

# 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.<sup>1</sup> This appendix may be completed retroactively as needed by the state.

## Appendix K-1: General Information

### General Information:

A. State: Maryland

B. Waiver Title:

Family Supports, Community Supports, and, Community Pathways Waivers

C. Control Number:

Family Supports (MD.1466.R01.06), Community Supports (MD.1506.R01.06), and Community Pathways (MD.0023.R07.07)

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):            |

**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 13, 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 waivers 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

## Contact Person(s)

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

|                    |   |
|--------------------|---|
| <b>First Name:</b> | Marlana   |
| <b>Last Name</b>   | Hutchinson  |
| <b>Title:</b>      | Director of Office of Long Term Services and Supports |
| <b>Agency:</b>     | Maryland Department of Health                         |
| <b>Address 1:</b>  | 201 West Preston Street                               |
| <b>Address 2:</b>  | Room 134  |
| <b>City</b>        | Baltimore   |
| <b>State</b>       | Maryland  |
| <b>Zip Code</b>    | 21201   |
| <b>Telephone:</b>  | 410-767-1443  |
| <b>E-mail</b>      | marlana.hutchinson@maryland.gov                       |
| <b>Fax Number</b>  | 410-333-6547  |

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

|                    |   |
|--------------------|---|
| <b>First Name:</b> | Rhonda                                    |
| <b>Last Name</b>   | Workman                                   |
| <b>Title:</b>      | Director of Federal Programs              |
| <b>Agency:</b>     | Developmental Disabilities Administration |
| <b>Address 1:</b>  | 201 West Preston Street                   |
| <b>Address 2:</b>  | Click or tap here to enter text.          |
| <b>City</b>        | Baltimore                                 |
| <b>State</b>       | Maryland                                  |
| <b>Zip Code</b>    | 21201                                     |
| <b>Telephone:</b>  | 410-767-8690                              |
| <b>E-mail</b>      | Rhonda.workman@maryland.gov               |
| <b>Fax Number</b>  | Click or tap here to enter text.          |

## 8. Authorizing Signature

**Signature:** /S/

**Date:** 1/6/2021

\_\_\_\_\_  
State Medicaid Director or Designee

|                    |                               |
|--------------------|-------------------------------|
| <b>First Name:</b> | Tricia                        |
| <b>Last Name</b>   | Roddy                         |
| <b>Title:</b>      | Acting Medicaid Director      |
| <b>Agency:</b>     | Maryland Department of Health |
| <b>Address 1:</b>  | 201 West Preston Street       |
| <b>Address 2:</b>  | Room 224                      |
| <b>City</b>        | Baltimore                     |
| <b>State</b>       | Maryland                      |
| <b>Zip Code</b>    | 21201                         |
| <b>Telephone:</b>  | 410-767-5809                  |