



MEMORANDUM

To: DDA Stakeholders
From: Bernard Simons, Deputy Secretary
Re: DDA Appendix K #8- Service Delivery in Alternative Settings and Out of State
Release Date: November 4, 2021* (revised)
Release Date: April 29, 2021 (original)
Effective: March 13, 2020

**All text in red indicates added/revised language since the prior release date*

NOTE: Please inform appropriate staff members of the contents of this memorandum.

BACKGROUND

On March 5, 2020, Governor Lawrence J. Hogan, Jr., declared a state of emergency due to disease (“COVID-19”) caused by the novel coronavirus. The COVID-19 outbreak was declared a national emergency on March 13, 2020 and was previously declared a nationwide public health emergency on January 31, 2020 (retroactive to January 27, 2020). **On July 1, 2021, Governor Hogan announced the end of the COVID-19 state of emergency in the State of Maryland.**

The purpose of this guidance is to inform Developmental Disabilities Administration (DDA) stakeholders of temporary changes to the DDA’s Home and Community-Based Services (HCBS) Waiver programs (i.e. Community Pathways Waiver, Community Supports Waiver, and Family Supports Waiver) and State funded services and operations in response to health and safety concerns related to the COVID-19 pandemic.

This guidance implements temporary modifications to DDA’s Waiver programs in Appendix K, submitted to and approved by the Centers for Medicare and Medicaid Services, and DDA State Funded services to address the state of emergency.

This guidance was updated to reflect the unwinding of the temporary modifications to the DDA’s operated programs with the goal of reopening and best supporting people in their communities.

OVERVIEW

Due to the possible need to relocate participants in response to COVID-19 exposure or outbreak (i.e., separating, self-isolating, or quarantining), services may be provided in alternative settings (whether or not the setting has been surveyed by the State prior to use). Alternative sites include, but are not limited to, hotels, schools, churches, other community established sites, alternative facility based setting, or the home of a direct care worker.

As further detailed in this guidance, services may be provided in alternative sites due to the potential need to relocate participants to (1) isolate people who have a positive COVID-19 determination; (2) separate people who have been exposed; (3) separate people due to behavior challenges; or (4) other circumstances associated with the COVID-19 State of Emergency.

In addition, some participants may need higher levels of supports that are provided in acute care hospitals or during a short-term institutional stay. Communication assistance, behavioral supports, and personal care supports, that do not duplicate services provided by the institution, can be provided for participants while the participant is in an institutional setting. The participant’s staff can provide communication support with hospital or institutional personnel to ensure the overall health and safety of the participant admitted, particularly if they cannot speak or have a difficult time communicating needs, wants such as pain, reaction to medications, or thirst/hunger. Staff may also be asked to provide behavioral supports (i.e. implement approved Behavioral Plan or Emergency Safety Plan) in the hospital or institutional setting to ensure the overall health and safety of the individual, hospital/institutional personnel, and other patients.

This guidance applies to both the self-directed and traditional service delivery models for services as applicable.

Meaningful Day Services		Residential Services		Support Services (CCS and Waiver Supports)			
X	Employment Services	X	Community Living – Group Home		Assistive Tech & Svs	X	Nurse Health Case Management
X	Supported Employment	X	Supported Living	X	Behavioral Support Services	X	Nurse CM & Delegation Svs
	Employment Discovery & Customization	X	Shared Living		Coordination of Community Services		Participant Ed, Training & Advocacy
X	Career Exploration				Environmental Assessment	X	Personal Supports
X	Community Development Svs				Environmental Modification	X	Respite Services

X	Day Habilitation				Family & Peer Mentoring Supports	Remote Support Services
					Family Caregiver Training & Empower	Support Broker
					Housing Support	Transportation Svs
					Ind & Family Directed Goods and Services	Vehicle Mods
				X	Nurse Consultation	

Unwinding Appendix K and Executive Orders Flexibilities

Standards and Requirements:

