

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.¹ This appendix may be completed retroactively as needed by the state.

Appendix K-1: General Information

General Information:

A. State: —Texas _____

B. Waiver Title:

Deaf Blind with Multiple Disabilities (DBMD) and Community Living Assistance and Support Services (CLASS)

C. Control Number:

TX.0281.R05.08
TX.0221.R06.04

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.).

Purpose of this submission is to extend the end date of the previously approved Appendix K to the end of the PHE. HHSC reserves the right to remove flexibilities that have been approved which are no longer necessary prior to end of the PHE.

F. **Proposed Effective Date: Start Date:** March 13, 2020 **Anticipated End Date:** End of PHE

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 waivers to all individuals impacted by the COVID-19 virus or in response to the virus.

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

N/A

Appendix K-2: Temporary or Emergency-Specific Amendment to Approved Waiver

Temporary or Emergency-Specific Amendment to Approved Waiver:

These are changes that, while directly related to the state's response to an emergency situation, require amendment to the approved waiver document. These changes are time limited and tied specifically to individuals impacted by the emergency. Permanent or long-ranging changes will need to be incorporated into the main appendices of the waiver, via an amendment request in the waiver management system (WMS) upon advice from CMS.

a. ___ **Access and Eligibility:**

___ Temporarily increase the cost limits for entry into the waiver.
[Provide explanation of changes and specify the temporary cost limit.]

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| Date: | 1/27/2021 |
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8. Authorizing Signature

Signature: /s/

State Medicaid Director or Designee

| | |
|--------------------|--------------------------------------|
| First Name: | Stephanie |
| Last Name | Stephens |
| Title: | State Medicaid Director |
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