

# 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.<sup>1</sup> 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:**

A. State:  Maryland

B. Waiver Title(s): Waiver for Children with Autism Spectrum Disorder

C. Control Number(s): MD.0339.R04.03

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

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<sup>1</sup> 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.

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 Appendix K is an additive to the approved Appendix K. This Appendix K is modifying flexibilities outlined for the Waiver for Children with Autism Spectrum Disorder that include: decreasing minimum billing requirement for Therapeutic Integration services; modifying the age and education requirements for family members in order to be hired by qualified providers as Direct Support Staff; and extending the timeframe for the required *hands-on in-person* portion of the Positive Behavior Intervention/Use of Restraints trainings.

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 1, 2020 Anticipated End Date: February 28, 2021**

**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 waiver to all individuals impacted by the COVID-19 virus

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

[https://mema.maryland.gov/Documents/SROP\\_V3\\_03\\_MAR-15.pdf](https://mema.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.*

**b. X Services**

**ii \_X\_ 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]

The Department will temporarily exceed service limitations for the following waivers in keeping with the time frame designated in Section F of the General Information section of this document unless otherwise specified.

**Waiver for Children with Autism Spectrum Disorder MD.0339.R04.03**

The Department will increase hours of care for: Respite Care (RC), Family Consultation (FC), Adult Life Planning (ALP), and Intensive Individual Support Services (IISS) by the following increments:

- 1) additional 672 RC hours;
- 2) additional 20 FC hours;
- 3) additional 30 ALP hours; and
- 4) additional 15 IISS hours per week.

These additions are maximum hours that a participant could receive, and additional allocations up to these new ceilings will be evaluated on a case-by-case basis.

When/if schools reopen; the need for additional support may remain as participants may experience regression due to significant disruptions and will require additional in-home and community services to transition and return to routine.

**Therapeutic Integration**

The Department will decrease the minimum billing requirement for Therapeutic Integration (TI) and Intensive Therapeutic Integration (ITI) to allow for those services to be billed and reimbursed at a minimum of one (1) 30-minute increment unit to accommodate for participants' ability to participate in therapy under the current circumstances.

These service limitation modifications will have a termination date in accordance with Section F of the General Information section of this document.

**Waiver for Adults with Brain Injury MD.40198.R03.03**

Increase Individual Support Services daily limit to 24 hours if needed.

**Community Options MD.0265.R05.04**

Current limit of respite care days is 14 in 12 calendar months. The Department will increase this limit by 16 additional days (for a total of 30 days) with a termination date in accordance with Section F of the General Information section of this document.

**4. Provider Qualifications**

- a.  Allow spouses and parents of minor children to provide personal care services
- b.  Allow a family member to be paid to render services to an individual.
- c.  Allow other practitioners in lieu of approved providers within the waiver. *[Indicate the providers and their qualifications]*

### **Waiver for Children with Autism Spectrum Disorder MD.0339.R04.03:**

The Department anticipates that workforce shortages related to the COVID-19 State of Emergency will impact the number of providers available to provide services under the Autism Waiver. Autism Waiver providers fall under Maryland's designation provider type-40 (PT-40), and are the only providers authorized to offer, render, or bill for services under the Autism Waiver. In order to assure that Autism Waiver participants continue to receive care; the Department will temporarily modify certain provider qualifications that would typically be required in order to hire direct service staff. This temporary modification of provider qualifications will only apply to family members of Autism Waiver participants. Specifically, the Department is suspending the following requirements for new hires:

Possession of a high school diploma, or a credential equivalency if they have a foreign diploma.

The modification of these qualifications means that the Department will allow family members who are 16 years old and above, to be employed by the participant's approved provider upon completion of a successful CJIS background check, Reportable Event Policy Training, Health Insurance Portability and Accountability Act (HIPAA) Training, training on a participant's Treatment Plan, and training on participant's Emergency Protocol if applicable.

Parents or legal guardians seeking to provide direct care to their children may be hired by the participant's approved provider, for Intensive Individual Support Services (IISS) only, upon completion of successful CJIS background check.

The Department will allow providers that are currently approved by the Developmental Disabilities Administration (DDA) to provide Residential Habilitation services. The provider qualifications the Department will temporarily modify include training requirements for providers, direct support staff, site visit requirements, and the submission of a completed provider application packet. These temporary adjustments are outlined below in sections A, B, C and, D respectively.

Certain essential training requirements that will still be required, prior to working with a participant include: 100 hours of personal or professional experience working with children with autism spectrum disorder or related disorder; Reportable Event Policy training; training on the participant's treatment plan; and emergency protocol.

#### **A) Suspend In-Person Provider Training Requirements**

The Department suspends the requirements for prospective providers to 1) attend an in-person "Prospective Provider Training" administered by the operating state agency; and 2) an in-person Prospective Provider Interview administered by the operating state agency. The Department will enroll existing providers approved by DDA to provide Residential Habilitation services in order to facilitate their enrollment as providers under the Autism Waiver.

