

# 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.<sup>i</sup> 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:     Hawaii    

B. Waiver Title(s): Hawaii 1915(c) Home and Community Based Services for People with Intellectual and Developmental Disabilities (I/DD Waiver)

C. Control Number(s): HI.0013.R07.09

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

<input checked="" type="checkbox"/>	<b>Pandemic or Epidemic</b>
<input type="checkbox"/>	<b>Natural Disaster</b>
<input type="checkbox"/>	<b>National Security Emergency</b>
<input type="checkbox"/>	<b>Environmental</b>
<input type="checkbox"/>	<b>Other (specify):</b>

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

**F. Proposed Effective Date: Start Date:** March 1, 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 waiver to all individuals impacted by the COVID-19 virus.

**I. Description of State Disaster Plan (if available) Reference to external documents is acceptable:**

## Contact Person(s)

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

**First Name:** Judy  
**Last Name:** Mohr Peterson, PhD  
**Title:** Administrator  
**Agency:** Hawaii Department of Human Services, Med-QUEST Division  
**Address 1:** 601 Kamokila Blvd.  
**Address 2:** Suite 506A  
**City:** Kapolei  
**State:** Hawaii  
**Zip Code:** 96707  
**Telephone:** 808-692-8085  
**E-mail:** jmohrpeterson@dhs.hawaii.gov  
**Fax Number:** 808-692-8087

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

**First Name:** Mary  
**Last Name** Brogan  
**Title:** Administrator  
**Agency:** Hawaii State Department of Health, Developmental Disabilities Division  
**Address 1:** 1250 Punchbowl Street  
**Address 2:** Room 463  
**City** Honolulu  
**State** Hawaii  
**Zip Code** 95813  
**Telephone:** 808-586-5840  
**E-mail** Mary.brogan@doh.hawaii.gov  
**Fax Number** 808-586-5844

## 8. Authorizing Signature

**Signature:**

**Date:** 1/14/2021

\_\_\_\_\_/S/\_\_\_\_\_  
State Medicaid Director or Designee

**First Name:** Cathy  
**Last Name** Betts  
**Title:** Director  
**Agency:** Hawaii Department of Human Services  
**Address 1:** 1390 Miller Street  
**Address 2:** Room 209  
**City** Honolulu  
**State** Hawaii  
**Zip Code** 96813  
**Telephone:** 808-586-4999  
**E-mail** cbetts@dhs.hawaii.gov  
**Fax Number** 808-692-8087

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<sup>i</sup> Numerous changes that the state may want to make may 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; or (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.