APPENDIX K: Emergency Preparedness and Response and COVID-19 Addendum

Background:

This stand alone 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: New Mexico

B. Waiver Title(s): Developmental Disabilities Waiver, Medically Fragile Waiver, Mi Via Waiver, Supports Waiver

C. Control Number(s):
NM.0173.R06.07, NM.0223.R05.06, NM.0448.R02.05, NM.1726.R00.02

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

X	**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.

The nature of the emergency is the COVID-19 pandemic. This amendment is additive to the previously approved Appendix K and extends the anticipated end date to six months after the end of the public health emergency. This amendment will apply waiver-wide for each waiver included in the 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: January 27, 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)

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

First Name:	Sharilyn
Last Name	Roanhorse-Aguilar
Title:	Bureau Chief, Exempt Services and Programs
Agency:	Medical Assistance Division
Address 1:	1 Plaza La Prensa
Address 2:	Click or tap here to enter text.
City	Santa Fe
State	New Mexico
Zip Code	87507
Telephone:	505-827-1307
E-mail	Sharilyn.Roanhorse@state.nm.us
Fax Number	505-827-3185

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

First Name:	Jason
Last Name	Cornwell
Title:	Acting Deputy Secretary
Agency:	Department of Health
Address 1:	5301 San Mateo, NE, Suite 1100
Address 2:	Click or tap here to enter text.
City	Albuquerque
State	New Mexico
Zip Code	87108
Telephone:	505-660-3456
E-mail	Jason.Cornwell@state.nm.us
Fax Number	505-222-6690

8. Authorizing Signature

Signature: **Date: 1/14/2021**

/S/

State Medicaid Director or Designee

First Name:	Nicole
Last Name	Comeaux
Title:	Director, Medical Assistance Division
Agency:	Human Services Department
Address 1:	1 Plaza La Prensa
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City	Santa Fe
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Telephone:	505-490-7703
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