

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: California
- B. Waiver Title: Home and Community-Based Alternatives (HCBA) Waiver
- C. Control Number: CA.0139.R05.14

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.

The state adds COVID-19 Supplemental Sick Leave for HCBS Waiver Personal Care Service (WPCS) providers beginning March 1, 2021 through December 31, 2022.

F. **Proposed Effective Date: Start Date:** February 4, 2020 **Anticipated End Date:** six months after 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.

H. Geographic Areas Affected:

These actions will apply to all individuals, across the State of California, for the HCBA Waiver impacted by the COVID-19 virus pandemic.

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

[Redacted]

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 state adjusts its rate to align with the [AB 152](#) and [SB 114](#) to allow two weeks of emergency paid sick leave when a HCBS Waiver Personal Care Service (WPCS) provider is unable to work due to the COVID-19 pandemic. COVID-19 sick leave may only be claimed if the employee is unable to work for one of the following reasons related to COVID-19.

COVID-19 sick leave may only be claimed if the employee is unable to work for one of the following reasons related to COVID-19:

- The employee is subject to a quarantine or isolation order;
- The employee has been advised by a health care provider to self-quarantine;
- The employee is experiencing symptoms of COVID-19 and is seeking a medical diagnosis;
- The employee is caring for an individual who is subject to a quarantine or isolation order or has been advised to self-quarantine by a health care provider;
- The employee is caring for his/her child whose school or childcare facilities have been closed, or whose childcare provider is unavailable, due to COVID-19 precautions; or
- The employee is experiencing any other substantially similar concerns.

The State approved county governmental, contracted, and private individual provider rates are documented in a fee schedule, which was previously updated to reflect the additional sick leave mandated pursuant to the Emergency Paid Sick Leave Act and is effective for services provided after that date through December 31, 2022. WPCS rates use the same rate schedule as the county IHSS provider rate schedule. The IHSS Individual Provider Rate includes Wages, Payroll Tax, Benefits, Administrative Costs, and Paid Time Off within the negotiated rate. This fee schedule is published on the California Department of Social Services website at: <https://www.cdss.ca.gov/inforesources/ihss/county-ihss-wages-rates>.”

A covered employee shall be entitled to the following number of hours of COVID-19 supplemental paid sick leave:

(A) A covered employee is entitled to 40 hours of COVID-19 supplemental paid sick leave, if the covered employee satisfies either of the following criteria:

- (i) The employer considers the covered employee to work full time.
- (ii) The covered employee worked or was scheduled to work, on average, at least 40 hours per week for the employer in the two weeks preceding the date the covered employee took COVID-19 supplemental paid sick leave

Contact Person(s)

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

First Name: Nichole
Last Name: Kessel
Title: HCBS Policy Branch Chief
Agency: Department of Health Care Services
Address 1: 1501 Capitol Avenue, MS 4502
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City: Sacramento
State: CA
Zip Code: 95899-7437
Telephone: (916) 713-8345
E-mail: nichole.kessel@dhcs.ca.gov
Fax Number: n/a

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

First Name:
Last Name
Title:
Agency:
Address 1:
Address 2:
City
State
Zip Code
Telephone:
E-mail
Fax Number

8. Authorizing Signature

Signature: /S/

Date: 12/6/2022

State Medicaid Director or Designee

First Name: Jacey
Last Name Cooper
Title: State Medicaid Director
Agency: California Department of Health Care Services
Address 1: 1501 Capitol Avenue
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