

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.ⁱ This appendix may be completed retroactively as needed by the state.

Appendix K-1: General Information

General Information:

A. State: MAINE

B. Waiver Title:

Home and Community Based Services for Adults with Intellectual Disabilities or Autism Spectrum Disorder (ME 0159),
Home and Community Based Services for Adults with Brain Injury (ME 1082), and
Elderly and for Adults with Disabilities (ME 0276).

C. Control Number:

ME.0159.R07.07
ME.1082.R01.07
ME.0276.R05.07

D. Type of Emergency (The state may check more than one box):

<input 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):

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.

On January 31, 2020, the Secretary of the United States Department of Health and Human Services declared a public health emergency due to COVID-19. On March 13, 2020, the President of the United States declared the 2019 coronavirus (COVID-19) a nationwide emergency pursuant to Sec 501(b) of the Stafford Act. The Section 21, Home and Community Based Services for Adults with Intellectual Disabilities or Autism Spectrum Disorder (ME 0159), 1915(c) waiver serves some of the most vulnerable individuals within the State of Maine. Several factors present increased risk to this population including underlying health conditions, congregate housing within residential settings, and difficulty engaging in social distancing mandates due to reliance on support from staff and others for basic needs and to follow infection control procedures. Potential increased workforce shortages resulting from illness of frontline care staff and/or family caregivers will surely lead to greater crisis for the served population. Maine seeks temporary changes to the aforementioned waiver to mitigate the current risks, to allow flexibility in service delivery systems, and to ultimately ensure that participant health and safety needs are accommodated throughout the state of emergency.

The pandemic has impacted the delivery of the Family Centered Support services. In this additive submission Maine seeks to increase the reimbursement rates for Family Centered Support services pursuant to a special session of the Maine State Legislature.

Additionally, Maine seeks the flexibility to delay 372 reporting, evidence/quality reporting, and to suspend the collection of data, other than Health and Welfare reporting, through six months after the end of federal state of emergency within ME.0276 and ME.1082 waiver authorities.

F. Proposed Effective Date: Start Date: March 1, 2020 with End Date: Six months after the conclusion the federal Public Health Emergency

G. Description of Transition Plan.

All transition 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:*

Maine's State Disaster Plan (called the State Comprehensive Emergency Management Plan) is maintained by the Maine Emergency Management Agency and can be found here: <https://www.maine.gov/mema/maine-prepares/plans-trainings-exercises/planning>

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. ___ Access and Eligibility:

i. ___ Temporarily increase the cost limits for entry into the waiver.

[Provide explanation of changes and specify the temporary cost limit.]

ii. ___ Temporarily modify additional targeting criteria.

[Explanation of changes]

b. ___ Services

i. ___ Temporarily modify service scope or coverage.

[Complete Section A- Services to be Added/Modified During an Emergency.]

ii. ___ Temporarily exceed service limitations (including limits on sets of services as described in Appendix C-4) or requirements for amount, duration, and prior authorization to address health and welfare issues presented by the emergency.

[Explanation of changes]

iii. ___ Temporarily add services to the waiver to address the emergency situation (for example, emergency counseling; heightened case management to address emergency needs; emergency medical supplies and equipment; individually directed goods and services; ancillary services to establish temporary residences for dislocated waiver enrollees; necessary technology; emergency evacuation transportation outside of the scope of non-emergency transportation or transportation already provided through the waiver).

[Complete Section A-Services to be Added/Modified During an Emergency]

iv. ___ Temporarily expand setting(s) where services may be provided (e.g. hotels, shelters, schools, churches) Note for respite services only, the state should indicate any facility-based settings and indicate whether room and board is included:

[Explanation of modification, and advisement if room and board is included in the respite rate]:

v. ___ Temporarily provide services in out of state settings (if not already permitted in the state's approved waiver). [Explanation of changes]

c. ___ Temporarily permit payment for services rendered by family caregivers or legally responsible individuals if not already permitted under the waiver. Indicate the services to which this will apply and the safeguards to ensure that individuals receive necessary services as authorized in the plan of care, and the procedures that are used to ensure that payments are made for services rendered.

d. ___ Temporarily modify provider qualifications (for example, expand provider pool, temporarily modify or suspend licensure and certification requirements).

i. ___ Temporarily modify provider qualifications.

