

# 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.<sup>1</sup> This appendix may be completed retroactively as needed by the state.

## Appendix K-1: General Information

### General Information:

A. State: Maryland

B. Waiver Title:

Family Supports, Community Supports, and, Community Pathways Waivers

C. Control Number:

Family Supports (MD.1466.R01.03), Community Supports (MD.1506.R01.03), and Community Pathways (MD.0023.R07.04)

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.

This Appendix K is additive to the approved Appendix K to provide one episode of 30 days retainer payments, clarify supports provided in a hospital must be in person, and update information related to timeframes for the submission of report due to the circumstances of the pandemic.  
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.).

**F. Proposed Effective Date: Start Date: March 13, 2020 Anticipated End Date: March 12, 2021**

**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 waivers 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

## Appendix K-2: Temporary or Emergency-Specific Amendment to Approved Waiver

**Temporary or Emergency-Specific Amendment to Approved Waiver:**

*These are changes that, while directly related to the state’s response to an emergency situation, require amendment to the approved waiver document. These changes are time limited and tied specifically to individuals impacted by the emergency. Permanent or long-ranging changes will need to be incorporated into the main appendices of the waiver, via an amendment request in the waiver management system (WMS) upon advice from CMS.*

**i. X Temporarily allow for payment for services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay when necessary supports (including communication and intensive personal care) are not available in that setting, or when the individual requires those services for communication and behavioral stabilization, and such services are not covered in such settings.**

[Specify the services.]

Allow payment for the following in person services for purposes of supporting waiver participants who are in an acute care hospital or receiving a short-term institutional stay. These services will be focused on providing personal, behavioral and communication supports not otherwise provided in that setting. They will not be duplicative of hospital or short-term institutional services.

Community Living - Group Home  
Supported Living  
Personal Supports  
Community Development Services  
Day Habilitation

**j.\_X Temporarily include retainer payments to address emergency related issues.**

[Describe the circumstances under which such payments are authorized and applicable limits on their duration. Retainer payments are available for habilitation and personal care only.]

Maryland may allow for payments for COVID-19 related retainer payments for the following services that include personal assistance when participants are not receiving planned services under either the self-directed services delivery model or the traditional services delivery model. The retainer payments will be limited to one episode of 30 consecutive billing days. The State confirms that retainer payments are for direct care providers who normally provide services that include habilitation and personal care, but are currently unable to due to health and safety risk; State mandates; complications experienced during the COVID-19 pandemic because the waiver participant is sick due to COVID-19; the waiver participant is sequestered and/or quarantined based on local, State, federal and/or medical requirements/orders.

**Traditional Service Delivery Model**

1. Employment Services, Supported Employment, Community Development Services, Career Exploration, and Day Habilitation, up to 80% of the rate.
2. Personal Supports, up to a maximum of 120 hours within the authorized limit, unless otherwise authorized by the DDA up to 100% of the rate.
3. Community Living - Group Home up to 100% of the rate.
4. Supported Living up to 100% of the rate.

**Self-Directed Service Delivery Model**

1. Employment Services, Supported Employment, Community Development Services, Career Exploration, and Day Habilitation for a maximum of 120 hours unless otherwise authorized by the DDA up to 100% of the rate.
2. Personal Supports for a maximum of 120 hours up to the authorized limit, unless otherwise authorized by the DDA up to 100% of the rate.

Retainer payment will occur on a case by case basis when the provider or participant self-directing services is directly impacted by COVID-19. Retainer payments will not be authorized when a self-directed staff or provider is providing services to the participant.

The State will implement a distinguishable process to monitor payments to avoid duplication of billing. Self-Directed participants and providers must produce supporting documentation of the participant being unable to be supported, displaced, or other circumstances related to the COVID- 19 crisis, and must notify the Coordinator of Community Services, resume habilitative services, and document when the participant is back in their services.

**m.\_X Other Changes Necessary [For example, any changes to billing processes, use of contracted entities or any other changes needed by the State to address imminent needs of individuals in the**

waiver program]. [Explanation of changes]

**Flexibility in Performance of Required Activities**

The Department requests flexibility with respect to deadlines and timetables for performance of required activities conducted by the Department, providers, and contracted entities. These reports and activities include but are not limited to quarterly and annual quality reports, CMS 372, and Evidentiary reports. The timeframes for the submission of the CMS 372s and the evidentiary package(s) will be extended as needed pursuant to the emergency. In addition, the state may suspend the collection of data for performance measures other than those identified for the Health and Welfare assurance and notes that as a result the data will be unavailable for this time frame in ensuing reports due to the circumstances of the pandemic.

## Contact Person(s)

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

<b>First Name:</b>	Marlana
<b>Last Name</b>	Hutchinson
<b>Title:</b>	Director of Office of Long Term Services and Supports
<b>Agency:</b>	Maryland Department of Health
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<b>Telephone:</b>	410-767-4003
<b>E-mail</b>	<a href="mailto:marlana.hutchinson@maryland.gov">marlana.hutchinson@maryland.gov</a>
<b>Fax Number</b>	410-333-6547

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

<b>First Name:</b>	Rhonda
<b>Last Name</b>	Workman
<b>Title:</b>	Director of Federal Programs
<b>Agency:</b>	Developmental Disabilities Administration
<b>Address 1:</b>	201 West Preston Street
<b>Address 2:</b>	Click or tap here to enter text.
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<b>Telephone:</b>	410-767-8690
<b>E-mail</b>	Rhonda.workman@maryland.gov
<b>Fax Number</b>	Click or tap here to enter text.

## 8. Authorizing Signature

