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. 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: Arkansas

B. Waiver Title(s):

- Community and Employment Supports Waiver (CES)
- Autism Waiver

C. Control Number(s):

- AR.0188.R05.08
- AR.0936.01.02

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

- X Pandemic or Epidemic
- ○ Natural Disaster
- ○ National Security Emergency
- ○ Environmental
- ○ 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 is an additive amendment to what was previously approved extending the end date. This amendment is in regard to Covid 19. All clients supported by these waivers are affected by the pandemic.
F. Proposed Effective Date: Start Date: March 12, 2020 Anticipated End Date: December 31, 2021.

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: Elizabeth
Last Name: Pitman
Title: Deputy Director
Agency: Department of Human Services
Division of Medical Services
Address 1: P.O. Box 1437
Address 2: Slot S-401
City: Little Rock
State: Arkansas
Zip Code: 72201
Telephone: 501-244-3944
E-mail: Elizabeth.pitman@dhs.arkansas.gov
Fax Number: 501-682-1197

B. If applicable, the State operating agency representative with whom CMS should communicate regarding the waiver is:
First Name: Melissa  
Last Name: Stone  
Title: Director  
Agency: Division of Developmental Disabilities Services  
Department of Human Services  
Address 1: P.O. Box 1437  
Address 2: Slot N-501  
City: Little Rock  
State: Arkansas  
Zip Code: 72201  
Telephone: (501) 682-8665  
E-mail: Melissa.stone@dhs.arkansas.gov  
Fax Number: Click or tap here to enter text.

8. Authorizing Signature

Signature:  
Date: 03/18/2021

/Dawn Stehle/ 
State Medicaid Director or Designee

First Name: Dawn  
Last Name: Stehle  
Title: State Medicaid Director  
Agency: Department of Human Services  
Address 1: 1437 P.O. Box  
Address 2: Slot S-201  
City: Little Rock  
State: Arkansas  
Zip Code: 72201  
Telephone: (501) 682-6311  
E-mail: Dawn.stehle@dhs.arkansas.gov  
Fax Number: Click or tap here to enter text.