

# 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: Oregon

B. Waiver Title:

Children's HCBS Waiver, Adults' HCBS Waiver, Medically Involved Children's Waiver (MICW), Medically Fragile (Hospital) Model, Behavioral (ICF/IDD) Model Waiver

C. Control Number:

OR.0565.R03.01  
OR.0117.R06.08  
OR.0375.R04.07  
OR.40193.R04.07  
OR.40194.R04.07

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 is a revision to a prior Appendix K submission approved on 7/23/2020. Revising end date to Six months after the end of the federal public health emergency for COVID-19.

1) nature of emergency; The Oregon Health Authority has identified several counties in Oregon with presumptive positive cases of COVID-19. COVID-19 is spread from person-to-person through droplets in the air and on surfaces that people touch. This situation is unfolding quickly and the risks for people with intellectual and developmental disabilities are high. ODDS is committed to ensuring the health and safety of the people we serve.

2) number of individuals affected and the state's mechanism to identify individuals at risk; All participants in the Office of Developmental Disabilities Services 5 1915 (c) waivers are at risk of exposure or contracting COVID-19.

3) roles of state, local and other entities involved in approved waiver operations; and  
The roles of state, local, and other entities involved in approved waiver operations are defined in Appendix A in section A-1 and 2.

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.

See Below

**F. Proposed Effective Start Date: March 11, 2020 Anticipated End Date:** Six months after the end of the federal public health emergency for COVID-19.

**G. Description of Transition Plan.**

Individuals will transition to pre-emergency service status as directed by ODDS.

**H. Geographic Areas Affected:**

Statewide

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

The Office of the Governor State of Oregon Executive Order NO. 20-03 can be found at the following web page -  
<https://drive.google.com/file/d/1AcKOePvhmBpuNuaBQq7yZ37E2Sog4tUe/view>

## Contact Person(s)

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

<b>First Name:</b>	Dana
<b>Last Name</b>	Hittle
<b>Title:</b>	Deputy Medicaid Director
<b>Agency:</b>	Oregon Health Authority
<b>Address 1:</b>	500 Summer St. NE
<b>Address 2:</b>	
<b>City</b>	Salem
<b>State</b>	Oregon
<b>Zip Code</b>	97301
<b>Telephone:</b>	(503) 945-6491
<b>E-mail</b>	dana.hittle@state.or.us
<b>Fax Number</b>	(503) 945-5872

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

<b>First Name:</b>	Lilia
<b>Last Name</b>	Teninty
<b>Title:</b>	Director - Office of Developmental Disabilities Services
<b>Agency:</b>	Oregon Department of Human Services
<b>Address 1:</b>	500 Summer St. NE
<b>Address 2:</b>	
<b>City</b>	Salem
<b>State</b>	Oregon
<b>Zip Code</b>	97301
<b>Telephone:</b>	(503) 945-6918
<b>E-mail</b>	LILIA.TENINTY@.state.or.us
<b>Fax Number</b>	(503) 373-7823

## 8. Authorizing Signature

Signature:

Date:

1/21/2021

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State Medicaid Director or Designee

<b>First Name:</b>	Lori
<b>Last Name</b>	Coyner
<b>Title:</b>	State Medicaid Director
<b>Agency:</b>	Oregon Health Authority
<b>Address 1:</b>	500 Summer St NE
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