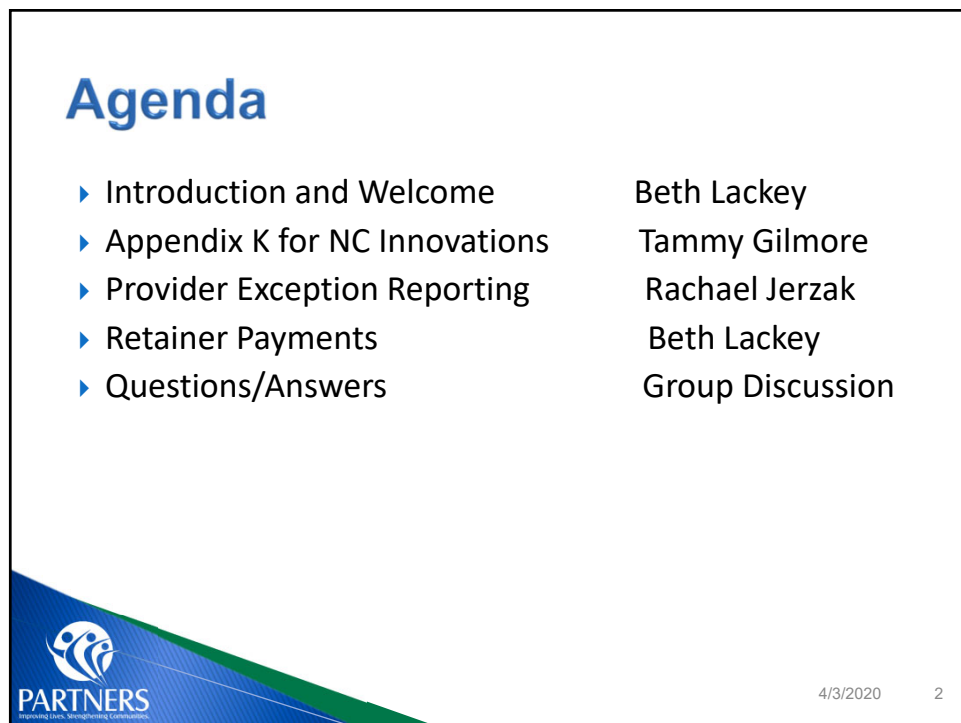




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Appendix K for the NC Innovations

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Appendix K

- ▶ Submitted to the Centers for Medicare & Medicaid Services (CMS) on March 13, 2020.
When the Appendix K is approved, this emergency planning document will be effective from March 13, 2020, to March 12, 2021, or until the COVID -19 pandemic is no longer a public health emergency, whichever is sooner.
- ▶ An Appendix K waives specific requirements and limitations under the authority of the 1915(c) HCBS waiver by allowing flexibilities



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Appendix K cont.

- ▶ The flexibilities extended through this approved Appendix K are intended only for the NC Innovations Waiver participants impacted by COVID-19 either directly or due to their staff being impacted and unable to provide services.
- ▶ Waiver beneficiaries will transition to pre-emergency service status as soon as they are able.
- ▶ Beneficiaries who qualify for additional services or waiving of waiver rules and requirements because of COVID-19 will be reassessed at least 30-days before the expiration of the Appendix K to determine ongoing needs.



5

Cost Limit

\$135,000 waiver cost limit can be exceeded on a case-by-case basis due to additional services, or enhanced rates due to COVID-19.



6

No Prior Approval

Service hours in the Individual Support Plan (ISP) can be increased without prior authorization, as needed due to COVID-19.

Example:

- Provide more hours of service per week due to unanticipated non-school weeks



7

Retainer Payments

Retainer payments can be made to providers (for payment to direct care workers) to address emergency related issues.

- ▶ Cannot be provided for more than 30 consecutive days; however, there may be more than one 30 consecutive day period.
- ▶ Apply only to services that include habilitation or personal care.
- ▶ Only apply to currently authorized NC Innovations Waiver services.



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Care Management Monitoring

Face-to-Face monitoring requirements are waived.

Both monthly and quarterly monitoring will occur telephonically.



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Day Supports

The member does not have to attend the Day Supports provider once per week.



