Section 1915 (c) Home and Community-Based Waivers
APPENDIX K:
Emergency Preparedness and Response

Background:

This standalone Appendix may be utilized by the state during emergency situations to request temporary/time-limited amendments to its approved 1915(c) waiver, to multiple approved 1915(c) waivers in the state, and/or to all approved 1915(c) waivers in the state. It includes actions that states can take under the existing section 1915(c) Home and Community-Based Services waiver authority in order to respond to an emergency. Other activities may require the use of other authorities such as the section 1115 demonstrations or the section 1135 authority.[i] This appendix may be applied retroactively as needed by the state. States are not required to apply the 1915(c) public input requirements in an Appendix K amendment; however, the Medicaid Tribal Notice/Consultation requirements do apply.

Appendix K-1: General Information

General Information:

This Appendix K request is ☒ an initial request or ☐ an addition to a previously approved Appendix K. (Must check only 1 box.)

A. State:

Washington State

B. Waiver Title(s) and Control Number(s):

Waiver Title	Control Number
Basic Plus	WA.0409.R04.06
Core	WA.0410.R04.07
Community Protection	WA.0411.R04.06
Individual and Family Services	WA.1186.R02.02
Children's Intensive In Home Behavior Supports	WA.40669.R03.05

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

☐	**Pandemic or Epidemic**
☒	**Natural Emergency**
☐	**National Security Emergency**
☐	**Environmental**
☐	**Other (specify):**

D. Brief Description of Emergency: *In no more than one paragraph each*, briefly describe the nature of the emergency. The state should provide this information for each emergency checked if those emergencies affect different geographic areas and require different changes to the waiver. In this section summarize the flexibilities being requested.

On December 10, 2025, after historic flooding across Washington state, a stateside emergency disaster proclamation was declared by Governor Ferguson. This emergency has had statewide impacts and placed thousands of Washingtonians under evacuation orders and resulted in over 1200 rescues, with more expected.

As a result of this natural disaster, Washington state is requesting numerous Appendix K flexibilities for individuals living in impacted counties through extended aggregate budgets limits, expand setting(s) where direct care services may be provided, allow currently contracted respite providers to provide respite more than 30 days out of state, allow payment for residential habilitation service providers to accompany client to acute care hospital accordance with section 1902(h)(1)., and Temporarily include retainer payments for residential habilitation.

Start Date: 12/09/2025
End Date: 11/30/2026

E. Proposed Effective Date: Specify the effective date. Indicate the end date (not to exceed one year from the effective date).

F. Description of Transition Plan:

Individuals will transition to pre-emergency service status as soon as circumstances allow. Individual needs will be reassessed, as necessary, on a case-by-case basis following the return to pre-emergency services.

G. Geographic Areas Affected:

Statewide

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

The State Disaster Plan is known as the Washington State Comprehensive Emergency Management Plan (CEMP). There is Base Plan and there are also Response Plans known as Emergency Support Functions (ESFs). ESF 8 is the Public Health, Medical, and Mortuary Services and can be found here: WA_CEMP_ESF8.

Appendix K-2: Temporary Emergency-Specific Amendment to

Approved Waiver

Temporary Emergency-Specific Amendment to Approved Waiver:

These are changes that are directly related to the state's response to an emergency situation and 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

[Provide explanation of changes.]

b. ___ Services

i. _X__ Temporarily modify service scope or coverage

[Complete Section A- Services to be Modified during the emergency. If the state wishes to temporarily allow for remote/telehealth delivery of services, complete K-2-b-ii below.]

Name of Services	Type of Change
Budget Limit of Services C-4.a: Aggregate Budgets on Basic Plus, Individual and Family Services and Children's Intensive In Home Supports Waivers	Extend the aggregate funding limits on Basic Plus, Individual and Family Services and the Children's Intensive In-home Behavior Supports waivers. The amount of budget expansion would be determined on a case by case basis through prior approval for specific service requests related to impacts of flooding. Funding expansion would not impact cost neutrality.

ii. ___ Temporarily allow for remote/telehealth delivery of waiver services

[Specify the waiver service that can be delivered remotely/via telehealth. Check the assurance boxes.]

☐ The remote service will be delivered in a way that respects the privacy of the individual especially in instances of toileting, dressing, etc.

☐ The telehealth service delivery will facilitate community integration.

☐ The telehealth will ensure the successful delivery of services for individuals who need hands on assistance/physical assistance, including whether the service may be rendered without someone who is physically present or is separated from the individual.

☐ The state will support individuals who need assistance with using the technology required for telehealth delivery of the service.

