# **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>1</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: Tennessee

**B.** Waiver Title(s):

Statewide Home and Community Based Services (or "Statewide") waiver Comprehensive Aggregate Cap Home and Community Based Services (or "CAC") Waiver

Tennessee Self-Determination Waiver Program

**C.** Control Number(s):

TN-0128.R06.02 TN-0357.R04.02 TN-0427.R03.04

D. Type of Emergency (The state may check more than one box):

X	Pandemic or Epidemic
0	Natural Disaster
0	National Security Emergency
0	Environmental
0	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.

The purpose of this submission is to extend the end date of the previously approved Appendix K.

- F. Proposed Effective Date: Start Date: March 13, 2020 Anticipated End Date: no longer than 6 months following the expiration of the PHE
- G. Description of Transition Plan.

These temporary flexibilities will be implemented as determined by TennCare, working in collaboration with DIDD, to be needed during the COVID-19 emergency and for the most part, discontinued as the risk of exposure and spread of COVID-19 are reduced, and as providers are able to safely resume provision of services as described in the currently approved waiver applications. With regard to the expanded scope of services for Specialized Medical Equipment and Supplies and Assistive Technology to encompass Enabling Technology, we plan to file an amendment to each of these waivers that will provide for the continuation of this service once the period covered by Appendix K has concluded.

H. Geographic Areas Affected:

Each of these waivers and the populations they serve are statewide, as is the impact of the COVID-19 emergency.

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

The Tennessee Department of Health (TDH) activated its State Health Operations Center (SHOC) on January 16, 2020 to maximize capacity and available resources in preparation to respond to identified COVID-19 cases throughout the State. COVID-19 was designated as a "reportable disease" by TDH later that month, and a Task Force was formed under direction of Governor Bill Lee on March 4, 2020 to enhance Tennessee's coordinated efforts to prevent, identify, and treat potential cases. A small contingent of the State Emergency Operations Center was activated on March 6, 2020 to respond to COVID-19 operations in the State, and to support TDH. Governor Bill Lee issued Executive Order 14 declaring a State of Emergency to facilitate COVID-19 response on March 12, 2020. The State of Tennessee Emergency Management Plan (TEMP) was activated and the State Emergency Operations Center (SEOC) is at a Level 3-State of Emergency. The Tennessee Emergency Management Agency (TEMA) supports local government needs; anticipates, responds to and remediates life threatening situations; supports the TDH; protects critical infrastructure; and ensures shared situational awareness and unified operations across Tennessee Government. On March 23, Governor Lee established the COVID-19 Unified Command, a joint effort to be led by Finance and Administration Commissioner Stuart McWhorter, to streamline coordination across the TEMA, TDH and Tennessee Department of Military during the COVID-19 emergency.

## 8. Authorizing Signature

Signature: Date: 1/29/21

/S/

State Medicaid Director or Designee

First Name: Patti

**Last Name** Killingsworth

**Title:** Assistant Commissioner, Chief of LTSS

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i Numerous changes that the state may want to make may necessitate authority outside of the scope of section 1915(c) authority. States interested in changes to administrative claiming or changes that require section 1115 or section 1135 authority should engage CMS in a discussion as soon as possible. Some examples may include: (a) changes to administrative activities, such as the establishment of a hotline; or (b) suspension of general Medicaid rules that are not addressed under section 1915(c) such as payment rules or eligibility rules or suspension of provisions of section 1902(a) to which 1915(c) is typically bound.