

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.¹ 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: Maryland

B. Waiver Title(s):

Waiver for Children with Autism Spectrum Disorder; Waiver for Adults with Brain Injury; Home and Community Based Options Waiver; Model Waiver for Fragile Children (Model Waiver); and Medical Day Care Services Waiver.

C. Control Number(s):

Respectively: MD.0339.R04.01, MD.40198.R03.01, MD.0265.R05.02, MD.40118.R07.01, and MD.0645.R02.01

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

¹ Numerous changes that the state may want to make may necessitate authority outside of the scope of section 1915(c) authority. States interested in changes to administrative claiming or changes that require section 1115 or section 1135 authority should engage CMS in a discussion as soon as possible. Some examples may include: (a) changes to administrative activities, such as the establishment of a hotline; or (b) suspension of general Medicaid rules that are not addressed under section 1915(c) such as payment rules or eligibility rules or suspension of provisions of section 1902(a) to which 1915(c) is typically bound.

<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.

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 1, 2020 **Anticipated End Date:** February 28, 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 waiver to all individuals impacted by the COVID-19 virus

I. Description of State Disaster Plan (if available) *Reference to external documents is acceptable:*

https://mema.maryland.gov/Documents/SROP_V3_03_MAR-15.pdf++

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.

a. ___ Access and Eligibility:

i. ___ Temporarily increase the cost limits for entry into the waiver.

[Provide explanation of changes and specify the temporary cost limit.]

ii. X Temporarily modify additional targeting criteria.

[Explanation of changes]

Waiver for Children with Autism Spectrum Disorder MD.0339.R04.01

The Maryland Department of Health (the Department) temporarily waives the following targeting criteria that are conditions of participation under the Autism Waiver (AW):

- 1) participants must be under the age of 21 years of age; and
- 2) participant is receiving early intervention services or is in a public, nonpublic, or State-operated /State-supported special education setting.

These targeting criteria will be temporarily waived for AW participants who would otherwise have transitioned out of coverage under the AW because of either: 1) reaching the age of 21; or 2) having completed their graduation requirements and therefore no longer meeting technical eligibility criteria. These temporary waivers will terminate in keeping with the timeframe laid out in Section F of the General Information section of this document.

b. ___ Services

i. X Temporarily modify service scope or coverage.

[Complete Section A- Services to be Added/Modified During an Emergency.]

ii. ___ Temporarily exceed service limitations (including limits on sets of services as described in Appendix C-4) or requirements for amount, duration, and prior authorization to address health and welfare issues presented by the emergency.

[Explanation of changes]

The Department will temporarily exceed service limitations for the following waivers in keeping with the time frame designated in Section F of the General Information section of this document unless otherwise specified.

Waiver for Children with Autism Spectrum Disorder MD.0339.R04.01

The Department will increase hours of care for: Respite Care (RC), Family Consultation (FC), Adult Life Planning (ALP), and Intensive Individual Support Services (IISS) by the following increments:

- 1) additional 672 RC hours;
- 2) additional 20 FC hours;
- 3) additional 30 ALP hours; and
- 4) additional 15 IISS hours per week;

with a termination date in accordance with Section F of the General Information section of this document. These additions are maximum hours that a participant could receive, and additional allocations up to these new ceilings will be evaluated on a case-by-case basis.

When/if schools reopen; the need for additional support may remain as participants may experience regression due to significant disruptions and will require additional in-home and community services to transition and return to routine.

Waiver for Adults with Brain Injury MD.40198.R03.01

Increase Individual Support Services daily limit to 24 hours if needed.

Community Options MD.0265.R05.02

Current limit of respite care days is 14 in 12 calendar months. The Department will increase this limit by 16 additional days (for a total of 30 days) with a termination date in accordance with Section F of the General Information section of this document.

iii. ___ Temporarily add services to the waiver to address the emergency situation (for example, emergency counseling; heightened case management to address emergency needs; emergency medical supplies and equipment; individually directed goods and services; ancillary services to establish temporary residences for dislocated waiver enrollees; necessary technology; emergency evacuation transportation outside of the scope of non-emergency transportation or transportation already provided through the waiver).

