

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.R04.04, MD.40198.R03.03, MD.0265.R05.04, MD.40118.R07.03, and MD.0645.R02.03

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 amendment to the approved Appendix K extends the termination date to six (6) months following the end of the COVID-19 Public Health Emergency (PHE). This extension is in recognition of the uncertainties associated with the period of time in which the COVID-19 PHE will be in effect.

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: 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:***

https://mema.maryland.gov/Documents/SROP_V3_03_MAR-15.pdf++

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

8. Authorizing Signature

Name: /S/	Date: 1/6/2021

First Name:	Tricia
Last Name	Roddy
Title:	Acting Medicaid Director
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Address 1:	201 West Preston Street
Address 2:	Room 224
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Zip Code	21201
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