

# 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.<sup>i</sup> 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: Pennsylvania

B. Waiver Title(s):

Consolidated Waiver Community Living Waiver Person/Family Directed Support Waiver Adult Autism Waiver
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C. Control Number(s):

PA.0147.R06.09 PA.1486.R00.09 PA.0354.R04.09 PA.0593.R02.10
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D. Type of Emergency (The state may check more than one box):

<input checked="" type="checkbox"/>	<b>Pandemic or Epidemic</b>
<input type="checkbox"/>	<b>Natural Disaster</b>
<input type="checkbox"/>	<b>National Security Emergency</b>
<input type="checkbox"/>	<b>Environmental</b>
<input type="checkbox"/>	<b>Other (specify):</b>

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 will apply waiver-wide for each waiver included in this Appendix, to all individuals impacted by the virus or the response to the virus (e.g. closure of day programs, etc.) This amendment extends the effective date of all Appendix K flexibilities approved on March 18, 2020, July 23, 2020, and August 20, 2020 with an anticipated end date of six months after the end of the federal public health emergency.

**F. Proposed Effective Date: Start Date: March 11, 2020 Anticipated End Date: six months after the end of the federal public health emergency.**

**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:**

These actions will apply across the waiver to all individuals impacted by the COVID-19 pandemic.

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

N/A

## Contact Person(s)

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

**First Name:** Sally  
**Last Name** Kozak  
**Title:** Deputy Secretary, Office of Medical Assistance Programs  
**Agency:** Department of Human Services  
**Address 1:** 625 Forster Street, Health and Welfare Building  
**Address 2:** Click or tap here to enter text.  
**City** Harrisburg  
**State** PA  
**Zip Code** 17120  
**Telephone:** 717-705-5007  
**E-mail** [sakozak@pa.gov](mailto:sakozak@pa.gov)  
**Fax Number** 717-787-6583

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

**First Name:** Julie  
**Last Name** Mochon  
**Title:** Director, Division of Policy  
**Agency:** Department of Human Services, Office of Developmental Programs  
**Address 1:** 625 Forster Street, Health and Welfare Building  
**Address 2:** Click or tap here to enter text.  
**City** Harrisburg  
**State** PA  
**Zip Code** 17120  
**Telephone:** 717-783-5771  
**E-mail** [jmochon@pa.gov](mailto:jmochon@pa.gov)  
**Fax Number** 717-787-6583

## 8. Authorizing Signature

**Signature:**

*Julie Mochon*

State Medicaid Director or Designee

**Date:** 2/18/21

**First Name:** *Julie*  
**Last Name** *Mochon*  
**Title:** Director, Division of Policy  
**Agency:** Department of Human Services, Office of Developmental Programs  
**Address 1:** 625 Forster Street, Health and Welfare Building  
**Address 2:** Click or tap here to enter text.  
**City** Harrisburg  
**State** PA  
**Zip Code** 17120  
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