

# 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>1</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: Missouri

B. Waiver Title(s): Independent Living Waiver

C. Control Number(s):

MO.0346.R04.10

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.

This application is additive to the previously approved Appendix K. The purpose of this amendment is to increase Factor C for waiver years four and five of the Independent Living Waiver.

F. **Proposed Effective Date: Start Date:** January 27, 2020 **Anticipated End Date:** Six (6) months after the end 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.*

I. X **Increase Factor C.**

[Explain the reason for the increase and list the current approved Factor C as well as the proposed revised Factor C]

The number of individuals eligible for Independent Living Waiver services is exceeding the state's estimates. The state is increasing Factor C for waiver years 4 and 5 from 800 to 1150, not to exceed the end of the Appendix K.

The state intends to submit a 1915(c) waiver amendment to allow the Factor C increase to be ongoing.

## Contact Person(s)

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

**First Name:** Glenda  
**Last Name** Kremer  
**Title:** Assistant Deputy Director, Program Operations  
**Agency:** Missouri Department of Social Services, MO HealthNet Division  
**Address 1:** 615 Howerton Court  
**Address 2:** Click or tap here to enter text.  
**City** Jefferson City  
**State** Missouri  
**Zip Code** 65102-6500  
**Telephone:** 573-751-6962  
**E-mail** Glenda.A.Kremer@dss.mo.gov  
**Fax Number** 573-526-4651

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

**First Name:** Melanie  
**Last Name** Highland  
**Title:** Division Director  
**Agency:** Missouri Department of Health, Division of Senior and Disability Services  
**Address 1:** 912 Wildwood Dr.  
**Address 2:** Click or tap here to enter text.  
**City** Jefferson City  
**State** Missouri  
**Zip Code** 65109  
**Telephone:** (573)526-8557  
**E-mail** Melanie.Highland@health.mo.gov  
**Fax Number** (573)522-3024

## 8. Authorizing Signature

**Signature:** /S/

**Date:** 1/18/2023

---

State Medicaid Director or Designee

**First Name:** Todd  
**Last Name** Richardson  
**Title:** Director  
**Agency:** MO HealthNet Division  
**Address 1:** 615 Howerton Court  
**Address 2:** Click or tap here to enter text.  
**City** Jefferson City  
**State** Missouri  
**Zip Code** 65102-6500  
**Telephone:** (573) 751-6922  
**E-mail** [Leann.Hager@dss.mo.gov](mailto:Leann.Hager@dss.mo.gov)  
**Fax Number** (573) 751-6564

---

<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.