

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.¹ This appendix may be completed retroactively as needed by the state.

Appendix K-1: General Information

General Information:

A. State: Maryland

B. Waiver Title:

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:

Respectively: MD.0339.R04.11, MD.40198.R04.05, MD.0265.R06.02, MD.40118.R08.02, MD.0645.R03.02.

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 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; (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 notes the specific end dates of the temporary flexibilities incorporated into the base waiver and all other flexibilities ending effective November 11, 2023.

COVID-19 pandemic. This amendment will apply to 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:** Six (6) months post the end of the PHE

- G. Description of Transition Plan.**

All activities took 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.

- a. X 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.R04.09

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

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

These targeting criteria are temporarily waived for AW participants who would otherwise have transitioned out of coverage under the AW because of either:

- reaching the age of 21; or
- having completed their graduation requirements; therefore, no longer meeting the technical eligibility criteria for the program.

The targeting criteria flexibilities noted above will terminate on November 11, 2023.

b. X Services

i. ___ Temporarily modify service scope or coverage.

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

ii. X 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 temporarily exceeds service limitations for the following waivers:

Waiver for Children with Autism Spectrum Disorder MD.0339.R04.09

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

- additional 672 RC hours;
- additional 20 FC hours;
- additional 30 ALP hours; and
- additional 15 IISS hours per week.

For items 1 -3 above, the increase of hours will sunset on November 11, 2023. The flexibility to allow for an additional 15 IISS hours per week (i.e., item 4 above) will end on October 31, 2023, due to its permanent adoption to the base waiver via an amendment MD.0039.R04.10 effective November 1, 2023.

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 temporarily allows 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.R04.09:

The Department temporarily expands 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.

This temporary flexibility in the expansion of service provision settings will end on June 30, 2023. The state attest that ending the flexibility to provide services in alternate settings will not limit access to services for waiver participants.

Waiver for Adults with Brain Injury MD.40198.R04.01:

The Department temporarily allows the 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.

This temporary allowance flexibility to render day habilitation services in the participant's home will end on June 30, 2023. The state attest that ending the flexibility to provide services in alternate settings will not limit access to services for waiver participants.

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.R04.09:

The Department temporarily allows legally responsible individuals to be employed by the provider to provide care through Intensive Individual Support Services (IISS). In an effort to expedite service delivery during the pandemic, training requirements are waived for legally responsible individuals willing to provide services to participants. The Autism Waiver currently allows for family members.

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.

The above flexibility will end on October 31, 2023 due to its permanent adoption to the base waiver via an amendment MD.0039.R04.10 effective November 1, 2023.

Waiver for Adults with Brain Injury MD.40198.R04.01:

The Department temporarily allows 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.

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 following:

The ISS provider is paying the agreed upon rate to the family member, spouse, or other legally responsible individual who has been temporarily hired to provide ISS services to a participant who has chosen to return to a family home as part of social distancing efforts.

ISS services are defined under Maryland's currently approved Brain Injury waiver as: assistance or supervision provided to an individual to enable participation in the community, which may include, but are not limited to, supports involving: 1) budgeting, 2) counseling, 3) helping an individual to access and complete the individual's education or access or maintain a job or volunteer position, 4) participating in recreational and social activities, 5) accessing community services including transportation training, and 6) grocery shopping.

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

The Department will continue to pay ISS providers according to the established fee schedule to provide ISS services to participants who have returned home as part of social distancing efforts.

(link to fee schedule provided below).

<https://health.maryland.gov/mmcp/provider/Documents/PT%2023-19%20Fiscal%20Year%202020%20Rates%20for%20Brain%20Injury%20Waiver%20Services.pdf>

The Providers who have temporarily hired family members, spouses, or other legally responsible individuals, will in turn pay these temporary employees.

The aforementioned temporary flexibility will end on November 11, 2023.

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. 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].

