

COVID-19 RELATED APPENDIX K REPORTING FORM

**This form is specific to NC INNOVATIONS WAIVER SERVICES AND (b)(3) DI SERVICES
("Addendum to Services")**

The Centers for Medicare & Medicaid Services (CMS) has approved an emergency planning document called Appendix K for NC Medicaid. Appendix K 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. The flexibilities extended through the approved Appendix K are intended only for the NC Innovations Waiver and NC Innovations Waiver beneficiaries impacted by COVID-19 either directly or due to their staff being impacted and unable to provide services. Beneficiaries who qualify for additional services or waiving of waiver rules and requirements because of COVID-19 must be reassessed at least 30 days before the expiration of the Appendix K to determine ongoing needs.

The use of these Appendix K flexibilities to current waiver requirements or exclusions are to be reported to Alliance Health. This form provides a reporting mechanism for the exceptions or flexibilities which will most often be needed.

Effective immediately, providers are required to complete one [reporting form](#) for each member as exceptions are used and submit to ImplementAppendixK@AllianceHealthPlan.org within one week of exception being applied.

Please use the naming convention of Provider Name and Date submitted (i.e. ABC Services 4.20.20) in the subject line and the name of the document. Please note incomplete forms will not be accepted and will be returned to provider for corrections. Member specific questions should be directed to the member's Service Consultant.

Provider Attestation

Provider acknowledges that this form will be used as an addendum to the member's ISP and as an Amendment to Provider's Participating Provider's Contract for MH/IDD/SA Medicaid Services ("Contract"). By completing and submitting the form you are attesting:

- These are the changes you are implementing to the service provision for this member.
- These changes are being implemented within the limits that Appendix K allows.
- The information submitted is accurate and complete.
- That, in absence of written consent, you have obtained verbal consent/approval from the member/LRP for changes reflected in this document
- That the individual identified in the attestation as the person completing the form has the authority to execute changes to the Provider's Contract
- That the Name and Title provided in the attestation shall constitute the Electronic Signature of the Person Completing the Form

