

Instructions for Appendix K COVID-19 Person Centered Support Plan Request Form

General information

When to use this form

Care Coordinators can use this form for **one of two purposes**:

To request extension of a recipient's current approved support plan, without changes of any kind to the currently approved services. This completed and approved form is considered an annual support plan and the care coordinator may request reimbursement for it as an annual support plan. You must follow and document regulatory requirements for a support plan such as but not limited to having planning meetings and gathering signatures/attestations of meeting participants.

Or

To request changes related to a need brought about by COVID-19 to current services in a recipient's approved support plan. Use this support plan form starting March 11 2020.

A care coordinator may request COVID-19 related changes to a current support plan using this form within 30 days of the change. Please include a narrative if the request is beyond 30 days.

Instructions

Fill out the demographics and the select the waiver type at the top of the form.

Enter the date you are submitting the form.

Section A

General Information

If the recipient has demonstrated higher needs for care coordination, you may request to deliver up to 2 monthly care coordination units per month **through August 8, 2020**. You must perform and document monthly care coordination activities to meet the level of 2 units in the requested months.

If this applies, choose the box for additional care coordination monthly units.

If the recipient is not requesting changes to the support plan and would like an extension for the plan year, check the appropriate box.

Attach a completed regular UNI-14 or UNI-14A to show requested units and duration.

If the recipient needs changes to the support plan due to COVID-19 related needs, check the box. Include a COVID Uni-14 or Uni-14A to show changes requested. You will then fill out Section B.

Section B

General Information

Here you are requesting changes to services due to COVID-19 related recipient needs.

Please note the MAXIMUM service duration **is December 31, 2020** or until the Emergency Declaration ends, whichever is sooner.

For all waiver types

Requesting Increased Respite and/or Chore services

A recipient may request an increase to **currently approved** Respite and/or Chore services related to COVID-19 needs. If this applies, fill out the service request grid.

Describe how the increase in Respite and or Chore services will meet the changed needs of the recipient due to COVID-19.

Check the boxes to indicate if providers live with or are related to the recipient.

For all waiver types

Fill out the settings section if currently approved services will be provided in an alternate setting **only if there are also other changes to the currently approved services contained in other areas of this form.**

If the service is changing in ways other than just the setting, describe how the services provided in the alternate setting will meet the recipient's current needs due to COVID-19.

Examples include: Receiving day habilitation or adult day via distance delivery (in an online real time format). Receiving in home supports or supported living at a different home. Moving to an alternate residence due to COVID-19.

Please note the MAXIMUM service duration **is December 31, 2020** or until the Emergency Declaration ends, whichever is sooner.

Check the boxes to indicate if providers live with or are related to the recipient.

For all waiver types

Requesting minor adjustments

Fill out the service grid to request minor adjustments to **currently approved** services. Minor adjustments are small changes such as changing group day habilitation to individual day habilitation; changing individual day habilitation to group day habilitation; or changing congregate meals to home delivered meals.

If goals and objectives are changing to comply with the purpose of the service, use the regular amendment process.

Describe how the minor adjustment will meet the recipient's needs due to COVID-19. For example the recipient will be doing day habilitation with a group online class rather than individual day habilitation, due to the health mandate for social distancing.

Please note the MAXIMUM service duration **is December 31, 2020** or until the Emergency Declaration ends, whichever is sooner.

For ISW only

Requesting an additional \$5,000.00 for services to meet COVID-19 related needs

Request an additional \$5,000.00 to allow reimbursement for additional **currently approved** services due to the recipient being treated for COVID-19, or because the primary unpaid caregiver is unavailable to assist them due to COVID-19.

A recipient can request this COVID-19 related funding whether or not approved for the additional (non-COVID) \$5,000.00 ISW funding across three years that is allowed by regulation.

Fill out the service grid to request increases in currently approved services to meet COVID-19 related needs.

Describe how the services will meet the recipient's COVID-19 related needs.

Please note the MAXIMUM service duration is **December 31, 2020** or until the Emergency Declaration ends, whichever date is sooner.

Section C

Planning team, attestation and signatures

Sign the form and obtain the recipient/representative signature or written attestation. Provide the date of signature or attestation.

Obtain HCBW agency signatures by emailing the completed using DSM.

If you are unable to obtain signatures describe methods you used for the recipient and providers to participate in the planning meeting, agree upon and provide Consent for this support plan.

Reminders

Use the regular amendment process if the recipient is requesting new services or changes in provider, service amounts, or ending a service.

Use the regular renewal process to request non-COVID changes to a support plan.

If you are requesting an additional unit of care coordination per month you must perform and document all required care coordination activities to the level of 2 units per month.

This form is subject to change and revision at any times due to the changing circumstances created by the current COVID-19 state of emergency declaration. The Division reserves the right to request submissions be on the required COVID form.

Email questions to SDSTraining@alaska.gov