

## 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.<sup>1</sup> This appendix may be completed retroactively as needed by the state.

### Appendix K-1: General Information

#### General Information:

A. State: Michigan

B. Waiver Title: MI Health Link Home and Community Based Services Waiver

C. Control Number:

MI.1126.01.03

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
	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.)

The purpose of this amendment is to extend the end date of the Appendix K to six months after the conclusion of the public health emergency. Though the state is requesting to extend the end date for the Appendix K amendment, the Department reserves the right to remove flexibilities that have been approved which are no longer deemed necessary. Providers and recipients will be notified in

advance of any change to state policy/flexibility end dates contained in the Appendix K. Medicaid appeal rights will be made available to all waiver recipients and providers as applicable.

**F. Proposed Effective Date: Start Date: \_03/01/2020\_\_ 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

## Contact Person(s)

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

<b>First Name:</b>	Jacqueline
<b>Last Name</b>	Coleman
<b>Title:</b>	Waiver Specialist
<b>Agency:</b>	MSA, MDHHS
<b>Address 1:</b>	P.O. Box 30479
<b>Address 2:</b>	400 S Pine, 7 <sup>th</sup> Floor
<b>City</b>	Lansing
<b>State</b>	MI
<b>Zip Code</b>	48909-7979
<b>Telephone:</b>	517-248-1190
<b>E-mail</b>	<a href="mailto:colemanj@michigan.gov">colemanj@michigan.gov</a>
<b>Fax Number</b>	517-241-5112

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

<b>First Name:</b>	
<b>Last Name</b>	
<b>Title:</b>	
<b>Agency:</b>	
<b>Address 1:</b>	
<b>Address 2:</b>	
<b>City</b>	
<b>State</b>	
<b>Zip Code</b>	
<b>Telephone:</b>	
<b>E-mail</b>	
<b>Fax Number</b>	

## 8. Authorizing Signature

Signature: /S/

Date:

02/01/2021

State Medicaid Director or Designee

<b>First Name:</b>	Kate
<b>Last Name</b>	Massey
<b>Title:</b>	Medicaid Director
<b>Agency:</b>	MSA, MDHHS
<b>Address 1:</b>	P.O. Box 30479
<b>Address 2:</b>	400 S Pine, 7 <sup>th</sup> Floor
<b>City</b>	Lansing
<b>State</b>	MI
<b>Zip Code</b>	48909-7979
<b>Telephone:</b>	517-241-7882
<b>E-mail</b>	<a href="mailto:Masseyk4@michigan.gov">Masseyk4@michigan.gov</a>
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