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Service Delivery in Alternate Settings

When member is displaced from the home because of COVID-19 or the provider facility is not accessible, direct care can be provided in

- ▶ a hotel,
- ▶ shelter,
- ▶ church,
- ▶ or alternative facility-based setting
- ▶ or the home of a direct care worker



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Service Delivery in Alternate Settings

Community Living and Supports can be provided in acute care hospital or short-term institutional stay when

- ▶ the member needs direct assistance with ADLs, behavioral supports on a continuous and ongoing basis.
- ▶ this supplemental service provided in the hospital will not exceed 30 consecutive days; however, there may be more than one 30 consecutive day period



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Service Delivery in Alternate Settings

Day Supports, Community Living and Supports, Supported Employment and Community Networking can be provided in the home of the member, the home of the direct care worker, or the residential setting.



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One Service Per Month Policy

Members who do not receive at least one service per month (due to COVID-19 related issues) for a period of 90 days will not be subject to termination from NC Innovations



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Delay in Plan / LOC Reassessment

The annual plan and the annual reassessments of level of care can be postponed by 90 calendar days if necessary



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Lapsed CPR and NCI Certifications

Existing staff can continue to provide service, for 90 days, when CPR and NCI re-certification has lapsed.



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Supported Living

Relatives can provide services to members in Supported Living arrangements prior to background checks and training for 90 days.



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Relatives

Allow relatives of adult waiver beneficiaries who reside in the home or out of the home to provide services prior to a background check and training for 90 days.

- ▶ It is understood that the background check will be completed by the agency as soon as possible after the service begins and training will occur as soon as possible without leaving the beneficiary without necessary care.
- ▶ Once conducted, if the background check demonstrates the individual should not continue working with the participant long-term, that individual will be immediately determined unqualified to render services.



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RADSE – Additional Services

Relatives of Adult Members who live in the home with member can, if no other DSP is available, can provide the following services for up to 90 days

- ▶ Community Living and Supports,
- ▶ Community Networking
- ▶ Day Supports,
- ▶ Supported Employment

This applies to relatives, Legal Guardians, Employers of Record, Managing Employers and Representatives.



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Relatives – Hours / Week

When staff is unavailable due to COVID-19 related issues

RADSE (living in home with adult member) can deliver more than 40 hours/week without Partners approval and more than 56 hrs/week as necessary for up to 90 days.

- ▶ It is recommended that a relative residing in the home of the beneficiary provide no more 40 hours per week of service to the person.
- ▶ If over 40 hours are needed to be provided by relatives residing in the home of the beneficiary, then the provider must maintain justification on the individual's needs and why there is no other qualified provider.
- ▶ This applies to relatives, Legal Guardians, Employers of Record, Managing Employers and Representatives.



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Supports Intensity Scale (SIS)

Supports Intensity Scale Assessments/Reassessments are waived

NC Medicaid is currently exploring option to complete using technology such as Zoom



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Out-Of-State Service Delivery

Currently, policy does not allow services out of state without prior approval by LME-MCO and does not allow for Respite to be provided out of state.

Appendix K Flexibility

For members displaced due to COVID-19, prior approval to deliver service out-of-state is not required and Respite can be provided out of state.



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Limitations

Flexibilities implemented must related to COVID-19

Providers must maintain documentation of flexibility implemented and justification for the exception

Providers must resume compliance with normal NC Medicaid rules and regulations as soon as they are able to do so



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Provider / EOR Required Reporting of Exceptions Used

- The use of these exceptions to current waiver requirements or exclusions are required to be reported to the Partners LME/MCO.
- The reporting form can be found on Partners' Provider Knowledge Website by clicking on [COVID-19 Update](#)
- Providers will send each completed form to Partners via email to InnovationsExceptions@partnersbhm.org



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Retainer Payments

- Partners has been finalizing a process for providers to request retainer payments.
- Once finalized it will be posted to our COVID-19 Updates page and communicated in a Provider Communication or alert.

For Reference:

Visit the [COVID-19 Update](#) page of our Provider Knowledge Website for updates as they become available.



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Joint Communication Bulletin #JCB358

Retroactive to March 10, 2020

LME/MCOs may apply the same flexibilities to state-funded behavioral health services as those allowed under the NC Medicaid behavioral health flexibilities to the extent that funding is available. This includes telephonic and telehealth options, along with clinical service flexibilities, consistent with [guidance provided by NC Medicaid for the COVID-19 crisis](#) as well as [communication bulletins](#) from NC Medicaid and DMHDDSAS



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Sources

- ▶ [LME/MCO Joint Communication Bulletin #J357](#)
- ▶ [LME/MCO Joint Communion Bulletin #J358](#)
- ▶ [SPECIAL BULLETIN COVID-19 #23: Home and Community-Based Services \(HCBS\) Flexibilities for Waiver Beneficiaries Enrolled in NC Innovations Waiver and NC TBI Waiver](#)



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