

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.¹ 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):

Community Supports Waiver
Acquired Brain Injury Waiver
Physical Disabilities Waiver
Community Transitions Waiver
Limited Supports Waiver

C. Control Number(s):

UT.0158.R07.06
UT.0292.R05.07
UT.0331.R05.03
UT.1666.R00.05
UT.1886.R00.02

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

<input checked="" type="checkbox"/>	Pandemic or Epidemic
<input type="checkbox"/>	Natural Disaster
<input type="checkbox"/>	National Security Emergency
<input type="checkbox"/>	Environmental
<input type="checkbox"/>	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.

This Appendix K is additive to the Appendix K submissions approved on April 17, 2020, July 22, 2020, January 14, 2021 and October 1, 2021. This amendment is effective April 1, 2022 and includes:

Effective April 1, 2022, the state amends the State's calculation of payments made through section 9817 of the American Rescue Plan Act (ARP).

The addition of language regarding the timeframe for the State's submission of evidentiary packages as a result of the public health emergency.

- 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. 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 following methodology is for the purposes of calculating the section 9817 of the ARP portion of the payment beginning April 1, 2022:

- a) For eligible claims with service dates on, or prior to, June 30, 2022, the previously approved 5% supplemental payment methodology will be used, regardless of which quarter the claim is adjudicated in.
 - i) One exception to this provision is a group of 12,483 claims which were adjudicated in Q2 of CY22, but prior to rate changes made effective in the MMIS. When these claims are reprocessed, additional supplemental reimbursement will not be made available. The rate changes effective April 1, 2022 were for the purposes of increasing reimbursement to direct care staff and were applicable to services with a direct care labor component.
 - ii) Claims with dates of service previous to April 1, 2022 would remain eligible for the 5% supplemental payment methodology.
- b) Beginning Q3 CY22, claims with service dates on or after July 1, 2022 will instead have an increase made to the base rate of 3.65% for direct care services; 4.46% for Support Coordination; and 5% for Financial Management and Massage Therapy Services.
- c) Beginning Q1 CY23, direct care service rates will be increased by an additional 0.53% and support coordination rates will be increased by an additional 0.54%. Any additional claims with service dates in CY22 that were paid in early CY23 and met the previously approved supplemental payment criteria will receive the Q3 CY22 rate increase.

The State's purpose in changing methodology from supplemental payment to increasing rates is to more quickly get available funding into the hands of providers as they contend with challenges of the PHE.

m. X 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]

The timeframes for the submission of the evidentiary package(s) will be extended as needed pursuant to the emergency. In addition, the state may suspend the collection of data for performance measures other than those identified for the Health and Welfare assurance and notes that as a result the data will be unavailable for this time frame in ensuing reports due to the circumstances of the pandemic.

		Service Dates				
		≤3/31/2022	4/1/2022 - 6/30/2022	7/1/2022 - 9/30/2022	10/1/2022 - 12/31/2022	≥1/1/2023
Paid Dates	1/1/2022 - 3/31/2022	Department of Health and Human Services (DHHS) calculates and issues an across the board 5% gross adjustment. No ARP increase paid through individual rates.	N/A	N/A	N/A	N/A
	4/1/2022 - 6/30/2022	DHHS calculates and issues a 5% gross adjustment for these service dates. Some ARP increase paid through individual rates.		N/A	N/A	N/A
	7/1/2022 - 9/30/2022	DHHS calculates and issues a 5% gross adjustment for these service dates. Some ARP increase paid through individual rates.		3.65% ARP increase paid through individual rates for direct care services. DHHS calculates and issues a 0.53% gross adjustment for these service dates. DHHS increases support coordination rates by 4.46%. DHHS calculates and issues 0.54% gross adjustment for Support Coordination.	N/A	N/A
	10/1/2022 - 12/31/2022	DHHS calculates and issues a 5% gross adjustment for these service dates. Some ARP increase paid through individual rates. Exclude further ARP gross adjustment for reprocessed claims based on claims transaction numbers.		3.65% ARP increase paid through individual rates for direct care services. DHHS calculates and issues a 0.53% gross adjustment for these service dates. DHHS increases support coordination rates by 4.46%. DHHS calculates and issues 0.54% gross adjustment for Support Coordination.		N/A
	1/1/2023 - 3/31/2023	DHHS calculates and issues a 5% gross adjustment for these service dates. Some ARP increase paid through individual rates.		3.65% ARPA increase paid through individual rates. DIH calculates and issues a 0.53% gross adjustment for these service dates. DHHS increases support coordination rates by 4.46%. DHHS calculates and issues 0.54% gross adjustment for Support Coordination.		DHHS increases direct care service rates by 0.53%. DHHS increases support coordination rates by 0.54%.
	4/1/2023 - 6/30/2023	DHHS increases direct care service rates by 0.53%. DHHS increases support coordination rates by 0.54%.				

8. Authorizing Signature

Signature: /S/ Jennifer Strohecker Director, Division of Medicaid and Health Financing	Date: March 17, 2023
State Medicaid Director or Designee	

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¹ 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.