

Guidelines for SDS Implementation of CMS-Approved Appendix K

Timeline:

The **Appendix K COVID-19 Person Centered Support Plan Request** can be backdated to March 11, 2020, the date of Alaska's Emergency Declaration, per CMS approval.

Approval of amendments submitted using the **Appendix K COVID-19 Person Centered Support Plan Request can be requested for up to 150 days, or if the Emergency Declaration ends sooner, that date.**

The Appendix K COVID-19 Person Centered Support Plan Request can extend an unchanging SP for one year if start date is on or after 3/11/20.

Amendments containing changes to a support plan due to COVID 19 that have already been submitted do not need to be resubmitted on the Appendix K COVID-19 Person Centered Support Plan Request form. Support Plans already submitted not need to be resubmitted using this form.

Prioritize/expedite the third box on **Appendix K COVID-19 Person Centered Support Plan Request** (COVID impact on support plan) **only if it needs a change by SA staff.**

Definitions:

SDS is using statutory definitions from AS 18.15.395:

(16) "isolation" means the physical separation and confinement of an individual who is, or group of individuals who are, infected or reasonably believed to be infected with a contagious or possibly contagious disease from non-isolated individuals, to prevent or limit the transmission of the disease to non-isolated individuals.

(21) "quarantine" means the physical separation and confinement of an individual or group of individuals who are or may have been exposed to a contagious or possibly contagious disease and who do not show signs or symptoms of a contagious disease from non-quarantined individuals to prevent or limit the transmission of the disease to non-quarantined individuals.

Individualized Supports Waiver (ISW) Additional Funding:

Under current regulatory guidance, during any three-year period, a recipient of ISW services may request, by an amendment to the recipient's support plan, up to an additional \$5,000 for services and supports to address needs related to (1) a time-limited change in the recipient's health, behavior, or functional capacity; or (2) the unavailability of the recipient's primary unpaid caregiver for a reason stated in [7 AAC 130.209\(a\)\(3\) - \(5\)](#).

Appendix K allows for up to an additional \$5000 for recipients being treated for COVID-19 or if their primary informal caregiver is quarantined away from the waiver recipient. A **Central Intake Report** and an **Appendix K COVID-19 Person Centered Support Plan Request** should be submitted.

Changes to Specific Services:

Respite:

- SDS may allow for an increase in number of hours for someone being treated for COVID -19. This may be needed when a recipient needs care apart from others in the home or to be treated in an alternate setting, for example.
- SDS may allow for an increase in hours to substitute for decreases in other services that are contraindicated because of physical distancing requirements, such as day habilitation. An **Appendix K COVID-19 Person Centered Support Plan Request** form should be submitted.
- Family caregivers that have a legal duty to support may be hired by the service agency to provide this service in the home to keep contacts to the immediate family and allow the maximum social distancing possible. Providers document this relationship in employee files and in recipient files.

Chore:

- SDS may increase the allowable service limit to 15 hours per week for all recipients with Chore in their approved service plan, and up to 20 hours per week for recipients with documented respiratory illnesses. An **Appendix K COVID-19 Person Centered Support Plan Request** form should be submitted.
- Family caregivers that have a legal duty to support may be hired to provide this service in the home to keep contacts to the immediate family and allow the maximum social distancing possible. Providers document this relationship in employee files and in recipient files.

Care Coordination:

- Care Coordinators can bill for an additional monthly unit of service each month during the emergency to support recipients who have service cancellations, who are quarantined for COVID-19, or who have a primary caregiver who has been quarantined. The Care Coordinator should document all activity related to the extra billing for each recipient with case notes reflecting the contacts, extra coordination duties, or activities conducted on behalf of the recipient.
- Care Coordinators are expected to add this request to an **Appendix K COVID-19 Person Centered Support Plan Request and on the appropriate Uni-14** indicating their intent to bill one additional monthly unit of service during the Emergency Declaration period.

Day Habilitation:

- Day Habilitation may be provided in the recipient's home or another private residence or temporary setting during the Emergency Declaration period. Site-based day habilitation centers are closed, as mandated by the Governor, and community-based day habilitation is contraindicated at this time.
- Day Habilitation may also be delivered through a telemedicine approach if the recipient is able to benefit from this approach. Documentation of the activities must include the recipient's name, provider's name, location of service, start and stop times, and the activity completed, including how the service continues to meet habilitative content working towards goals and objectives. The provider may bill for 15 minute increments.

- The 624 hours/year limit on day habilitation remains in effect. If duration and frequency is modified with an increase/decrease from what was described in the approved support care, then a regular amendment must be submitted.
- SDS is clarifying with CMS whether Site-based Day Habilitation is eligible for retainer payments.

Adult Day:

- Adult Day normally occurs in a congregate setting but may be delivered in the recipient’s home or another private residence or temporary setting during the Emergency Declaration period. Site-based adult day centers are closed, as mandated by the Governor, and community-based adult day is contraindicated at this time.
- Adult Day may also be delivered through a telemedicine approach if the recipient is able to benefit from this approach. Documentation of the activities must include the recipient’s name, provider’s name, location of service, start and stop times, and the activity completed. The provider may bill for 15 minute increments.
- SDS is clarifying with CMS whether Site-based Adult Day is eligible for retainer payments.

Residential Habilitation Supported Living:

- Family caregivers that have a legal duty to support may be hired to provide this service in the home to keep contacts to the immediate family and allow the maximum social distancing possible. Providers document this relationship in employee files and in recipient files.

Residential Habilitation In-Home Supports:

- Family caregivers that have a legal duty to support may be hired to provide this service in the home to keep contacts to the immediate family and allow the maximum social distancing possible. Providers document this relationship in employee files and in recipient files.

