

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: ALASKA

B. Waiver Title:
 People with Intellectual and Developmental Disabilities (IDD);
 Alaskans Living Independently (ALI)
 Adults with Physical and Developmental Disabilities (APDD)
 Children with Complex Medical Conditions (CCMC)
 Individualized Supports Waiver (ISW)

C. Control Number:

- AK.0260.R06.03 (IDD)
- AK.0261.R06.02 (ALI)
- AK.0262.R06.03 (APDD)
- AK.0263.R06.03(CCMC)
- AK.1566.R00.16 (ISW)

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 those previously approved. This Appendix K amendment applies a 10% increase approved through legislative appropriation to most waiver services effective July 1, 2022, for the duration of the Appendix K (to six months after the end of the PHE) or approval of amendments to the base waivers that incorporate the rate increase into Appendix J. This increase is required to address extraordinary provider hardships due to the impact of COVID and the resulting shortage of direct service workers. This rate increase is separate from and will be followed by rate changes resulting from application of the rate rebasing methodology that is approved in Alaska's five waivers. The regulatory amendments for rebasing process are expected to take several months. During this time, Alaska will move ahead and submit waiver amendments to Appendix J that reflect both rate rebasing and the 10% increase appropriated through the legislature.

The rate rebasing is based on costs identified in the rebasing period of FY22; the methodology approved in 1915(c) waivers includes a stop loss provision of +/- 5%. Though initial analysis indicates rebased rates for certain services could drop, the 10% increase in Appendix K is permanent so rebasing will not lower any rate below the rate effective 4/1/21, therefore meeting the needs of the section 9817 of the American Rescue Plan Act of 2021 (ARP) Maintenance of Effort requirements.

The state has identified that each 1915(c) service will be rebased using approved methodology, except for 1) the identified service of Transportation, for which rates will be set using a new methodology to be included in a future waiver amendment; 2) Specialized Medical Equipment services, the payment amounts for which are identified in the SME Rate Chart, and are not subject to rate rebasing; and 3) Specialized Private Duty Nursing, the rate for which is embedded in regulation so is not included in the calculations done by the Office of Rate Review that distribute the legislative appropriation.

**F. Proposed Effective Date: Start Date: March 11, 2020
Anticipated End Date: six months after the federal Public Health Emergency ends**

G. Description of Transition Plan.

(No change)

H. Geographic Areas Affected:

(No change)

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

(No change)

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. 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].

Effective July 1, 2022: Most 1915(c) waiver services will receive a 10% rate increase approved via legislative appropriation, effective 7/1/22. Rate increases are necessary to address the economic impacts of COVID and inflation on service providers, primarily the affecting recruitment and retention of direct service workers.

This rate increase results from funding provided by the Alaska State Legislature, which recognized the crisis that home and community-based services are facing, and appropriated funds for this increase in the state's FY23 budget. It will be followed by rate changes resulting from application of the rate rebasing methodology that takes place every four years, as approved in Alaska's five waivers. We expect the regulations amendments containing the rebased rates in the Rate Charts that are adopted by reference to be ready for public notice and comment within the next few months.

The State will submit amendments to Appendix J containing the impacts of both types of rate changes, affecting payment rates in the base waivers. Because Transportation Services did not receive enough provider participation in the cost survey, the State will build the rate for Transportation Services using a modeled methodology instead of a cost survey, and will submit Appendix I amendments for all five waivers reflecting that new methodology.

Rate rebasing may result in some rate reductions, but the rates for these services will experience at least a five percent increase and will not drop below the rates in effect on 4/1/21, per 9817 ARPA requirements, because those services will retain the 10% legislative increase awarded 7/1/22.

