

April 21, 2020

**Aging Services Division
Coronavirus (COVID-19) Appendix K**

**Home and Community Based Services 1915 (c) Medicaid Waiver
(Aged & Disabled)
Questions & Answers**

Purpose of Appendix K

An Appendix K is a standalone appendix to 1915 (c) Medicaid waivers that may be utilized during emergency situations to request an amendment to its approved waiver. These changes are time limited and tied specifically to individuals impacted by the COVID-19 emergency.

The effective date of the approved Appendix K for the HCBS Medicaid Waiver (serves aged & disabled) is 3/1/2020 to 8/31/2020.

Service Delivery

- Q1. Can supervision be provided to consumers who technically don't live alone but their primary caregiver is affected by the current emergency?**
Yes, the live alone requirement has been removed for consumers impacted by the emergency. The rate for supervision may also be increased. Supervision can be combined with other important services like personal care to offer up to 24 hour support to people who need it.
- Q2. Can a consumer get more than one home delivered meal per day?**
Yes, consumers can now get up to 2 home delivered meals per day.
- Q3. Can the licensing capacity of an adult foster care home exceed 4 if a provider is safely able to care for another person?**
Yes, the licensed capacity for individual adult foster care homes can be exceeded during the emergency. You must notify the case manager who licenses your home that you are serving additional people.
- Q4. Can services be provided in alternate location?**
Yes, services could be provided in alternate locations like a shelter, or hotel if necessary.
- Q5. Can services be temporarily provided out of state?**
Yes, services can be provided out of State if a consumer is displaced because of the emergency.
- Q6. Can services be provided virtually or via telephone?**
The only services that can currently be provided virtually or over the phone are case management and companionship.

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During the COVID-19 nationwide public health emergency, providers may, in good faith, provide the approved services using technology that is not compliant with HIPAA, provided it is non-public facing. A “non-public facing” remote communication product is one that, as a default, allows only the intended parties to participate in the communication. Non-public facing remote communication products would include, for example, platforms such as Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, Whatsapp video chat, or Skype.

Q7. Can a relative or legal decision maker provide services?

Yes, relatives and legal decision makers are eligible to provide the services listed below. Providers will need to apply to be a QSP using the newly simplified enrollment process:

- Respite Care
- Homemaker
- Chore
- Personal Care
- Non-medical transportation
- Family Personal Care
- Supervision
- Companionship

HCBS case management & person-centered service planning

Q8. Can a provider or family request that the case management visit not be in person for their “face to face” visit?

Yes, the HCBS Case Manager can conduct this visit virtually or via telephone and will document the visit along with the reason in the progress note. HCBS Case Managers will be required to complete an on-site visit as soon as it is safe to do so.

During the COVID-19 nationwide public health emergency, providers may, in good faith, provide the approved services using technology that is not compliant with HIPAA, provided it is non-public facing.

Q9. Will there be any changes to the service planning process?

Yes, the HCBS Case Managers have been provided guidance on what care plan flexibilities are available at this time.

Q10. Will HCBS Case Managers be required to obtain signatures for care plan meetings that occur virtually or via telephone?

Yes, however signatures can be completed electronically. Verbal consent is not sufficient to authorize changes to a person-centered plan.

Q11. Can LOC re-evaluation screenings be delayed?

Yes, level of care re-evaluations may be delayed. The timeframe to complete a LOC re-evaluation cannot exceed 12 additional months past when the level of care is due.

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Qualified Service Provider (QSP) Enrollment:

Q12. Will the requirements to become a QSP change?

Yes, provider modifications include changes in qualifications, screening, competencies, and re-enrollment of QSPs for some services.

Homemaker and Non-Medical Transportation

- Waive current competency standards for housework and only require valid driver's license for Non-Medical Transportation
- Applies to individual and agency QSPs

Respite Care, Chore, Companionship, Family Personal Care, and Supervision:

- Waive current competency requirements for individual relative and legal guardian providers
- Allow individual providers and agency staff to meet competency standards if they are currently enrolled as a direct service provider caring for individuals with intellectual disability, and former CNAs who have not had a lapse in certification longer than the previous 6 months.

All waiver services:

- Extend re-enrollment period during the pandemic or natural disaster beyond the current 2-year deadline for providers who are up for renewal during this period.
- The provider verification process is also being simplified to eliminate some state required screenings. Federal screening requirements will continue to be met i.e. provider exclusion etc.

QSP Documentation and Reporting:

Q13. Will critical incident reports still need to be submitted?

Yes, critical incidents should continue to be reported to the best of your ability but no later than 24 hours after the incident. Steps should always be taken to assure the health and safety of consumers.

Q14. Will providers be expected to continue documenting their service visits?

Yes, to the best of their ability and using the resources available. If the provider is unable to perform these tasks, documentation should reflect that.

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