[Complete Section A-Services to be Added/Modified During an Emergency]

iv. _X_ Temporarily expand setting(s) where services may be provided (e.g. hotels, shelters, schools, churches). Note for respite services only, the state should indicate any facility-based settings and indicate whether room and board is included:

[Explanation of modification, and advisement if room and board is included in the respite rate]:

The Department will temporarily allow adjustments to settings where services can be provided that may differ from those identified in the State's approved waivers. Maryland will also submit this request for expanding settings in which HCBS services can be provided under an 1135 Waiver. Temporary adjustments to service setting requirements will cease to be valid per Section F of the General Information section of this document.

Waiver for Children with Autism Spectrum Disorder MD.0339.R04.01:

The Department will temporarily expand the typical Therapeutic Integration (TI) and Intensive Therapeutic Integration (ITI) setting to include the home environment if facility-based settings are closed related to the COVID-19 State of Emergency. Treatment plans must continue to reflect TI and ITI programming even when offered in the home environment. TI and ITI ratios will be adjusted according to the number of children in the home setting who are approved for these services. TI and ITI must continue to be structured, therapeutic, and based on the child's need for intervention and support as outlined on the child's treatment plan.

Waiver for Adults with Brain Injury MD.40198.R03.01: The Department will temporarily allow day habilitation service to be rendered in the participant's home as well as other settings including, but not limited to: hotels, schools, churches, other community established sites, alternative facility-based settings, or the home of a direct care worker.

v. ___ Temporarily provide services in out of state settings (if not already permitted in the state's approved waiver). [Explanation of changes]

c. X Temporarily permit payment for services rendered by family caregivers or legally responsible individuals if not already permitted under the waiver. Indicate the services to which this will apply and the safeguards to ensure that individuals receive necessary services as authorized in the plan of care, and the procedures that are used to ensure that payments are made for services rendered.

Waiver for Children with Autism Spectrum Disorder MD.0339.R04.01:

The Department will temporarily allow legally responsible individuals to be employed by the provider to provide care through Intensive Individual Support Services. In an effort to expedite service delivery during the pandemic, training requirements will be waived for legally responsible individuals willing to provide services to participants until 60 days following the end of the state of emergency. The Autism Waiver currently allows for family members. This temporary allowance will terminate in keeping with the timeframe laid out in Section F of the General Information section of this document.

The state is paying IISS Agency Providers for the following:

Maryland is paying the approved rate to Intensive Individual Support Services (IISS) providers under the Autism Waiver. These providers will temporarily hire legally responsible individuals to provide IISS services to participants. Agency providers will in turn pay these temporary direct care service providers.

The IISS Agency Provider is paying their temporarily hired direct care providers for the following:

The IISS Agency provider is paying the agreed upon rate to the legally responsible individual who has been temporarily hired to provide IISS services to a participant.

IISS are defined under Maryland's approved Autism Waiver as intensive, one-on-one assistance based on the participant's need for interventions and support. The specific services include one-on-one support, assistance, and redirection; time-structuring activities; immediate behavioral reinforcements; timeout strategies; crisis intervention techniques; and additional services as prescribed in the participant's Individualized Treatment Plan. The participant is supported in achieving successful home and community living through structured support, reinforcement, modeling, and behavior management. The services may include providing transportation and accompanying the participant to community activities, as necessary and consistent with the waiver treatment plan.

IISS Agency Providers will be paid according to current fee schedule:

Maryland will continue to pay IISS agency providers according to the established fee schedule. (link to fee schedule provided below).

<https://mmcp.health.maryland.gov/MCOupdates/Documents/PT%2021-19%20Fiscal%20Year%202020%20Rates%20for%20Waiver%20for%20Children%20with%20Autism%20Spectrum%20Disorder%20Services.pdf>

Agency providers that have temporarily hired legally responsible individuals, will in turn pay these temporary direct care service providers.

