

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.ⁱ 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: Mississippi

B. Waiver Title(s):

Traumatic Brain Injury/Spinal Cord Injury Waiver Independent Living Waiver Elderly & Disabled Waiver Assisted Living Waiver Intellectual Disabilities/Developmental Disabilities Waiver

C. Control Number(s):

MS.0366.R04.03 MS.0255.R06.01 MS.0272.R06.01 MS.0355.R04.06 MS.0282.R05.06
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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 approved Appendix K. The change included is to update K-2-f to increase the reimbursement rate for several 1915(c) waiver services in order to support ongoing workforce efforts. The proposed effective dates for those rate increases are outlined in the K-2-f table. The state will be effectuating these increases utilizing enhanced FMAP funding authorized under the section 9817 of the American Rescue Plan Act (ARP).

Acknowledging these are time-limited payments which are not anticipated to extend beyond March 2025, the State understands that its ability to make payments under the Appendix K authority will end no later than six (6) months following the end 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 Mississippi's Home and Community Based Service Waivers, if needed.

We are also updating K-2-c and K-2-d-i. K-2-c to allow the extension of the flexibilities for family members to render services to Home and Community Supports on the ID/DD Waiver effective 10/1/2022. This change was only previously authorized for Personal Care Services on the other waivers. K-2-d-i is being updated to allow flexibility in the makeup of Case Management teams on the E&D Waiver to address workforce shortages in licensed nursing and social worker staff statewide.

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

F. Proposed Effective Date: Start Date: March 1, 2020 Anticipated End Date: No later than six (6) months following the end of the public health emergency

G. Description of Transition Plan.

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. The state will implement additional flexibilities requested as needed at DOM's discretion based on the severity of the pandemic.

H. Geographic Areas Affected:

These actions will apply across the waiver to all individuals impacted by the COVID-19 virus.

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

The state's pandemic disaster plan is available at https://msdh.ms.gov/msdhsite/_static/resources/2944.pdf.

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.

c. X **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.

Temporarily allow Personal Care Services and Home and Community Supports to be provided by family members, including individuals living in the home with the participant, provided the family member is not legally responsible for the person. This flexibility was previously approved by CMS for Personal Care Services on the Elderly & Disabled Waiver, the Independent Living Waiver and the Traumatic Brain Injury/Spinal Cord Injury Waiver effective 4/1/2020. This change is effective for Home and Community Supports on the Intellectual Disabilities/Developmental Disabilities Waiver effective 10/1/2022.

d. X **Temporarily modify provider qualifications (for example, expand provider pool, temporarily modify or suspend licensure and certification requirements).**

i. X **Temporarily modify provider qualifications.**

[Provide explanation of changes, list each service affected, list the provider type, and the changes in provider qualifications.]

Allow flexibility for case management teams on the Elderly & Disabled Waiver to include teams composed of any mix of two appropriately licensed staff. Case management teams may consist of two social workers, two nurses, or a social worker and nurse. This change is effective as of 9/1/2022 and will continue through the end of this Appendix K.

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 Mississippi Division of Medicaid will increase rates as follows in the below chart in line with the approved rate methodology. Effective dates are as listed in the chart and will continue through the earliest of either July 1, 2023 or the end of this Appendix K (6 months following the end of the PHE). In instances where a Minimum Hourly Wage is noted, the state will require providers to pay their staff the minimum hourly wage listed for that service to ensure that increased reimbursement is passed through appropriately to direct care staff. Where applicable, the mandatory minimum hourly wage was established at 50% of overall reimbursement for 1 hour of service rounded down to the nearest quarter dollar. As an example, for E&D In Home Respite at the new rate, the hourly reimbursement is \$20.64 (\$5.16 x 4). Fifty percent (50%) of that hourly reimbursement rate was then calculated. For the referenced service, that is \$10.32. To prevent confusion, each total was rounded down to the nearest quarter dollar to get the minimum direct care staff hourly wage. For the referenced service, that is \$10.25 a hour. For services with multi-person tiers, the minimum direct care staff hourly rate is set to be uniform across the tiers based on the one-person level. Providers must comply with federal and state minimum wage laws. Current rates outlined in the below table are not lower than what was in place on 4/1/2021.

