

# 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>i</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: \_\_\_\_\_ **New York** \_\_\_\_\_

B. Waiver Title(s): Children’s Waiver

C. Control Number(s):  
NY.4125.R05.10

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

<input checked="" type="checkbox"/>	<b>Pandemic or Epidemic</b>
<input type="checkbox"/>	<b>Natural Disaster</b>
<input type="checkbox"/>	<b>National Security Emergency</b>
<input type="checkbox"/>	<b>Environmental</b>
<input type="checkbox"/>	<b>Other (specify):</b>

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.

Due to the continued COVID-19 pandemic, this additive amendment is to extend the end date of the CMS approved Appendix K.

**F. Proposed Effective Date: Start Date:** March 1, 2020 **Anticipated End Date:** No later than six months after the expiration of the 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:** Brett  
**Last Name** Friedman  
**Title:** Director, Strategic Initiatives  
**Agency:** New York State Department of Health, Office of Health Insurance Programs  
**Address 1:** 90 Church Street  
**Address 2:** 14<sup>th</sup> Floor  
**City** New York  
**State** NY  
**Zip Code** 10007  
**Telephone:** 518-474-3018  
**E-mail** Brett.Friedman@health.ny.gov  
**Fax Number** 518-486-1346

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

**First Name:** April  
**Last Name** Hamilton  
**Title:** Bureau Director  
**Agency:** Click or tap here to enter text.  
**Address 1:** 99 Washington Ave  
**Address 2:** Click or tap here to enter text.  
**City** Albany  
**State** New York  
**Zip Code** 12237  
**Telephone:**  
**E-mail** April.Hamilton@health.ny.gov  
**Fax Number** 518-486-2495

## 8. Authorizing Signature

**Signature:** \_\_\_\_\_/S/\_\_\_\_\_  
State Medicaid Director or Designee

**Date:** 3/5/21

**First Name:** Donna  
**Last Name** Frescatore  
**Title:** State Medicaid Director  
**Agency:** New York State Department of Health  
**Address 1:** 99 Washington Avenue  
**Address 2:** Suite 1715  
**City** Albany  
**State** New York  
**Zip Code** 12210  
**Telephone:** 518-474-3018  
**E-mail** Donna.frescatore@health.ny.gov  
**Fax Number** 518-486-1346