

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: Mississippi

B. Waiver Title(s):

Traumatic Brain Injury/Spinal Cord Injury Waiver
Independent Living Waiver
Elderly & Disabled Waiver
Assisted Living Waiver
Intellectual Disabilities/Developmental Disabilities Waiver

C. Control Number(s):

MS.0366.R03.03
MS.0255.R05.04
MS.0272.R05.04
MS.0355.R04.02
MS.0282.R05.02

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

☒	Pandemic or Epidemic
☐	Natural Disaster
☐	National Security Emergency
☐	Environmental
☐	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 additive to the approved Appendix K. Changes being made include updates to K-2-m to extend timeframes for submission of 372 reports and evidence packages as well as to suspend the collection of some performance measure data.

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.)

F. Proposed Effective Date: Start Date: March 1, 2020 **Anticipated End Date:** January 26, 2021

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. The state will implement additional flexibilities requested as needed at DOM's discretion based on the severity of the pandemic.

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:*

The state's pandemic disaster plan is available at https://msdh.ms.gov/msdhsite/_static/resources/2944.pdf.

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]

The timeframes for the submission of the CMS 372s and the evidentiary package(s) will be extended as needed pursuant to the emergency. In addition, the state may suspend the collection of data for performance measures other than those identified for the Health and Welfare assurance and notes that as a result the data will be unavailable for this time frame in ensuing reports due to the circumstances of the pandemic.

Contact Person(s)

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

First Name: Margaret
Last Name Wilson
Title: Nurse Office Director, Office of Policy
Agency: Mississippi Division of Medicaid
Address 1: Walter Sillers Building, Suite 1000
Address 2: 550 High Street
City Jackson
State Mississippi
Zip Code 39201
Telephone: (601)359-5248
E-mail Margaret.Wilson@medicaid.ms.gov
Fax Number (601)359-9521

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

First Name: Margaret
Last Name Wilson
Title: Nurse Office Director, Office of Policy
Agency: Mississippi Division of Medicaid
Address 1: Walter Sillers Building, Suite 1000
Address 2: 550 High Street
City Jackson
State Mississippi
Zip Code 39201
Telephone: (601) 359-5248
E-mail Margaret.Wilson@medicaid.ms.gov
Fax Number (601)359-9521

8. Authorizing Signature

Signature:

Date:

_____/s/_____
State Medicaid Director or Designee

09/29/2020

First Name: Margaret
Last Name Wilson
Title: Nurse Office Director, Office of Policy
Agency: Mississippi Division of Medicaid
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City Jackson
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