Waiver for Adults with Brain Injury MD.40198.R03.01:

The Department will temporarily allow Providers of Individual Support Services (ISS) to hire family members, spouses, or any other legally responsible individual to provide these services, if a participant currently being served in a residential setting, chooses to go home with family as part of social distancing efforts. This is limited to Brain Injury Residential Habilitation providers, as they are approved to also provide ISS. Training requirements will be waived for the aforementioned individuals caring for participants until 60 days following the end of the state of emergency. This temporary waiver will terminate in keeping with the timeframe laid out in Section F of the General Information section of this document.

The state is paying ISS Agency Providers for the following:

Maryland is paying the provider the approved rate for Individual Support Services (ISS). The Provider will temporarily hire family members, spouses, or other legally responsible individuals to provide ISS services to participants who have returned to a family home as part of social distancing efforts. Providers will in turn pay these temporary service providers.

The ISS Agency Provider is paying their temporarily hired direct care providers for the

d. ___ Temporarily modify provider qualifications (for example, expand provider pool, temporarily modify or suspend licensure and certification requirements).

i. ___ Temporarily modify provider qualifications.

[Provide explanation of changes, list each service affected, list the provider type, and the changes in provider qualifications.]

ii. ___ Temporarily modify provider types.

[Provide explanation of changes, list each service affected, and the changes in the provider type for each service].

iii. ___ Temporarily modify licensure or other requirements for settings where waiver services are furnished.

[Provide explanation of changes, description of facilities to be utilized and list each service provided in each facility utilized.]

e. ___ Temporarily modify processes for level of care evaluations or re-evaluations (within regulatory requirements). [Describe]

f. ___ Temporarily increase payment rates.

[Provide an explanation for the increase. List the provider types, rates by service, and specify whether this change is based on a rate development method that is different from the current approved waiver (and if different, specify and explain the rate development method). If the rate varies by provider, list the rate by service and by provider.]

g. X Temporarily modify person-centered service plan development process and individual(s) responsible for person-centered service plan development, including qualifications.

[Describe any modifications including qualifications of individuals responsible for service plan development, and address Participant Safeguards. Also include strategies to ensure that services are received as authorized.]

Model Waiver MD.40118.R07.01

Person-Centered Service Plans that are due to expire within the next 60 days require case management contact to the participant using allowable remote contact methods to verify with the participant or representative that the current assessment and services, including providers, remain acceptable and approvable for the upcoming year. The state will verify by obtaining electronic signatures/or electronic verification via secure email consent from service providers and the individual or representative, in accordance with the state's HIPAA requirements. The state will ensure the service plan is modified to allow for additional supports/and or services to respond to the COVID-19 pandemic. The specificity of such services including amount, duration and scope will be appended as soon as possible to ensure that the specific service is delineated accordingly to the date it began to be received. The care coordinator must submit the request for additional supports/services no later than 30 days from the date the service begins.

h. X Temporarily modify incident reporting requirements, medication management or other participant safeguards to ensure individual health and welfare, and to account for emergency circumstances. [Explanation of changes]

The Department will require a special indicator in the reporting format for any COVID-19 related incidents for all applicable Waivers.

i. 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.]

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.]

The Department will pay for retainer days:

1) Waiver for Children with Autism Spectrum Disorder MD.0339.R04.01

Up to 30 days of retainer payments for Regular and Intensive Residential Habilitation providers for participants who are absent from the residence and for Intensive Individual Support Services providers who cannot access the alternate homes where the participant is temporarily residing, for any period of time until the end of the state of emergency.

The personal assistance retainer time limit may not exceed the lesser of 30 consecutive days or the number of days for which the State authorizes a payment for "bed-hold" in nursing facilities.

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 complications experienced during the COVID-19 pandemic because the waiver participant is sick due to COVID-19; or the waiver participant is sequestered and/or quarantined based on local, state, federal and/or medical requirements/orders. The state will implement a distinguishable process to monitor payments to avoid duplication of billing.