Maryland reinvested 75 percent of its reinvestment dollars from the home and community-based services eFMAP under the section 9817 of the American Rescue Plan (ARP) Act of 2021. Maryland will apply a rate increase of 5.4 percent to reimbursement for services rendered to participants of the Brain Injury Waiver (Provider Type 86) and a rate increase of 5.2 percent to reimbursement of services rendered to participants of the Autism Waiver (Provider Type 40), Community Options Waiver (Provider Type 76), Medical Day Care Waiver (Provider Type 42) and Model Waiver (Provider Types 53 and 81). These increases will be applied to all provider types equally. The 5.2 and 5.4 percentage rate increases for the respective waivers will not vary by provider, service or region and will be effective November 1, 2021.

This methodology differed from the existing rate methodology in Appendix I of the approved 1915(c) Brain Injury Waiver, Autism Waiver, Community Options Waiver, Medical Day Care Waiver and Model Waiver applications in that Maryland will apply a rate increase of 5.4 or 5.2 percent in accordance with the eFMAP authorized through the ARP and as outlined in Maryland's spending plan to the rate determined by the current approved base rate methodology. This rate increase will not impact, or change in any way, Maryland's current approved base rate methodology for all of the above waivers, which addresses COLA.

This rate increase was built into the State's budget authority; as such, the rate increases are permanent and are reflected in waiver renewal applications and/or amendments as follows: effective January 1, 2023 waiver renewal MD.0265.R06.00; effective July 1, 2023 waiver renewal MD.40118.R08.00; effective July 1, 2023 waiver renewal MD.0645.R03.00; July 1, 2023 waiver amendment MD.40198.R04.03; and effective January 1, 2023 waiver amendment MD.0339.R04.08. The Appendix K authorized rate increases ended effective December 31, 2022 for MD.0265.R06.00; effective June 30, 2023 for MD.40118.R08.00; effective June 30, 2023 for MD.0645.R03.00; June 30, 2023 for MD.40198.R04.03; and effective December 31, 2022 for MD.0339.R04.08.

Maryland reinvested the remaining 25 percent of its reinvestment dollars from the Home and Community-Based Services eFMAP through the ARPA funding. The rate increases for the waiver providers included below are in accordance with the eFMAP authorized through the ARPA funding as outlined in Maryland's spending plan.

Maryland will apply an emergency one-time temporary rate increase of four (4) percent for reimbursement for all waiver services offered and rendered to participants during the four quarters of state fiscal year 2023 (July 1, 2022 through June 30, 2023) for the following programs:

- Autism Waiver (Provider Type 40),
- Community Options Waiver (Provider Type 76),
- Medical Day Care Waiver (Provider Type 42), and
- Model Waiver (Provider Types 42, 53, and 81).

The Model Waiver (Provider Types 42, 53 and 81) will receive an emergency one-time temporary rate increase of four (4) percent for reimbursement for all waiver services during the four quarters of SFY23 with the exception of the private duty nursing assessment service.

The Brain Injury Waiver (Provider Type 86) will receive an emergency one-time temporary rate increase of four (4) percent for reimbursement for all waiver services during the first quarter of state fiscal year 2023 (July 1, 2022 through September 30, 2022).

These increases will be applied to the aforementioned provider types and waiver services packages equally, aside from the aforementioned exceptions: 1) private duty nursing assessment under the Model Waiver, and 2) Brain Injury Waiver providers after September 30, 2022. Aside from the aforementioned exceptions, the four (4) percentage rate increases for the Autism Waiver, Community Options Waiver, Medical Day Care Waiver, and the Model Waiver will not vary by provider, service, or region and will be effective for the four (4) quarters of state fiscal year 2023 (July 1, 2022, through June

30, 2023); as long as the authority of the Appendix K is still in effect. If the Appendix K authority terminates prior to the end of state fiscal year 2023, the State will amend the base waiver to effectuate the rate increase for the full State fiscal year.

