

**Maryland Medicaid Advisory Committee Monthly Waiver Reports  
January 2023**

<b>WAIVER AMENDMENTS</b>	<b>PURPOSE</b>	<b>COMMENTS</b>
<p>Appendix K (Autism, Brain Injury, Home and Community Based Options, MDC, and Model Waiver)</p>	<p>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.</p> <p>All waivers have an approved Appendix K based on needs created during the COVID-19 pandemic.</p>	<p>9/12/22 - CMS approved an additive Appendix K adding 200 waiver slots effective 7/1/22 - 6/30/23 for the Waiver for Children with Autism Spectrum Disorder.</p> <p>9/12/22 - CMS approved an additive Appendix K in order to allow individuals interested in applying for the Waiver for Adults with Brain Injury to be referred from private nursing facilities, in addition to the current entry points.</p> <p>11/22/22 - CMS approved an additive Appendix K for a temporary 4% rate increase for FY23 only in accordance with the eFMAP authorized through the American Rescue Plan Act.</p>
<p>Appendix K (Community Pathways, Community Supports, Family Supports Waivers)</p>	<p>The additive Appendix K relevant to the three HCBS Waivers operated by the DDA requests amendment to its approved waiver to implement provider rate increases resulting from the eFMAP.</p>	<p>8/30/22 - CMS approved the additive Appendix K to provide a 5.5% rate increase effective 4/1/21 for PT 41 providers for rate-based waiver services and a one-time 10% rate increase effective 1/1/22-3/31/22 for PT 41 and 36 providers for rate-based waiver services.</p> <p>10/26/22 - An additive Appendix K that will expand reserve capacity, extend provider qualification flexibilities, and end residential retainer payments was submitted to CMS for review and approval.</p> <p>12/16/22 - Responded to CMS' questions for the most recent additive Appendix K submitted on 10/26/22.</p> <p>12/22/22 - CMS sent additional questions. DDA is preparing a response.</p>

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<b>1915(c) WAIVER NAME</b>	<b>RENEWAL STATUS</b>
Medical Day Care Services	OLTSS has requested an extension to 3/22/23 to continue addressing a specific CMS concern in the waiver document.
Home & Community Based Options (HCBOW)	CMS has approved the waiver renewal application. The waiver is approved for five years (1/1/23 - 12/31/27).
1915(b)(4) Case Management Selective Contracting HCBOW	CMS has approved the waiver renewal application. The waiver is approved for five years (1/1/23 - 12/31/27).
Community Pathways Waiver, Community Supports Waiver, and Family Supports Waiver	The renewal applications for the three DDA-operated waivers are due to CMS on 6/30/23. OLTSS will submit the renewal applications to CMS in January 2023.
Model Waiver	The renewal application is due to CMS by 6/30/23. OLTSS is drafting the renewal application for submission in late January or early February 2023.

<b>1915(c) WAIVER NAME</b>	<b>372 Due Date</b>	<b>372 SUBMITTED</b>	<b>372 APPROVED BY CMS</b>
Family Supports, Community Supports, Model Waiver for Fragile Children, Community Pathways, Waiver for Children with Autism Spectrum Disorder, Brain Injury, Home & Community Based Options, and Medical Day Care Services	12/31/2022	The 372 report for each waiver program has been submitted to CMS as of 1/9/23.	Pending review and approval by CMS.
<b>1915(c) WAIVER NAME</b>	<b>EBR Due</b>	<b>EBR SUBMITTED</b>	<b>EBR APPROVED BY CMS</b>
Community Supports	10/17/22	Evidence based report was received on 6/10/22.	EBR submitted to CMS for review on 10/15/22.
Family Supports	10/17/22	Evidence based report was received on 6/10/22.	EBR submitted to CMS for review on 10/15/22.
Autism Waiver	10/17/22	Evidence based report was received on 6/10/22.	EBR submitted to CMS for review on 10/14/22.

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CMS Regulation	Due Date	Purpose	Comments
Settings Rule	Maryland's Statewide Transition Plan is due to CMS 4/30/22	The 2014 CMS Settings Rule establishes requirements for home and community-based (HCBS) programs. The purpose of the rule is to maximize the opportunities for HCBS program participants to have access to community living and services in the most integrated setting. All community settings providing HCBS services must be in compliance with the rule by 3/17/23.	The final Statewide Transition Plan (STP) was sent to CMS on 4/29/22. Feedback was received from CMS on 6/10/22. OLTSS held a technical assistance call with CMS on 7/18/22, and submitted a response to CMS on 8/26/22. CMS sent additional feedback and questions on 9/26/22. OLTSS submitted a response to CMS on 12/2/22. Additionally, on 12/1/22, OLTSS submitted a corrective action plan (CAP) request to CMS requesting additional time beyond 3/17/23. If the CAP is approved, certain non-compliant provider settings will have additional time to come into compliance with the settings rule. The settings team continues to assess provider compliance to prepare for the 3/17/23 deadline.