2) Waiver for Adults with Brain Injury MD.40198.R03.01:

Up to 30 days of retainer payments per episode for residential habilitation providers when participants are absent from the residence for any period of time until the end of the state of emergency.

The personal assistance retainer time limit may not exceed the lesser of 30 consecutive days or the number of days for which the State authorizes a payment for "bed-hold" in nursing facilities. (This service includes personal care.)

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 complications experienced during the COVID-19 pandemic because the waiver participant is sick due to COVID-19; or the waiver participant is sequestered and/or quarantined based on local, state, federal and/or medical requirements/orders. The state will implement a distinguishable process to monitor payments to avoid duplication of billing.

These temporary adjustments will terminate in keeping with the timeframe specified in Section F of the General Information section of this document.

k. ___ Temporarily institute or expand opportunities for self-direction.

[Provide an overview and any expansion of self-direction opportunities including a list of services that may be self-directed and an overview of participant safeguards.]

l. X Increase Factor C.

[Explain the reason for the increase and list the current approved Factor C as well as the proposed revised Factor C]

Autism Waiver (AW) MD.0339.R04.01

The federal maintenance of effort (MoE) requirement under the federal state of emergency is preventing the Department from disenrolling and transitioning individuals off the Autism Waiver. While MoE requirements remain in place, the Department will temporarily increase Factor C following the approach described below. The Department will temporarily increase Factor C by an additional 100 slots starting March 1, 2020, through June 30, 2020. Starting July 1, 2020, the Department will add an additional 200 slots (for a total of 300). This temporary increase in Factor C will terminate in keeping with the timeframe specified in Section F of the General Information section of this document, and is subject to State budgetary constraints.

Factor C must be increased to accommodate students who would normally transition from children services to adult services or “age-out” as a result of technical eligibility criteria for the AW once they have reached the end of the school year in which they turned 21 or graduated from high school. Transitioning You who “age-out” of children’s services are transitioned to adult services through person-centered care planning between the Autism Waiver’s Service Coordinator (SC) and the Developmental Disability Administration’s Coordinator of Community Services (CCS). At this time capacity to transition AW participants is limited because of COVID-19 related program closures and delays. Maryland anticipates that these delays and closures will continue to extend throughout the remainder of the state of emergency, and for some months afterwards.

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]

The Department will temporarily extend the deadline for submission of evidence based reports for 90 days for Waiver for Adults with Brain Injury MD.40198.R03.01, Home and Community-Based Options MD.0265.R05.02, and Medical Day Care Services Waiver MD.0645.R02.01 with a new due date of July 30, 2020. The Department will temporarily extend the deadline for submission of 372 financial reports for 90 days for Home and Community-based Options Waiver MD.0265.R05.02, Medical Day Care Services Waiver MD.0645.R02.01, Model Waiver for Fragile Children MD.40118.R07.01, Waiver for Children with Autism Spectrum Disorder MD.0339.R04.01, and Waiver for Adults with Brain Injury MD.40198.R03.01 with a new due date of March 31, 2021.

Appendix K Addendum: COVID-19 Pandemic Response

1. HCBS Regulations

- a. Not comply with the HCBS settings requirement at 42 CFR 441.301(c)(4)(vi)(D) that individuals are able to have visitors of their choosing at any time, for settings added after March 17, 2014, to minimize the spread of infection during the COVID-19 pandemic.

2. Services

- a. Add an electronic method of service delivery (e.g., telephonic) allowing services to continue to be provided remotely in the home setting for:
 - i. Case management
 - ii. Personal care services that only require verbal cueing
 - iii. In-home habilitation
 - iv. Monthly monitoring (i.e., in order to meet the reasonable indication of need for services requirement in 1915(c) waivers).
 - v. Other *[Describe]*:

- b. Add home-delivered meals
- c. Add medical supplies, equipment and appliances (over and above that which is in the state plan)
- d. Add Assistive Technology

3. Conflict of Interest: The state is responding to the COVID-19 pandemic personnel crisis by authorizing case management entities to provide direct services. Therefore, the case management entity qualifies under 42 CFR 441.301(c)(1)(vi) as the only willing and qualified entity.

