

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: Kansas

B. Waiver Title(s): Autism; Brain Injury, Frail Elderly, Intellectual & Developmental Disability; Physical Disability; Serious Emotional Disturbance; Technology Assisted

C. Control Number(s):

- 0476.R02.04
- 4164.R06.06
- 0303.R05.01
- 0224.R06.05
- 0320.R04.04
- 4165.R06.05
- 0304.R05.01

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

<input checked="" type="checkbox"/>	Pandemic or Epidemic
<input type="checkbox"/>	Natural Disaster
<input type="checkbox"/>	National Security Emergency
<input type="checkbox"/>	Environmental
<input type="checkbox"/>	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 amendment is additive to the previously CMS approved Appendix K. 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.) The amendment extends the anticipated end date to six months after the end of the public health emergency.

F. Proposed Effective Date: Start Date: January 27, 2020 Anticipated End Date: Six months post expiration of the federal Public Health Emergency declaration.

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: Bobbie
Last Name: Graff-Hendrixson
Title: Director, Compliance and Contracting
Agency: Kansas Department of Health & Environment, Division of Health Care Finance
Address 1: 900 S Jackson Ave, Suite 900N
Address 2: Click or tap here to enter text.
City: Topeka
State: KS
Zip Code: 66612
Telephone: 785.296-0149
E-mail: Bobbie.Graff-Hendrixson@ks.gov
Fax Number: 785.296.3468

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

First Name: Amy
Last Name Penrod
Title: Commissioner
Agency: Kansas Department for Aging and Disability Services
Address 1: 503 S. Kansas Ave.
Address 2: Click or tap here to enter text.
City Topeka
State KS
Zip Code 66603
Telephone: 785.296.0141
E-mail Amy.Penrod1@ks.gov
Fax Number 785.296.0256

8. Authorizing Signature

Signature:

Date: 1/14/2021

_____/S/_____
State Medicaid Director or Designee

First Name: Sarah
Last Name Fertig
Title: State Medicaid Director
Agency: Kansas Department of Health & Environment, Division of Health Care Finance
Address 1: 900 S Jackson Ave, Suite 900N
Address 2: Click or tap here to enter text.
City Topeka
State Kansas
Zip Code 66612
Telephone: 785.296.3563
E-mail Sarah.Fertig@ks.gov
Fax Number 785.296.3468

