

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: Connecticut

B. Waiver Title: Comprehensive Supports Waiver, Individual and Family Support Waiver, Employment and Day Supports Waiver

C. Control Number: CT.0437.R03.07, CT.0426.R03.08, CT.0881.R02.01

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.

COVID-19 Pandemic.

Federal public health emergency continues to exist as a result of the coronavirus pandemic.

This Appendix K is additive to the previously approved Appendix Ks and includes the following modifications:

1. Funds incentive-based stabilization payments for certain qualified provider types covered under the waivers listed in this Appendix K. Rate methodology would be increased proportionally by stabilization funds during the approved rate setting process. The intent of the payments is to assist qualified providers impacted by the pandemic, as well as to assist with recruitment and retention of provider staff.
2. Funds incentive-based outcome payments for any qualified residential provider covered under the waivers listed in this Appendix K that transitions a waiver participant from a congregate residential setting toward a more integrated community-based setting.
3. Temporary rate increases for specific employment and residential waiver service authorizations covered under the waivers listed in this Appendix K that move a waiver participant toward a more independent residential setting or toward competitively-based employment.
4. Temporary rate increases for qualified residential and day provider types covered under the waivers listed in this Appendix K to allow such providers to modernize technology-based infrastructure, including billing processes and systems.
5. Temporary increase in the service amount cap for the Assistive Technology service covered under the waivers in this Appendix K from \$15,000 to \$30,000.

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 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 for all of Connecticut's home and community-based services waivers.

F. Proposed Effective Date: Start Date: July 1, 2021 Anticipated End Date: Six months after public health emergency ends

G. Description of Transition Plan.

Emergency Plan and Transition Plan
COVID-19 pandemic. This amendment will apply waiver-wide for each waiver included in this Appendix K, to all individuals impacted by the virus or the response to the virus (e.g., closure of day programs, etc.)
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 and are being implemented statewide.

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

Not applicable.

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. X Services

i. ___ Temporarily modify service scope or coverage.

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

ii. X 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]

Temporarily increase the service amount cap for the Assistive Technology service covered under the waivers in this Appendix K from \$15,000 to \$30,000.

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].

Stabilization payments for certain qualified provider types covered under the waivers listed in this Appendix K.
Explanation of payment: Rate methodology would be increased proportionally by stabilization funds of \$57,159,340 over the ARPA period. This is the Department of Developmental Services' (DDS) portion of the total state funding as referenced in page 4 of the Initial HCBS Spending Plan Projection section of the approved CT ARPA spending plan. The intent of the payments is to assist qualified providers impacted by the pandemic, as well as to assist with recruitment and retention of provider staff. Payments would be made based on Appendix K and subsequent waiver amendment approvals. The state will require qualified providers in receipt of such payments to attest that such funds were used for the purposes outlined in this Appendix K.

Services impacted: All services will be impacted except the following services: Adult Day Health, Assistive Technology, Assisted Living, Independent Support Broker, Environmental Modifications, Individual Goods and Services, Self-Directed Services, Interpreter, Nutrition, Parenting Support, Peer Support, Personal Emergency Response System, Vehicle Modifications, Specialized Medical Equipment, Training, Counseling and Support for Unpaid Caregivers.

Incentive-based outcome payments to any qualified residential provider covered under the waivers listed in this Appendix K that transitions a waiver participant from a congregate residential setting (community living arrangements, community residential supports) toward a more integrated community-based setting (own home, family home or community companion homes).
Explanation of payment: One-time incentive-based outcome payments totaling \$2,500,000 to be paid out over the ARPA period proportionally across the relevant services as long as the criteria outlined above is met. This is the DDS portion of the total state funding as referenced on page 4 of the Initial HCBS Spending Plan Projection section of the approved CT ARPA spending plan.

Services impacted: Payments will be provided to qualified residential providers of community

living arrangements and community residential supports that meet the criteria outlined above.

Temporary rate increases for specific employment and residential waiver service authorizations covered under the waivers listed in this Appendix K that created a vacancy because of a move by a waiver participant to a more independent residential setting or toward competitively-based employment.

Explanation of rate increase: Increases totaling \$25,000,000 to be paid out over the ARPA period. This is the DDS portion of the total state funding as referenced on page 4 of the Initial HCBS Spending Plan Projection section of the approved CT ARPA spending plan. Temporary rate increases will be based on a combination of the individuals' current and previous authorizations specific to the services outlined below. This increase will apply to the following:

- The existing qualified residential providers of congregate settings (service types listed below) that meet the criteria above, for an identified, limited time needed to fill the vacancy with individuals identified as in emergency need of residential supports or the time it takes to restructure the current setting to meet the needs of those on the residential waiting list.
- The qualified residential provider accepting the individual into a more independent residential setting (service types listed below) that meet the criteria above, for an identified, limited time period to acclimate the individual into the new setting.
- The existing day/employment provider (service types listed below) that meet the criteria above, for an identified, limited time needed to restructure the current program.
- The employment provider (service types listed below) accepting the individual into a more competitively-based employment service.

Service rates impacted by increase: This impacts all employment and day program service rates, as well as rates for community living arrangements, community residential supports and qualified provider types for services provided in own home, family home or community companion homes.

Payments for qualified provider types covered under the waivers listed in this Appendix K to modernize billing processes and systems.

Explanation of payment: Payment will be based on the needs of the department and the needs of the qualified provider. Payments totaling \$36,000,000 to be paid out over the ARPA period. This is the DDS portion of the total state funding as referenced on page 4 of the Initial HCBS Spending Plan Projection section of the approved CT ARPA spending plan.

Services impacted: All services will be impacted except the following services: Adult Day Health, Assistive Technology, Assisted Living, Independent Support Broker, Environmental Modifications, Individual Goods and Services, Self-Directed Services, Interpreter, Nutrition, Parenting Support, Peer Support, Personal Emergency Response System, Vehicle Modifications, Specialized Medical Equipment, Training, Counseling and Support for Unpaid Caregivers.

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.]

_ 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: Jennifer
Last Name Cavallaro
Title: Director, Community Options - Operations
Agency: Department of Social Services
Address 1: 55 Farmington Avenue
Address 2: 9th Floor
City Hartford
State Connecticut
Zip Code 06105
Telephone: 860-424-5743
E-mail jennifer.cavallaro@ct.gov
Fax Number 860-424-4963

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:

Date:

State Medicaid Director or Designee

First Name: William
Last Name Halsey
Title: Interim Director of Medicaid and Division of Health Services
Agency: Department of Social Services
Address 1: 55 Farmington Avenue
Address 2: 9th Floor
City Hartford
State CT
Zip Code 06105
Telephone: 860-424-5077
E-mail William.Halsey@ct.gov
Fax Number 860-424-4963

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) <i>(check one or both):</i> | <input type="checkbox"/> | Individual. List types: | <input type="checkbox"/> |
| | | | Agency. List the types of agencies: |
| | | | |
| Specify whether the service may be provided by <i>(check each that applies):</i> | | <input type="checkbox"/> | Legally Responsible Person |
| | | <input type="checkbox"/> | Relative/Legal Guardian |
| Provider Qualifications <i>(provide the following information for each type of provider):</i> | | | |
| Provider Type: | License <i>(specify)</i> | Certificate <i>(specify)</i> | Other Standard <i>(specify)</i> |
| | | | |
| | | | |
| | | | |
| Verification of Provider Qualifications | | | |
| Provider Type: | Entity Responsible for Verification: | Frequency of Verification | |
| | | | |
| | | | |
| | | | |
| Service Delivery Method | | | |
| Service Delivery Method <i>(check each that applies):</i> | <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.