

# 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: Children's Waiver

C. Control Number:

NY.4125.R05.13

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 additive amendment is based upon the NYS implemented 2022 - 2023 budget to address HCBS provider workforce issues, due to the continued COVID-19 pandemic impact. The NYS implementation of NYS budget is effective April 1, 2022.

Based upon NYS 2022-2023 approved budget, a 5.4% COLA increase will occur for all providers providing Children's Waiver HCBS. This Cost of Living Adjustment (COLA) will be added to the current service rate for all providers.

The HCBS included in the 5.4% COLA:

- Day Habilitation
- Community Habilitation
- Caregiver/Family Support and Services
- Community Advocacy and Support
- Palliative Care
- Pre-Vocational Services
- Supportive Employment
- Planned Respite
- Supportive Respite

Via an amendment to the Children's Waiver, language will be incorporated allowing waiver rates to be updated for annual cost of living adjustment increases to rates, subject to state budget requirements and legislative approval.

**F. Proposed Effective Date: Start Date:** March 1, 2020 **Anticipated End Date:** No later than six months after the expiration of the Public Health Emergency.

**G. Description of Transition Plan.**

**H. Geographic Areas Affected:**

These actions will apply statewide across to all waiver participants, their families and HCBS providers.

**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.*

**f. X\_ Temporarily increase payment rates**

[Provide an explanation for the increase. List the provider types, rates by service, and specify whether this change is based on a rate development method that is different from the current approved waiver (and if different, specify and explain the rate development method). If the rate varies by provider, list the rate by service and by provider].

Based upon NYS 2022-2023 approved budget, a 5.4% COLA increase will occur for all providers providing Children's Waiver HCBS effective April 1, 2022. This COLA will be added to the current base service rate for the following HCBS.

- Day Habilitation
- Community Habilitation
- Caregiver/Family Support and Services
- Community Advocacy and Support
- Palliative Care
- Pre-Vocational Services
- Supportive Employment
- Planned Respite
- Supportive Respite

This COLA was approved to support HCBS providers due to the impact of COVID 19 on the workforce and retention of staff and to build capacity of services to meet the needs of children/youth and families

Via an amendment to the Children's Waiver, language will be incorporated allowing waiver rates to be updated for annual cost of living adjustment increases to rates, subject to state budget requirements and legislative approval.

**g. \_\_\_ Contact Person(s)**

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

**First Name:** Colette  
**Last Name** Poulin  
**Title:** Children's Health Program Director  
**Agency:** NYS DOH, Office of Health Insurance Programs  
**Address 1:** 99 Washington Ave  
**Address 2:** Suite 720  
**City** Albany  
**State** New York  
**Zip Code** 12237  
**Telephone:** 518-486-4052  
**E-mail** Colette.poulin@health.ny.gov  
**Fax Number** Click or tap here to enter text.

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

**First Name:** April  
**Last Name** Hamilton  
**Title:** Bureau Director  
**Agency:** NYS DOH Office of Health Insurance Programs  
**Address 1:** 99 Washington Ave  
**Address 2:** Suite 720  
**City** Albany  
**State** New York  
**Zip Code** 12237  
**Telephone:** 518-486-2495  
**E-mail** April.Hamilton@health.ny.gov  
**Fax Number** n/a

## 8. Authorizing Signature


**Signature:** /S/

**Date:** 6/22/2022

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State Medicaid Director or Designee

**First Name:** *Amir*  
**Last Name** *Bassiri*  
**Title:** Medicaid Director  
**Agency:** NYS Department of Health  
**Address 1:** 99 Washington Ave  
**Address 2:** Suite 1715  
**City** Albany  
**State** New York  
**Zip Code** 12210  
**Telephone:** 518-474-3018  
**E-mail** [Amir.Bassiri@health.ny.gov](mailto:Amir.Bassiri@health.ny.gov)  
**Fax Number** 518-486-1346



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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.