- 1) Appendix K related service delivery in alternative settings and out of State shall end as noted below:
 - a) Alternative sites are specific to the need to relocate participants due to the need for separating, self-isolation or quarantine.
 - b) Appendix K flexibility to provide services in a short term institutional stay, neighboring states, alternative facility-based settings, staff or direct care worker home, schools, hotels, churches, and other excluded settings **ended on August 15, 2021.**
 - c) Ability to provide services during an acute care hospital stay is permitted as per [Memo #4 - DDA Amendment #3 - Acute Care Hospital Supports - February 16, 2021](#)
- 2) Service delivery during an acute care hospital stay:
 - a) Participants with an assessed need for supports during an acute hospital care stay shall have the following information reflected in their *LTSSMaryland* record **by December 31, 2021:**
 - i) Providers (that have received DDA approval of their updated Program Service Plan to reflect services delivery in alternative sites) shall update the person specific Services Implementation Plan (SIP) to reflect the delivery of services in acute care settings as permitted under the federally approved waivers.
 - ii) Providers shall share the revised SIP with the participants, their representatives, and their Coordinator of Community Services (CCS).
 - iii) The CCS shall upload the SIP into the *LTSSMaryland* Client Attachments once agreed to by the participant and team.

- iv) The team shall update the LTSS *Maryland* Person-Centered Plan (PCP) to reflect services during an acute hospital care stay during the next Revised PCP or Annual PCP, whichever occurs first.
- 3) If a different residence is needed to best support an individual's discharge after an extended illness, please work with your regional office as an emergency PCP would accommodate this planning/placement.
- 4) As per current practice, the regional office can authorize residential services to be delivered in temporary alternative site locations (*e.g.*, hotel) due to extraordinary circumstances (*e.g.*, bed bug outbreak, loss of heat/air conditioning, etc.).
- 5) Service Utilization and Audits
 - a) The State may conduct:
 - i) Service utilization reviews; and
 - ii) Audits.
 - b) CMS stated its intent to audit Appendix K expenditures.

Appendix K and Executive Orders Flexibilities

Standards and Requirements:

- 1) Acute Hospital or Short Term Institutional Sites
 - a) The following services can be provided in an acute hospital or short-term institution stay:
 - i) Community Living - Group Home
 - ii) Supported Living
 - iii) Personal Supports
 - iv) Community Development Services
 - v) Day Habilitation
 - b) Services must be focused on providing personal, behavioral and communication supports not otherwise provided by the institution.
 - c) Services shall not be duplicative of hospital or short-term institutional services.
 - d) The staff providing the services and supports should be knowledgeable (from a person-centered and hands-on experience rather than clinical perspective) of the participant's baseline, communication style, how to effectively redirect and how to support the participant in an unfamiliar and potentially frightening environment. Successful supports can prevent the use of restraints; prevent or redirect the participant from wandering hallways and into other rooms; assist the medical staff to understand how to communicate and physically support the participant more effectively; and to understand that activities like toileting and feeding will likely require more time.

- e) All services minimally require documentation in the participant’s file including the date of service, service provided, time of service, location of service, and name of the staff person that provided the service. Providers must submit upon request by the DDA.

Example: On (date) I (insert staff name) was providing (insert name of person) support with (choose as many as applicable: personal care, communication, behavior supports) during their stay at (name of hospital/institution). I assisted (insert name of person) with (choose as many as applicable: showering, using the bathroom, completing hygiene tasks, eating/drinking, changing, transferring, using preferred communication method to communicate needs/wants with medical professionals/hospital personnel, providing proactive and reactive supports identified in the person's BSP, and/or monitoring for s/sx displayed by the person that communicates pain or dissatisfaction) to ensure the unique health/safety and needs/wants of (insert name of person) were effectively communicated and provided during their stay while medical personnel ensured specific health restated supports were provided.

