

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.¹ 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):

ARChoices in Homecare
AR Living Choices

C. Control Number(s):

AR.0195.R05.06
AR.0400.R03.08

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 is an additive amendment to what was previously approved extending the end date. This request is made relating to the 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.

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: Patricia
Last Name Gann
Title: Deputy Director
Agency: Division of Adult, Aging, and Behavioral Health
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) 686-9431
E-mail Patricia.gann@dhs.arkansas.gov
Fax Number Click or tap here to enter text.

8. Authorizing Signature

Signature:

Date: 03/18/2021



_____/S/_____
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.