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: **California**

B. Waiver Title(s):

1. Home and Community-Based Alternatives (HCBA) Waiver
2. Assisted Living Waiver (ALW)
3. Home and Community-Based Services Waiver – HIV/AIDS Waiver
4. Home and Community-Based Services Waiver – Multipurpose Senior Services Program (MSSP)
5. Home and Community-Based Services Waiver for Californians with Developmental Disabilities (HCBS-DD)
6. Self-Determination Program (SDP) Waiver for Californians with Developmental Disabilities

C. Control Number(s):

1. CA.0139.R05.12
2. CA.0431.R03.08
3. CA.0183.R05.09
4. CA.0141.R06.07
5. CA.0336.R04.16
6. CA.1166.R00.03

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

X	**Pandemic or Epidemic**
O	**Natural Disaster**
O	**National Security Emergency**
O	**Environmental**
O	**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 consolidated amendment will apply waiver-wide to all individuals impacted by the virus or the response to the virus. This Appendix K is additive to those previously approved. This amendment changes the anticipated end date to six months after the conclusion of the declared public health emergency.

F. Proposed Effective Date: Start Date: March 1, 2020

Anticipated End Date: Six months after the conclusion of the declared 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 to all individuals impacted by the COVID-19 virus pandemic, across the State of California, for all six of the State's 1915(c) home and community-based services (HCBS) waivers.

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

Contact Person(s)

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

First Name:	Joseph
Last Name:	Billingsley
Title:	Program Policy and Operations Branch Chief
Agency:	California Department of Health Care Services
Address 1:	1501 Capitol Avenue, MS 4502
Address 2:	PO Box 997437
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Zip Code:	95899-7437
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8.   Authorizing Signature

Signature: **Date: 1/15/2021**

_____/S/_____
State Medicaid Director or Designee

First Name:	Jacey
Last Name	Cooper
Title:	State Medicaid Director
Agency:	California Department of Health Care Services
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