

APPENDIX K: Emergency Preparedness and

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 Brain Injury (ME 1082), Elderly and for Adults with Disabilities (ME 0276), Home and Community Based Services for Adults with Other Related Conditions (ME 0995), Home and Community Based Services for Adults with Intellectual Disabilities or Autism Spectrum Disorder (ME 0159), and Support Services for Adults with Intellectual Disabilities or Autism Spectrum Disorder (ME0467).

C. Control Number:

ME.1082. R01.11
ME.0276. R05.11
ME.0995. R01.13
ME.0159. R07.11
ME.0467. R03.04

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.

In this additive submission, effective January 1, 2023, all waiver service reimbursement rates under ME.1082, ME.0995, ME.0275, ME.0467, and ME.0159 are increased to comply with PL 2021, ch. 398, Part AAAA, *An Act Making Unified Appropriations and Allocations for the Expenditures of State Government, General Fund and Other Funds and Changing Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Years Ending June 30, 2021, June 30, 2022 and June 30, 2023*. These service reimbursement rates will receive an adjustment equal to the percentage increase in the state minimum wage as set by the Department of Labor.

F. Proposed Effective Date: Start Date: March 1, 2020 with an Anticipated End Date of: Six Months after the conclusion of 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 apply across all waivers, for direct and indirect impacts from 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.

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].

ME.1082, ME.0995, ME.0159, ME.0276 and ME.0467

Effective January 1, 2023, all waiver service reimbursement rates will be temporarily increased by 8.24% to ensure that the labor components of the rates continue to equal at least 125% of the state's minimum wage and to be competitive and adequate to support appropriate service delivery. The State plans to incorporate these rate increases into future waiver amendments by submitting waiver amendments to the base waivers prior to the expiration of the Appendix K.

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 St
Address 2: Click or tap here to enter text.
City Augusta
State ME
Zip Code 04333
Telephone: 207.624.4068
E-mail Thomas.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: 12/7/2022

/s/

State Medicaid Director or Designee

First Name: *Michelle*

Last Name *Probert*

Title: Director

Agency: Office of MaineCare Services

Address 1: 109 Capitol St

Address 2: Click or tap here to enter text.

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

