

# NC Innovations / NC TBI Waiver and COVID-19: An Overview of Flexibilities for Providers

I/DD Team - NC Medicaid and DMH/DD/SAS

April 7, 2020

## Please Note

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Today's call is for Innovations and TBI Waiver Providers. Tomorrow at 4:30p we will have another webinar for Innovations and TBI Waiver Beneficiaries and their families/natural supports. We will allow time at the end for questions; and we ask our audience to allow today's questions to be provider related and tomorrow's webinar to allow Beneficiaries and their families/natural supports to ask appropriate questions.

**We ask out of respect for Privacy that individual information not be shared during today's webinar. If you have particular questions about your Innovations or TBI Waiver services and your individual circumstances please contact your Care Coordinator or another staff at your LME/MCO.**

## Overview

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- A discussion on the **NC Innovations** and **NC TBI Waiver** flexibilities that were approved by the Centers for Medicare and Medicaid Services (CMS) related to COVID-19.
- These flexibilities were approved through Appendix K for both waivers. An Appendix K is just a way to ask for changes when there is a disaster.

## Appendix K Timeframe

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- These flexibilities are effective 3/13/2020 through 3/12/2021 (or when COVID-19 resolves, which ever is first).

## One Service per Month

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- Beneficiaries who receive fewer than one service per month during this COVID-19 amendment period will not be subject to discharge.

## Temporarily Exceed Service Limitations

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- 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 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.

## Temporarily Exceed Service Limitations (continued)

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- When services are increased without Prior Authorization, the Provider Agency will maintain the following elements:
  - Reason for the Increase in Service
  - Current Risks
  - Current Service Approved
  - Currently Approved Units
  - Increased Service
  - Increased Units
- The Provider Agency will provide this information to the LME/MCO in the way communicated by the LME/MCO.

## Service Location Flexibilities

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- 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.



## Respite Flexibilities

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- Respite may be provided when family is out of state due to evacuation/displacement.
- Out of home Respite may be provided in excess of 30 days on a case by case basis.

## 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 prior to background check and training for 90 days, including Supported Living.
- 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.

**When we say “Relative”, we also mean EOR, Managing Employer for Agency With Choice, guardian, parent, representative.**

## **Temporarily permit payment for services rendered by family caregivers or legally responsible individuals, Cont.**

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- Relatives of adult waiver beneficiaries may provide Community Living and Supports, Community Networking, Day Supports, Supported Employment and Supported Living.
- The MCO will provide an increased level of monitoring for services delivered by relatives/legal guardians.
- 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.

## **Temporarily permit payment for services rendered by family caregivers or legally responsible individuals, Cont.**

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- 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

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- Allow the provider's existing staff to continue to provide service, 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 Processes for Level of Care Evaluations or Re-evaluations

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- Annual reassessments of level of care that exceeds the 60-calendar day approval requirement beginning on 3/13/2020 will remain open and services will continue for three months to allow sufficient time for the care coordinator to complete the annual reassessment paperwork.
- Additional time may be awarded on a case-by-case basis when conditions from COVID-19 impedes this process.
- Annual reassessments of level of care may be postponed by 90 calendar days to allow sufficient time to complete the annual reassessment and accompanying paperwork.

## Payment for Services in an Acute Care Hospital or Short-term Institutional Stay

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- Community Living and Supports 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.
- The supplemental services provided in the hospital will not exceed 30 consecutive days; however, there may be more than one 30 consecutive day period.
- Room and board is excluded.

## NC TBI Difference

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- 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 such supports are otherwise not available in these settings.
- The supplemental services provided in the hospital will not exceed 30 consecutive days; however, there may be more than one 30 consecutive day period.
- Room and board is excluded.



## Temporarily Include Retainer Payments to Address Emergency Related Issues

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- 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.
- The state will implement a distinguishable process to monitor payments to avoid duplication of billing.



**There has to be  
at least a ONE  
day break!**

## Temporarily Include Retainer Payments to Address Emergency Related Issues

- Retainer payments are for direct care providers who normally provide services that include habilitation and personal care, but are currently unable to due to complications experienced during the COVID-19 pandemic, due to:
  - The waiver participant is sick due to COVID-19; or
  - The waiver participant is **sequestered** and/or quarantined based on local, state, federal and/or medical requirements/orders.
- A process to monitor retainer payments.
- Retainer payments cannot be made for Respite.

**STAY At HOME**  
=  
**Sequestered**

## Care Coordination Monitoring Flexibilities

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- Waive the face-to-face requirements for monthly and quarterly care coordination/beneficiary meetings for individuals receiving residential supports, new to waiver, or relative as provider during this amendment. Monthly and quarterly monitoring will occur telephonically.
- Waive the face-to-face requirements for quarterly care coordinator/beneficiary meetings. Monthly and quarterly monitoring will occur telephonically.
- Individuals who do not receive at least one service per month will receive monthly monitoring (which can be telephonic).

## LME/MCO Monitoring Flexibilities

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- Effectively immediately, LME/MCOs may temporarily implement Desk Reviews, including use of videos of the site, for managing on-site AFL reviews and new admissions to unlicensed AFLs.

## SIS Assessment Changes

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- Innovations Waiver Beneficiaries and their Guardians may elect to waive the Support Intensity Scale (SIS) Assessments during this COVID-19 amendment period. The SIS Assessment would need to be completed after the COVID-19 crisis has ended.
- Alternately; SIS Assessments may be completed virtually using a video platform or telephonically.
  - If an Innovations Waiver Beneficiary is due for a SIS Assessment during this COVID-19 Amendment period, the beneficiary or their guardian will receive communication from their LME/MCO regarding the options to complete the SIS assessment via video platform; telephonically or that they may elect to waive the assessment until this COVID-19 amendment period ends.

# Questions

**Please Submit to**  
[medicaid.covid19@dhhs.nc.gov](mailto:medicaid.covid19@dhhs.nc.gov)