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. This appendix may be completed retroactively as needed by the state.

Appendix K-1: General Information

General Information:

A. State: District of Columbia

B. Waiver Title:
   - Elderly and Persons with Physical Disabilities (EPD Waiver)
   - Individuals with Intellectual and Developmental Disabilities (IDD Waiver)

C. Control Number:
   - EPD Waiver: DC.0334.R04.07
   - IDD Waiver: DC.0307.R04.04

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.
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 (e.g. closure of day programs, etc.)

This appendix K is additive to the previously approved Appendix K. This Appendix K updates the end date to six (6) months after the conclusion of the public health emergency.

F. Proposed Effective Date: Start Date: March 11, 2020 Anticipated End Date: Six (6) months after the conclusion 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 waivers 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
8. Authorizing Signature

Signature: ______________________

/S/

State Medicaid Director or Designee

Date: 1/15/2021

First Name: Melisa
Last Name: Byrd
Title: Senior Deputy Director / State Medicaid Director
Agency: Department of Health Care Finance
Address 1: 441 4th Street NW
Address 2: Suite 900
City: Washington
State: District of Columbia
Zip Code: 20001
Telephone: 202-442-9075
E-mail: melisa.byrd@dc.gov
Fax Number: 202-442-4790
Numerous changes that the state may want to make necessitate authority outside of the scope of section 1915(c) authority. States interested in changes to administrative claiming or changes that require section 1115 or section 1135 authority should engage CMS in a discussion as soon as possible. Some examples may include: (a) changes to administrative activities, such as the establishment of a hotline; (b) suspension of general Medicaid rules that are not addressed under section 1915(c) such as payment rules or eligibility rules or suspension of provisions of section 1902(a) to which 1915(c) is typically bound.