

States Use Appendix Ks to Provide Innovative Flexibilities for Medicaid Enrollees and Caregivers during COVID-19

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During the COVID-19 pandemic, states have used the Appendix K Emergency Preparedness and Response authority to amend Medicaid 1915(c) home- and community-based services (HCBS) waivers and quickly provide more flexible services and supports to Medicaid enrollees and, indirectly, their caregivers.

The Appendix K amendment was developed to reduce states' administrative burdens during a crisis by enabling states to rapidly modify or add services provided through Medicaid waivers. States can specify proposed effective dates and anticipated end dates for Appendix Ks, which are generally tied to the period of the public health emergency.

During the emergency period, states can temporarily modify waiver features, such as the types of services and providers included under the waiver, reporting requirements, payment rates and retainer payments, and modes of service delivery such as telehealth.

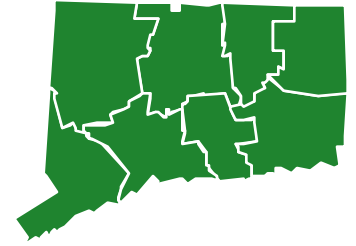
To help Medicaid enrollees get the long-term services and supports they need during the COVID-19 crisis, states use waivers and amendments granted by the Centers for Medicare & Medicaid Services to add flexibility in their program delivery.

Many states have used these tools to modify their home- and community-based services for older adults and their family caregivers during this crisis.

States can also temporarily increase the unduplicated number of participants (Factor C) and make a host of other temporary changes. Appendix K provides flexibility without providing new funding to states, and states cannot use Appendix K to make changes not allowed under statute. This report highlights examples of innovative modifications incorporated through Appendix K amendments by Connecticut, Georgia, Utah, and Washington to support older people, adults with physical disabilities, and their caregivers during the pandemic. Additional information about states' use of Appendix K, including more information on other approaches taken by the four states highlighted below, can be found on NASHP's [interactive map](#) of state Appendix K amendments. This map is part of [NASHP's RAISE Act Family Caregiver Resource and Dissemination Center](#), funded by [The John A. Hartford Foundation](#) and in collaboration with the [US Administration for Community Living](#).

Connecticut

Maintaining Key Services while Limiting COVID-19 Exposure



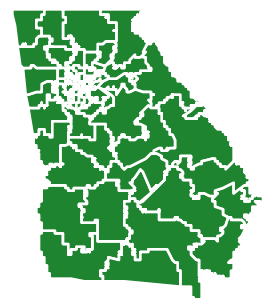
Connecticut submitted multiple Appendix K amendments for multiple home- and community-based services waivers, including the [Personal Care Assistance \(PCA\)](#) and [Home Care Program for Elders](#) waivers, in order to leverage federal flexibility to sustain services while maintaining social distancing for especially vulnerable older adults and people with disabilities.

Through its Appendix K amendments, Connecticut is supporting remote delivery for a range of services such as adult day programs, counseling, evaluation and assessment. The state has permitted family members to receive payment for providing certain personal care-related services in the home, added home-delivered meals to the PCA waiver, and allowed additional or non-traditional home-delivered meal providers for both waivers. These changes have allowed participants to maintain connections and receive support while reducing the risk of exposure to the virus.

Connecticut's Department of Social Services reports positive feedback on the changes, noting that modifications have effectively supported continuity of care for waiver enrollees. For the Home Care Program for Elders and PCA waivers, other important changes in Connecticut included temporarily allowing emergency increases in individual cost limits for current enrollees, and, within the Home Care Program for Elders waiver, allowing substitution of lower-level staff in the service plan when necessary.

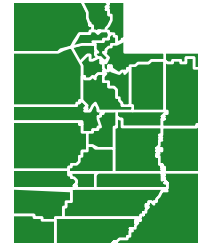
Georgia

Paying for Services in Temporary Living Situations



Georgia drafted multiple combined Appendix K amendments for two of its waivers, [the Elderly and Disabled waiver and the Independent Care waiver](#). During the emergency, among other changes, Georgia now allows family caregivers in neighboring states to receive reimbursement for providing care when the Georgia Medicaid waiver beneficiary is temporarily living with and relying on care from them during the pandemic. The state also permits family caregivers or legally responsible individuals to receive payment for providing certain personal support services and out-of-home respite. Georgia allows certain specified waiver services, including respite, to be delivered in temporary living situations, including hotels and other accommodations both in and out of state.

