



SANDHILLS CENTER

Managing Mental Health, Intellectual/Developmental Disabilities and Substance Abuse Services
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COVID-19 UM GUIDANCE

NC Innovations Waiver (CCP 8P)

All flexibilities in this bulletin are retroactive to March 13, 2020. The flexibilities are valid through March 12, 2021 or whenever Appendix K is discontinued, which could be sooner than March 12, 2021. Any service authorized with Appendix K flexibilities will be adjusted and due process offered should Appendix K be discontinued prior to the authorization end date.

All services provided, regardless of flexibilities, must be clinically necessary to work on treatment and/or habilitation goals in the Individual Support Plan (ISP) or to support a member diagnosed with COVID-19. All services are subject to a post-payment review. Services billed that are not medically necessary may result in a recoupment.

**Note: The flexibilities listed in this guidance are specific to Utilization Management. This is not an exhaustive list of all flexibilities. For a complete list, see Special Bulletin #23 on the NC Medicaid website.*

Flexibilities

1. Increase in service hours beyond what is in the ISP
 - *Does **not** require prior authorization*
2. Direct care can be provided in a hotel, shelter, church, alternative facility-based setting, or home of the direct care worker *when the waiver participant is displaced from the home.*
 - *Does **not** require prior authorization*
3. Respite can be provided out-of-state for members *who have been displaced.*
 - *Does **not** require prior authorization*
4. Day Supports, Community Living and Supports, Supported Employment and Community Networking can be provided in the home of the participant, the home of the direct care worker, or the residential setting.
 - *Does **not** require prior authorization*

5. Relatives of adult members may provide over 40 hours per week of services *with justification of the member's needs and the lack of availability of a qualified provider.*
 - *Does **not** require prior authorization*
6. Relatives of adult members may provide:
 - (a) Community Living and Supports
 - (b) Day Supports
 - (c) Supported Employment
 - (d) Supported Living
 - *Does **not** require prior authorization*
7. Relatives who reside with an adult beneficiary may provide more than the maximum number of hours and additional services for up to 90 days *only when other staff is unavailable because of COVID-19.*
 - *Does **not** require prior authorization*
8. Community Living and Supports may be provided in an acute care hospital or short-term institutional stay for 30 consecutive days *when the member needs direct assistance with ADLs or behavioral supports and when such services are not already provided by the hospital or institution.* Services can be approved for more than one 30 consecutive day period.
 - *Requires consultation with and approval from the UM Deputy Manager for Innovations and the UM Director*
 - *Providers must contact UM at (910) 673-7382 to receive verbal approval*
9. \$135,000 budget limit can be exceeded due to additional services
 - *Requires consultation with and approval from the UM Deputy Manager for Innovations and the UM Director*
 - *Providers must contact UM at (910) 673-7382 to receive verbal approval*
10. Member will not be subject to discharge from the NC Innovations Waiver if less than one service is provided per month.

DOCUMENTING THE USE OF FLEXIBILITIES

The provider is responsible for tracking any flexibilities used by a member until the Appendix K flexibilities are discontinued:

- Use the **NC Innovations COVID-19 Appendix K Reporting Form** available on the Sandhills Center website at www.sandhillscenter.org/for-providers/innovations-waiver-for-providers
- Submit the form to www.sandhillscenter.org/innovations-waiver-staff-retainer-payments

ANNUAL PLANS

- Annual plans will continue to be reviewed through the **normal UM review process**.
- A **90-day grace period** is available to allow sufficient time to complete the annual reassessment and accompanying paperwork.
- For any member needing an updated **Support Intensity Scale (SIS)** as part of the annual reassessment, this requirement is **waived**.
- For any attached **documents requiring signatures, Care Coordinators may sign** on behalf of the member or member's legal guardian. The signature must have a notation that the member or guardian gave consent for the Care Coordinator to sign on his/her behalf. There must also be notation of how the consent was given, i.e. telephonically, by email, or by any other means. The Care Coordinator may sign the document electronically.

NEW SERVICES

The flexibilities of Appendix K do not allow new service to be added to a member's service array without prior approval. Any addition of new services must go through the normal UM review process.

SERVICES NOT COVERED BY APPENDIX K

Not all services in the NC Innovations Waiver are covered under Appendix K (e.g. Home Modifications, Assistive Technology Equipment, and Supplies, etc.). Any service not covered by Appendix K must be reviewed through the normal UM review process.