Only two waiver service are not increased by 10% and thus not included in this Appendix

Service	Service Unit	Service Rate
Care Coordination On-Going	Per Month	\$284.10
Care Coordination On-Going	Per Month	\$175.52
Residential Supported Living (RSL) State Government Owned/Operated	Per Day	\$187.30
RSL-5 or fewer beds per EIN Non-State Gov't Owned & Operated	Per Day	\$170.47
RSL-6-16 beds per EIN Non-State Gov't Owned & Operated	Per Day	\$175.49
RSL-17 or more beds per EIN Non-State Gov't Owned & Operated	Per Day	\$187.30
RSL-Acuity Add-on Non-State Gov't Owned & Operated	Per Day	\$413.94
Intensive Active Treatment	Per 15 Minutes - Local	\$26.41
Intensive Active Treatment	Per 15 Minutes Non-Local	\$52.82
Family Home Habilitation- Adult Must be 18 or over	Per Day	\$141.52
Family Home Habilitation-Child Must be 17 or younger	Per Day	\$177.00
Group Home Habilitation Must be 18 or over	Per Day	\$373.88
Group Home Habilitation Acuity Add-on	Per Day	\$413.94
Supported Living Habilitation Must be 18 or over	Per 15 Minutes	\$12.57
In-Home Supports Habilitation Must be 17 or younger	Per 15 Minutes	\$12.57
Respite	Per 15 Minutes	\$7.39
Respite Family-Directed	Per 15 Minutes	\$4.98
Respite	Per Day	\$353.73

Respite Fam	Per Day	\$239.15
Nursing Oversight and Care Management	Per 15 Minutes - Local	\$26.41
Nursing Oversight and Care Management	Per 15 Minutes - Non-Local	\$104.96
Day Habilitation–Individual 7 AAC 130.260	Per 15 Minutes	\$12.64
Day Habilitation–Group 7 AAC 130.260	Per 15 Minutes	\$8.86
Supported Employment-Individual 7 AAC 130.270	Per 15 Minutes	\$14.30
Supported Employment-Group 7 AAC 130.270	Per 15 Minutes	\$10.02
Pre-Employment–Individual 7 AAC 130.270	Per 15 Minutes	\$14.30
Pre-Employment–Group 7 AAC 130.270	Per 15 Minutes	\$10.02
Adult Day 7 AAC 130.250	Per Half Day	\$99.24
Adult Day 7 AAC 130.250	Per 15 Minutes	\$6.18
Meals–Home Delivered 7 AAC 130.295	Per Meal	\$25.69
Meals-Congregate 7 AAC 130.295	Per Meal	\$24.96
Transportation 7 AAC 130.290	Per Trip <u>up to 20 miles-</u> Recipient	\$17.39
Transportation 7 AAC 130.290	Per Trip <u>greater than</u> <u>20 miles</u> Recipient	\$34.78
Transportation 7 AAC 130.290	Per Trip Attendant or Escort	\$17.39
Transportation Paratransit Provider 7 AAC 130.290	Per Trip Recipient	\$34.78

Contact Person(s)

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

First Name: Anthony
Last Name: Newman
Title: Acting Director
Agency: Division of Senior and Disabilities Services, DHSS
Address 1: 240 Main St Suite 600
Address 2:
City: Juneau
State: AK
Zip Code: 99801
Telephone: (907)465-5481
E-mail: Anthony.newman@alaska.gov
Fax Number: (907) 465-1170

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

First Name: Anthony
Last Name: Newman
Title: Acting Director
Agency: Division of Senior and Disabilities Services, DHSS
Address 1: 240 Main St Suite 600
Address 2:
City: Juneau
State: AK
Zip Code: 99801
Telephone: (907)465-5481
E-mail: anthony.newman@alaska.gov
Fax Number: (907) 465-1170

8. Authorizing Signature

/s/

Date: 8/15/2022

State Medicaid Director or Designee

First Name:	Al
Last Name	Wall
Title:	Deputy Commissioner of Medicaid and Healthcare Policy State Medicaid Director
Agency:	Alaska Department of Health and Social Services
Address 1:	3601 C Street, Suite 902
Address 2:	
City	Anchorage
State	AK
Zip Code	99503
Telephone:	(907) 465-1610 (office) (907) 538-5507 (mobile)
E-mail	a.wall@alaska.gov
Fax Number	(907) 269-0060


