

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.ⁱ This appendix may be completed retroactively as needed by the state.

Appendix K-1: General Information

General Information:

A. State: Oklahoma

B. Waiver Title:

	ADvantage Waiver
	Community Waiver
	Homeward Bound Waiver
	In Home Supports Waiver for Adults
	In Home Supports Waiver for Children
	Medically Fragile Waiver

C. Control Number:

OK.0256.R05.09	(ADvantage Waiver)
OK.0179.R06.10	(Community Waiver)
OK.0399.R03.10	(Homeward Bound Waiver)
OK.0343.R04.10	(In Home Supports Waiver for Adults)
OK.0351.R04.09	(In Home Supports Waiver for Children)
OK.0811.R02.07	(Medically Fragile Waiver)

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 is updating the end date to “6 months after the conclusion of the public health emergency.” This appendix K is additive to the previously approved appendix K.

F. Proposed Effective Date: Start Date: January 27, 2020 Anticipated End Date: Six months after Public Health Emergency expiration

G. Description of Transition Plan.

Any temporary modifications made during the state of emergency will revert back to original form once the Appendix K has ended. In the event it is determined this change may adversely affect a member, the member and his/her Team will discuss the member’s needs and options available to meet those needs. Person-centered planning is used in all phases of the service development process.

H. Geographic Areas Affected:

Entire state of Oklahoma

I. Description of State Disaster Plan (if available) *Reference to external documents is acceptable:*

Contact Person(s)

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

First Name: David
Last Name: Ward
Title: LTSS Services and Supports Manager
Agency: Oklahoma Health Care Authority
Address 1: 4345 N. Lincoln Blvd.
Address 2: Click or tap here to enter text.
City: Oklahoma City
State: OK
Zip Code: 73105
Telephone: (405) 522-7776
E-mail: David.ward@okhca.org
Fax Number: (405) 530-7722

8. Authorizing Signature

Signature:

/S/

Date: 1/7/2021

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: Click or tap here to enter text.
City: Oklahoma City
State: Oklahoma
Zip Code: 73105
Telephone: (405) 522-7360
E-mail: Melody.anthony@okhca.org
Fax Number: (405) 530-7256

