

# 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.<sup>1</sup> 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: Utah \_\_\_\_\_

B. Waiver Title(s):

Utah Community Supports Waiver;  
Aging Waiver;  
Acquired Brain Injury Waiver;  
Physical Disabilities Waiver;  
New Choices Waiver;  
Medically Complex Children's Waiver;  
Technology Dependent Waiver  
Community Transitions Waiver

C. Control Number(s):

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<sup>1</sup> 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.

UT.0158.R07.05  
 UT.0247.R06.05  
 UT.0292.R05.06  
 UT.0331.R05.02  
 UT.0439.R03.04  
 UT.1246.R01.06  
 UT.40183.R05.05  
 UT.1666.R00.04

**D. Type of Emergency (The state may check more than one box):**

<input checked="" type="checkbox"/>	<b>Pandemic or Epidemic</b>
<input type="checkbox"/>	<b>Natural Disaster</b>
<input type="checkbox"/>	<b>National Security Emergency</b>
<input type="checkbox"/>	<b>Environmental</b>
<input type="checkbox"/>	<b>Other (specify):</b>

**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.*

This Appendix K is additive to the Appendix K submissions approved on April 17, 2020, July 22, 2020, and January 14, 2021. This amendment is effective April 1, 2021 and includes:

Description of increased payments for providers serving Utah's Eight Home and Community Based Services Waivers as described in Utah's American Rescue Plan Act Home and Community Based Services Enhanced Funding Spending Plan.

**F. Proposed Amendment Effective Date: Start Date: January 27, 2020\_Anticipated End Date: 6 months following the conclusion of the public health emergency**

## 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.]

1. Temporary supplemental payments will be made based on the following criteria:
  - a. Eligibility for quarterly supplemental payments require providers to attest to meeting the following requirements.
    - i. Acknowledging these are time-limited payments which are not anticipated to extend beyond March 2024.

The State understands that its ability to make payments under the Appendix K authority will end no later than 6 months following the conclusion of the Federal Public Health Emergency. The State will be responsible to seek other authority, such as amending the 1915(c) HCBS waivers, for the continuation of these payments beyond the termination date of the Appendix K.
    - ii. An agreement that a portion of the funds will be used to address direct-care worker issues (i.e., salary/benefit increases, staff retention bonuses, employer paid training, provision of PPE, paid time to receive vaccinations, etc.).
    - iii. An agreement that funds will be used to expand, enhance or strengthen their program.
  - b. Payments are increased through a supplemental payment.
2. The State will make supplemental payments to qualified providers, who provide a service included in any of Utah's Eight HCBS Waiver programs and who have made an attestation per (1)(a) and who have had claims paid within the financial quarter being assessed. All providers of 1915(c) HCBS waiver services may be eligible when these conditions are met.
3. The quarterly supplemental payments will equal 5 percent of the home and community based waiver providers' fee for service claims based on paid date from the previous quarter. For example, April, May and June paid claims will be used to inform the payment for that period. If \$100 were paid in that period, the quarterly payment will be \$5. The exact timing of payments may vary; however, the payments will be based on the example noted.
4. The payments are made to billing providers, or as appropriate, to governmental entities other than the billing provider when the billing provider has voluntarily reassigned payment as stated in Appendix I-3-g-i of the approved waiver and in accordance with 42 CFR §447.10(e). This authority currently exists in waivers 0158, 0247, 0292, 0331, and 1666. (Community Supports, Aging, Acquired Brain Injury, Physical Disabilities, and Community Transitions waivers respectively).

**8. Authorizing Signature**

<b>Signature:</b>  Tonya Hales Assistant Director, Division of Medicaid and Health Financing	<b>Date:</b>  September 9, 2021
State Medicaid Director or Designee	

<b>First Name:</b>	Emma
<b>Last Name</b>	Chacon
<b>Title:</b>	Interim Division Director
<b>Agency:</b>	Utah Department of Health, Division of Medicaid and Health Financing
<b>Address 1:</b>	288 N 1460 W
<b>Address 2:</b>	Click or tap here to enter text.
<b>City</b>	Salt Lake
<b>State</b>	Utah
<b>Zip Code</b>	84114
<b>Telephone:</b>	(801) 448-1543
<b>E-mail</b>	echacon@utah.gov
<b>Fax Number</b>	(801) 538-6860