

NC Innovations / NC TBI Waiver and COVID-19:

An Overview of Flexibilities for Individuals Receiving Services and their Families

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

April 8, 2020

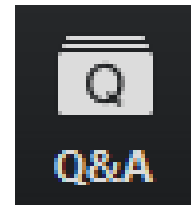
RCC (Relay Conference Captioning)

Participants can access real-time captioning for this webinar here:

<https://www.captionsedtext.com/client/event.aspx?EventID=4410297&CustomerID=324>

Logistics for today's COVID-19 Forum

Question during the live webinar



Technical assistance

technicalassistanceCOVID19@gmail.com

Please Note

Today's call is for people using the Innovations and TBI Waiver 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 related people using services and their families/natural supports.

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

- 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 an **Appendix K** for both waivers.
- An **Appendix K** is just a way to ask for changes when there is a disaster.

Appendix K Timeframe

- These changes can be used from 3/13/2020 through 3/12/2021
- These changes may end earlier than a full year.

One Service per Month

- People on the Innovations Waiver and the TBI Waiver who receive fewer than one service per month will not be subject to discharge.

Temporarily Exceed Service Limitations

- Allow an increase in service hours from what is in Individual Support Plan.
- This may be the amount of Service or how often the service happens.
- Additional services provided will be based on the individual's needs.
- Please reach out to your provider agency and Care Coordinator if you need an increase in services.

Temporarily Exceed Service Limitations (continued)

- When you need more supports the Provider Agency will keep the following information:
 - 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

- You don't have to go to the Day Supports facility 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 other facility-based setting.

Respite Flexibilities

- Respite may be provided when family is out of state.
- Out of home Respite may be provided for more than 30 days.

Temporarily permit payment for services rendered by family caregivers or legally responsible individuals

- Relatives of adult receiving services who live **in the home** and **out of the home** can provide services prior to background check and training for 90 days.
 - This includes Supported Living.
- The background check will be completed by the agency as soon as possible
- Training will occur as soon as possible
- If the background check shows the relative should not continue working then that individual will immediately stop.
- Relatives providing services must be 18 or older and have a high school diploma or equivalency.

**ONLY APPLIES
TO
INNOVATIONS**

**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.

- Relatives of adults receiving services may provide:
 - Community Living and Supports,
 - Community Networking,
 - Day Supports,
 - Supported Employment and
 - Supported Living.
- The LME-MCO will provide monthly monitoring for services delivered by relatives/legal guardians.

**ONLY APPLIES
TO
INNOVATIONS**

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

- The relative will work through a self-directed option or a provider agency to bill for the services they provide.
- The relative will complete the Innovations Service Documentation to document the services were provided.



**ONLY APPLIES
TO
INNOVATIONS**

Temporarily Modify Provider Qualifications

- Current staff can 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 update their trainings of CPR/FA and Crisis Prevention/ De-escalation as soon as possible.

Temporarily Modify Processes for Level of Care Evaluations or Re-evaluations

- Annual reassessments of level of care will remain open and services will continue for three months to allow for the care coordinator to complete the annual reassessment.
- Additional time may be given on a case-by-case basis.

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

- Community Living and Supports may be provided in acute care hospital or short-term institutional stay.
- The individual receiving services will need support with Activities of Daily Living, behavioral supports, or communication supports on an ongoing basis

AND

- Such supports are not available in acute care hospital or short-term institution
- The Innovations Service provided in the hospital will not exceed 30 days in a row; however, there may be more than one 30 day period.
- Room and board is excluded.

NC TBI Waiver Difference

- Life Skills Training (for Behavioral Intervention) and Personal Care may be provided in acute care hospital or short-term institutional stay.
- The individual receiving services will need support with Activities of Daily Living, behavioral supports, or communication supports on an ongoing basis

AND

- Such supports are not available in acute care hospital or short-term institution
- The Innovations Service provided in the hospital will not exceed 30 days in a row; however, there may be more than one 30 day period.
- Room and board is excluded.

Temporarily Include Retainer Payments to Address Emergency Related Issues

- Include retainer payments to direct care workers to address emergency related issues.
- Retainer Payment means payment to staff during the COVID-19 Pandemic when they are unable to work with individuals.
- Retainer payments cannot be provided for more than 30 days in a row. There may be more than one period of 30 days in a row.
- The state has a process to tell how many payments are made for Retainer Payments.

**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.
- Retainer payments cannot be made for Respite.

Sequestered
=
Stay At Home

Care Coordination Monitoring Flexibilities

- Monthly and quarterly Care Coordination monitoring will occur telephonically.
- Individuals who do not receive at least one service per month will receive monthly monitoring.

LME/MCO Monitoring Flexibilities

- 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

- Individual's receiving Innovations Waiver service and their Guardians may elect to waive the Support Intensity Scale (SIS) Assessments during this time period.
- The SIS Assessment will need to be completed after the COVID-19 crisis has ended.
- Alternately; SIS Assessments may be completed virtually using a video platform or telephonically.

Questions

**Please send any questions
after this webinar**

medicaid.covid19@dhhs.nc.gov