

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 Adults with Brain Injury

C. Control Number(s):

MD.40198.R04.01

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.

COVID-19 pandemic. This is an additive to the approved Appendix K in order to allow individuals interested in applying to the Waiver for Adults with Brain Injury (Brain Injury Waiver) to be referred from private nursing facilities, in addition to the current approved entry points. This additive amendment will apply waiver-wide and to all individuals impacted by the virus or the response to the virus (e.g. closure of waiver entry points as noted in the approved waiver application) who would otherwise meet eligibility criteria.

- 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://mema.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.

a. X Access and Eligibility:

ii. X Temporarily modify additional targeting criteria.

[Explanation of changes]

In order to participate in the Brain Injury (BI) Waiver, individuals must be discharged from a stay in a State psychiatric hospital that is determined to be inappropriate, including individuals funded in community placements by the Department's Behavioral Health Administration with all-state funds, or from a Medicaid placement in an out-of-state facility or from a nursing facility owned and operated by the state, or from a Maryland licensed Special Hospital for Chronic Disease with Commission on Accreditation of Rehabilitation Facilities (CARF) Accreditation for inpatient brain injury rehabilitation.

The Department will temporarily waive the requirement that restricts transitions from privately owned nursing facilities; thereby, allowing private nursing facilities to serve as an entry point for individuals to meet BI Waiver technical eligibility, effective August 1, 2022 through six months following the end of the PHE.

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
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: 8/1/2022

State Medicaid Director or Designee

First Name: *Tricia*
Last Name *Roddy*
Title: Deputy 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