

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: Nebraska

B. Waiver Title(s): Developmental Disabilities Day Services Waiver for Adults

C. Control Number(s): NE 0394.R03.06

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

X	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.

COVID-19 pandemic. This Appendix K is an additive to the approved Appendix K. Section K-1-F has been modified to extend the duration of time the flexibilities are effective. Section K-2-F has been modified to adjust the temporary increase payment rate

F. **Proposed Effective Date: Start Date:** March 6, 2020. **Anticipated End Date:** December 31, 2020.

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 rates may be increased to ensure sufficient providers are available to participants. ~~This increase may not exceed 15% of current rates.~~

The State will take an incremental approach to reducing rate increases as the appendix K approaches its end date. Specifically, the stepwise lowering of the rate increases paid to providers will be implemented as follows:

- 15% above the base rate in place prior to the pandemic for services provided March 6th, 2020 to September 6th, 2020;
- 10% above the base rate in place prior to the pandemic, adjusted for legislative appropriations, for services provided September 7th, 2020 to October 31st, 2020; and
- 5% above the base rate in place prior to the pandemic, adjusted for legislative appropriations, for services provided November 1st, 2020 to December 31st, 2020

The stepwise lowering of rate increases is planned to avoid an abrupt reduction of rates at the conclusion of Appendix K.

The increase would account for excess overtime of direct support professionals to cover staffing needs and to account for additional infection control supplies and service costs: Independent Living, Supported Family Living, Habilitative Community Inclusion, and Habilitative Workshop.

The rate setting methodology is the same. Upward adjustments would be made to the supply and staffing costs.

Contact Person(s)

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

First Name:	Tony
Last Name	Green
Title:	Director, Division of Developmental Disabilities
Agency:	Nebraska Department of Health and Human Services
Address 1:	P.O. Box 98947
Address 2:	301 Centennial Mall South
City	Lincoln
State	NE
Zip Code	68509-8947
Telephone:	402-471-6038
E-mail	Tony.Green@nebraska.gov
First Name:	Tony

8. Authorizing Signature

Signature:



State Medicaid Director or Designee

Date: Sept. 3, 2020

First Name:	Jeremy
Last Name	Brunssen
Title:	Interim Director, Division of Medicaid and Long-Term Care
Agency:	Nebraska Department of Health and Human Services
Address 1:	P.O. Box 95026
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State	NE
Zip Code	68509-5026
Telephone:	402-471-2135
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Fax Number	402-471-9092

ⁱ 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.