#### **B) Extend Training Requirement Timeframes for Direct Support Staff**

#### *Training Requirements for Newly On-boarded Direct Support Staff*

Direct Support Staff who are newly on-boarded must complete substantial training prior to providing services. The Department will expand the timeframe to complete these required trainings to allow newly on-boarded staff up to 120 days from date of hire to complete the following: 1) Health Insurance Portability and Accountability Act (HIPAA); 2) Abuse, Neglect, and Exploitation; 3) Positive Behavior Interventions; and 4) Use of Restraints. The Department will extend the timeframe for staff to complete *the in-person skills portion* of the Positive Behavior Interventions/Use of Restraints training for up to 90 days after the state of emergency, not to exceed the end date of this Appendix K.

In addition, the Department will suspend the requirement that Providers obtain three references as part of the onboarding process for Direct Support Staff. For IISS providers, the Department will allow legally responsible individuals to be employed by the provider to provide care through Intensive Individual Support Services. In an effort to expedite service delivery during the pandemic, training requirements will be extended for legally responsible individuals willing to provide services to participants until 60 days following the end of the state of emergency, not to exceed the end date of this Appendix K.

#### *Training Requirements for Current Direct Support Staff*

The Department will extend annual training requirement timeframes for current employees by 90 days in order to reduce workforce shortages. The Department will extend the timeframe for staff to complete *the in-person skills portion* of the Positive Behavior Interventions/Use of Restraints training for up to 90 days after the state of emergency, not to exceed the end date of this Appendix K.

#### *Attestation of Direct Support Staff Provider Qualifications*

The Department will modify current requirements imposed on Direct Support Staff when employed by multiple agencies, whereby they must complete the same training requirements for each respective agency prior to providing services to participants. Modifying current requirements imposed allows providers to qualify staff based on the same training received and documented by another qualified provider. This requirement will allow Providers to quickly onboard new staff in the event that their workforce is affected by the COVID-19 State of Emergency. The Department will allow Providers wishing to hire additional staff to accept an attestation from the Direct Support Staff member's primary employer. In order to be accepted, the attestation must state that: the Direct Support Staff member has met required training and passed the background check, in order for the new provider agency to on-board them as Direct Support Staff.

Providers eligible to provide attestation must not have been sanctioned by the Department up to 18 months prior to the public health emergency for substantiated reportable events categorized as immediate jeopardy in accordance with the Reportable Events Policy.

Newly onboarded Direct Support Staff hired in this manner must still receive specific training regarding the participant's needs and services as set forth in the participant's Treatment Plan. This training may be condensed at the discretion of the provider and must be documented and kept with personnel records.

### **C. Suspend Site Visit Requirements**

Prior to enrolling as providers under the Autism Waiver, providers must also complete and pass a site visit administered by the Operating State Agency's Provider Site Survey Team. The Department will suspend this requirement for providers approved by DDA to provide Residential Habilitation services in order to facilitate their enrollment as providers under the Autism Waiver. This adjustment to the provider qualification requirements will not exceed the end date of this Appendix K.

### **D. Suspension of Application Requirements outlined in the electronic Provider Revalidation and Enrollment Portal (ePREP)**

The Department will suspend the requirement that providers approved by DDA to provide Residential Habilitation services seeking to enroll as providers under the Autism Waiver, complete the standard application packet with the exception of the Maryland State Department of Education (MSDE) Provider Application Form. Providers must complete this form prior to temporarily enrolling as providers under the Autism Waiver.

Specifically, providers will be exempt from completing these components of the Autism Waiver Provider Application Packet:

- General Conditions for Provider Participation Form
- Business Plan
- Proof of Liability Insurance
- Proof that the facility is in compliance with applicable health, fire safety, and zoning regulations including Written Documentation from responsible agency/licensing authorities verifying compliance
- Letter of Introduction to Family/Company Brochure
- Proof of at least 3 years of experience in providing habilitation services to children with autism including, resume and History of Provider Agency
- Residential child care license under Developmental Disabilities Administration (COMAR 10.22.02 and 10.22.08) or the Governor's Office for Children (COMAR 14.31.06)
- Residential Habilitation Treatment Plan
- Contact log form/data tracking form that will be used to document services provided
- CJIS Attestation Form

These adjustments to the provider qualification requirements will not exceed the end date of this Appendix K.

- d.  Modify service providers for home-delivered meals to allow for additional providers, including non-traditional providers.



## 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 123
<b>City</b>	Baltimore
<b>State</b>	Maryland
<b>Zip Code</b>	21201
<b>Telephone:</b>	410-767-4003
<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>	N/A
<b>Last Name</b>	
<b>Title:</b>	
<b>Agency:</b>	
<b>Address 1:</b>	
<b>Address 2:</b>	
<b>City</b>	
<b>State</b>	
<b>Zip Code</b>	
<b>Telephone:</b>	
<b>E-mail</b>	
<b>Fax Number</b>	

## 8. Authorizing Signature

<b>Name:</b> /S/	<b>Date:</b> 10/6/2020

<b>First Name:</b>	Tricia
<b>Last Name</b>	Roddy
<b>Title:</b>	Assistant Medicaid Director
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