

# 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.<sup>1</sup> This appendix may be completed retroactively as needed by the state.

## Appendix K-1: General Information

### General Information:

A. State: Hawaii

B. Waiver Title: 

Hawaii 1915(c) Home and Community Based Services for People with Intellectual and Developmental Disabilities (I/DD Waiver)
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C. Control Number: 

HI.0013.R08.10
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D. Type of Emergency (The state may check more than one box):

<input type="radio"/>	Pandemic or Epidemic
<input checked="" type="radio"/>	Natural Disaster
<input type="radio"/>	National Security Emergency
<input type="radio"/>	Environmental
<input type="radio"/>	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.

Natural disaster – Wildfires on Maui  This amendment requests to extend the end date of the approved Appendix K (HI.0013.R08.09: 8/8/23-8/7/24) to 6 months.  This Appendix K is additive to the previously approved Appendix K for waiver HI.0013.R08.09.
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F. **Proposed Effective Date: Start Date: August 8, 2023** \_\_\_\_\_ **Anticipated End Date:**  
**February 7, 2025** \_\_\_\_\_

G. **Description of Transition Plan.**

Participants will be supported to transition to enhanced flexible App K services as needed due to the impacts of the wildfires. Once the emergency ends, participants will be supported to transition to waiver services that meet their needs. All due process rights will be provided.

H. **Geographic Areas Affected:**

Maui County

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

## Contact Person(s)

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

**First Name:** Judy  
**Last Name** Mohr Peterson  
**Title:** Med-QUEST Administrator  
**Agency:** Department of Human Services  
**Address 1:** 601 Kamokila Blvd., Suite 518  
**Address 2:** Click or tap here to enter text.  
**City** Kapolei  
**State** Hawaii  
**Zip Code** 96707  
**Telephone:** 808-692-8050  
**E-mail** jmohrpeterson@dhs.hawaii.gov  
**Fax** 808-692-8155  
**Number**

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

**First Name:** Mary  
**Last Name** Brogan  
**Title:** Administrator  
**Agency:** Hawaii State Department of Health, Developmental Disabilities Division  
**Address 1:** 1250 Punchbowl St.

**Address 2:** Room 463  
**City** Honolulu  
**State** Hawaii  
**Zip Code** 96813  
**Telephone:** 808-586-5840  
**E-mail** Mary.brogan@doh.hawaii.gov  
**Fax** 808-586-5844  
**Number**

## 8. Authorizing Signature

**Signature:**  


**Date:**  
Jul 29, 2024

\_\_\_\_\_  
State Medicaid Director or Designee

**First Name:** Judy  
**Last Name** Mohr Peterson  
**Title:** Med-QUEST Administrator/Hawaii State Medicaid Director  
**Agency:** Hawaii Department of Human Services  
**Address 1:** 601 Kamokila Blvd.; Suite 518  
**Address 2:** Click or tap here to enter text.  
**City** Kapolei  
**State** Hawaii  
**Zip Code** 96707  
**Telephone:** 808-692-8050  
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