

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): Family Supports, Community Supports, and Community Pathways Waivers

C. Control Number(s):

 Family Supports (MD.1466.R01.08), Community Supports (MD.1506.R01.08), and Community Pathways (MD.0023.R07.09)

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):

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.

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 and updates temporary authorities related to: (1) increase reserve capacity and unduplicated participant count; (2) extend provider qualification flexibilities from the end of the state emergency to expire on June 30, 2023 as per the Department's communication regarding unwinding of PHE authorities, but no later than the expiration of the Appendix K authority; and (3) update conditions of isolation rate increase.

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).

F. Proposed Effective Date: Start Date: March 13, 2020 **Anticipated End Date:** Six (6) months after the end of the COVID-19 PHE

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

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.

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

i. X Temporarily modify provider qualifications.

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

Tracking Legally-Responsible Family Members

Participants self-directing and providers may hire and pay spouses and parents of minor children. Providers are encouraged to track spouses and parents of minor children separately in their employment systems. This flexibility will expire on June 30, 2023 as per the Department's communication regarding unwinding of PHE authorities, but no later than the expiration of the Appendix K authority.

Training Requirements

To expedite the hiring of staff and their ability to work with participants immediately, the Development Disabilities Administration (DDA) will temporarily waive all but the most essential staff training requirements for Direct Support Staff (DSP) under both the self-directed and traditional service delivery models.

The essential training requirements that will still be required, prior to working with a participant, during the COVID-19 Public Health Emergency (PHE) are: (1) completion of online CPR and First Aid training; (2) training on the participant's person-centered plan to whom the staff will provide direct care; (3) basic condensed training in fundamental rights, including: abuse, neglect, restraints, and seclusion; and (4) condensed training in DDA's Policy on Reportable Incidents and Investigations (PORII). All training completed must be documented in the personnel record.

In an effort to expedite service delivery during the pandemic, training requirements may be temporarily waived for family members willing to provide services to participants. This temporary waiver will expire on June 30, 2023 as per the Department's communication regarding the unwinding of PHE authorities, but no later than the Appendix K authority expiration.

For new employees, agencies that utilize abbreviated training formats for the purpose of accelerating the onboarding of DSPs must ensure that all employees meet pre-existing annual training requirements. For current employees, annual training requirements for DSPs, who have previously completed all training requirements, will be temporarily extended.

These temporary extensions will expire on June 30, 2023 in keeping with the Department's communication regarding unwinding of PHE authorities, but no later than the expiration of the Appendix K authority.

CPR and First Aid Training

Provider agencies may choose to provide on-line training, such as CPR and First Aid, in lieu of in-person training. Training may also be conducted by telephone or electronic means (e.g., Skype or Zoom). Appropriate (full) CPR/First Aid certification must be obtained if the staff person maintains a direct support position. These temporary flexibilities will expire on June 30, 2023 as per the Department's communication regarding unwinding of PHE authorities, but no later than the expiration of the Appendix K authority.

Staff without current CPR/First Aid certification may provide direct support as long as they are working with a nurse or at least one other direct support person who has CPR/First Aid

certifications. CPR and First Aid Certifications current as of March 13, 2020, but expiring between March 13, 2020 and the end of the PHE, shall be temporarily extended. These temporary flexibilities will expire on June 30, 2023 as per the Department's communication regarding unwinding of PHE authorities, but no later than the expiration of the Appendix K authority..

Medication Technician Training Program (MTTP)/Medication Technician Training

The MTTP/Medication Technician requirements remain the same, with some exceptions. All staff who are responsible for administering medication must have medication administration training. DPSs who have taken and passed MTTP course may begin administering medications immediately and MTTP licenses current as of March 13, 2020, but expiring between March 13, 2020 and the end of the COVID-19 PHE, shall be temporarily extended. These temporary flexibilities will expire on June 30, 2023 as per the Department's communication regarding unwinding of PHE authorities, but no later than the expiration of the Appendix K authority.

Nursing Required Training

The Department will temporarily waive the requirement that a registered nurse receive training from DDA regarding delegating nursing. This flexibility will expire on June 30, 2023 as per the Department's communication regarding unwinding of PHE authorities, but no later than the expiration of the Appendix K authority.

