

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: ALABAMA

B. Waiver Title(s):

AL Home and Community-Based Waiver for Persons with Intellectual Disabilities (ID)
AL HCBS Living at Home Waiver for Persons w/ID (LAH)

C. Control Number(s):

ID 0001.R09.03
LAH 0391.R04.03

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

- Effective 5/1/21, revises the temporary increase in Residential Habilitation rates from 19% to 30% above the base rate through November 30, 2021.

All modifications apply to both the ID and LAH waivers.

F. Proposed Effective Date: Start Date: January 27, 2020

Anticipated End Date: Six months after the expiration 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.

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:

N/A

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.]

- Effective May 1, 2021, through November 30, 2021, temporarily increase Residential Habilitation rates from 19% to 30% above the base rate for all providers to account for greater needs for staffing and direct service, given the impact the pandemic has had on provider workforce and slow return of waiver recipients to Day services, including Day Habilitation, Prevocational Services, and Community Experience.

Contact Person(s)

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

First Name: Ginger
Last Name Wettingfeld
Title: Director, LTC Healthcare Reform
Agency: Alabama Medicaid Agency
Address 1: PO Box 5624
Address 2: 501 Dexter Ave
City Montgomery
State AL
Zip Code 36104
Telephone: 334-242-5018
E-mail Ginger.wettingfeld@medicaid.alabama.gov
Fax Number 334-353-4182

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

First Name: N/A
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:

_____/S/_____
State Medicaid Director or Designee

First Name: Stephanie
Last Name: Azar
Title: Commissioner
Agency: Alabama Medicaid Agency
Address 1: PO Box 5624
Address 2: 501 Dexter Ave
City: Montgomery
State: AL
Zip Code: 36104
Telephone: 334-242-5600
E-mail: Stephanie.azar@medicaid.alabama.gov
Fax Number: 334-242-5097