 13th, 2020 Anticipated End Date: the end of the federal PHE for COVID-19

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 or the response to the 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.

a. X Access and Eligibility:

i. X Temporarily increase the cost limits for entry into the waiver.

[Provide explanation of changes and specify the temporary cost limit.]

As agreed to by CMS, the Texas Health and Human Services Commission (HHSC) will disregard the impact of the temporary provider bonus payments on the cost limits for entry and continued participation in the waiver. For services rendered between March 1, 2022 and August 31, 2022 the retention payments for Home and Community-Based Services (HCBS) under HHSC's spending plan pursuant to section 9817 of the American Rescue Plan Act, described in section f will not be added to the calculation of cost limits for the waiver.

ii. ___ Temporarily modify additional targeting criteria.

[Explanation of changes]

b. ___ Services

i. ___ Temporarily modify service scope or coverage.

[Complete Section A- Services to be Added/Modified During an Emergency.]

ii. ___ Temporarily exceed service limitations (including limits on sets of services as described in Appendix C-4) or requirements for amount, duration, and prior authorization to address health and welfare issues presented by the emergency.

[Explanation of changes]

iii. ___ Temporarily add services to the waiver to address the emergency situation (for example, emergency counseling; heightened case management to address emergency needs; emergency medical supplies and equipment; individually directed goods and services; ancillary services to establish temporary residences for dislocated waiver enrollees; necessary technology; emergency evacuation transportation outside of the scope of non-emergency transportation or transportation already provided through the waiver).

[Complete Section A-Services to be Added/Modified During an Emergency]

iv. ___ Temporarily expand setting(s) where services may be provided (e.g. hotels, shelters, schools, churches) Note for respite services only, the state should indicate any facility-based settings and indicate whether room and board is included:

[Explanation of modification, and advisement if room and board is included in the respite rate]:

v. ___ Temporarily provide services in out of state settings (if not already permitted in the state's approved waiver). [Explanation of changes]

c. ___ Temporarily permit payment for services rendered by family caregivers or legally responsible individuals if not already permitted under the waiver. Indicate the services to which this will apply and the safeguards to ensure that individuals receive necessary services as authorized in the plan of care, and the procedures that are used to ensure that payments are made for services rendered.

d. ___ Temporarily modify provider qualifications (for example, expand provider pool, temporarily modify or suspend licensure and certification requirements).

i. ___ Temporarily modify provider qualifications.

[Provide explanation of changes, list each service affected, list the provider type, and the changes in provider qualifications.]

ii. ___ Temporarily modify provider types.

[Provide explanation of changes, list each service affected, and the changes in the provider type for each service].

iii. ___ Temporarily modify licensure or other requirements for settings where waiver services are furnished.

[Provide explanation of changes, description of facilities to be utilized and list each service provided in each facility utilized.]

e. ___ Temporarily modify processes for level of care evaluations or re-evaluations (within regulatory requirements). [Describe]

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].

The Texas Health and Human Services Commission (HHSC) uses the methodology to establish staff retention payments for Home and Community-Based Services (HCBS) under HHSC's spending plan pursuant to section 9817 of the American Rescue Plan Act. Providers and provider agencies will be required to use at least 90 percent of these funds for time limited financial compensation for their direct care workforce, including, but not limited to, lump sum bonuses, longevity bonuses, and paid time off for a COVID-19 vaccination. These payments are effectuated as a rate add on. The maximum percentage increase being effectuated is 26.9%.

This methodology for retention payments applies to Fee-for-Service (FFS) providers delivering HCBS attendant and nursing services through the provider agency and consumer directed services option in Texas' 1915(c) waivers.

HHSC calculates payments made under this section in the following manner:

(1) Total approved funding pool is divided proportionally based on State Fiscal Year 2019 claims paid from all HCBS services to calculate an anticipated funding amount for each service.

(2) Anticipated funding amount for each HCBS service is divided by projected utilization for the program period to calculate a perunit payment factor for each service.

(3) The rate add-on will be applied to claims submitted as of the date of approval of this Appendix K through the end of the federal PHE for COVID-19 for services rendered between March 1, 2022 and August 31, 2022.

g. ___ Temporarily modify person-centered service plan development process and individual(s) responsible for person-centered service plan development, including qualifications.

[Describe any modifications including qualifications of individuals responsible for service plan development, and address Participant Safeguards. Also include strategies to ensure that services are received as authorized.]

h. ___ Temporarily modify incident reporting requirements, medication management or other participant safeguards to ensure individual health and welfare, and to account for emergency circumstances. [Explanation of changes]

i. ___ Temporarily allow for payment for services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay when necessary supports (including communication and intensive personal care) are not available in that setting, or when the individual requires those services for communication and behavioral stabilization, and such services are not covered in such settings.

[Specify the services.]

j. ___ Temporarily include retainer payments to address emergency related issues.

[Describe the circumstances under which such payments are authorized and applicable limits on their duration. Retainer payments are available for habilitation and personal care only.]

k. ___ Temporarily institute or expand opportunities for self-direction.

[Provide an overview and any expansion of self-direction opportunities including a list of services that may be self-directed and an overview of participant safeguards]

l. ___ Increase Factor C.

[Explain the reason for the increase and list the current approved Factor C as well as the proposed revised Factor C]

m. ___ Other Changes Necessary [For example, any changes to billing processes, use of contracted entities or any other changes needed by the State to address imminent needs of individuals in the waiver program]. [Explanation of changes]

Contact Person(s)

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

First Name: Steve
Last Name Fox
Title: Manager
Agency: HHSC
Address 1: 701 West 51st Street
Address 2: Mail code H310
City Austin
State Tx
Zip Code 78751
Telephone: 512-438-4195
E-mail Steven.fox@hhs.texas.gov
Fax Number 512-323-1905

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

First Name:

Last Name

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: 5/20/2022

State Medicaid Director or Designee

First Name: *Stephanie*

Last Name *Stephens*

Title: State Medicaid Director

Agency: HHSC

Address 1: 4601 W. Guadalupe Street

Address 2: Click or tap here to enter text.

City Austin

State Texas

Zip Code 78751

Telephone: 512-428-1906

E-mail tx_medicaid_waivers@hhs.texas.gov

Fax Number 512-323-1905

Section A---Services to be Added/Modified During an Emergency

Complete for each service added during a time of emergency. For services in the approved waiver which the state is temporarily modifying, enter the entire service definition and highlight the change. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification					
Service Title:					
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>					
Service Definition (Scope):					
Specify applicable (if any) limits on the amount, frequency, or duration of this service:					
Provider Specifications					
Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:		<input type="checkbox"/>	Agency. List the types of agencies:
Specify whether the service may be provided by (check each that applies):		<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
Provider Qualifications (provide the following information for each type of provider):					
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)		
Verification of Provider Qualifications					
Provider Type:	Entity Responsible for Verification:			Frequency of Verification	
Service Delivery Method					
Service Delivery Method (check each that applies):	<input type="checkbox"/>	Participant-directed as specified in Appendix E		<input type="checkbox"/>	Provider managed



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.