

APPENDIX K: Emergency Preparedness and Response

Background:

This standalone appendix may be utilized by the state during emergency situations to request amendment to its approved waiver. 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 completed retroactively as needed by the state.

Appendix K-1: General Information

General Information:

A. State: Georgia

B. Waiver Title: Elderly and Disabled Waiver
Independent Care Waiver Program

C. Control Number: GA.0112.R07.06
GA.4170.R05.04

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.

Submission of Appendix K extends the anticipated end date from February 28, 2021 to end six months after the end of the public health emergency. The Appendix K is in response to a continuing public health emergency resulting from the COVID-19 Pandemic. Approximately, 26,000 members receiving Elderly and Disabled waiver services and 1,400 waiver participants in the Independent Care Waiver Program are impacted.

This Appendix K is additive to the previously approved Appendix K.

F. Proposed Effective Date: Start Date: 03/01/2020 Anticipated End Date: six months after the end of the public health emergency

G. Description of Transition Plan.

Within six months after the conclusion of the state of emergency, pre-emergency service plans will be reinstated unless the member has experienced a change in condition or circumstance that requires reassessment and development of an edited service plan. No new services or target populations are being proposed.

H. Geographic Areas Affected:

Statewide

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

<https://gema.georgia.gov/>

Contact Person(s)

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

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Last Name	Ivy
Title:	Deputy Executive Director, Medical Assistance Plans
Agency:	Department of Community Health
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Address 2:	37 th Floor
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State	GA
Zip Code	30303
Telephone:	404-651-6889
E-mail	catherine.ivy@dch.ga.gov
Fax Number	678-222-4948

8. Authorizing Signature

Signature:

Catherine Ivy

Date:

2/17/2021

State Medicaid Director or Designee

First Name:	Catherine
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Title:	Deputy Executive Director, Medical Assistance Plans
Agency:	Department of Community Health
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