Waiver	Service Name	Procedure Code	Modifiers	Current Rate Per Unit	New Rate Per Unit	New Rate Effective Date	Minimum Direct Care Staff Hourly Wage
E&D	Case Management	T2022	U1	\$195.14 per month	\$200.22 per month	05/01/2022	N/A
E&D	Home Delivered Meals	S5170	U1	\$4.96 per meal	\$5.31 per meal	07/01/2022	N/A
E&D	In Home Respite	S5150	U1	\$4.41 per 15 minutes	\$5.16 per 15 minutes	10/01/2022	\$10.25
E&D	Personal Care Services	T1019	U1	\$4.41 per 15 minutes	\$5.16 per 15 minutes	10/01/2022	\$10.25
ID/DD	Home and Community Supports - 1 Person	S5125	U3 - TF	\$6.18 per 15 minutes	\$6.93 per 15 minutes	10/01/2022	\$13.75
ID/DD	Home and Community Supports - 2 Person	S5125	U3 - UN - TF	\$3.87 per 15 minutes	\$4.62 per 15 minutes	10/01/2022	\$ 13.75
ID/DD	Home and Community Supports - 3 Person	S5125	U3 - UP - TF	\$3.09 per 15 minutes	\$3.84 per 15 minutes	10/01/2022	\$13.75
ID/DD	Supported Living - Intermittent - 1 Person	S5135	U3	\$6.34 per 15 minutes	\$7.09 per 15 minutes	10/01/2022	\$14.00
ID/DD	Supported Living - Intermittent - 2 Person	S5135	U3 - UN	\$3.97 per 15 minutes	\$4.72 per 15 minutes	10/01/2022	\$14.00
ID/DD	Supported Living - Intermittent - 3 Person	S5135	U3 - UP	\$3.17 per 15 minutes	\$3.92 per 15 minutes	10/01/2022	\$14.00

ID/DD	Respite - In Home Nursing	T1005	U3	\$8.93 per 15 minutes	\$9.68 per 15 minutes	10/01/2022	\$19.25
ID/DD	In Home Respite - 1 Person	T1019	U3 - TF	\$5.33 per 15 minutes	\$6.08 per 15 minutes	10/01/2022	\$12.00
ID/DD	In Home Respite - 2 Person	T1019	U3 - UN - TF	\$3.33 per 15 minutes	\$4.08 per 15 minutes	10/01/2022	\$12.00
ID/DD	In Home Respite - 3 Person	T1019	U3 - UP - TF	\$2.66 per 15 minutes	\$3.41 per 15 minutes	10/01/2022	\$12.00
IL	Personal Care Attendant	S5125	U2	\$3.24 per 15 minutes	\$3.49 per 15 minutes	07/01/2022	\$10.25
TBI/SCI	Personal Care Attendant	S5125	U5	\$3.24 per 15 minutes	\$3.49 per 15 minutes	07/01/2022	\$10.25
TBI/SCI	In Home Companion Respite	S5150	U5	\$3.24 per 15 minutes	\$3.49 per 15 minutes	07/01/2022	\$10.25

Specify the source of the non-federal share of the supplemental or enhanced payments:

The state will be effectuating these increases utilizing enhanced FMAP funding authorized under the section 9817 of the American Rescue Plan Act (ARP). The increases are detailed in Mississippi's Spending Plan and Narrative.

Contact Person(s)

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

First Name: Robin
Last Name: Bradshaw
Title: Interim Director, Office of Policy
Agency: Mississippi Division of Medicaid
Address 1: Walter Sillers Building, Suite 1000
Address 2: 550 High Street
City: Jackson
State: Mississippi
Zip Code: 39201
Telephone: (601)359-3984
E-mail: Robin.Bradshaw@medicaid.ms.gov
Fax Number: (601)359-9521

B. If applicable, the State operating agency representative with whom CMS should communicate regarding the waiver is:

First Name: Robin
Last Name: Bradshaw
Title: Interim Director, Office of Policy
Agency: Mississippi Division of Medicaid
Address 1: Walter Sillers Building, Suite 1000
Address 2: 550 High Street
City: Jackson
State: Mississippi
Zip Code: 39201
Telephone: (601) 359-3984
E-mail: Robin.Bradshaw@medicaid.ms.gov
Fax Number: (601)359-9521

8. Authorizing Signature

Signature: _____ **Date:** _____
/s/ 08/01/2022
State Medicaid Director or Designee

First Name: Drew
Last Name: Snyder
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