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

Per State Executive Orders (including the closures of day programs and schools) and Governor Hogan’s Stay at Home Executive Order 3-30-20, the DDA is authorizing a set amount of shared day
time service hours to support the additional staffing provider organizations are providing via licensed Community Living-Group Home and Supported Living services.

Additional authorizations to address a participant’s specific needs may be requested based on the participants’ needs using a new service authorization request form and process. Additionally, changes in the make-up of a house may necessitate a change using the service authorization request form (Reference: DDACOVIDForm#1).

This guidance applies to traditional service delivery models for the following services.

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Unwinding Appendix K and Executive Orders Flexibilities

Standards and Requirements:

1) Appendix K related Residential Day Time Shared Service Hours Authorization will end on September 30, 2022.
   a) The DDA shall end Appendix K related Residential Day Time Shared Service Hours Authorization within PCIS2 effective September 30, 2022.
   b) Providers authorized for Appendix K related Residential Day Time Shared Service Hours shall discontinue billing in PCIS2 and LTSSMaryland as of September 30, 2022.
   c) LTSSMaryland Person-Centered Plan (PCP) updates to remove Appendix K related Residential Day Time Shared Service Hours, shall be made during the next Revised PCP or Annual PCP whichever occurs first.

2) Residential Day Time Service Needs
   a) Participants with assessed residential day time service needs can request services through the person centered planning process. The participant’s team should clearly demonstrate what an individual’s meaningful day looks like and the services needed during that time.
   b) As per current practice, urgent service needs should be reported directly to the DDA Regional Office.
   c) Changes set forth in Amendment #3 2020 of the DDA Waiver program applications permits provision of supports to more than one participant under Community Living - Group Home Services and Supported Living services based on the participants’ assessed needs and specific criteria being met. Reference: Memo #6 - DDA Amendment #3 - Dedicated Hours to Support More than One Participant - February 16, 2021.

3) Service Utilization and Audits
   a) The State may conduct:
      i) Service utilization reviews; and
      ii) Audits.

4) CMS stated its intent to audit Appendix K expenditures.

Appendix K and Executive Orders Flexibilities

Standards and Requirements:

1) For Community Living - Group Home (CLGH) and Supported Living (SL):
   a) Shared add-on service hours will be added to one or more persons in each home (via a data patch in PCIS2) where at least one (1) participant is currently receiving Meaningful Day Services and will be based on the number of people supported in the home as follows:
      i) Up to 8 additional hours in a home serving up to three (3) participants x 5 days/week (40 hours);
      ii) Up to 16 additional hours in a home serving up to five (5) participants x 5 days/week (80 hours); and
      iii) Up to 24 additional hours in a home serving up to nine (9) participants x 5 days/week (120 hours).
b) Shared hours will be added in PCIS2 (indicated as COVID Direct Support Shared hours) to one or more persons in the home based on the following order of preference:

i) Participant is enrolled in the Community Pathway Waiver (CPW), receives Meaningful Day service, and does not have additional add on dedicated supports (e.g. no in-lieu of day add-on)

ii) Participant is State funded, receives Meaningful Day Services, and does not have additional add on dedicated supports (i.e. no in-lieu of day add-on)

iii) Participant is enrolled in the CPW, has no Meaningful Day service, and does not have additional add on dedicated supports (i.e. no in-lieu of day add-on)

iv) Participant is State funded, has no Meaningful Day service, and does not have additional add on dedicated supports (i.e. no in-lieu of day add-on)

c) Completion and submission of Modified Service Funding Plans (MSFP) and Revised Person-Centered Plans are not required.

2) Providers may use their Meaningful Day staff, or partner with another Meaningful Day provider for use of their staff (as provided in DDA Appendix K #6 - Staff Training and On-boarding Flexibility Guidance) to meet this need. In this situation, a COVID-19 Retainer Payment can also be billed for the Meaningful Day service, as provided in DDA Appendix K #1- Retainer Payments Guidance.

3) Meaningful Day Services can be provided remotely while residential service staff are present. (See COVID-19 #16: DDA Waivers Programs Telehealth and Telephonic Guidance) During this situation, to support the participant’s health, residential service staff will be responsible for personal care, behavioral, and nurse delegation support needs.

4) Providers shall maintain documentation of service delivery as per the DDA - Service Authorization and Provider Billing Documentation Guidelines - Revised 12-9-19.

5) If the participant(s) who has shared or dedicated hours authorized is no longer eligible for residential retainer fee or retainer payments (e.g. hospitalized, deceased), then providers shall contact the DDA to coordinate the allocation of the additional hours to another participant in the home.

6) Non-Pilot Participants:

a) Providers will get paid for the additional hours when they bill for the participant(s) who was allocated the additional hours CLGH or SL day. No additional action is needed. The participant with the additional hours will have a greater daily rate that will be paid when billed.

b) The DDA will provide a list of participants that have the additional hours to CLGH providers so they can see in PCIS2 the participant has a COVID Direct Support Shared hours and higher rate.

c) LTSSMaryland Person-Centered Plan (PCP) updates are not required.

1) For Pilot participants:

a) LTSSMaryland Person-Centered Plan (PCP) update will be needed. The DDA will coordinate with Coordinators of Community Services and providers for Revised PCPs.

b) Providers will get paid for the additional hours when they bill for the dedicated support hours for the participant(s) who was allocated the additional hours CLGH or SL day for the site.

c) The DDA will coordinate with providers to identify the participant(s) to indicate the dedicated hours.
d) If the participant with the additional allocation leaves the home or a retainer day is used, the provider should notify DDA so that the allocation can be added to a different participant in the home.

Fiscal and Billing Process:

1) Community Living
   a) Advances for additional hours
      i) The DDA will process an immediate pay in May/June to reflect the increased authorization from March 13, 2020 - June 30, 2020.
         1. The immediate pay will be processed as an Electronic Fund Transfer (EFT) similar to existing quarterly payments.
         2. The immediate pay advance will be recovered in the second quarter (Q2) payment in Fiscal Year (FY) 21.
      ii) If the emergency continues beyond July 1, 2020, the DDA will reassess the need for an additional immediate pay to correct the FY 21 first quarter (Q1) advance for the additional add-on hours which would be reconciled in the third quarter (Q3) payment
   b) Billing
      i) There are no changes to the billing process. Providers shall enter and certify attendance in PCIS2.
      ii) Any payable day (e.g. P - Present, V - Vacation, IS - Isolation Day, or C - COVID-19 Retainer Day) will include the additional shared hours and paid through the normal quarterly payment process.
      iii) Isolation Days will be paid at 150% of the current authorized rate (including shared hours), as set forth in the participant’s person-centered plan and budget.
      iv) COVID-19 Retainer Days will be paid at 100% of the current authorized rate (including shared hours)

2) Supported Living Billing
   a) There are no changes to the billing process.
   b) Providers shall submit the Community Pathways invoice for the daily rates based on the additional COVID Direct Support Shared hours in PCIS2 along with the corresponding CMS 1500s. Refer to the Revised Community Pathways Invoice and Instructions on the DDA website.

Billing Process - LTSS Pilot Providers Only:

CLGH and SL dedicated hours should be billed through the existing process in LTSSMaryland. 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