

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.¹ 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: _____ Wisconsin _____
- B. Waiver Title(s):

Self-Directed Support Waiver - Intellectual/Developmental Disability and Aged/Physical Disability

- C. Control Number(s):

WI.0484.R03.02

- D. Type of Emergency (The state may check more than one box):
- | | |
|----------------------------------|-----------------------------|
| <input checked="" type="radio"/> | Pandemic or Epidemic |
| <input type="radio"/> | Natural Disaster |
| <input type="radio"/> | National Security Emergency |
| <input type="radio"/> | Environmental |
| <input type="radio"/> | 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.)

Effective April 1, 2023, due to the end of the continuous enrollment condition under section 6008(b)(3) of the Family First Coronavirus Response Act (FFCRA) (as amended), this Appendix K is being amended in section K-2-m to allow for involuntary disenrollment.

F. Proposed Effective Date: Start Date: March 1, 2020 **Anticipated End Date:** No later than six months after the expiration of the national 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

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.

m. X Other Changes Necessary [For example, any 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]. [Explanation of changes]

Administrative:

As data will be challenging to collect or unavailable during the pandemic, the State will:

1. Delay submission of the 372 report by 6 months and
2. Suspend the collection of data for performance measures other than those identified for the Health and Welfare assurances. As a result, the data will be unavailable for this timeframe in ensuing reports.

Effective April 1, 2023, the state is unwinding the following flexibility due to the end of the continuous enrollment condition under section 6008(b)(3) of the FFCRA (as amended):

Enrollment & Eligibility:

3. Allow the suspension of involuntary dis-enrollments.

Contact Person(s)

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

First Name: Christian
Last Name Moran
Title: Director of Bureau of Programs and Policy
Agency: Wisconsin Department of Health Services
Address 1: 1 West Wilson
Address 2: Room 518
City Madison
State Wisconsin
Zip Code 53703
Telephone: 608 -266-8532
E-mail Christian.Moran@dhs.wisconsin.gov
Fax Number 608-255-5629


8. Authorizing Signature

Signature: /S/

Date: 2/28/2023

State Medicaid Director or Designee

First Name: *Jamie*
Last Name *Kuhn*
Title: Medicaid Director
Agency: Wisconsin Department of Health Services
Address 1: 1 West Wilson
Address 2: Room 350
City Madison
State Wisconsin
Zip Code 53703
Telephone: 608 266-5151
E-mail JamieS.Kuhn@dhs.wisconsin.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.