This methodology differs from the existing rate methodology in Appendix I of the approved 1915(c) Autism Waiver, Community Options Waiver, Medical Day Care Waiver and Model Waiver. Maryland will apply an emergency one-time temporary rate increase of four (4) percent in accordance with the eFMAP authorized through the ARPA and as outlined in Maryland's spending plan. The increase of four (4) percent will be applied to the current rates of reimbursement for services in the Autism Waiver, Community Options Waiver, Medical Day Care Waiver and Model Waiver. The increase of four (4) percent will be applied to the current rates of reimbursement for services in the Brain Injury Waiver for the first quarter of state fiscal year 2023 (July 1, 2022 through September 30, 2022). These rate increases will not impact, or change in any way, Maryland's current approved rate methodology for all the above waivers, which addresses COLA.

The aforementioned temporary increase sunset as noted above on September 30, 2022 for Brain Injury services and on June 30, 2023 for Autism Waiver, Community Options, Medical Day Care, and Model Waiver services. The State attests that unwinding of the Appendix K provider rate flexibility do not pose MOE violations as the currently approved base waiver provider rates are equivalent to or higher than what was in place as of April 1, 2021.

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.R08.01

Remote contact methods are temporarily utilized by case managers to verify with the participant or representative that the current assessment and services for the person-centered service plan with an upcoming expiration date are acceptable, which is verified by an electronic signature/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 ensures the service plan is modified to allow for additional supports and/or services to respond to the COVID-19 pandemic. The specificity of such supports and/or services including amount, duration, and scope is appended to the person-centered plan according to the date supports/services began. Additionally, the care coordinator is required to submit the request for additional supports/services no later than 30 days from the date they began.

Remote contact, electronic signature/verification, and modification of plan provisions have been incorporated in the base Waiver renewal approved by CMS effective July 1, 2023. The noted Appendix K flexibility ended on June 30, 2023.

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 requires a special indicator in the reporting format for any COVID-19 related incidents for all applicable Waivers.

The temporary requirement to add the aforementioned special indicator will end on November 11, 2023. The State will resume its customary reporting requirements, as prescribed in each waiver authority.

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 pays for retainer days:

Waiver for Children with Autism Spectrum Disorder MD.0339.R04.09

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.

The noted temporary flexibility allowing payment of up to 30 retainer days will end on June 30, 2023. Effective July 1, 2023, providers who have not accessed base Appendix K waiver retainer payments or have exhausted Appendix K retainer payments may access retainer payments as stipulated in the base waiver.

The state has a system in place to prevent duplicative billing of retainer payments

Waiver for Adults with Brain Injury MD.40198.R04.01:

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.

The noted temporary flexibility allowing payment of retainer days will end on June 30, 2023. Effective July 1, 2023, providers who have not accessed base Appendix K waiver retainer payments or have exhausted Appendix K retainer payments may access retainer payments as stipulated in the base waiver.

The state has a system in place to prevent duplicative billing of retainer payments

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.R04.09

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.

The above flexibility ended December 31, 2022. Effective January 1, 2023, the Department permanently added additional slots to the AW through an amendment to the base waiver. Reference: MD.0039.R04.08.

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.R04.09:

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 temporarily waives 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) Waive Provider Training Requirements

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

B) Waive Training Requirement Timeframes for Direct Support Staff

1. Expansion of the timeframe to complete the following required trainings for newly onboarded staff 1) Health Insurance Portability and Accountability Act (HIPAA); 2) Abuse, Neglect, and Exploitation; and 3) Positive Behavior Interventions, and 4) use of restraints.
2. Waive the requirement that Providers obtain three references as part of the onboarding process.
3. 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.
4. *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
5. *Attestation of Direct Support Staff Provider Qualifications* -
The Department will waive current requirements when they have already completed the same training requirements for their primary employer.

C. Waive Site Visit Requirements

1. Waive the site visit requirement for providers approved by DDA to provide Residential Habilitation services in order to facilitate their enrollment as providers under the Autism Waiver.