- a. Current safeguards authorized in the approved waiver will apply to these entities.
- b. Additional safeguards listed below will apply to these entities.

4. Provider Qualifications

- a. Allow spouses and parents of minor children to provide personal care services
- b. Allow a family member to be paid to render services to an individual.
- c. Allow other practitioners in lieu of approved providers within the waiver. *[Indicate the providers and their qualifications]*

Autism Waiver MD.0339.R04.01:
Autism Waiver MD.0339.R04.01:
 The Department anticipates that workforce shortages related to the COVID-19 State of Emergency will impact the number of providers available to provide services under the Autism Waiver. Autism Waiver providers fall under Maryland’s designation provider type-40 (PT-40), and are the only providers authorized to: offer, render or bill for services under the Autism Waiver. In order to assure that Autism Waiver participants continue to receive care; the Department will temporarily waive certain provider qualifications that would typically be required in order to enroll as Autism Waiver providers. This temporary waiver of provider qualifications will only apply to providers that are currently approved by the Developmental Disabilities Administration (DDA) to provide Residential Habilitation services. The provider qualifications the Department will temporarily waive include training requirements for providers, direct support staff, site visit requirements, and the submission of a completed provider application packet. These temporary adjustments are outlined below in sections A, B, C and, D respectively.

Certain essential training requirements that will still be required, prior to working with a participant include: 100 hours of personal or professional experience working with children with autism spectrum disorder or related disorder; Reportable Event Policy training; training on the participant's treatment plan; and emergency protocol.

A) Temporarily Waive Provider Training Requirements

In order to enroll as providers under the Autism Waiver, prospective providers must complete the following trainings:

Attendance by the provider at a "Prospective Provider Training" administered by the State Operating Agency; and
Prospective Provider Interview administered by the State Operating Agency.

The Department will temporarily waive these requirements for providers approved by DDA to provide Residential Habilitation services in order to facilitate their enrollment as providers under the Autism Waiver. Temporary adjustments to provider qualification requirements will cease to be valid per Section F of the General Information section of this document.

B) Temporarily Waive Training Requirement Timeframes for Direct Support Staff

Training Requirements for Newly Onboarded Direct Support Staff

Direct Support Staff who are newly onboarded must complete substantial training prior to providing services. The Department will expand the timeframe to complete these required trainings to allow newly onboarded staff up to 120 days from date of hire to complete the following: 1) Health Insurance Portability and Accountability Act (HIPAA); 2) Abuse, Neglect, and Exploitation; and 3) Positive Behavior Interventions, and 4) use of restraints. In addition, the Department will waive the requirement that Providers obtain three references as part of the onboarding process for Direct Support Staff. For IISS providers, the Department will temporarily allow legally responsible individuals to be employed by the provider to provide care through Intensive Individual Support Services. In an effort to expedite service delivery during the pandemic, training requirements will be waived for legally responsible individuals willing to provide services to participants until 60 days following the end of the state of emergency, as noted above.

Training Requirements for Current Direct Support Staff

The Department will extend annual training requirement timeframes for current employees by 90 days in order to reduce workforce shortages.

Attestation of Direct Support Staff Provider Qualifications

The Department will waive current requirements imposed on Direct Support Staff when employed by multiple agencies, whereby they must complete the same training requirements for each respective agency prior to providing services to participants. Temporarily waiving this requirement will allow Providers to quickly onboard new staff in the event that their workforce is affected by the COVID-19 State of Emergency. The Department will temporarily allow Providers wishing to hire additional staff to accept an attestation from the Direct Support Staff member's primary employer. In order to be accepted, the attestation must state that: the Direct Support Staff member has met required training and passed the background check in order for them to work for a different agency.

