

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:

State: Maryland

B. Waiver Title(s):

(1) Waiver for Adults with Brain Injury; (2) Waiver for Children with Autism Spectrum Disorder; (3) Home and Community-Based Options Waiver; (4) Home Care for Disabled Children Under a Model Waiver; and (5) Medical Day Care Services Waiver

C. Control Number(s):

Respectively: MD.40198.R03.04, MD.0339.R04.05, MD.0265.R05.05, MD.40118.R07.04, and MD.0645.R02.06

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 additive Appendix K is to authorize a rate increase for all providers who render waiver services to participants of the Waiver for Adults with Brain Injury ("Brain Injury Waiver"), Waiver for Children with Autism Spectrum Disorder ("Autism Waiver"), Home and Community-Based Options Waiver ("Community Options Waiver"), Medical Day Care Services Waiver ("Medical Day Care Waiver"), and Home Care for Disabled Children Under a Model Waiver ("Model Waiver"), effective November 1, 2021.

This methodology differs from the existing rate methodology in Appendix I of the approved 1915(c) Brain Injury Waiver, Autism Waiver, Community Options Waiver, Medical Day Care Waiver and Model Waiver in that Maryland will apply a rate increase of 5.4 or 5.2 percent in accordance with the enhanced Federal Medical Assistance Percentage (eFMAP) authorized through the American Rescue Plan Act (ARP) and as outlined in Maryland's spending plan. An increase of 5.4 percent will be applied to the current rates of reimbursement for services in the Brain Injury Waiver. An increase of 5.2 percent will be applied to the current rates of reimbursement for services in the Autism Waiver, Community Options Waiver, Medical Day Care Waiver and Model Waiver. These rate increases will not impact, or change in any way, Maryland's current approved rate methodology for all of the above waivers, which addresses Cost of Living Adjustments (COLA).

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

- 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 all waivers included in this Appendix, and specifically all providers impacted by the COVID-19 virus.

- I. Description of State Disaster Plan (if available)** *Reference to external documents is acceptable:*

https://memama.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.

f. X Temporarily increase payment rates.

[Provide an explanation for the increase. List the provider types, rates by service, and specify whether this change is based on a rate development method that is different from the current approved waiver (and if different, specify and explain the rate development method). If the rate varies by provider, list the rate by service and by provider.]

Maryland is reinvesting 75 percent of its reinvestment dollars from the home and community-based services eFMAP under the section 9817 of the American Rescue Plan (ARP) Act of 2021. Maryland will apply a rate increase of 5.4 percent to reimbursement for services rendered to participants of the Brain Injury Waiver (Provider Type 86) and a rate increase of 5.2 percent to reimbursement of services rendered to participants of the Autism Waiver (Provider Type 40), Community Options Waiver (Provider Type 76), Medical Day Care Waiver (Provider Type 42) and Model Waiver (Provider Types 53 and 81). These increases will be applied to all provider types equally. The 5.2 and 5.4 percentage rate increases for the respective waivers will not vary by provider, service or region and will be effective November 1, 2021.

This methodology differs from the existing rate methodology in Appendix I of the approved 1915(c) Brain Injury Waiver, Autism Waiver, Community Options Waiver, Medical Day Care Waiver and Model Waiver applications in that Maryland will apply a rate increase of 5.4 or 5.2 percent in accordance with the eFMAP authorized through the ARP and as outlined in Maryland's spending plan to the rate determined by the current approved base rate methodology. This rate increase will not impact, or change in any way, Maryland's current approved base rate methodology for all of the above waivers, which addresses COLA.

These rate increases will extend through the end date of this Appendix K and after the expiration of the Appendix K, be included in the applicable 1915(c) waivers via an amendment.

Appendix K Addendum: COVID-19 Pandemic Response

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 W. Preston Street
Address 2:	Rm 134
City	Baltimore
State	Maryland
Zip Code	21201
Telephone:	(410) 767-1443
E-mail	marlana.hutchinson@maryland.gov
Fax Number	

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: 11/18/2021
State Medicaid Director or Designee	

First Name:	Tricia
Last Name	Roddy
Title:	Deputy Medicaid Director, Health Care Financing
Agency:	Maryland Department of Health
Address 1:	201 W. Preston Street
Address 2:	2nd Floor
City	Baltimore
State	Maryland
Zip Code	21201
Telephone:	(410) 767-5809
E-mail	tricia.rodgy@maryland.gov
Fax Number	