☐ The telehealth will ensure the health and safety of an individual.

iii. ___**Temporarily exceed service limitations (including limits on services as described in Appendix C-4) or requirements for amount, duration, or prior authorization to address health and welfare issues presented by the emergency**

[Provide explanation of changes.]

iv. ___**Temporarily add services to the waiver to address the emergency situation (for example, emergency counseling; heightened case management to address emergency needs; emergency medical supplies and equipment; individually-directed goods and services; assistive technology; non-medical transportation)**

[Complete Section A-Services to be Added/Modified during the emergency.]

v. _X__**Temporarily expand setting(s) where services may be provided (e.g. hotels, shelters, schools, churches) due to the emergency. Note for respite services only, the state should indicate any facility-based settings and indicate whether room and board is included:**

[Provide explanation of modification, and advisement if room and board is included in the respite rate.]

Direct care services may be provided in a hotel, shelter, church, or the home of a direct care worker when the waiver participant is displaced from their home. Services authorized in a hotel, shelter, church or the home of a direct care worker will be documented in the Person Centered Service Plan and service providers will continue to offer service within the scope of the service and contractual requirements. Services provided in these locations will be at the request of the individual and case manager, and service monitoring will occur monthly to ensure the client continues to be satisfied with service delivery, that the provider is delivering the service in alignment with the person centered service pan and contract, and to remind the client if they want any changes to their services they can request and access that any time.

vi. **_X_ Temporarily provide services in out-of-state settings (if not already permitted in the state's approved waiver)**

[Check the assurance boxes below.]

☒	Provider qualifications in the approved waiver apply. If there are additional provider qualifications for out-of-state providers, specify them in the narrative section below.
☒	If there are any licensure or certification requirements for out-of-state providers, those out-of-state requirements must be met.

[In the narrative section, indicate if the state is using a different rate methodology for the out-of-state providers and provide information regarding the different rate methodology.]

Respite (by currently contracted respite providers) provided out of state may be provided in excess of 30 days on a case-by-case basis with prior approval by DDA. The state will use the same rate methodology for out of state service provision. There are no known individuals requiring respite out of state at this time.

c. ___ Temporarily Permit or Revise Payment for Provision of Services by Relatives, Legal Guardians, and/or Legally Responsible Individuals

[Indicate the services to which this will apply and the safeguards to ensure that individuals receive necessary services as authorized in the person-centered service plan, and the procedures that are used to ensure that payments are only made for services rendered.]

d. ___ Temporarily modify provider qualifications (for example, expand provider pool, temporarily modify or suspend licensure and certification requirements).

i. **___ Temporarily modify provider qualifications**

[Provide explanation of changes, list each service affected, list the provider type, and describe the changes in provider qualifications.]

ii. **____ Temporarily modify provider types**

[Provide explanation of changes, list each service affected, and describe the changes in the provider type for each service].

iii. **___ Temporarily modify licensure or other requirements for settings where waiver services are furnished**

[Provide explanation of changes, a description of settings impacted, and the services provided in those settings.]

e. _____**Temporarily modify processes for level of care evaluations or re-evaluations (within regulatory requirements)**

[Describe changes in processes and/or the revised timeframes in which the evaluations or re-evaluations will be completed. Note that any changes in the timeline for initial evaluations can only be authorized via section 1135. In addition, states may not extend the timeframes for re-evaluations beyond 12 additional months past when the level of care is due.]

f. ___**Temporarily increase payment rates or allow for supplemental payments**

[Provide an explanation for the increase or supplemental payment. As necessary, list the provider types, the revised rates by service, the percentage of the rate increase and specify whether this change is based on a rate development method that is different from the current approved waiver (and if different, specify and explain the rate development method). If the rate or supplemental payment varies by provider, list the rate or supplemental payment by service and by provider. Note that no room and board costs should be included in any changes, except as permitted for respite services in certain facilities.]

g. __ **Temporarily modify person-centered service plan development process and individual(s) responsible for person-centered service plan development, including qualifications**

[Describe any modifications including qualifications of individuals responsible for service plan development, and address participant safeguards. Also include strategies to ensure that services are received as authorized. Note that any changes to exceed the one-year timeline required by regulation for the review of the person-centered service plan can only be authorized via a section 1135 waiver authority.]

h. __ **Temporarily modify incident reporting requirements, medication management or other participant safeguards to ensure individual health and welfare, and to account for emergency circumstances**

[Provide explanation of changes.]

i. X Temporarily allow payment for waiver services provided in an acute care hospital in accordance with section 1902(h)(1) of the Act, under the following conditions:

[Check the boxes below to affirm that the conditions are met for waiver services rendered in an acute care hospital. Also, in the text box below the conditions, specify the waiver services that can be provided by the 1915(c) HCBS provider when they are not duplicative of services available in the acute care hospital setting; how the 1915(c) HCBS will assist the individual in returning to the community; and whether there is any difference from the typically billed rate for these HCBS provided during an acute care hospitalization.]

☒ The HCBS are provided to meet the needs of the individual that are not met through the provision of acute care hospital services;

☒ The HCBS are in addition to, and may not substitute for, the services the acute care hospital is obligated to provide;

☒ The HCBS must be identified in the individual's person-centered service plan; and

☒ The HCBS will be used to ensure smooth transitions between acute care settings and home and community-based settings, and to preserve the individual's functional abilities.

