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: __Florida _____ B. Waiver Title(s): Developmental Disabilities Individual Budgeting Waiver, Florida Long Term Care Program, Model Waiver, and Familial Dysautonomia Waiver C. Control Number(s): FL 0867.R02.03, FL 0962.R01.07, FL 40166.R06.01, and FL 40205.R03.02

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

X	Pandemic or Epidemic
0	Natural Disaster
0	National Security Emergency
0	Environmental
0	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 Ks and updates the end date to "six months after the conclusion of the public health emergency."

- F. Proposed Effective Date: Start Date: January 27, 2020 Anticipated End Date: Six 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 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			

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.

	Temporarily increase the cost limits for entry into the waiver.
Pro	vide explanation of changes and specify the temporary cost limit.]

ii.___ Temporarily modify additional targeting criteria.

[Explanation of changes]

8. Authorizing Signature

Signature:		Date:	
/Sate Medicaid	Director or Designee		_1/15/2021
First Name:	Beth		
Last Name	Kidder		
Title:	Deputy Secretary for Medicaid		
Agency:	Agency for Health Care Administ	ration	
Address 1:	2727 Mahan Drive, Mail Stop #20)	
Address 2:			
City	Tallahassee		

State FL

Zip Code 32308

Telephone: (850) 412-4006

E-mail Beth.Kidder@ahca.myflorida.com

Fax Number