

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.ⁱ 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: South Dakota

B. Waiver Title(s): Home and Community-Based Options and Person-Centered Excellence (HOPE) Waiver

C. Control Number(s): SD.0189.R06.06

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 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.) Appendix K is additive to the Appendix K approved by CMS on April 6, 2020. This Appendix K extends the anticipated end date to six months after the end of the public health emergency.

F. Proposed Effective Date: Start Date: March 13, 2020 **Anticipated End Date:** 6 months after the end of the Public Health Emergency

G. Description of Transition Plan.

[Empty text box for description of transition plan]

H. Geographic Areas Affected:

[Empty text box for geographic areas affected]

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: Matthew
Last Name: Ballard
Title: Deputy Director, Office of Medical Services
Agency: Department of Social Services
Address 1: 700 Governors Drive
Address 2: Click or tap here to enter text.
City: Pierre
State: SD
Zip Code: 57501
Telephone: (605) 773-3165
E-mail: Matthew.Ballard@state.sd.us
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: Jennifer
Last Name Lewis
Title: ADLS Waiver Manager
Agency: Department of Human Services
Address 1: 3800 E Hwy 34
Address 2: c/o 500 E Capitol
City Pierre
State SD
Zip Code 57501
Telephone: (605) 773-3195
E-mail Jennifer.lewis@state.sd.us
Fax Number Click or tap here to enter text.

8. Authorizing Signature

Signature:

Date: 1/15/21

_____/S/_____
State Medicaid Director or Designee

First Name: *William*
Last Name *Snyder*
Title: Medicaid Director
Agency: Department of Medical Services
Address 1: 700 Governors Drive
Address 2: Click or tap here to enter text.
City Pierre
State SD
Zip Code 57532
Telephone: Click or tap here to enter text.
E-mail William.snyder@state.sd.us
Fax Number Click or tap here to enter text.