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

1. Waive the requirement that providers approved by DDA to provide Residential Habilitation services must completing these components of the Autism Waiver Provider Application Packet: General Conditions for Provider Participation Form
Business Plan
Proof of Liability Insurance
Written confirmation for applicable health, fire safety, and zoning regulations
Letter of Introduction to Family/Company Brochure
Proof of at least 3 years of experience in providing habilitation services to children with autism
Residential Habilitation Treatment Plan
Contact log form/data tracking for service documentation
CJIS Attestation Form

E. Waive New Direct Staff Requirements

Suspension of the requirements for new hires to possess a high school diploma, or a credential equivalency if they have a foreign diploma.

The aforementioned temporary flexibilities for provider qualifications will terminate on June 30, 2023. The state attest that the change will not cause limitations to the provider pool.

- 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 R.
Last Name Hutchinson
Title: Director, Office of Long Term Services and Supports
Agency: Maryland Department of Health (MDH)
Address 1: 201 West Preston Street
Address 2: Room 134
City Baltimore
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: Click or tap here to enter text.
Last Name Click or tap here to enter text.
Title: Click or tap here to enter text.
Agency: Click or tap here to enter text.
Address 1: Click or tap here to enter text.
Address 2: Click or tap here to enter text.
City Click or tap here to enter text.
State Click or tap here to enter text.
Zip Code Click or tap here to enter text.
Telephone: Click or tap here to enter text.
E-mail Click or tap here to enter text.
Fax Number Click or tap here to enter text.

8. Authorizing Signature

Signature: /S/

Date: 11/9/2023

State Medicaid Director or Designee

First Name: Ryan B.
Last Name Moran
Title: Deputy Secretary and Medicaid Director
Agency: MDH Health Care Financing
Address 1: 201 West Preston Street
Address 2:
City Baltimore
State Maryland
Zip Code 21201
Telephone: (410) 767-5343
E-mail ryan.moran@maryland.gov
Fax Number Click or tap here to enter text.

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):	
<p>Emergency Service Definition:</p> <p>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.</p> <p><u>Telephonic Services to be Provided by AMDCs</u></p> <p>AMDC providers will continue to provide a telephonic 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. The telephonic service rate will then decrease to 50 percent of the per diem rate effective October 1, 2021 and decrease again to 25 percent of the per diem rate effective December 1, 2021. After December 31, 2021, the telephonic day rate will terminate.</p> <p>In order to qualify for this day rate, AMDC providers must complete the following:</p> <ol style="list-style-type: none"> 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). 5. A participant/their designee may formally request that the AMCD provider only contact the participant on days that the participant would have otherwise received in-person services, as opposed to on a daily basis regardless of the number of approved service days, in accordance with the participant's medical order and authorized by the individual (e.g. the participant is authorized to receive three (3) days of AMDC services a week, if so requested, the AMDC provider will only contact that participant three (3) times that week as opposed to seven (7) times a week). This formal request must be documented and retained for audit purposes. AMDC providers will complete the form required by OHCQ only on the days they contact the participant in alignment with the participant's service plan. Providers will continue to only bill for the total number of a days a week that a participant is authorized to receive and services rendered. <p><u>The Following Controls are in Place to Ensure the Safety of the Individual</u></p> <ol style="list-style-type: none"> 1. AMDC providers are required to have daily contact with participants (unless the participant/their designee requests to only be contacted on approved service days, in accordance with the participant's medical order) and assess the health, welfare, and safety of participants. This information is captured on the form issued by 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 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.

Effective May 1, 2023, the Department will return to the original definition of the Medical Day Care service in its base waiver application.

The approved Appendix K allowed Adult Medical Day Care (AMDC) providers to bill for an administrative, telephonic service day rate in alignment with the number of days approved and rendered for each participant as long as providers adhered to all other program requirements.

On March 13, 2023, the State provided notice of its intent to sunset the administrative day rate on May 1, 2023, with the last applicable billing allowed on April 30, 2023. This is in keeping with the CMS approval of the administrative day rate being in effect until future Departmental notice.

The noted temporary flexibility allowing applicable billing will end on April 30, 2023.

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

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

Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
Provider Qualifications (provide the following information for each type of provider):				
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)	
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	
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 (check each that applies):	<input type="checkbox"/>	Participant-directed as specified in Appendix E	X	Provider managed

