

APPENDIX K: Emergency Preparedness and Response and COVID-19 Addendum

Background:

This standalone appendix may be utilized by the state during emergency situations to request amendments to its approved waiver, to multiple approved waivers in the state, and/or to all approved waivers in the state. 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 applied retroactively as needed by the state. Public notice requirements normally applicable under 1915(c) do not apply to information contained in this Appendix.

Appendix K-1: General Information

General Information:

A. State: ALABAMA

B. Waiver Title(s):

AL Home and Community-Based Waiver for Persons with Intellectual Disabilities (ID)
AL HCBS Living at Home Waiver for Persons w/ID (LAH)

C. Control Number(s):

ID 0001.R09.01
LAH 0391.R04.01

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.

COVID-19 pandemic. This additive amendment is to extend the end date of the Appendix K.

F. Proposed Effective Date: Start Date: January 27, 2020

Anticipated End Date: No later than six months after the expiration 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

Contact Person(s)

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

First Name: Ginger
Last Name Wettingfeld
Title: Director, LTC Healthcare Reform
Agency: Alabama Medicaid Agency
Address 1: PO Box 5624
Address 2: 501 Dexter Ave
City Montgomery
State AL
Zip Code 36104
Telephone: 334-242-5018
E-mail Ginger.wettingfeld@medicaid.alabama.gov
Fax Number 334-353-4182

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

First Name: N/A
Last Name Click or tap here to enter text.
Title: Click or tap here to enter text.
Agency: Click or tap here to enter text.
Address 1: Click or tap here to enter text.
Address 2: Click or tap here to enter text.
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 Click or tap here to enter text.

8. Authorizing Signature

Signature:

Date: 1/15/2021

_____/S/_____
State Medicaid Director or Designee

First Name: Stephanie
Last Name Azar
Title: Commissioner
Agency: Alabama Medicaid Agency
Address 1: PO Box 5624
Address 2: 501 Dexter Ave
City Montgomery
State AL
Zip Code 36104
Telephone: 334-242-5600
E-mail Stephanie.azar@medicaid.alabama.gov
Fax Number 334-242-5097


