

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: West Virginia

B. Waiver Title:

Intellectual/Developmental Disability 1915 (c) Waiver (IDDW)
Aged and Disabled 1915 (c) Waiver (ADW)
Traumatic Brain Injury 1915 (c) Waiver (TBIW)
Children with Serious Emotional Disorder 1915 Waiver (CSEDW)

C. Control Number:

WV.0133.R07.07 (IDDW)
WV.0134.R07.10 (ADW)
WV.0876.R02.08 (TBIW)
WV.1646.R01.01 (CSEDW)

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.

1. Nature of the Emergency: Coronavirus Disease 2019 (COVID-19) is a respiratory illness caused by a novel (new) coronavirus designated SARS-CoV-2. The outbreak of COVID-19 originated in Wuhan City, Hubei Province, China in December 2019. On January 31, 2020, Health and Human Services Secretary Alex M. Azar II declared a public health emergency (PHE) for the

United States, and on March 11, 2020 the World Health Organization characterized COVID-19 as a pandemic. Millions of confirmed cases have now been reported worldwide including over 30 million cases and over 550,000 deaths in the in the United States.

2. Number of individuals affected and the state's mechanism to identify individuals at risk:

The West Virginia waiver programs currently serve a total of 16,004 individuals (Approved slots: IDWW 6,114; ADW 8,500; TBIW 96 and CSEDW 2,000). All individuals on the waiver programs are vulnerable to COVID-19 due to advanced age, disabilities and/or the increased risk of exposure from receiving necessary supports and services from in-home direct-care workers and in congregate facility day programs.

3. Roles of state, local and other entities involved in the approved waiver operations:

The West Virginia waiver programs are overseen by the Bureau for Medical Services (BMS), the state's single Medicaid Agency. BMS contracts with KEPRO to provide Utilization and Management services for the IDWW and TBIW programs. IDWW provider agencies are required to be licensed through the West Virginia Office of Health Facility Licensure and Certification (OHFLAC). The West Virginia Bureau of Senior Services (BoSS) is the contracted Operating Agency for the ADW program. Aetna Better Health WV is the contracted MCO for the CSEDW program. Psychological Consultation and Assessment, Inc. is the contracted vendor for determining program medical eligibility and Public Partnerships, LLC is contracted to provide Fiscal Management Services and Support Brokerage services for all waiver members that choose to self-direct their services. BMS monitors the performance of each contracted entity through routine and ad hoc data reports, monthly meetings, and frequent communications.

4. Expected Changes to Service Delivery Methods: WV foresees that most service delivery in all programs will continue as planned, with appropriate precautions, for necessary services and supports provided by in-home direct-care workers. To decrease risk of exposure to COVID 19, program members that have access to unpaid, natural supports may choose to temporarily decrease or suspend their direct-care services without losing program eligibility. Policy mandated face-to-face meetings with members (team meetings, monthly home visits by Case Managers and assessments conducted by nursing and clinical staff) may instead be conducted electronically through secure software or by phone.

The IDWW facility-based day programs were mandated to close on March 23, 2020 but allowed to reopen on August 1, 2020 under program-specific guidelines provided by the WV Bureau for Public Health (BPH). IDWW members that are authorized to receive day services have the option of attending day programs in person or virtually. The BPH guidelines include requirements for social distancing that result in most day programs operating at reduced capacity by requiring members to attend on a rotating schedule.

The waiver applications have the following approval dates: IDWW 11/1/2021; TBIW 3/1/2023; and ADW 3/1/2023. Each of these applications include requirements for the implementation of conflict-free Case Management (CFCM). This requires members that are currently receiving Case Management and other waiver services or state plan Personal Care services from a single provider agency to transfer to different provider agencies as needed to eliminate the potential conflict. Until the risk of COVID-19 has significantly decreased, members will be allowed to maintain their existing service provider(s) until the risk of COVID has decreased. This is necessary because transfers to new agencies require the potential agency to meet with the member/legal representative

to assess needs, assess environmental risks and introduce new direct-care staff that may provide services to the member.

This Appendix K amendment is additive to the Appendix K approved on November 22, 2021. This amendment adds rate increases for specific services addressed in section 2-f. These rate increases are funded through the American Rescue Plan Act (ARPA).

F. Proposed Effective Date: Start Date: 03/12/2020 Anticipated End Date: Six months following the end of the Public Health Emergency.

G. Description of Transition Plan.

Members will transition back to pre-emergency status within six months following the end of the public health emergency.

H. Geographic Areas Affected:

The entire state of West Virginia.

I. Description of State Disaster Plan (if available) *Reference to external documents is acceptable:*

<https://dhsem.wv.gov/Resources/Pages/WV-Emergency-Operations-Plan.aspx>

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. ___ Access and Eligibility:

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

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

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].

