

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

## Appendix K-1: General Information

### General Information:

A. State: New York

B. Waiver Title:

Office for People with Developmental Disabilities (OPWDD) Comprehensive Home and Community Based Services (HCBS) Waiver

C. Control Number:

NY 0238.R06.05

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.

New York seeks to amend the original Appendix K to the OPWDD Comprehensive 1915(c) HCBS Waiver serving people with intellectual and/or developmental disabilities (I/DD) HCBS waiver NY 0238 (R06.01) approved initially on April 7, 2020 with subsequent revisions. All approved changes in prior CMS Appendix K approvals remain in effect:

This amendment includes only the extension of the termination date, which will be no later than six months after the expiration of the PHE

**F. Proposed Effective Date: Start Date: 3/7/20 Anticipated End Date: Six months following the end of the Public Health Emergency.**

## Contact Person(s)

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

**First Name:** Brett  
**Last Name** Friedman  
**Title:** Director of Strategic Initiatives & Special Medicaid Counsel  
**Agency:** New York State Department of Health, Office of Health Insurance Programs  
**Address 1:** 99 Washington Avenue  
**Address 2:** Suite 720  
**City** Albany  
**State** New York  
**Zip Code** 12210  
**Telephone:** 518-473-0919  
**E-mail** [Brett.Friedman@health.ny.gov](mailto:Brett.Friedman@health.ny.gov)  
**Fax Number** 518-486-2495

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

**First Name:** Katherine  
**Last Name** Marlay  
**Title:** Deputy Commissioner  
**Agency:** New York State Office for People With Developmental Disabilities  
**Address 1:** 44 Holland Ave.  
**Address 2:** Click or tap here to enter text.  
**City** Albany  
**State** New York  
**Zip Code** 12229  
**Telephone:** 518-486-6466  
**E-mail** Katherine.Marlay@opwdd.ny.gov

## 8. Authorizing Signature

**Signature:**

**Date:**

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

2/21/21

**First Name:** Donna  
**Last Name** Frescatore  
**Title:** State Medicaid Director  
**Agency:** New York State Department of Health  
**Address 1:** 99 Washington Avenue  
**Address 2:** Suite 1715  
**City** Albany  
**State** New York  
**Zip Code** 12210  
**Telephone:** 518-474-3018  
**E-mail** [Donna.frescatore@health.ny.gov](mailto:Donna.frescatore@health.ny.gov)  
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<sup>i</sup> Numerous changes that the state may want to make 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; (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.