

# 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: Colorado

B. Waiver Title: Developmental Disabilities (HCBS-DD)  
Supported Living Services (HCBS-SLS)

C. Control Number: HCBS-DD: CO.0007.R08.25  
HCBS-SLS: CO.0293.R05.26

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

<input checked="" type="checkbox"/>	<b>Pandemic or Epidemic</b>
<input type="checkbox"/>	<b>Natural Disaster</b>
<input type="checkbox"/>	<b>National Security Emergency</b>
<input type="checkbox"/>	<b>Environmental</b>
<input type="checkbox"/>	<b>Other (specify):</b>

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.

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COVID-19 pandemic. This amendment will apply waiver-wide for each waiver included in this Appendix, to all individuals impacted by the virus or the response to the virus (e.g. closure of day programs, etc.). This Appendix K is additive to the previously approved Appendix K amendments. Effective May 1, 2023 through the end of the Appendix K, the Department has modified the provider qualifications for Dental service under the DD and SLS waivers to include the option for Dental Therapists as a provider type. The Department has also updated the License and Other Standards sections. This modification is required to increase provider capacity for this service as a result of the provider shortage due to the Public Health Emergency (DD and SLS). The Department will amend the base waiver in August 2023 to have this provider modification effective beyond the Appendix K approval period.

F. **Proposed Effective Date: Start Date:** March 10, 2020 **Anticipated End Date:** 6 months after the conclusion 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.*

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

ii.  Temporarily modify provider types.

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

Effective May 1, 2023, through the end of the Appendix K, the Department has modified the provider qualifications for Dental Service to include the option for Dental Therapists as a provider type and to update the License and Other Standards for this provider type. This modification is required to increase provider capacity for this service (DD and SLS). The Department will amend the base waiver in August 2023 to have this provider modification effective beyond the Appendix K approval period.

**Service:** Dental

**Change in Provider Type:** ~~Dental Therapist~~

**iii. X 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.]

Effective May 1, 2023 through the end of the Appendix K, the Department has modified the provider qualifications for Dental Service to include the option for Dental Therapists as a provider type and to update the License and Other Standards for this provider type. This modification is required to increase provider capacity for this service (DD and SLS). The Department will amend the base waiver in August 2023 to have this provider modification effective beyond the Appendix K approval period.

**Service:** Dental

**License:** ~~State Board of Dental Examiners~~ Colorado Dental Board

**Other Standard:** ~~C.R.S. 12-35-101 et. seq.3 CCR 709.1: Colorado Board of Dental Examiners, Rules and Regulations~~

~~C.R.S. 12-220-102 et. seq. 3 CCR 709-1: Colorado Dental Board, Dentists & Dental Hygienists Rules and Regulations~~

## Contact Person(s)

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

**First Name:** Colin  
**Last Name** Laughlin  
**Title:** Deputy Director of the Office of Community Living  
**Agency:** Department of Health Care Policy and Financing  
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**Zip Code** 80128  
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**Fax Number** 303-866-4411

## 8. Authorizing Signature

**Signature:** /S/

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**Date:** July 20, 2023

State Medicaid Director or Designee

**First Name:** *Adela*  
**Last Name** *Flores-Brennan*  
**Title:** Medicaid Director  
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