



# COVID-19 RELATED APPENDIX K REPORTING FORM

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

**Additional flexibilities have been approved April 30, 2020 to March 12, 2021, or until the COVID -19 pandemic is no longer a public health emergency, whichever is sooner.**  
**To report utilization of these flexibilities, please see the last page of this form.**

Please complete one reporting form for each member as exceptions are used and submit to [ImplementAppendixK@alliancehealthplan.org](mailto:ImplementAppendixK@alliancehealthplan.org) within 1 week of exception being applied

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.

Please complete this reporting form, one per member when you, as the provider of service and/or Employer of Record, implement the use of one or more of the following flexibilities.

**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 this 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 below as the person completing this form has the authority to execute changes to the Provider's Contract
- That the Name and Title provided below shall constitute the Electronic Signature of the Person Completing the Form

Please select one:

- ☐ Innovations  
☐ (b)(3) DI

Date:	Name & Title of Person Completing the Form:	Provider Agency Name:
Member Name:	Member DOB:	Member Record #:

**Check the box(s) of the exception(s) being reported. Please type all responses – No handwritten responses please.**



## Service Location Flexibility

SERVICE LOCATION	Which service(s) is/are being provided in an alternative setting and justification?	In what alternative setting are they being provided?
Provide Respite with family out of state: <ul style="list-style-type: none"><li>• Respite may be provided when family is out of state due to evacuation and/or displacement until they return home.</li><li>• Out of home Respite may be provided in excess of 30 days on a case by case basis.</li><li>• If the out of state respite provider is outside of 40 miles from the North Carolina border, then NC Medicaid will need a provider agreement with the out of state provide per Olmstead.</li></ul>		
Provide other waiver services out of state: <ul style="list-style-type: none"><li>• Waive prior approval for individuals who are displaced to receive Innovations Waiver services out of state.</li></ul>		

Provide service(s) in alternate location: <ul style="list-style-type: none"> <li>• Direct care services may be provided in a hotel, shelter, church, or alternative facility-based setting or the home of a direct care worker when the waiver participant because of COVID-19 related issues</li> <li>• Allow Day Supports, Community Living and Supports, Supported Employment and Community Networking to be provided in the home of the participant, the home of the direct care worker, or the residential setting. Residential setting refers to the setting types listed in the Residential Service definition in the approved NC Innovations Waiver.</li> </ul>		
Provide CLS in hospital setting: <ul style="list-style-type: none"> <li>• Community Living and Supports, for purposes of supporting 1915(c) enrollees, may be provided in acute care hospital or short-term institutional stay when the waiver participant is displaced from home because of COVID-19 and the waiver participant needs direct assistance with ADLs, behavioral supports, or communication supports on a continuous and ongoing basis and such supports are otherwise not available in these settings.</li> <li>• Room and board is excluded.</li> <li>• This supplemental services provided in the hospital will not exceed 30 consecutive days; however there may be more than one 30 consecutive day period</li> </ul>		
Waive Day Supports weekly attendance requirement: <ul style="list-style-type: none"> <li>• Waive requirement for beneficiary to attend the Day Supports provider once per week.</li> </ul>		
<input type="checkbox"/> <b>Change in Service Hours and/or annual budget</b>		
Exceed service hours in the member's ISP: <ul style="list-style-type: none"> <li>• Allow increase in service from what is in the Individual Service Plan without prior authorization.</li> </ul> <i>Example: The member's Day Supports program is closed and Day Supports staff are not coming to the home to provide the service. To meet the member's needs an increase in CLS hours or respite hours is needed.</i>	<b>What services are currently authorized in the ISP?</b>	<b>How many units above the authorized hours are needed to meet the member's needs?</b>
	<b>How many units are currently authorized and at what frequency?</b>	<b>Reason for increasing hours?</b>
Waive annual cost limit: <ul style="list-style-type: none"> <li>• Waive the \$135k annual individual limit on a case-by-case basis for individuals who are currently receiving waiver services.</li> </ul>	<b>From the member's Annual Budget – Enter the Total Budget Amount here:</b>	