On Core and Community Protection Waiver, Allow payment for residential habilitation provider to accompany client to acute care hospital if that stay is a direct result of flooding/natural disaster triggered injury or behavioral health crisis.

j. X Temporarily include retainer payments to address emergency related issues

[Describe the circumstances under which such payments are authorized for 1915(c) waiver providers of personal care services and/or habilitation services that includes a personal care component, including the limit on their duration. Retainer payments are only available for 1915(c) waiver providers furnishing personal care and habilitative services that include personal care as a service component for the lessor of the number of bed-hold days approved in the state plan or 30 consecutive days. Include the percentage of the current rate to be paid if the retainer payment is less than 100% of the service rate. Also, specify the process the state will utilize to monitor payments to avoid duplication of billing. Please note for states that use managed care delivery systems for these services, in addition to the Appendix K approval, approval of a state-directed payment will be necessary to effectuate retainer payments in Medicaid managed care.

A Residential Habilitation provider can be authorized up to one retainer payment episodes. A retainer payment episode may be authorized for up to 30 consecutive days. Only one episode within 30 consecutive days will occur. Retainer payment amounts cannot exceed 70% of the payment for the relevant service and will be recouped when identified, if other resources are used for the same purpose. This flexibility is available for personal care and habilitation services that includes a component of personal care.

To ensure compliance the state has developed an attestation that delineates the following:

- Acknowledges that retainer payments will be subject to recoupment if inappropriate billing or duplicate payments for services occurred (or in periods of disaster, duplicate uses of available funding streams), as identified in a state or federal audit or any other authorized third-party review.
- The provider will not lay off staff and will maintain wages at existing levels.
- The provider has not received funding from any other sources, including but not limited

to unemployment benefits and Small Business Administration loans, that would exceed their revenue for the last full quarter prior to the flooding, or that the retainer payments at the level provided by the state would not result in their revenue exceeding that of the quarter prior to the flooding.

- If a provider had not already received revenues in excess of the pre-flooding level but receipt of the retainer payment in addition to those prior sources of funding results in the provider exceeding the pre-flooding level, any retainer payment amounts in excess would be recouped.
- If a provider had already received revenues in excess of the pre-flooding level, retainer payments are not available.

A provider is required to sign that they understand and agree to the terms before a second retainer payment will be authorized.

k. ___ Temporarily institute or expand opportunities for self-direction

[Provide an overview and any expansion of self-direction opportunities, including a list of services that may be self-directed and an overview of participant safeguards.]

l. ___ Increase Factor C

[Complete the table below. For the number of additional participants for each waiver, please note that this number is over the state's approved Factor C.]

Waiver Title	Control Number	Requested Additional Number of Participants

[In the text box, explain the reason for the increase in Factor C.]

m. ___ Other Changes Necessary

[Note that changes must be in accordance with what is permissible under Medicaid 1915(c) statute/regulation.]

i. ___ Changes to billing processes, use of contracted entities or any other changes needed by the state to address imminent needs of individuals in the waiver program

[Provide explanation of changes.]

ii. __ Reporting requirements (e.g., 372, evidentiary reports)

[Provide explanation of changes.]

Contact Person(s)

A. The Medicaid agency representative with whom CMS should communicate regarding the request:

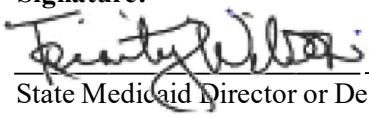
First Name:	Click or tap here to enter text.
Last Name	Click or tap here to enter text.
Title:	Click or tap here to enter text.
Agency:	Click or tap here to enter text.
Address 1:	Click or tap here to enter text.
Address 2:	Click or tap here to enter text.
City	Click or tap here to enter text.
State	Click or tap here to enter text.
Zip Code	Click or tap here to enter text.
Telephone:	Click or tap here to enter text.
E-mail	Click or tap here to enter text.
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:	Ann
Last Name	Vasilev
Title:	Waiver Services Unit Manager
Agency:	Home and Community Living Administration
Address 1:	4500 10th Avenue Southeast
Address 2:	Click or tap here to enter text.
City	Lacey
State	Washington
Zip Code	98503
Telephone:	Click or tap here to enter text.
E-mail	Ann.Vasilev@dshs.wa.gov
Fax Number	Click or tap here to enter text.

Authorizing Signature

Signature: **Date:** 01/06/2026



State Medicaid Director or Designee

First Name:	Click or tap here to enter text.
Last Name	Click or tap here to enter text.
Title:	Click or tap here to enter text.
Agency:	Click or tap here to enter text.
Address 1:	Click or tap here to enter text.
Address 2:	Click or tap here to enter text.
City	Click or tap here to enter text.
State	Click or tap here to enter text.
Zip Code	Click or tap here to enter text.
Telephone:	Click or tap here to enter text.
E-mail	Click or tap here to enter text.
Fax Number	Click or tap here to enter text.

Section A---Services to be Temporarily Added/Modified during an Emergency Response

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

[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.