

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

C. Control Number(s):

MD.0339.R04.06

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

<input checked="checked" type="radio"/>	Pandemic or Epidemic
<input type="radio"/>	Natural Disaster
<input type="radio"/>	National Security Emergency
<input type="radio"/>	Environmental
<input type="radio"/>	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 additive amendment Appendix K is to authorize an increase to Factor C for the Autism Waiver (AW) due to the COVID-19 pandemic. Maryland Medicaid (the Department) will increase Factor C for the AW by adding 200 slots effective July 1, 2022 through June 30, 2023, but not to exceed the end date of the Appendix K. The state will also amend the base waiver as necessary prior to the end of the Appendix K.

This amendment will apply program-wide for each waiver included in this Appendix, and specifically all providers impacted by COVID-19 virus or the response to it.

- F. Proposed Effective Date: Start Date:** March 1, 2020 **Anticipated End Date:** Six months post the end of the public health emergency (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:**

https://memm.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.

I. 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]

Under the Public Health Emergency (PHE) related to the COVID-19 pandemic, a Maintenance of Effort (MOE) requirement was put in place. Under the MOE, states are required to continue to provide individuals at least the same level of coverage that they were receiving the day the PHE was declared, for the remainder of the PHE.

This additive Appendix K will increase the Factor C for the AW. Increasing factor C by 200 slots beginning July 1, 2022 through June 30, 2023; but not to exceed the end date of the Appendix K, will allow the Department to continue to comply with MOE requirements. The State will amend the base waiver as necessary prior to the end of the Appendix K.

Prior to the PHE and MOE being in place, individuals enrolled in the AW who turned 21 years of age were transitioned out of AW into services provided by the Developmental Disabilities Administration (DDA).

However, with the PHE and MOE still in place; as well other factors impacting the capacity to transition individuals from AW to DDA services, (i.e., COVID-19 related program closures; continued delays in fully reopening DDA facilities and staffing shortages; as well as the continued threat of COVID-19 infection) the Factor C must be increased in order to assure that individuals enrolled in the AW continue to receive services.

The Department anticipates that the aforementioned issues impacting DDA's functioning; and thereby, the capacity of the Department to successfully transition individuals who age-out of the AW, will continue until six months following the end of the PHE.

Contact Person(s)

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

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Last Name	Hutchinson
Title:	Director, Office of Long Term Services and Supports
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State	Maryland
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Fax Number	410-333-6547

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

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

8. Authorizing Signature

Signature: /S/	Date: 8/17/2022
State Medicaid Director or Designee	

First Name:	Tricia
Last Name	Roddy
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Address 1:	201 West Preston Street
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