

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.R04.02
MS.0255.R05.07
MS.0272.R05.08
MS.0355.R04.05
MS.0282.R05.05

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

☒	Pandemic or Epidemic
☐	Natural Disaster
☐	National Security Emergency
☐	Environmental
☐	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-fto include a one-time supplemental payment to 1915(c) direct care providers estimated at 5% of total expenditures paid from 4/1/2020-3/31/2021. The state will be effectuating these payments utilizing enhanced FMAP funding authorized under the section 9817 of the American Rescue Plan Act (ARP) and will make payments to eligible providers within 90 days of CMS' approval of this Appendix K.

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 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.

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.

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 increase is based on a rate development method that is different from the methods previously approved by CMS for this waiver:

5% enhanced one-time supplemental payment

Nature of the payments that are made and the waiver services for which these payments are made:

A one-time payment to recruit and retain staff, estimated at 5% of total expenditures paid between April 1, 2020 and March 31, 2021, for direct care provider types as outlined below.

Payment methodology:

Payments are a one-time supplemental payment paid to eligible providers within 90 days of CMS' approval of this Appendix K. Supplemental payments are based on 5% of expenditures paid between April 1, 2020 and March 31, 2021. Eligibility for the 5% supplemental payment is based on the provider's active enrollment upon issuance of the payments and their submission of a required attestation.

The types of waiver providers that receive such payments:

Provider types covered under these 1915(c) waivers who provide the following services and are enrolled upon the payment issuance date are eligible for the 5% enhanced supplemental payments as outlined below:

Eligible Service Providers:

Personal Care Services, Personal Care Attendant (PCA), In Home Respite Services, In Home Nursing Respite, Community Respite, Adult Daycare Services, Day Services Adult, Assisted Living Services, TBI Residential AL Services, Supervised Living, Supported Living, Shared Supported Living, Home and Community Supports

Ineligible Service Providers:

Case Management, Support Coordination, Vocational Services, Behavioral Supports/Crisis Intervention, Therapy, Specialized Medical Equipment and Supplies, Transition Services, Home Delivered Meals, or Environmental Accessibility Adaptations.

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

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

All providers eligible to receive the enhanced supplemental payment will be permitted to retain 100% of the total computable expenditure claimed by the Medicaid agency to CMS, unless the provider is found to be non-compliant with signed attestation. The aforementioned attestation details guidelines providers must meet in order to be found compliant. One such parameter details 75% of payments issued must be paid directly to new or existing employees for the purposes of recruitment and retention.

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: /S/

Date: 5/3/2022

State Medicaid Director or Designee

First Name: Drew
Last Name Snyder
Title: Executive Director
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)359-9149
E-mail Drew.Snyder@medicaid.ms.gov
Fax Number (601)359-9521