

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.ⁱ 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: ILLINOIS

B. Waiver Title(s):

Persons who are Elderly (ELD)
Persons with Disabilities (PD)
Persons with HIV/AIDS (HIV)
Persons with Brain Injury (BI)
Persons who are Medically Fragile, Technology Dependent (MFTD)
Supportive Living Program (SLP)
Adults with Developmental Disabilities (DD)
Support Waiver for Children and Young Adults with Developmental Disabilities (CSW)
Residential Waiver for Children and Young Adults with Developmental Disabilities (CRW)

C. Control Number(s):

IL.0143.R06.08 (ELD)
IL.0142.R06.09 (PD)
IL.0202.R06.07 (HIV)
IL.0329.R04.08 (BI)
IL.0350.R04.09 (DD)
IL.0464.R02.10 (CSW)
IL.0473.R02.09 (CRW)
IL.0278.R05.05 (MFTD)
IL.0326.R04.06 (SLP)

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.

COVID-19 pandemic. This amendment is additive to the previously approved Appendix K amendments. This amendment is updating the end date to 6 months after the conclusion of the public health emergency.

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

N/A

8. Authorizing Signature

Signature:

Date: 1/15/2021

_____/S/_____
State Medicaid Director or Designee

First Name: Kelly
Last Name Cunningham
Title: State Medicaid Administrator
Agency: Healthcare and Family Services
Address 1: 201 South Grand Ave., East
Address 2: Click or tap here to enter text.
City Springfield
State IL
Zip Code 62694
Telephone: 217-782-2570
E-mail Kelly.cunningham@illinois.gov
Fax Number 217-782-2570
