

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: OK

B. Waiver Title(s): ADvantage Waiver

C. Control Number(s): OK.0256.R05.06

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.

COVID-19 pandemic. This amendment grants an extension of three months to respond to the Draft Quality Review Report for the ADvantage Waiver – OK 0256 with an approved due date of August 1, 2020. This amendment is additive to the previously approved Appendix K.

F. Proposed Effective Date: Start Date: April 30, 2020 **Anticipated End Date:** July 31, 2020

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:

N/A

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.

m. X Other Changes Necessary [For example, any changes to billing processes, use of contracted entities or any other changes needed by the State to address imminent needs of individuals in the waiver program]. [Explanation of changes]

The timeframes for the submission of the CMS 372s and the evidentiary package(s) will be extended as needed pursuant to the emergency. In addition, the state may suspend the collection of data for performance measures other than those identified for the Health and Welfare assurance and notes that as a result the data will be unavailable for this timeframe in ensuing reports due to the circumstances of the pandemic.

Contact Person(s)

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

First Name: David
Last Name Ward
Title: QA & Community Living Services Manager
Agency: Oklahoma Healthcare Authority
Address 1: 4345 N. Lincoln Blvd
Address 2:
City Oklahoma City
State Oklahoma
Zip Code 73105
Telephone: 405-522-7776
E-mail David.Ward@okhca.org
Fax Number 405-530-7722

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

First Name: Kathleen
Last Name Kelley
Title: Medicaid Services Director
Agency: Oklahoma Human Services
Address 1: PO Box 608
Address 2: 727 S 32nd Street
City Muskogee
State OK
Zip Code 74402
Telephone: 918-781-5815
E-mail Kathleen.kelley@okdhs.org
Fax Number 405-230-8028

Signature:

Date: 6/25/2020

_____/S/_____
State Medicaid Director or Designee

First Name: Melody
Last Name Anthony
Title: State Medicaid Director
Agency: Oklahoma Health Care Authority
Address 1: 4345 N. Lincoln Blvd
Address 2:
City Oklahoma City
State Oklahoma
Zip Code 73105
Telephone: 405-522-7360
E-mail Melody.Anthony@okhca.org
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