

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

### Appendix K-1: General Information

#### General Information:

A. State: Alaska

B. Waiver Title:

People with Intellectual and Developmental Disabilities (IDD);  
Alaskans Living Independently (ALI)  
Adults with Physical and Developmental Disabilities (APDD)  
Children with Complex Medical Conditions (CCMC)  
Individualized Supports Waiver (ISW)

C. Control Number:

- AK.0260.R06.01 (IDD)
- AK.0261.R06.01 (ALI)
- AK.0262.R06.01 (APDD)
- AK.0263.R06.01 (CCMC)
- AK.1566.R00.14 (ISW)

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

<input checked="" type="radio"/>	Pandemic or Epidemic
<input 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.

This Appendix K is additive to those previously approved. This Appendix K amendment clarifies that the end date to delay training and employment service provider certification requirements will be for the duration of the Appendix K (to six months after the end of the PHE).

**F. Proposed Effective Date: Start Date: March 11, 2020**

**Anticipated End Date: six months after the federal Public Health Emergency ends**

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

**i. x Temporarily modify provider qualifications.**

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

The following changes may be made to direct service worker requirements throughout the duration of the Appendix K:

- Delay first aid and CPR training and certification requirements for all direct service workers for the duration of Appendix K
- Delay the requirement that direct service workers providing Employment Services must have proof of National Certification in Employment Services or equivalent certification upon the next provider certification renewal

The following changes may be made to provider certification requirements throughout the duration of the Appendix K:

- If the agency's or home's program administrator becomes unavailable because of COVID-19, the agency can appoint a temporary administrator who will not have to meet the educational and experience qualification requirements for program administrators (per SDS certification requirements) or administrators of assisted living homes (per DHCS Residential Licensing requirements).
- Delay the requirement that program administrators for agencies certified to provide Employment Services must have proof of National Certification in Employment Services or equivalent certification upon the next provider certification renewal.

## Contact Person(s)

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

<b>First Name:</b>	John
<b>Last Name</b>	Lee
<b>Title:</b>	Director
<b>Agency:</b>	Division of Senior and Disabilities Services, DHSS
<b>Address 1:</b>	1835 Bragaw St, Suite 350.
<b>Address 2:</b>	
<b>City</b>	Anchorage
<b>State</b>	AK
<b>Zip Code</b>	99508
<b>Telephone:</b>	(907)269-2083
<b>E-mail</b>	<a href="mailto:John.lee2@alaska.gov">John.lee2@alaska.gov</a>
<b>Fax Number</b>	(907) 269-3690

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

<b>First Name:</b>	Anthony
<b>Last Name</b>	Newman
<b>Title:</b>	Deputy Director
<b>Agency:</b>	Division of Senior and Disabilities Services, DHSS
<b>Address 1:</b>	240 Main St Suite 600.
<b>Address 2:</b>	
<b>City</b>	Juneau
<b>State</b>	AK
<b>Zip Code</b>	99801
<b>Telephone:</b>	(907)465-5481
<b>E-mail</b>	<a href="mailto:anthony.newman@alaska.gov">anthony.newman@alaska.gov</a>
<b>Fax Number</b>	(907) 465-1170

## 8. Authorizing Signature

Signature: \_\_\_\_\_/S/\_\_\_\_\_  
State Medicaid Director or Designee

Date:	11/12/2021
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<b>First Name:</b>	Al
<b>Last Name</b>	Wall
<b>Title:</b>	Deputy Commissioner of Medicaid and Healthcare Policy State Medicaid Director
<b>Agency:</b>	Alaska Department of Health and Social Services
<b>Address 1:</b>	3601 C Street, Suite 902
<b>Address 2:</b>	
<b>City</b>	Anchorage
<b>State</b>	AK
<b>Zip Code</b>	99503
<b>Telephone:</b>	(907) 465-1610 (office) (907) 538-5507 (mobile)
<b>E-mail</b>	<a href="mailto:a.wall@alaska.gov">a.wall@alaska.gov</a>
<b>Fax Number</b>	(907) 269-0060

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