Utah

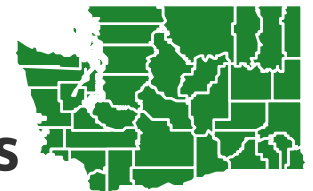


Allowing Payment to Nontraditional Meal and Transportation Providers

Utah used a combined Appendix K amendment to make emergency changes across seven of its waivers. Among these waivers, [the Aging, Physical Disabilities, and New Choices](#) waivers cover older adults and people with physical disabilities. Among a range of changes and flexibilities, Utah's combined Appendix K amendments expand provider types to permit service delivery by nontraditional providers and in alternate settings. For home-delivered meal services, Utah added the ability to use delivery services such as DoorDash and UberEats in a community meal option. For non-medical transportation, the state currently allows reimbursement for non-enrolled providers, such as Lyft or Uber drivers.

Utah also expanded provider types for environmental adaptations, specialized medical equipment, and assistive technology to include the use of a purchase card to buy items from nontraditional vendors on a case-by-case basis. The state now permits direct care services, respite, day supports, and supported employment to be provided in nontraditional settings, such as churches, hotels, shelters, or the home of a direct care worker for participants who are displaced from their home due to COVID-19, or when providers are unavailable due to COVID-19. Day supports may also be allowed in an enrollee's home. Utah also temporarily increased the unduplicated number of participants by 250 for its New Choices waiver.

Washington State



Providing a Lifeline to Adult Day Centers

To support Medicaid enrollees who rely on long-term services and supports, their family caregivers, and long-term care workers, Washington State instituted multiple Appendix K amendments to multiple waivers, including three of its home- and community-based services waivers: the [Residential Support, Community Options Program Entry System \(COPES\)](#), and [New Freedom waivers](#).

Noting that key HCBS providers - such as adult day centers - that rely on face-to-face contact were at risk of shutting down, the state used Appendix K amendments to implement retainer payments during the pandemic. One official noted that the state's ability to offer these retainer payments, and to permit day support services to be delivered both remotely and outside the adult day care setting, have been critical to maintaining care and keeping adult day centers open during the pandemic. Washington also used Appendix K amendments to, among other changes, allow up to two daily home delivered meals (in COPES and New Freedom waivers), and support the cost of Personal Protective Equipment (PPE) as part of specialized medical equipment and supplies for beneficiaries (in COPES and Residential Support waivers).

What's Next?

While these policies are temporary, understanding the impact of these changes on the cost and quality of care for Medicaid enrollees and their family caregivers will be important in determining whether some or all of these innovations should continue after the pandemic.

States may want to consider which flexibilities provide long-term value by reviewing how reimbursement to alternative providers (such as family caregivers) and in alternate settings impacts their costs, quality, utilization, and/or waiver capacity. States may also consider how or whether newly developed infrastructure, such as telehealth, alternative providers, and service delivery mechanisms, can improve care options post-pandemic. States can also apply for a [Section 1115 Demonstration opportunity](#) to evaluate how flexibilities undertaken during the COVID-19 emergency affected the provision of care for Medicaid enrollees. States can engage Medicaid enrollees and their family caregivers to better understand impact, identify other potential innovations, and to prepare for future emergencies.

The National Academy for State Health Policy will continue to update its [interactive map](#) of state Appendix K amendments to cover policy changes that emerge as a result of the ongoing pandemic.

NASHP's [RAISE Act Family Caregiver Resource and Dissemination Center](#) is funded by [The John A. Hartford Foundation](#) and in collaboration with the [US Administration for Community Living](#).

To better support family caregivers, Congress passed the Recognize, Assist, Include, Support, and Engage (RAISE) Family Caregivers Act in 2018, which established the Family Caregiving Advisory Council tasked with creating the country's first national Family Caregiver Strategy. To support the council's work, NASHP has created the RAISE Act Family Caregiver Resource and Dissemination Center to:

- Develop family caregiving resources for state and federal policymakers and other stakeholders;
- Provide support to the council and its subcommittee member as they craft policy recommendations;
- Convene experts and thought leaders to provide perspectives and expertise to the council; and
- Support states as they develop policies to address family caregiver issues.