Newly onboarded Direct Support Staff hired in this manner must still receive specific training regarding the participant's needs and services as set forth in the participant's Treatment Plan. This training may be condensed at the discretion of the provider and must be documented and

kept with personnel records.

These temporary adjustments to provider qualification requirements will cease to be valid per Section F of the General Information section of this document.

C. Temporarily Waive Site Visit Requirements

Prior to enrolling as providers under the Autism Waiver, providers must also complete and pass a site visit administered by the Operating State Agency's Provider Site Survey Team. The Department will temporarily waive this requirement for providers approved by DDA to provide Residential Habilitation services in order to facilitate their enrollment as providers under the Autism Waiver. This temporary adjustment to the provider qualification requirements will cease to be valid per Section F of the General Information section of this document.

D. Temporarily Waive Application Requirements outlined in the electronic Provider Revalidation and Enrollment Portal (ePREP)

The Department will waive the requirement that providers approved by DDA to provide Residential Habilitation services seeking to enroll as providers under the Autism Waiver, complete the standard application packet with the exception of the Maryland State Department of Education (MSDE) Provider Application Form. Providers must complete this form prior to temporarily enrolling as providers under the Autism Waiver.

Specifically, providers will be exempt from completing these components of the Autism Waiver Provider Application Packet:

General Conditions for Provider Participation Form

Business Plan

Proof of Liability Insurance

Proof that the facility is in compliance with applicable health, fire safety, and zoning regulations including Written Documentation from responsible agency/licensing authorities verifying compliance

Letter of Introduction to Family/Company Brochure

Proof of at least 3 years of experience in providing habilitation services to children with autism including, resume and History of Provider Agency

Residential child care license under Developmental Disabilities Administration (COMAR 10.22.02 and 10.22.08) or the Governor's Office for Children (COMAR 14.31.06)

Residential Habilitation Treatment Plan

Contact log form/data tracking form that will be used to document services provided

CJIS Attestation Form

These temporary adjustments to the provider qualification requirements will cease to be valid per Section F of the General Information section of this document.

- d. Modify service providers for home-delivered meals to allow for additional providers, including non-traditional providers.

5. Processes

- a. Allow an extension for reassessments and reevaluations for up to one year past the due date.
- b. Allow the option to conduct evaluations, assessments, and person-centered service planning meetings virtually/remotely in lieu of face-to-face meetings.
- c. Adjust prior approval/authorization elements approved in waiver.
- d. Adjust assessment requirements
- e. Add an electronic method of signing off on required documents such as the person-centered service plan.

Contact Person(s)

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

First Name:	Marlana
Last Name	Hutchinson
Title:	Acting Director of Office of Long Term Services and Supports
Agency:	Maryland Department of Health
Address 1:	201 West Preston Street
Address 2:	Room 123
City	Baltimore
State	Maryland
Zip Code	21201
Telephone:	410-767-4003
E-mail	marlana.hutchinson@maryland.gov
Fax Number	410-333-6547

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

First Name:	N/A
Last Name	
Title:	
Agency:	
Address 1:	
Address 2:	
City	
State	
Zip Code	
Telephone:	
E-mail	
Fax Number	

8. Authorizing Signature

Signature: _____/S/_____	Date: 4/21/2020
State Medicaid Director or Designee	

First Name:	Tricia
Last Name	Roddy
Title:	Director, Innovation, Research and Development
Agency:	Maryland Department of Health
Address 1:	201 West Preston Street
Address 2:	Room 224
City	Baltimore
State	Maryland
Zip Code	21201
Telephone:	410-767-5809
E-mail	tricia.rodgy@maryland.gov
Fax Number	410-333-6547

Section A---Services to be Added/Modified During an Emergency

Complete for each service added during a time of emergency. For services in the approved waiver which the state is temporarily modifying, enter the entire service definition and highlight the change. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
Service Title:	Medical Day Care
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope):	
Emergency service definition:	

Service Specification

An emergency executive order by Maryland's Governor, Larry Hogan, closed all Adult Medical Day Care facilities until further notice. The Department will allow certain unbundled medical day care services to be rendered telephonically to program participants. In the event a participant is unable to respond to verbal cueing during the telephonic encounter, the AMDC provider will engage another member in the household to ensure the participant's needs are being met.