[Provide explanation of changes, list each service affected, list the provider type, and the changes in provider qualifications.]

ii. ___ Temporarily modify provider types.

[Provide explanation of changes, list each service affected, and the changes in the provider type for each service].

iii. ___ Temporarily modify licensure or other requirements for settings where waiver services are furnished.

[Provide explanation of changes, description of facilities to be utilized and list each service provided in each facility utilized.]

e. ___ Temporarily modify processes for level of care evaluations or re-evaluations (within regulatory requirements). [Describe]

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].

Effective July 1, 2021, certain reimbursement rates will be temporarily increased by 5.84 percent (%) to comply with emergency legislative directive P.L. 2021, ch. 29 (emergency, effective July 1, 2021).

The rate setting methodology is not changed. The rates for Family Centered Support (ME.0159) are increased temporarily by the percentage indicated above.

T2016 U5	Family-Centered Support- One member served
T2016 TG U5	Family-Centered Support- One member served- increased level of support
T2016 UN U5	Family-Centered Support- Two members served
T2016 UN TG U5	Family-Centered Support- Two members served- increased level of support
T2016 UP U5	Family-Centered Support- Three members served
T2016 UP TG U5	Family-Centered Support- Three members served- increased level of support
T2016 UQ U5	Family-Centered Support- Four members served-
T2016 UQ TG U5	Family-Centered Support- Four members served- increased level of support
T2016 UR U5	Family-Centered Support- Five or more members served
T2016 UR TG U5	Family-Centered Support- Five or more members served- increased level of support

g. ___ Temporarily modify person-centered service plan development process and individual(s) responsible for person-centered service plan development, including qualifications.

[Describe any modifications including qualifications of individuals responsible for service plan development, and address Participant Safeguards. Also include strategies to ensure that services are received as authorized.]

h. ___ Temporarily modify incident reporting requirements, medication management or other participant safeguards to ensure individual health and welfare, and to account for emergency circumstances. [Explanation of changes]

i. ___ Temporarily allow for payment for services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay when necessary supports (including communication and intensive personal care) are not available in that setting, or when the individual requires those services for communication and behavioral stabilization, and such services are not covered in such settings.

[Specify the services.]

j. ___ Temporarily include retainer payments to address emergency related issues.

[Describe the circumstances under which such payments are authorized and applicable limits on their duration. Retainer payments are available for habilitation and personal care only.]

k. ___ Temporarily institute or expand opportunities for self-direction.

[Provide an overview and any expansion of self-direction opportunities including a list of services that may be self-directed and an overview of participant safeguards]

l. ___ Increase Factor C.

[Explain the reason for the increase and list the current approved Factor C as well as the proposed revised Factor C]

m. ☒ 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]

For ME.1082 and ME.0276, 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 timeframe 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: Thomas
Last Name Leet
Title: Long Term Services and Supports Manager
Agency: Office of MaineCare Services
Address 1: 109 Capitol Street
Address 2: SHS 11
City Augusta
State ME
Zip Code 04333
Telephone: 207.624.4068
E-mail Thomast.leet@maine.gov
Fax Number Click or tap here to enter text.

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:

Date: September 3, 2021

_____/S/_____
State Medicaid Director or Designee

First Name: *Michelle*
Last Name *Probert*
Title: Director
Agency: Office of MaineCare Services
Address 1: 109 Capitol Street
Address 2: SHS 11
City Augusta
State ME
Zip Code 04333
Telephone: 207.287.2093
E-mail Michelle.probert@maine.gov
Fax Number Click or tap here to enter text.

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:						
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>						
Service Definition (Scope):						
Specify applicable (if any) limits on the amount, frequency, or duration of this service:						
Provider Specifications						
Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:		<input type="checkbox"/>	Agency. List the types of agencies:	
Specify whether the service may be provided by (check each that applies):		<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian	
Provider Qualifications (provide the following information for each type of provider):						
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)			
Verification of Provider Qualifications						
Provider Type:	Entity Responsible for Verification:			Frequency of Verification		
Service Delivery Method						
Service Delivery Method (check each that applies):	<input type="checkbox"/>	Participant-directed as specified in Appendix E			<input type="checkbox"/>	Provider managed



ⁱ Numerous changes that the state may want to make 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; (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.