



**COVID-19 RELATED APPENDIX K REPORTING FORM**

**This form is specific to NC TBI Waiver 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 TBI Waiver and NC TBI 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

Date:	Name & Title of Person Completing the Form:	Provider Agency Name: (If EOR, enter EOR)
Member Name:	Member DOB:	Member Record #:

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

<input type="checkbox"/> <b>Service Location Flexibility</b>		
<b>SERVICE LOCATION</b>	<b>Which service(s) is/are being provided in an alternative setting and justification?</b>	<b>In what alternative setting are they being provided?</b>
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 TBI 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 TBI Waiver.</li> </ul>							
Provide Life Skills/PC in hospital setting: <ul style="list-style-type: none"> <li>• Life Skills Training (for behavioral intervention) and Personal Care 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>	<table border="1"> <tr> <td data-bbox="829 1129 1167 1234"><b>What services are currently authorized in the ISP?</b></td> <td data-bbox="1167 1129 1565 1234"><b>How many units above the authorized hours are needed to meet the member's needs?</b></td> </tr> <tr> <td data-bbox="829 1234 1167 1409"><b>How many units are currently authorized and at what frequency?</b></td> <td data-bbox="1167 1234 1565 1409"><b>Reason for increasing hours?</b></td> </tr> <tr> <td data-bbox="829 1409 1167 1472"></td> <td data-bbox="1167 1409 1565 1472"></td> </tr> </table>	<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>		
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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>	<table border="1"> <tr> <td data-bbox="829 1472 1167 1640"><b>From the member's Annual Budget – Enter the Total Budget Amount here:</b></td> <td data-bbox="1167 1472 1565 1640"><b>Date you spoke to UM:</b></td> </tr> <tr> <td data-bbox="829 1640 1167 1873"></td> <td data-bbox="1167 1640 1565 1873"></td> </tr> </table>	<b>From the member's Annual Budget – Enter the Total Budget Amount here:</b>	<b>Date you spoke to UM:</b>				
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<input type="checkbox"/> <b>Existing non-RAP staff to provide services with lapsed training</b>		
<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 the NC TBI Waiver, this applies to Life Skills Training, Personal Care, Crisis Services, Community Networking, Day Supports, Adult Day Health, Respite, Residential Supports, and Supported Employment</li> <li>•</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>	

<input type="checkbox"/> <b>Relative As Provider (RAP) without background check/training</b>		
<ul style="list-style-type: none"> <li>• Relatives of adult waiver beneficiaries may provide Personal Care, Life Skills Training, Day Supports, and Supported Employment. Relatives will become employed by a provider agency in order to provide Personal Care, Life Skills Training, Day Supports and Supported Employment.</li> <li>• Relatives providing services will complete all needed TBI Waiver service documentation. Provider Agencies will complete needed billing for the approved services provided by the relative to ensure payment for provided authorized services.</li> <li>• It is understood that the background checks and training are completed by the agency as soon as possible after the service begins and training occurs 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. If training is unable to be completed within 90 days the individual will be immediately determined unqualified to render services until the required training is completed. Providers must complete background checks and training within 90 days after the start of the relative providing services.</li> <li>• This flexibility will not exceed past the end of the Appendix K.</li> </ul>	<b>List name(s) of new RAP(s) who reside in the home who will provide services:</b>  	<b>List which service(s) will be provided by which RAP:</b>  
	<b>List the relationship to the member:</b>  	<b>List the number of hours per week the RAP is expected to provide of each service:</b>  
	<b>If training is being waived, indicate which training(s):</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.	

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