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 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:

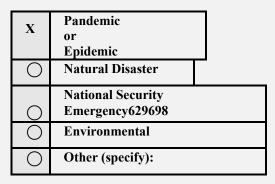
- A. State: <u>Maryland</u>
- **B** Waiver Title:

Family Supports, Community Supports, and Community Pathways Waivers

C. Control Number:

Family Supports (MD.1466.R01.07), Community Supports (MD.1506.R01.07), and Community Pathways (MD.0023.R07.08)

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



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 will: (1) authorize a 5.5 percent rate increase to services billed through the DDA's Provider Consumer Information System (PCIS2) effective April 1, 2021; and (2) authorize a one-time 10 percent emergency rate increase to providers for services billed from January 1, 2022 through March 31, 2022 through PCIS2 and LTSS*Maryland*. Note: PCIS2 is an internet-enabled database application that is accessed by providers, regional offices, headquarters staff and other authorized users. Providers that bill through PCIS2 are classified in the Maryland Medicaid system as a status 41 provider. LTSS*Maryland* is the new information and billing system. Providers that bill through LTSS*Maryland* are classified in the Maryland Medicaid system as a status 36 provider.

This methodology differs from the existing rate methodology in Appendix I of the approved 1915(c) Community Pathways Waiver, Community Supports Waiver, and Family Supports Waiver in that Maryland will apply a rate increase of 5.5 percent and a one-time 10 percent emergency rate increase in accordance with the enhanced Federal Medical Assistance Percentage (eFMAP) authorized through the ARP and as outlined in Maryland's spending plan. These rate increases will not impact, or change in any way, Maryland's current rate methodology for all of the above waivers, which addresses Cost of Living Adjustments (COLA).

The state will amend the Community Pathways, Community Supports, and Family Supports base waivers to include the rate increase prior to the expiration of the Appendix K additive amendment with the 5.5 percent increase, and the one-time 10 percent emergency rate increase if the funds are not yet exhausted.

F. Proposed Effective Date: Start Date: <u>March 13, 2020</u> Anticipated End Date: <u>Six (6) months</u> 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

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

Maryland is investing 75 percent of its reinvestment dollars from the HCBS eFMAP through the American Rescue Plan Act (ARP). Maryland applied a rate increase of 5.5 percent to reimbursement for services billed through PCIS2, and a retroactive one-time emergency rate increase of 10 percent to reimbursement for all rate-based waiver services billed through PCIS2 and LTSS*Maryland*.

The 5.5 percent increase in rate reimbursement will be the same for all waiver service providers status 41; those who bill through the PCIS2 system. The 5.5 percent increase was applied to all rate-based services and excluded the following services: Assistive Technology and Services; Environmental Modifications; Family Caregiver, Training, and Empowerment Services; Individual and Family Directed Good and Services; Live-In Caregiver Supports; Participant Education, Training, and Advocacy Supports; Remote Support Services; Respite (Camp); Support Broker; Transition Services; Transportation; and Vehicle Modifications. The 5.5 percent rate increase will extend through the end date of this Appendix K amendment and after the expiration of the Appendix K, will be included in the applicable 1915(c) waivers via an amendment if the funds are not exhausted. The rate increase is effective April 1, 2021.

The one-time 10 percent emergency rate increase will be the same for all waiver service providers status 41; those who billed through PCIS2 and provider status 36; those who billed through LTSS*Maryland*. The one-time 10 percent rate increase will apply to all rate-based waiver services and exclude the following services: Assistive Technology and Services; Environmental Modifications; Family Caregiver, Training, and Empowerment Services; Individual and Family Directed Good and Services; Live-In Caregiver Supports; Participant Education, Training, and Advocacy Supports; Remote Support Services; Respite (Camp); Support Broker; Transition Services; Transportation; and Vehicle Modifications, billed between January 1, 2022, and March 31, 2022.

The provider status indicates the route to reimbursement through the Medicaid Management Information System or MMIS. DDA providers status 36, are those who are reimbursed through adjudication with MMIS through LTSSMaryland; while the remaining DDA providers status 41, are reimbursed through adjudication with MMIS through PCIS2.

This methodology differs from the existing rate methodology in Appendix I of the approved 1915(c) Community Pathways Waiver, Community Supports Waiver, and Family Supports Waiver applications in that Maryland will apply a rate increase of 5.5 percent effective April 1, 2021 and a one-time 10 percent emergency rate increase effective January 1, 2022 through March 31, 2022, in accordance with the eFMAP authorized through the ARP and as outlined in Maryland's spending plan. This rate increase will not impact, or change in any way, Maryland's current rate methodology for all of the above waivers, which addresses COLA.

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
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Zip Code	21201
Telephone:	410-767-1443
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Fax Number	410-333-6547

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

First	Rhonda
Name:	Kilondu
	XX7 1
Last	Workman
Name	
Title:	Director of Federal Programs and Integrity
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1:	
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2:	
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State	Maryland
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Telephone	410-767-8690
:	
E-mail	Rhonda.workman@maryland.gov
Fax	Click or tap here to enter text.
Number	

8. Authorizing Signature

Signature: /S/

Date: 4/27/2022

State Medicaid Director or Designee

First Name:	Tricia
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