

# 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.<sup>1</sup> 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: Nebraska

B. Waiver Title(s): Comprehensive Developmental Disabilities Services Waiver

C. Control Number(s): NE 4154.R06. 11

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.

This Appendix K is an additive to the approved Appendix K. Section K-1-F has been modified to extend the duration of time the flexibilities are effective.

F. **Proposed Effective Date: Start Date:** March 6, 2020. **Anticipated End Date:** March 5, 2021.

## Contact Person(s)

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

<b>First Name:</b>	Tony
<b>Last Name</b>	Green
<b>Title:</b>	Director, Division of Developmental Disabilities
<b>Agency:</b>	Nebraska Department of Health and Human Services
<b>Address 1:</b>	P.O. Box 98947
<b>Address 2:</b>	301 Centennial Mall South
<b>City</b>	Lincoln
<b>State</b>	NE
<b>Zip Code</b>	68509-8947
<b>Telephone:</b>	402-471-6038
<b>E-mail</b>	<a href="mailto:Tony.Green@nebraska.gov">Tony.Green@nebraska.gov</a>
<b>Fax Number</b>	402-471-8792

## 8. Authorizing Signature

<b>First Name:</b>	Kevin
<b>Last Name</b>	Bagley
<b>Title:</b>	Director, Division of Medicaid and Long-Term Care
<b>Agency:</b>	Nebraska Department of Health and Human Services
<b>Address 1:</b>	P.O. Box 95026
<b>Address 2:</b>	301 Centennial Mall South
<b>City</b>	Lincoln
<b>State</b>	NE
<b>Zip Code</b>	68509-5026
<b>Telephone:</b>	402-471-4535
<b>E-mail</b>	<a href="mailto:Kevin.Bagley@Nebraska.gov">Kevin.Bagley@Nebraska.gov</a>
<b>Fax Number</b>	402-471-9092

Signature:

Date: 12/17/2020

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<sup>i</sup> 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.