

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.ⁱ 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: Washington

B. Waiver Title(s):

COPES Waiver Residential Support Waiver New Freedom Waiver
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C. Control Number(s):

WA.0049.R08.06 WA.1086.R01.06 WA.0443.R03.04
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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.). *The purpose of this submission is to extend the end date of the previously approved Appendix K. This application is additive to the previously approved Appendix K applications for all three waivers.*

F. Proposed Effective Date: Start Date: January 27, 2020 **Anticipated End Date:** *6 months following the end of the federal public health emergency.*

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

Contact Person(s)

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

First Name:

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:

City

State Click or tap here to enter text.

Zip Code

Telephone: Click or tap here to enter text.

E-mail

Fax Number

B. If applicable, the State operating agency representative with whom CMS should communicate regarding the waiver is:

First Name: Jamie
Last Name Tong
Title: Waiver Program Manager
Agency: Aging and Long-Term Support Administration
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 Jamie.tong@dshs.wa.gov
Fax Number Click or tap here to enter text.

8. Authorizing Signature


Signature:

Date: 1/12/2021

/S/

State Medicaid Director or Designee

First Name: *MaryAnne*
Last Name *Lindeblad*
Title: Medicaid Director
Agency: Health Care Authority
Address 1: 626 8th Ave SE
Address 2: Click or tap here to enter text.
City Olympia
State WA
Zip Code 98501
Telephone: 360-725-1244
E-mail Maryanne.lindeblad@hca.wa.gov
Fax Number Click or tap here to enter text.



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.