


# Innovations Provider Webinar

## Appendix K – COVID-19

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# Temporarily exceed service authorizations

- Allow an increase in service hours from what is in the person-centered plan without prior authorization (PA)
- Service limits in the ISP may be exceeded in the amount, frequency and duration to plan for the needs of Waiver participants who were impacted by COVID-19 and need new Waiver services.
- Additional services provided will be based on the member's needs.



# Location flexibilities

- Waive the requirement to attend the Day Supports provider location once per week
- Day Supports, Supported Employment, Community Living and Supports and/or Community Networking can be provided in the individual's home, the direct care staff's home or the residential setting (Group Home/AFL).
- Direct care services may be provided in a hotel, shelter, church or alternative facility-based setting, or the home of a direct care worker, because of COVID-19-related issues.

# Temporarily permit payment for services rendered by family caregivers or legally responsible individuals

- Allow relatives of adult Waiver beneficiaries who reside in the home and out of the home to provide services, including Supported Living, prior to a background check and training for 90 days.
- 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.
- 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.
- *Note: “Relative” can also mean EOR, Managing Employer for Agency with Choice, guardian, parent or Representative.*





# Temporarily expand RaDSE allowances

- Relatives of adult Waiver beneficiaries may provide Community Living and Supports, Community Networking, Day Supports, Supported Employment and Supported Living.
- Vaya will provide an increased level of monitoring for services delivered by relatives/legal guardians
- Care Managers monitor through telephonic monitoring and documentation review to ensure that payment is made only for services rendered and that the services are furnished in the best interest of the individual.



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# Temporarily expand RaDSE allowances

- The relative of the adult Waiver beneficiary will work through a self-directed option or a provider agency to bill for services rendered.
- The relative of the adult Waiver beneficiary will complete the needed service grid documentation as evidence that services were rendered.
- Relatives providing services must be 18 or older and have a high school diploma or equivalency.



# Temporarily Modify Provider Qualifications

- Allow the provider's existing staff to continue to provide services, for 90 days, when CPR/FA and Crisis Prevention/De-escalation re-certification has lapsed
  - This applies to Community Living and Supports, Crisis Services, Community Networking, Day Supports, Respite, Residential Supports, Supported Living and Supported Employment.
  - Staff should come into compliance with CPR/FA and Crisis Prevention/De-escalation as soon as possible after the Appendix K flexibilities expire.



# Temporarily Modify LOC Process

- Annual reassessments of Level of Care that exceed the 60-calendar-day approval requirement beginning on March 13, 2020, will remain open, and services will continue for three months to allow sufficient time for the Care Manager to complete the annual reassessment paperwork.
- Additional time may be awarded on a case-by-case basis when conditions from COVID-19 impede this process.
- Annual reassessments of Level of Care may be postponed by 90 calendar days to allow sufficient time to complete the annual assessment and accompanying paperwork.



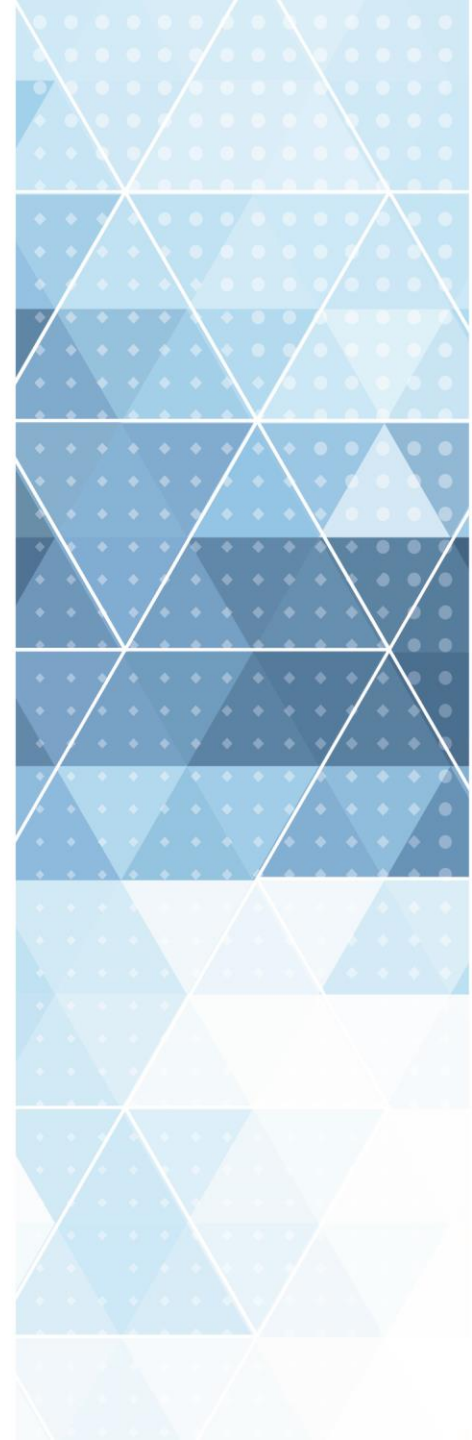



# Retainer payments

- Include retainer payments to direct care workers to address emergency-related issues
- Retainer payments cannot be provided for more than 30 consecutive days. There may be more than one 30-consecutive-day period. *(Note: There has to be at least a one-day break.)*
- The state will implement a distinguishable process to monitor payments to avoid duplication of billing.

# Retainer Payments

- Retainer Payments are for primary (i.e., not back-up) direct care staff who provide services that include habilitation and personal care but are currently unable to due to complications experienced during the COVID-19 pandemic, because:
  - The Waiver participant is sick due to COVID-19 (symptomatic – a positive test is not required); or
  - The Waiver participant is **sequestered** and/or quarantined based on local, state, federal and/or medical requirements/orders.
- Retainer payments cannot be made for Respite.
- Retainer Payments are subject to Post-Payment Review.






# N.C. Innovations Waiver Service Providers COVID-19 Appendix K Reporting Form

<https://providers.vayahealth.com/covid-19-appendix-k-reporting-form/>

This form is to be used for:

- Minimum waiver service flexibility
- Service location exception
- Increasing service hours without prior authorization
- Individual limit
- Existing staff without re-certification for 90 days
- RaDSE additional services for 90 days (existing RaDSE pre-March 13, 2020)
- RaDSE without background check/training for 90 days (new RaDSE since March 13, 2020)



The reporting form will need to be sent to the Care Manager, who will then complete the following:

- SAR signature page as an update, with the SERVICE GRID; under the “type of service” “reason for request”, CM will write “refer to Addendum K Reporting Form for updates as provided by QP”
- Complete the Member Care Plan Acknowledgement and signature section and gain verbal consent from member/LRP
- Update budget to reflect changes
- Submit SAR to UM for review



# Timeframes

**Note that retrospective SARs will only be accepted if the start date is March 13, 2020, or later, and the duration of the requested change should be limited to 90 days (e.g., June 30, 2020, if the request begins on April 1, 2020).**

- A. If services and supports are still needed after the initial 90-day period for reasons related directly to COVID-19, the provider must complete and submit another request, which should note the reasons.
  - B. If the newly requested service duplicates a previously approved service, the previously-approved service will be suspended until the flexibility is no longer needed.
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