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
Ger A.	neral Information: State: <u>New York</u>	
В.	Waiver Title(s):	Nursing Home Transition and Diversion (NHTD) and Traumatic Brain Injury (TBI)
C.	Control Number(s): NY.0444.R02.05 (NI NY.0269.R04.05 (TE	

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

X	Pandemic or Epidemic	
0	Natural Disaster	
0	National Security Emergency	
0	Environmental	
0	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 State (NYS). each emergency checked if those emergencies affect different geographic areas and require different changes to the waiver.

A new coronavirus: 2019 Novel Coronavirus, is spreading worldwide, causing the disease called COVID-19. Due to both travel-related cases and community contact transmission of COVID-19 in New York State, on March 7, 2020, Governor Andrew Cuomo declared a state of emergency to begin the processes and plans for quickly and effectively containing the spread of the virus. On March 11, 2020, the World Health Organization declared the COVID-19 as a pandemic. The declared state of emergency has sequestered waiver participants and waiver service providers to their homes with limited community access. Participants enrolled in the NHTD (2,500 individuals) and TBI (3,200 individuals) are impacted. The emergency has impacted services on a statewide basis. This amendment applies statewide for both NHTD and TBI.

The Nursing Home Transition and Diversion (NHTD) waiver serves individuals between the age of 18-64 who have a physical disability and seniors age 65 or older. The services available to NHTD Waiver participants include:

Service Coordination (SC)

Assistive Technology (AT)

Community Integration Counseling (CIC)

Community Transitional Services (CTS)

Congregate and Home Delivered Meals

Environmental/Vehicle Modifications

Home and Community Support Services

Home Visits by Medical Personnel

Independent Living Skills Training

Moving Assistance

Nutritional Counseling/Educational Services

Peer Mentoring

Positive Behavioral Interventions and Supports (PBIS)

Respiratory Therapy

Respite Services (community based)

Social Transportation

Structured Day Program Services (SDP)

Wellness Counseling.

Traumatic Brain Injury waiver services are available to individuals diagnosed with a traumatic brain injury who are between the age of 18-64 upon application.

The services available to TBI waiver participants include:

Service Coordination (SC)

Assistive Technology (AT)

Community Integration Counseling (CIC)

Community Transitional Services (CTS)

Environmental/Vehicle Modifications

Home and Community Support Services

Independent Living Skills Training

Positive Behavioral Interventions and Supports (PBIS)

Respite Services (community based)
Substance Abuse Program
Social Transportation
Structured Day Program Services (SDP)

New York State (NYS) seeks to supplement the previously approved Appendix to add additional language to support language presented by CMS effective June 30, 2020 that establishes additional guardrails for providers seeking retainer payments. Additionally, consistent with the guidance document, NYS amends the previously approved language providing retainer payments for more than three 30 consecutive day periods to limit retainer payments to up to three 30-day episodes not to exceed a total of ninety (90) days. This amendment is also updating K-2-m to include the delay of submission of evidentiary/372 reports.

Consistent with CMS guidance, New York State (NYS) seeks to supplement the previously approved Appendix K to amend the anticipated end date of the Appendix K. Changes from the previously approved submission are identified in highlighted text.

- F. Proposed Effective Date: Start Date: March 1, 2020 Anticipated End Date: Six months after the end of the federal public health emergency for COVID-19.
- 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 statewide across both waivers to all waiver participants and their families impacted by the COVID-19 virus statewide.

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

NYSDOH is a member of the New York State Disaster Preparedness Commission, comprised of the commissioners, directors/chairpersons of the 32 State agencies and one volunteer organization – the American Red Cross. The responsibilities of the Disaster Preparedness Commission include: the preparation of State disaster plans; the direction of State disaster operations and coordination with local government operations; and the coordination of federal, State and private recovery efforts. Information on the State Disaster Plan can be found at the following website: http://www.dhses.ny.gov/planning/cemp/.

Contact Person(s)

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

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8. Authorizing Signature

Signature: Date:

DJF 2/8/2021

State Medicaid Director or Designee

First Name: Donna
Last Name Frescatore

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