

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: Nebraska

B. Waiver Title(s): HCBS Waiver for Aged and Adults and Children with Disabilities

C. Control Number(s):

NE.0187.R06.09

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 additive amendment extends the end date of the approved Appendix K to June 30, 2021.

F. **Proposed Effective Date: Start Date:** March 6, 2020 **Anticipated End Date:** June 30, 2021.

Contact Person(s)

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

First Name:	Tony
Last Name	Green
Title:	Director, Division of Developmental Disabilities
Agency:	Nebraska Department of Health and Human Services
Address 1:	P.O. Box 98947
Address 2:	301 Centennial Mall South
City	Lincoln
State	NE
Zip Code	68509-8947
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Fax Number	402-471-8792

8. Authorizing Signature


Signature:

Date: March 4, 2021

_____/S/_____

State Medicaid Director or Designee

First Name:	Kevin
Last Name	Bagley
Title:	Director, Division of Medicaid and Long-Term Care
Agency:	Nebraska Department of Health and Human Services
Address 1:	P.O. Box 95026
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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.