COVID-19 significantly reduced the availability of direct-care workers across all HCBS programs and certain professional workers in the CSED waiver program. To address this workforce shortage, the state has used funds realized from the American Rescue Plan (ARP) to temporarily increase the rates of services as specified in the table below. As with the previous temporary rate increases during the PHE, provider agencies are required to attest in writing that 85% of these increases will be passed on to service workers in the form of compensation increases, hiring and retainer bonuses and other incentives to build and maintain a sufficient workforce.

| Program | Service | Service Code | Regular Rate | Temporary Rate Increase | Percentage of Temporary Increase | Effective Dates of Temporary Rate Increase |
|----------------|-------------------------------------|---------------------|---------------------|--------------------------------|---|---|
| AD Waiver | Personal Attendant | S5130 | \$4.73 | \$7.10 | 50% | 7/1/2022 to 6/30/2023 |
| AD Waiver | Personal Attendant – Live-in Worker | S5130 UK | \$4.73 | \$7.10 | 50% | 7/1/2022 to 6/30/2023 |
| TBI Waiver | Personal Attendant | S5125 UB | \$4.73 | \$7.10 | 50% | 7/1/2022 to 6/30/2023 |
| TBI Waiver | Personal Attendant – Live-in Worker | S5125 UB UK | \$4.73 | \$7.10 | 50% | 7/1/2022 to 6/30/2023 |
| CSED Waiver | Independent Living/Skills Building | H2033 HA | \$10.50 | \$15.75 | 50% | 7/1/2022 to 6/30/2023 |
| CSED Waiver | Job Development | H2021 HA | \$5.23 | \$7.85 | 50% | 7/1/2022 to 6/30/2023 |
| CSED Waiver | Peer Parent Support | H0038 HA | \$10.50 | \$15.75 | 50% | 7/1/2022 to 6/30/2023 |
| CSED Waiver | In-Home Respite | T1005 HA | \$5.26 | \$7.89 | 50% | 7/1/2022 to 6/30/2023 |
| CSED Waiver | Out-of-Home Respite | T1005 HA HE | \$5.26 | \$7.89 | 50% | 7/1/2022 to 6/30/2023 |
| CSED Waiver | Supported Employment | T2019 HA | \$5.26 | \$7.89 | 50% | 7/1/2022 to 6/30/2023 |
| IDD Waiver | In-Home Respite 1:1 | T1005 UA | \$5.26 | \$7.89 | 50% | 7/1/2022 to 6/30/2023 |
| IDD Waiver | In-Home Respite 1:2 | T1005 UB | \$2.63 | \$3.94 | 50% | 7/1/2022 to 6/30/2023 |
| IDD Waiver | Home-Based PCS | S5125 U7 | \$5.45 | \$8.18 | 50% | 7/1/2022 to 6/30/2023 |
| IDD Waiver | Home-Based PCS | S5215 U8 | \$2.73 | \$4.10 | 50% | 7/1/2022 to 6/30/2023 |
| IDD Waiver | Crisis Site PCS | T1005 U7 | \$5.72 | \$8.58 | 50% | 7/1/2022 to 6/30/2023 |
| IDD Waiver | Crisis Site PCS | T1005 U8 | \$2.87 | \$4.31 | 50% | 7/1/2022 to 6/30/2023 |
| IDD Waiver | Crisis Site PCS | T1005 U9 | \$1.91 | \$2.87 | 50% | 7/1/2022 to 6/30/2023 |

| | | | | | | |
|------------|--------------------------------|----------|--------|--------|-----|-----------------------|
| IDD Waiver | Licensed Group Home PCS 1:1 | S5125 U1 | \$5.72 | \$8.58 | 50% | 7/1/2022 to 6/30/2023 |
| IDD Waiver | Licensed Group Home PCS 1:2 | S5125 U2 | \$2.87 | \$4.31 | 50% | 7/1/2022 to 6/30/2023 |
| IDD Waiver | Licensed Group Home PCS 1:3 | S5125 U3 | \$1.91 | \$2.87 | 50% | 7/1/2022 to 6/30/2023 |
| IDD Waiver | Licensed Group Home PCS 1:4 | S5125 U4 | \$1.43 | \$2.15 | 50% | 7/1/2022 to 6/30/2023 |
| IDD Waiver | Unlicensed Residential PCS 1:1 | S5125 HI | \$5.72 | \$8.58 | 50% | 7/1/2022 to 6/30/2023 |
| IDD Waiver | Unlicensed Residential PCS 1:2 | S5125 UN | \$2.87 | \$4.31 | 50% | 7/1/2022 to 6/30/2023 |
| IDD Waiver | Unlicensed Residential PCS 1:3 | S5125 UP | \$1.91 | \$2.87 | 50% | 7/1/2022 to 6/30/2023 |

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: Randall
Last Name Hill
Title: HCBS Director
Agency: WV DHHR Bureau for Medical Services
Address 1: 350 Capitol Street, Room 251
Address 2: Click or tap here to enter text.
City Charleston
State West Virginia
Zip Code 25301
Telephone: 304-352-4301
E-mail Randall.k.hill@wv.gov
Fax Number 304-558-4398

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: 5/4/2023

State Medicaid Director or Designee

First Name: *Cynthia*
Last Name *Beane*
Title: Commissioner
Agency: WV DHHR Bureau for Medical Services
Address 1: 350 Capitol Street, 251
Address 2: Click or tap here to enter text.
City Charleston
State West Virginia
Zip Code 25301
Telephone: 304-352-4212
E-mail Cynthia.E.Beane@wv.gov
Fax Number 304-558-4398

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.