Changes to Provider Qualifications

Proof of First Aid/CPR:

- Extend acceptance of first aid and CPR certifications for an additional year (If they come due during the Emergency Declaration period) and waive the requirement that all new hires complete FA/CPR training during the Emergency Declaration period except those working in an Assisted Living Home.

Exception to this provision: Assisted Living Home staff, per licensing guidelines, must complete the competency based requirements through online training but may forego the physical demonstration requirements during the Emergency Declaration period.

Provider Certification Extensions:

- Renewal certification segments coming due during the Emergency Declaration period will be extended for 6 months. SDS will continue to process applications that were received prior to the Emergency Declaration period and may request information through pend notices. SDS will work

with providers on timelines for submission of requested items to include extending response times as necessary.

- If the agency's or home's program administrator becomes unavailable because of COVID-19, the agency can appoint a temporary administrator who will not have to meet the educational and experience qualification requirements for program administrators or administrators of assisted living homes (per DHCS Residential Licensing guidelines). The agency must submit a new Cert-04 "Notice of Appointment or Change or Program Administrator" form to DSDSCertification@alaska.gov, and write at the top "COVID-19 Exception" for processing of waived requirements.

Setting Requirements:

- Setting rules may be waived in some instances to meet the health and safety needs of recipients living in a licensed assisted living home or provider owned/controlled setting. An example would be to apply a "no visitors" rule during a period of self-isolation or quarantine. The provider must document restrictions that affect access to the greater community COVID-19, and must offer their residents the opportunities for interactions through telephone, skype, zoom, or other platforms.
- Setting locations for certain services may be temporarily waived in order to move recipients to a new facility because of a COVID-19 concern. Services may be temporarily billed for in an unlicensed setting if the following conditions are met:
 - 1) The provider has filed a report thru Central Intake for affected recipients; and
 - 2) The provider has contacted Residential Licensing to seek guidance and request temporary licensure.

Modification of Processes for LOC

- SDS may extend LOC determinations for up to one year to reduce contact and burden on recipients and State staff.
- SDS may conduct initial and annual reassessments via telehealth. A separate process is being created to be shared with providers and recipients.
- SDS can securely communicate electronically with Care Coordinators thru DSM but determinations mailed to recipients may be delayed. SDS is working on processes to send information without additional risk to State staff.

Modification of Processes for Support Plan

- SDS **cannot** automatically extend support plans for any recipients. The care coordinator must facilitate a planning meeting and discuss needs with the recipient. If no changes are requested at the time the support plan is due for renewal, the care coordinator will check that box on the **Appendix K COVID-19 Person Centered Support Plan Request** and submit for approval; service authorization staff will authorize services for up to an additional 12 months.
- If changes are needed due to COVID-19, a care coordinator must still facilitate a planning meeting to discuss needs with the recipient and indicate the changes on the **Appendix K COVID-19 Person Centered Support Plan**. Duration and Frequency must be clearly indicated on the form.

- Amendments due to COVID-19 must be submitted using the **Appendix K COVID-19 Person Centered Support Plan Request** within 30 days of the change instead of the normal 10 day timeline.
- Any changes in regular services or needs not related to COVID-19 will be submitted and processed as normal.
- All requests should be submitted through DSM at this time.

Temporary Increase of Payment Rates

The Department may increase the rate a provider is currently receiving for each recipient by 25% if the recipient or someone in the recipient's household is quarantined because of COVID-19 for the following services ONLY:

- Residential Habilitation Group Home
- Residential Habilitation Family Home Habilitation
- Residential Supported Living
- Respite
- Chore

A certified provider of a service identified above is eligible for a 25% rate increase if the following conditions are met:

1. The agency or home submitted a report to Central Intake **for each affected recipient**.
2. The agency or home operates as a certified entity in one of the categories of services eligible for this additional benefit.
3. The agency or home is NOT also requesting a retainer rate for the recipient receiving 24/7 care in an ALH (Chore and Respite are excluded from receiving a retainer rate)
4. The recipient or someone else in the recipient's household has been diagnosed by a medical professional as having an active COVID-19 infection. If a test is not available, the physician's attestation that quarantine is necessary because of an active COVID-19 infection is sufficient. The provider should obtain documentation from the physician whenever possible to include in the recipient's file.

Central Intake and Quality Assurance will process the reports and route for service authorization when all of these conditions are met.

This request for a rate increase **does not** go on the **Appendix K COVID-19 Person Centered Support Plan Request** and is not requested by the Care Coordinator.

These additional funds are meant to help cover the additional costs for serving these recipients. The Department will determine if the 25% additional payment should be increased based on the needs identified through the established process.

Retainer Payments

- Retainer rates are intended to hold a bed in a 24 hour facility and may be approved for a maximum of 30 days if the following conditions apply:
 - 1) A report was submitted to Central Intake for each affected resident;

- 2) The resident is being treated outside the ALH for COVID-19;
- 3) The ALH expects to continue to serve the recipient after the illness period;
- 4) The recipient was prior authorized to receive one of these services:
 - a) Residential Habilitation: Group Home
 - b) Residential Habilitation: Family Home Habilitation
 - c) Residential Supported Living

SDS is seeking clarification from CMS about allowing providers of other services to receive retainer payments. If allowed, Appendix K will be amended and additional guidance will be issued to providers.

- Retainer rates will be the same rate that the recipient was getting before the COVID-19 emergency. A provider cannot receive an enhanced COVID-19 rate as a retainer rate.
- Central Intake and Quality Assurance will process the reports and route for service authorization when all of these conditions are met. Per CMS rules, the retainer rate cannot be approved for longer than 30 days.
- This request **does not** go on the **Appendix K COVID-19 Person Centered Support Plan Request** and is not requested by the Care Coordinator.