

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.¹ 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:

<ul style="list-style-type: none">• AK.0260.R05.11 (IDD)• AK.0261.R05.08 (ALI)• AK.0262.R05.09 (APDD)• AK.0263.R05.10 (CCMC)• AK.1566.R00.07 (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):

F. Proposed Effective Date: Start Date: March 11, 2020 Anticipated End Date: March 10, 2021

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.

Alaska is submitting a **second** Appendix K request adding to the first Appendix K amendment that was approved by CMS on March 25, 2020. This second request makes three changes to existing approved Appendix K language (which continues to be effective):

- 1) at K-2-c it adds Day Habilitation to the list of services for which a person with a legal duty to support can receive payment,
- 2) at K- 2-d-1 it clarifies that providers do not have to have proof of CPR hands-on skills testing for certification (but do need to have proof of online First Aid and CPR training),
- 3) at Contacts B, it identifies the contact person for Appendix K questions as Anthony Newman and provides his contact information.

It also checks the box at K-2-a-i Access and Eligibility (accidentally not checked for initial submission), per CMS request.

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.]

AK 1566, or the Individualized Supports Waiver (ISW), ONLY: The cost limit for this waiver may be increased by \$5,000 for individuals being treated for COVID-19 or if their primary informal caregiver is quarantined away from the waiver participant.

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.

- Day Habilitation

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.]

- Allow on-line first aid and CPR trainings (instead of suspending proof of training, per original approved Appendix K) to meet requirements for initial hires and renewing employees during the disaster period, and suspend the requirement for proof of CPR hands-on skills test.

Contact Person(s)

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

Signature:

_____/S/_____
State Medicaid Director or Designee

Date: 6/2/2020

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