<input type="checkbox"/> <b>New Relative As Provider (RAP) without background check/training</b>		
<ul style="list-style-type: none"> <li>Allow relatives of 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 <u>as soon as possible</u> after the service begins and training will occur as soon as possible without leaving the beneficiary without necessary care.</li> <li>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.</li> <li>Relatives of adult waiver beneficiaries may provide Community Living and Supports, Day Supports, Supported Employment and Supported Living.</li> <li>This applies to relatives, Legal Guardians, Employers or Record and Representatives.</li> </ul>	<p><b>List name(s) of new RAP(s) who reside in the home who will provide services:</b></p> <div></div> <p><b>List the relationship to the member:</b></p> <div></div> <p><b>If training is being waived, indicate which training(s):</b></p> <div></div>	<p><b>List which service(s) will be provided by which RAP:</b></p> <div></div> <p><b>List the number of hours per week the RAP is expected to provide of each service:</b></p> <div></div>
<input type="checkbox"/> <b>Existing RAP to provide additional services</b>		
<p>Allow other services to be provided by RAP:</p> <ul style="list-style-type: none"> <li>Allows for additional services to be provided by relative who resides with an adult beneficiary for up to 90 days.</li> <li>The relative may also provide Community Networking, Day Supports and Supported Employment for 90 days.</li> <li>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. This must be reported to the PIHP but does not require approval by the PIHP. 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.</li> <li>This applies to relatives, Legal Guardians, Employers or Record and Representatives.</li> <li><u>This can only be used when staff is unavailable due to COVID-19 related issues.</u></li> </ul>	<p><b>Which additional services other than CLS will the RAP be providing?</b></p> <div></div> <p><b>How many total hours per week does the current RAP already provide?</b></p> <div></div> <p><b>How many total hours will the RAP provide inclusive of approved services in the current ISP?</b></p> <div></div>	<p><b>Reason why other approved services cannot be provided by provider agency staff or a non-related staff:</b></p> <div></div>
<input type="checkbox"/> <b>RAP to provide Supported Living</b>		
<p>RAP to provide SL services:</p> <ul style="list-style-type: none"> <li>Allow for relatives of adult waiver beneficiaries to provide services to beneficiaries in Supported Living arrangements prior to background checks and training for 90 days.</li> <li>It is recommended that a relative provide no more 40 hours per week of service to the person. This must be reported to the PIHP but does not require approval by the PIHP. If over 40 hours are needed to be provided by relatives then the provider must maintain justification on the individual's needs and why there is no other qualified</li> </ul>	<p><b>List the name of the relative and relation to provide SL services:</b></p> <div></div> <p><b>How many hours per week of Supported Living will the relative provide?</b></p> <div></div>	<p><b>Reason why current non-related staff are unable to provide the Supported Living services:</b></p> <div></div>

<p>provider. This applies to relatives, Legal Guardians, Employers or Record and Representatives.</p> <ul style="list-style-type: none"> <li>• The PIHP provides an increased level of monitoring for services delivered by relatives/legal guardians. Services delivered by relatives/legal guardians are monitored telephonically monthly. Care Coordinators 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. This Telephonic assessment / monitoring will be conducted in accordance with HIPAA requirements.</li> <li>• 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.</li> </ul>		
<div> <input type="checkbox"/> <b>Existing non-RAP staff to provide services with lapsed training</b> </div>		
<ul style="list-style-type: none"> <li>• Allow for existing staff to continue to provide service, for 90 days, when CPR and NCI re-certification has lapsed.</li> <li>• For NC Innovations, this applies to Community Living and Supports, Crisis Services, Community Networking, Day Supports, Respite, Residential Supports, Supported Living, and Supported Employment.</li> </ul>	<b>Which training(s) has/ have lapsed?</b>	
	<b>What service(s) will continue to be provided by staff with lapsed certification?</b>	

**The flexibilities below are effective April 30, 2020.**  
**The flexibilities below should not be implemented prior to this date.**

<b>Service Flexibility</b>	
<b>SERVICE Flexibility</b>	<b>Please list the service(s) that are being provided by the AFL Provider:</b>
Allow primary Alternative Family Living (AFL) Providers to provide Supported Employment, Day Supports or Community Networking to the participant living in the AFL during times that Supported Employment, Day Supports or Community Networking would be regularly provided.	
<b>SERVICE Flexibility</b>	<b>Please list the service(s) and hours per week being provided by the Relative as Provider to the MINOR waiver beneficiary:</b>
Temporarily permit payment for services rendered by family caregivers or legally responsible individuals if not already permitted under the waiver: <ul style="list-style-type: none"><li>• Allow legally responsible persons of MINOR waiver beneficiaries who reside in the home and out of the home to provide, Day Supports, Supported Employment, Community Living and Supports, and Community Networking when other providers are not available.</li></ul>	

Email this completed form to [ImplementAppendixK@alliancehealthplan.org](mailto:ImplementAppendixK@alliancehealthplan.org)