Emergency Services to be Provided by AMDCs during Facility Closure

During the ordered closure, AMDC providers will continue to provide an emergency service to individuals for whom they provide care and are allowed to bill Medicaid for a telephonic service day rate to help ensure continuity of services. The telephonic service day rate is 85 percent of the standard AMDC service per diem. This rate will be in place until further notice by the Department.

In order to qualify for this day rate, AMDC providers must complete the following:

- 1) Make contact daily with participants to determine if: i) they have enough food and fluids; ii) have access to, and are taking, all of their prescribed medications; and iii) have essential supplies.
- 2) As part of the daily contact, remind participants to contact their doctor if they do not feel well.
- 3) Provide referrals for participants to community resources depending on their needs.
- 4) Use the information gathered from the daily contact to complete the form required by the Office of Health Care Quality (OHCQ).

The Following Controls are in Place to Ensure the Safety of the Individual

- 1) AMDC providers are required to have daily contact with participants and assess the health, welfare, and safety of participants. This information is captured on the form issued by the Office of Health Care Quality (OHCQ) and is subject to audit.
- 2) Maryland Medicaid's reportable event process remains available to AMDC providers, participants, case managers, and caregivers, in the event the health, welfare, and safety of participants are in question. Medicaid's reportable event process includes the opportunity for an in-person wellness check or emergency medical services to be provisioned when necessary.

Original service definition:

Medical Day Care is a program of medically supervised, health-related services provided in a non-institutional, community-based setting to medically handicapped adults who, due to their degree of impairment, need health maintenance and restorative services supportive to their community living. Medical day care centers must be open to participants at least 6 hours a day, 5 days a week, and meals are required to be provided. Participants are expected to attend at least one day a week as identified within their person-centered service plan. The provider is reimbursed for service rendered when the participant attends the center four or more hours. There are no regulations requiring that a participant must attend a center for four or more hours a day.

The Department requires four or more hours to ensure the participant's assessed (i.e. medical, therapeutic, cognitive and activity of daily living) needs are adequately met. The medical day care service is a bundled service related to diagnostic, preventive, curative, palliative, rehabilitative, or ameliorative treatment of an illness, injury, disability, or health condition. It is a day of care, not an hourly service. Primarily, the physician prescribes the frequency of attendance in terms of a day of care that may include the scope of the services needed. The frequency of attendance is a discussion that occurs between the physician and the participant prior to the order being written. The physician order is a component of the plan of care. A plan of care is a written

Service Specification

plan established in accordance with a signed physician order and an assessment of the participant's health status. The plan must be signed by the participant or their authorized representative to ensure their participation in the process and that their preferences are being met.

Medical Day Care includes the following services:

- (1) Health care services supervised by the director, medical director, or health director, which emphasize primary prevention, early diagnosis and treatment, rehabilitation and continuity of care;
- (2) Nursing services performed by a registered nurse or by a licensed practical nurse under the supervision of a registered nurse;
- (3) Physical therapy services, performed by or under supervision of a licensed physical therapist;
- (4) Occupational therapy services, performed by an occupational therapist;
- (5) Assistance with activities of daily living such as walking, eating, toileting, grooming, and supervision of personal hygiene;
- (6) Nutrition services;
- (7) Social work services performed by a licensed, certified social worker or licensed social work associate;
- (8) Activity Programs; and
- (9) Transportation Services.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
			<input type="checkbox"/>	Medical Day Care provider

Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
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Provider Qualifications *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Medical Day Care provider	OHCQ facility license	N/A	Meet the requirements of COMAR 10.09.07, COMAR 10.12.04, and COMAR 10.09.36

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
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Service Specification		
Medical Day Care provider	Maryland Department of Health	At the time of enrollment, and every two years during licensing reviews.

Service Delivery Method			
Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/> Provider managed

