**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]](#endnote-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:\_ Arkansas\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
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| **B.** | **Waiver Title(s):** | AR Choices in Homecare  Living Choices |
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1. **Control Number(s):**

| AR.0195.R06.02  AR.0400.R04.04 |
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**D. Type of Emergency (The state may check more than one box)**:

| **X** | **Pandemic or Epidemic** | |
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| **⭘** | **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.

| 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.) This additive Appendix K amendment is extending the end date to 6 months after the end of the public health emergency for all request filed and approved in previous Appendix K amendments except for the allowance of registered nurses and licensed practical nurses employed with other Medicaid enrolled providers to provide attendant care and nursing services under both ARChoices and Living Choices, and to continue allowance for the level of care evaluation and re-evaluation to occur via telehealth. Both approvals granted in AR.0195.R05.03 and AR.0400.R03.04, requested on May 18, 2020, will end December 31, 2022. |
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**F. Proposed Effective Date: Start Date:** March 12, 2020 **Anticipated End Date:** 6 months after the end of the public health emergency for all approved Appendix K requests except for the allowances stated above that will end on December 31, 2022.

**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. |
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**H. Geographic Areas Affected:**

| These actions will apply across the waiver to all individuals impacted by the COVID-19 virus |
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**I. Description of State Disaster Plan (if available) *Reference to external documents is acceptable:***

| N/A |
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**8. Authorizing Signature**

| **Signature: Dr. Dawn Stehle**  A close-up of some writing  Description automatically generated with low confidence  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date: December 19, 2022** |
| --- | --- |
| State Medicaid Director or Designee |  |

| **First Name:** | *Dawn* |
| --- | --- |
| **Last Name** | *Stehle* |
| **Title:** | Arkansas Medicaid Director |
| **Agency:** | Department of Human Services |
| **Address 1:** | P.O. Box 1437 |
| **Address 2:** | Slot S-201 |
| **City** | Little Rock |
| **State** | Arkansas |
| **Zip Code** | 72201 |
| **Telephone:** | 501-682-6311 |
| **E-mail** | Dawn.Stehle@dhs.arkansas.gov |
| **Fax Number** | Click or tap here to enter text. |

1. [↑](#endnote-ref-1)