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: Assisted Living Waiver

C. Control Number: CA.0431.R04.04

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.

1) Orange County Chemical Incident. On May 21, 2026, a chemical storage tank containing approximately 5,000 to 7,000 gallons of methyl methacrylate, began heating up and emitting toxic fumes at a GKN Aerospace facility in the City of Garden Grove within Orange County. Nearby residents were told to evacuate the area. On May 23, 2026, California's Governor declared a State of Emergency in Orange County in response to the chemical storage tank leak.
2) This amendment will be available waiver-wide but only applied to individuals impacted by the Orange County chemical storage tank leak.

3) ALW Care Coordination Agencies (CCA) are the delegated care management agencies responsible for coordinating services for waiver participants in the affected areas that impacted both participants and providers.
4) This Appendix K is effective May 21, 2026. The purpose of this application is to allow waiver applicants in Orange County, California to be allotted pending extensions, extend the timeframe for a member to move back to an ALW facility, expand the settings in which services may be provided, extend the 60-day deadline to submit an application when waitlist slots are released, absence billing directives, and (if a CCA is providing the service) allow the CCA to continue to receive their Care Coordination Compensation fee.
5) There were no Tribal Health Organizations affected by the reported chemical leak.

F. Proposed Effective Date: Start Date: May 21, 2026
Anticipated End Date: May 21, 2027

G. Description of Transition Plan.

All activities will take place in response to the impact of the chemical leak as efficiently and effectively as possible based upon the complexity of the change.

H. Geographic Areas Affected:

Orange County

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

SOE-Proc-OC-Chemical-Leak-5-23-26.FINAL_.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.

a.___ Access and Eligibility:

i.___ Temporarily increase the cost limits for entry into the waiver.
[Provide explanation of changes and specify the temporary cost limit.]

ii.___ Temporarily modify additional targeting criteria.
[Explanation of changes]

b._X_ Services

i.___ Temporarily modify service scope or coverage.
[Complete Section A- Services to be Added/Modified During an Emergency.]

ii._X_Temporarily exceed service limitations (including limits on sets of services as described in Appendix C-4) or requirements for amount, duration, and prior authorization to address health and welfare issues presented by the emergency.
[Explanation of changes]

Temporarily allow for an extension of the current 30 days to 60-day re-enrollment period for participants who are unable to return to their assisted living facility because of the Orange County chemical leak State of Emergency, so they are not dis-enrolled as a result of the emergency. The 31-60 day re-enrollment period would begin following the end of the State of Emergency. The CCA is eligible to submit claims for Care Coordination services provided throughout the process while assisting the participant with returning to the assisted living setting.

iii. ___Temporarily add services to the waiver to address the emergency situation (for example, emergency counseling; heightened case management to address emergency needs; emergency medical supplies and equipment; individually directed goods and services; ancillary services to establish temporary residences for dislocated waiver enrollees; necessary technology; emergency evacuation transportation outside of the scope of non-emergency transportation or transportation already provided through the waiver).
[Complete Section A-Services to be Added/Modified During an Emergency]

iv. _X__Temporarily expand setting(s) where services may be provided (e.g. hotels, shelters, schools, churches) Note for respite services only, the state should indicate any facility-based settings and indicate whether room and board is included:
[Explanation of modification, and advisement if room and board is included in the respite rate]:

Temporarily allow Assisted Living Services and Residential Habilitation services to be provided in alternate settings and designated evacuation centers, such as hotels, shelters, schools, churches, campgrounds, convention centers, etc. to allow for continuity of care for waiver participants, and in accordance with their plan of treatment. Services authorized at the alternate settings mentioned above will be documented in the Person-Centered Service Plan and service providers will continue to offer service within the scope of the service and contractual requirements. Services provided in these locations will be at the request of the individual and case manager, and service monitoring will occur monthly to ensure the client continues to be satisfied with service delivery, that the provider is delivering the service in alignment with the person centered service plan and contract, and to remind the client if they want any changes to their services they can request and access that any time. Facility staff will routinely follow up with the individuals to ensure that they are receiving

the necessary services as authorized in their plan of care and that services are provided in the best interest of the individual.

v.___ Temporarily provide services in out of state settings (if not already permitted in the state's approved waiver). [Explanation of changes]

c.___ Temporarily permit payment for services rendered by family caregivers or legally responsible individuals if not already permitted under the waiver. Indicate the services to which this will apply and the safeguards to ensure that individuals receive necessary services as authorized in the plan of care, and the procedures that are used to ensure that payments are made for services rendered.

d.___ Temporarily modify provider qualifications (for example, expand provider pool, temporarily modify or suspend licensure and certification requirements).

i.___ Temporarily modify provider qualifications.

