Updated Guidance on Appendix K Flexibilities for N.C. Innovations

On May 27, 2020, CMS approved an amendment to the approved Appendix K Emergency Preparedness and Response Waiver. The amendment is retroactively effective to April 30, 2020.

The intent of Appendix K is to meet members' needs and ensure continuity of care during the State of Emergency. However, depending on the circumstances, some members' services and supports may not be impacted at all. Further, the Innovations Waiver limits on sets of services still apply, and the scope, amount, duration and type of any N.C. Innovations services provided without prior authorization must be medically necessary and clinically appropriate for the member's specific support needs. Services may not be increased in excess of the member's needs or for the primary benefit of the caregiver or provider. Clinical documentation must support medical necessity for the service in the amount, scope and duration used.

Please note that a future post-payment review conducted by Vaya Health will evaluate medical necessity and compliance with the N.C. Innovations Waiver, as relaxed by the Appendix K flexibilities. A determination of inappropriate billing practices, program abuse or waste and/or overutilization is likely to result in an overpayment, plan of correction or other action.

Changes resulting from Appendix K Amendment effective April 30, 2020:

- The Appendix K Reporting Form has been updated. You may access the updated form on the Vaya website. Old forms will not be accepted after June 19, 2020.
- Meal Preparation and Delivery, often referred to as "Meals on Wheels", is a new service being temporarily added to the Waiver program. Through this service, Innovations participants who require special assistance with nutritional planning per an assessment of needs may be allowed to receive up to two nutritious meals per day. Vaya is working with the N.C. Division of Health Benefits and qualifying providers to establish this service and implement this Appendix K flexibility as soon as feasible. Stay tuned for more information about when this service will be available.
- A letter of medical necessity or prescription from a physician, nurse practitioner or physician's assistant for **ongoing** supplies or replacement equipment for which the member has a previously established approved authorization will not be required. In such instances, medical necessity will be deemed to have been met during the Appendix K flexibility period.
- An adult relative may provide services for a minor for up to 90 days. If the adult relative is a legally responsible person (LRP)/guardian of a minor, they may provide Community Living and Support, Community Networking, Day Support or Supported Employment to the minor **if the direct support professionals are not available to provide the necessary service.** Adult relatives of a minor who are not the LRP/guardian may provide Community Living and Support if the direct support professionals are not available to provide the necessary service. If a relative is currently providing services to a minor, the member/LRP must notify the member's care manager **immediately** of the type, amount and duration of the services provided. If a relative will provide services to a minor, the member/LRP must notify the member's care manager prior to delivery of services. As with any Relative as Direct Support Employee (RaDSE), Vaya will monitor the relative's provision of services to the minor on a monthly basis. Providers must ensure that RaDSEs meet the same qualifications as non-relative direct support professionals and

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maintain timely completed service grids reflecting the goals and interventions implemented for the member served. In addition, providers must submit retrospective notifications for minors receiving services through RaDSEs via the updated Appendix K Reporting Form referenced above.

- Members who receive Residential Supports in an unlicensed or DHSR-licensed Alternative Family Living (AFL) arrangement may receive Supported Employment, Day Supports and/or Community Networking through their AFL provider. The AFL provider can provide up to the amount that would have been regularly provided to the member. For example, if the member was authorized to receive, and was receiving, 10 hours per week of Community Networking prior to the COVID-19 pandemic, the AFL provider could deliver up to 10 hours per week of Community Networking to the member who resides with the AFL provider.

Reminders:

- Innovations Waiver participants must transition to pre-emergency service status as soon as they are able.
- The amendment to Appendix K did not increase the number of days that new RaDSE staff may provide services without background checks or completed trainings. Only 90 days are permitted.
- The amendment to Appendix K did not increase the number of days that existing RaDSE staff may provide services without having completed recertification. Only 90 days are permitted.
- Innovations service providers must submit an Appendix K Reporting Form to Vaya for each member that needs to utilize Appendix K flexibilities or exceptions due to COVID-19. This form must be resubmitted if previously utilized flexibilities are needed after June 30, 2020, or if the flexibilities changed before June 30, 2020, but were not reported on a previous form submitted.
- Providers must submit the Appendix K Reporting Form via encrypted email to the individual member's care manager prior to implementing a new flexibility. If you have questions about a member's assigned care manager, contact Vaya's Member Services Department at 1-800-849-6127. When using an Appendix K flexibility, providers are required to bill using the CR modifier. Refer to the Vaya Health Billing and Documentation Guide for COVID-19 Telehealth and Clinical Policy Modifications for guidance on billing codes related to COVID-19 flexibilities.

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