

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.R04.02, MD.40198.R03.02, MD.0265.R05.03, MD.40118.R07.02, and MD.0645.R02.02

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 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, it allows Adult Medical Day Care (AMCD) participants to elect and authorize to be contacted by providers only on the days of the week that they would have received in-person services as opposed to on a daily basis. Formal documentation of the request and authorization by participants to be contacted only on service days, instead of on a daily basis, will be required. AMDC providers will be allowed to bill for the telephonic service day rate in alignment with the number of days approved and rendered for each individual participant as long as providers adhere to all other program requirements.

This Appendix K also extends the timeframe for submission of the CMS 372s and the evidentiary package(s). It also incorporates additional flexibilities regarding the collection of data for performance measures other than those identified for Health and Welfare.

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://mem.aryland.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

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 timeframes for the submission of the CMS 372s and the evidentiary package(s) will be extended as needed pursuant to the emergency. In addition, the state may suspend the collection of data for performance measures other than those identified for the Health and Welfare assurance and notes that as a result the data will be unavailable for this time frame in ensuing reports due to the circumstances of the pandemic.

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
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: 9/28/2020
State Medicaid Director or Designee	

First Name:	Tricia
Last Name	Roddy
Title:	Assistant Medicaid Director
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.rodny@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 (AMCD) 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).
- 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.

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

- 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,

Service Specification

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.

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	
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