Training in Participant's Person-Centered Plan (PCP), Nursing Care Plan, and Behavior Plan

All DPS must receive training on the participant's PCP, Nursing Care Plan, and Behavior Plan for whom they are rendering these services. Training on the PCP must consist of basic health and safety support needs for that participant, including, but not limited to, the aspiration, dehydration, constipation and seizures.

MANDT™ training requirements shall be temporarily suspended. This temporary training flexibility will expire on June 30, 2023 per the Department's communications regarding unwinding of PHE authorities, but no later than the expiration of the Appendix K authority. All DSP staff assigned to support an individual with a behavior support plan shall receive training on the plan by another DSP who has experience supporting the individual, or a supervisor, prior to working independently with the individual.

f. X 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.]

The following service rates may be increased up to 50% of the current rate for supporting participants that tested positive for the COVID-19 virus; and therefore, are required to be isolated. These services are Community Living - Group Home, Supported Living, Shared Living, Personal Supports, and Nursing Services (e.g.; Nurse Health Case Management & Delegation Services, Nurse Consultation, and Nurse Health Case Management).

In addition, the increased rate for isolation can be used, per DDA guidance, for the following reasons:

1. Isolation for someone who is symptomatic;
2. Isolation for someone who has been tested and is awaiting results;
3. Isolation for someone who has tested positive;
4. Isolation for someone who tested negative and still symptomatic;
5. Isolation for roommates that are waiting for the test results of another roommate that they have shared same caregiver and may have been exposed; and
6. Isolation for anyone who was just discharged from a hospital for any reason.

The changes to the isolation rate criteria will not reduce the number of providers eligible for the rate increase.

1. 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]

The Maryland Department of Health (the Department) is increasing the unduplicated count (Factor C) and reserved categories noted below due to more individuals needing support.

Community Support Waiver:

Transitioning Youth Reserved Category

WY 5 increase from 500 to 700

Factor C

WY 5 increase from 2880 to 3080

Community Pathways Waiver:

Court Involved Reserved Category

WY 4 increase from 10 to 15

WY 5 increase from 10 to 15

State Funded Reserved Category

WY 3 increase from 150 to 175

WY 4 increase from 150 to 175

WY 5 increase from 150 to 200

Factor C

WY 3 increase from 15,800 to 15,825

WY 4 increase from 15,800 to 15,830

WY 5 increase from 15,900 to 15,955

Appendix K Addendum: COVID-19 Pandemic Response

1. 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]*

Relatives and Legally Responsible Individuals (including spouses and parents of minor children)

Community Living - Group Home, Supported Living, Community Development Services, Personal Supports, or Nursing Services may be rendered by relatives or legally responsible individuals (including spouses and parents of minor children) when they have been hired by the participant self-directing or provider agency authorized on the PCP. Relatives and legally responsible individuals must receive training on the participant's PCP for whom they are rendering these services. Training on the PCP must consist of basic health and safety support needs for that participant including but not limited to the aspiration, dehydration, constipation and seizures.

In an effort to expedite service delivery during the pandemic, training requirements may be temporarily waived for family members willing to provide services to participants. This temporary waiver will expire on June 30, 2023 in keeping with the Department's communication regarding unwinding of PHE authorities, but no later than the expiration of the Appendix K authority.

The authority to hire and pay spouses and parents of minor children is for the duration of this Appendix K amendment.

Contact Person(s)

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

First Name:	Marlana
Last Name	Hutchinson
Title:	Director of Office of Long Term Services and Supports
Agency:	Maryland Department of Health (MDH)
Address 1:	201 West Preston Street
Address 2:	Room 134
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State	Maryland
Zip Code	21201
Telephone:	410-767-1443
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:	Rhonda
Last Name	Workman
Title:	Director of Federal Programs and Integrity
Agency:	MDH Developmental Disabilities Administration
Address 1:	201 West Preston Street
Address 2:	Click or tap here to enter text.
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Zip Code	21201
Telephone:	443-226-1539
E-mail	Rhonda.workman@maryland.gov
Fax Number	Click or tap here to enter text.

8. Authorized Signature

Signature: /S/	Date: 10/26/2023
State Medicaid Director or Designee	

First Name:	Tricia
Last Name	Roddy
Title:	Deputy Medicaid Director
Agency:	MDH Health Care Financing
Address 1:	201 West Preston Street
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