

# 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: COLORADO

B. Waiver Title(s):

Elderly, Blind and Disabled (HCBS-EBD) Community Mental Health Supports (HCBS-CMHS) Supported Living Services (HCBS-SLS) Brain Injury (HCBS-BI) Spinal Cord Injury (HCBS-SCI) Developmental Disabilities (HCBS-DD) Children’s Home and Community Based Services (CHCBS) Children with Life Limiting Illness (HCBS-CLLI) Children’s Extensive Supports (HCBS-CES) Children’s Habilitation Residential Program (HCBS-CHRP)
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C. Control Number(s):

HCBS-EBD: CO.0006.R08.14 HCBS-CMHS: CO.0268.R05.15 HCBS-BI: CO.0288.R05.14 HCBS-SCI: CO.0961.R02.03 HCBS-SLS: CO.0293.R05.10 CHCBS: CO.4157.R06.11 HCBS-CLLI: CO.0450.R03.02 HCBS-CES: CO.4180.R05.09 HCBS-DD: CO.0007.R08.09 HCBS-CHRP: CO.0305.R05.09
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D. Type of Emergency (The state may check more than one box):

<input checked="" type="radio"/>	<b>Pandemic or Epidemic</b>
<input type="radio"/>	<b>Natural Disaster</b>
<input type="radio"/>	<b>National Security Emergency</b>
<input type="radio"/>	<b>Environmental</b>
<input type="radio"/>	<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.

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.). The Appendix K is additive to the previously approved Appendix Ks. This Appendix K is updating the end date to 6 months after the conclusion of the public health emergency. Though the state is requesting to extend the end date for the Appendix K amendment, the Department reserves the right to remove flexibilities that have been approved which are no longer deemed necessary.

**F. Proposed Effective Date: Start Date: March 10, 2020 Anticipated End Date: 6 months after the conclusion 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:** Colin  
**Last Name** Laughlin  
**Title:** Deputy Director of the Office of Community Living  
**Agency:** Department of Health Care Policy and Financing  
**Address 1:** 1570 Grant Street  
**Address 2:** Click or tap here to enter text.  
**City** Denver  
**State** Colorado  
**Zip Code** 80203  
**Telephone:** 303-866-2549  
**E-mail** Colin.Laughlin@state.co.us  
**Fax Number** 303-866-4411

## 8. Authorizing Signature

**Signature:**

**Date:** 1-8-2021

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State Medicaid Director or Designee

**First Name:** Tracy  
**Last Name** Johnson  
**Title:** Medicaid Director  
**Agency:** Colorado Department of Health Care Policy and Financing  
**Address 1:** 1570 Grant Street  
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