- 2) Other alternative site options include but are not limited to a participant’s home, family or friends’ homes, alternative facility-based settings, staff or direct care worker home, hotels, schools, churches, and other community established sites.
- 3) Services may also be provided out of the State of Maryland in neighboring states and the District of Columbia.
 - a) Services provided in an out of State provider-owned and controlled settings require a provider agreement with the out-of-state provider.
 - b) Services may also be provided by DDA-licensed or certified providers and self-directed services staff in privately-owned or leased sites.
- 4) All services minimally require documentation in the participants file including the date of service, service provided, time of service, location of service, and name of person that provided the service. Providers must submit documentation upon request by the DDA.
- 5) Providers shall complete the following process when a participant receives:
 - a) Services in an acute care setting or short-term institutional stay for any of the following services: Community Living - Group Home; Supported Living; Personal Supports; Community Development Services; or Day Habilitation;
 - b) Community Living - Group Home or Supported Living services in an alternative site or out of the State; and
 - c) Community Living - Group Home site capacity exceeded:
 - (1) Complete the “DDA COVID-19 Site Notification” form (DDACOVIDForm#2).
Note: Providers can use one form to notify the DDA of all participants that are being supported in alternative sites. New forms can be submitted when additional site location changes occur.
 - (2) Send secure email to the DDA Regional Office dedicated email account noted below. Providers shall also send a copy to the Office of Health Care Quality for licensed site based services at dd.siteinspections@maryland.gov.

CMRO.COVID@maryland.gov	SMRO.COVID@maryland.gov
ESRO.COVID@maryland.gov	WMRO.COVID@maryland.gov

(3) The email subject line shall read: *(Insert Provide Name) - COVID-19 Alternative Site - (insert date)*

- 6) DDA shall:
 - a) Acknowledge receipt of email from the providers with the following message: *“The DDA acknowledges receipt of this email.”*;
 - b) Log information into DDA COVID-19 tracking sheet under the DDA Site/Ratio Tracking tab.
 - i) Enter date email received, Region, and provider name in corresponding rows A to C.
 - ii) Copy from the provider form data from rows A through K and paste in rows D through N in the DDA tracking sheet; and
 - c) Send the following email to the participant’s Coordinator of Community Services (CCS):
 - i) The email subject line shall read: *(Insert Person’s LTSS ID#) - COVID-19 Service Site- (insert date)*
 - ii) Message: *(Insert name of person) services are being provided at (insert new service site address from tracking sheet) for (insert purpose) effective (insert effective date).*
- 7) Coordinate of Community Services (CCS) shall:
 - a) Enter progress notes into *LTSSMaryland* with the details contained in the email;
 - b) Monitor the provision of DDA services in alternative sites (e.g. acute care setting, alternative facility-based site, hotel, out-of-state, etc. settings) by contacting the participant via telephone on a monthly basis, at minimum, for out of state services;
 - c) Document contact within *LTSSMaryland* monitoring and follow up forms and health check progress notes;
 - d) Inform the DDA Regional Office of any discrepancies; and
 - e) File incident reports as applicable.

Billing Process:

- 1) Billing process should follow existing billing for service provision in the typical setting.
- 2) If appropriate, see guidance around billing for “Increase Rate When Supporting People with COVID-19 Virus.”

Billing Process - LTSS Pilot Providers Only:

- 1) Pilot providers will continue to bill and receive the same reimbursement rate as if the participant was receiving services in the pilot site with the exception for participants that are no longer in service.
- 2) Provider to bill via *LTSSMaryland* for each day unless the person qualifies for the increase rate due to a positive COVID-19 determination.

- 3) Due to the inability to modify LTSS*Maryland*, Pilot Providers will need to invoice for COVID-19 Isolation Day by submitting the LTSS Invoice and CMS 1500s. Refer to the LTSS Invoice and Instructions on the DDA website.
- 4) Providers must maintain documentation for positive COVID-19 determination and submit upon request.
- 5) There will be further guidance provided to LTSS Pilot Providers as needed.

Applicable Resources:

[DDA Waivers - Appendix K Webpage](#)

[DDA MEMO/GUIDANCE/DIRECTIVES](#)

[DDA Covid-19 Resource Page](#)

[Memo—Appendix K Flexibilities Update – August 13, 2021](#)