[Provide explanation of changes, list each service affected, list the provider type, and the changes in provider qualifications.]

ii.___ Temporarily modify provider types.

[Provide explanation of changes, list each service affected, and the changes in the .provider type for each service].

iii.___ Temporarily modify licensure or other requirements for settings where waiver services are furnished.

[Provide explanation of changes, description of facilities to be utilized and list each service provided in each facility utilized.]

e. ___Temporarily modify processes for level of care evaluations or re-evaluations (within regulatory requirements). [Describe]

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].

g.___ Temporarily modify person-centered service plan development process and individual(s) responsible for person-centered service plan development, including qualifications.

[Describe any modifications including qualifications of individuals responsible for service plan development, and address Participant Safeguards. Also include strategies to ensure that services are received as authorized.]

h.___ Temporarily modify incident reporting requirements, medication management or other participant safeguards to ensure individual health and welfare, and to account for emergency circumstances. [Explanation of changes]

i.___ Temporarily allow for payment for services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay when necessary supports (including communication and intensive personal care) are not available in that setting, or when the individual requires those services for communication and behavioral stabilization, and such services are not covered in such settings.

[Specify the services.]

j. ☐ Temporarily include retainer payments to address emergency related issues.

[Describe the circumstances under which such payments are authorized and applicable limits on their duration. Retainer payments are available for habilitation and personal care only.]

k.___ Temporarily institute or expand opportunities for self-direction.

[Provide an overview and any expansion of self-direction opportunities including a list of services that may be self-directed and an overview of participant safeguards]

l.___ Increase Factor C.
[Explain the reason for the increase and list the current approved Factor C as well as the proposed revised Factor C]

m._X__ Other Changes Necessary [For example, any changes to billing processes, use of contracted entities or any other changes needed by the State to address imminent needs of individuals in the waiver program]. [Explanation of changes]

Temporarily suspend the 60-day enrollment period for applicants who are unable to complete the application submission process and/or secure a bed in an assisted living facility because they or the facility have been impacted by the Orange County chemical leak. Instead, applicants who are assigned waiver slots and are unsuccessful in securing a placement in a facility would be allowed to keep the slot.

Contact Person(s)

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

First Name:	Jake
Last Name	Johnson
Title:	Division Chief
Agency:	CA Department of Health Care Services
Address 1:	1515 K Street
Address 2:	P.O. Box 997436
City	Sacramento
State	CA
Zip Code	95899-7437
Telephone:	916-713-8150
E-mail	jake.johnson@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:	Click or tap here to enter text.
Address 1:	Click or tap here to enter text.
Address 2:	
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	

8. Authorizing Signature

Signature: **Date:**

[redacted]

State Medicaid Director or Designee

First Name:	Tyler
Last Name	Sadwith
Title:	State Medicaid Director
Agency:	CA Department of Health Care Services
Address 1:	1501 Capitol Avenue
Address 2:	P.O. Box 99713, MS 0000
City	Sacramento
State	CA
Zip Code	95899-7400
Telephone:	916-449-7400
E-mail	tyler.sadwith@dhcs.ca.gov
Fax Number	916-449-7404

Section A---Services to be Added/Modified During an Emergency

Complete for each service added during a time of emergency. For services in the approved waiver which the state is temporarily modifying, enter the entire service definition and highlight the change. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
Service Title:	
Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:	
Service Definition (Scope):	
Specify applicable (if any) limits on the amount, frequency, or duration of this service:	

Provider Specifications				
Provider Category(s) *(check one or both)*:	☐	Individual. List types:	☐	Agency. List the types of agencies:
Specify whether the service may be provided by *(check each that applies)*:	☐	Legally Responsible Person	☐	Relative/Legal Guardian

Provider Qualifications (*provide the following information for each type of provider*):

Provider Type:	License *(specify)*	Certificate *(specify)*	Other Standard *(specify)*

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification

Service Delivery Method				
Service Delivery Method *(check each that applies)*:	☐	Participant-directed as specified in Appendix E	☐	Provider managed

[i] Numerous changes that the state may want to make necessitate authority outside of the scope of section 1915(c) authority. States interested in changes to administrative claiming or changes that require section 1115 or section 1135 authority should engage CMS in a discussion as soon as possible. Some examples may include: (a) changes to administrative activities, such as the establishment of a hotline; (b) suspension of general Medicaid rules that are not addressed under section 1915(c) such as payment rules or eligibility rules or suspension of provisions of section 1902(a) to which 1915(c) is typically bound.