# 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.<sup>i</sup> This appendix may be completed retroactively as needed by the state.

# Appendix K-1: General Information

## **General Information:**

## A. State: Virginia

B. Waiver Title:

Commonwealth Coordinated Care Plus, Family and Individuals Supports, Community Living, and Building Independence

### C. Control Number:

VA.0372.R04.06; VA.321.R04.10; VA.358.R04.08; and VA.0430.R03.07

### **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.

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 is in addition to previous Appendix K approved April 20, 2020, April 30, 2020 June 22, 2020, and December 21, 2020. The purpose is to extend the effective end date.

- F. Proposed Effective Date: Start Date: <u>March 12, 2020</u> Anticipated End Date: <u>Six months</u> <u>after the end of the public health emergency</u>
- 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 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:

i.\_\_\_\_ Temporarily increase the cost limits for entry into the waiver.

[Provide explanation of changes and specify the temporary cost limit.]

#### ii. \_\_\_\_ Temporarily modify additional targeting criteria.

[Explanation of changes]

# 8. Authorizing Signature

Signature:

/**S**/

Date: 2/22/2021

State Medicaid Director or Designee

First Name:	Karen							
Last Name	Kimsey							
Title:	Agency Director							
Agency:	Department of Medical Assistance Services							
Address 1:	600 E Broad St							
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Fax Number	Click or tap here to enter text.							

# Section A---Services to be Added/Modified During an Emergency

Complete for each service added during a time of emergency. For services in the approved waiver which the state is temporarily modifying, enter the entire service definition and highlight the change. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification													
Service Title:													
Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:													
Service Definition (Scope):													
Specify applicable (if any) limits on the amount, frequency, or duration of this service:													
Provider Specifications													
Provider		Indi	vidual	. List types: $\Box$ Age			gency	ncy. List the types of agencies:					
Category(s) (check one or both):													
							-						
Specify whether the service may be provided by (check each that applies):								l Guardian					
Provider Qualificati	i <b>ons</b> ( <i>pro</i>	vide th	e follo	wing information f	or ec	ich typ	oe of	provider)	:				
Provider Type:	Licens	se ( <i>specify</i> ) Certi		Certificate (speci	Certificate ( <i>specify</i> )		Other Standard (specify)						
Verification of Prov	ider Qua	alificati	ions										
Provider Type:		Entity Responsible for Verification:							Frequency of Verification				
Service Delivery Method													
Service Delivery Method (check each that applies):□Participant-directed as specified in Appendix E□Provide							Provider managed						

<sup>i</sup> Numerous changes that the state may want to make 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; (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.