

# 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:** South Dakota

**B. Waiver Title(s):** Assistive Daily Living Services Waiver

**C. Control Number(s):**  
SD.0264.R05.02

**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.

Appendix K is additive to the Appendix K approved by CMS on April 29, 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 01, 2020 **Anticipated End Date:** 6 months after the end of the Public Health Emergency

**G. Description of Transition Plan.**

**H. 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](mailto: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:** */S/* **Date:** 1/15/21  
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](mailto:William.snyder@state.sd.us)  
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