

April 29, 2020

Frequently Asked Questions (FAQ) - COVID-19 Appendix K

FAQ for COVID-19 Appendix K for the Medicaid Home and Community Based Services (HCBS) Aged and Disabled (AD) Waiver and the Traumatic Brain Injury (TBI) Waiver

Q: What is an Appendix K?

A: An Appendix K is a waiver that allow states to alter, during an emergency, how they provide home and community-based services (HCBS) through their Medicaid programs to individuals who need nursing home level of care that is provided in beneficiaries' homes and communities.

Q: What does the COVID-19 Appendix K do to help participants and providers?

A: For participants affected by the outbreak of COVID-19 or the recommended closures, isolation, quarantines, or for individuals following the Centers for Disease Control and Prevention (CDC) guidelines for those who are aged or disabled, the Appendix K will temporarily:

- Allow certain services to be delivered in alternative settings
- Allow additional days of respite services to be authorized
- Allow electronic methods of service coordination
- Allow for an increase in Chore provider payment rates
- Include non-medical transportation temporary changes

Q: What is the effective date of this COVID-19 Appendix K?

A: The start date is March 6, 2020 and the end date is September 6, 2020. The AD and TBI Appendix K documents are posted on the DHHS-MLTC website at: <http://dhhs.ne.gov/Pages/HCBS-Stakeholder-Meetings.aspx>.

Q: Which services may be temporarily delivered in alternative settings?

A: For anyone affected by the outbreak of COVID-19 or the recommended closures, isolation, quarantines, or for individuals following the CDC guidelines for those who are aged or disabled, the Nebraska Department of Health and Human Services Division of Medicaid and Long-Term Care (DHHS-MLTC) will allow chore, respite, extra care for children with disabilities, and home delivered meals services to be delivered in alternative settings.

If needed, assisted living services may be provided in another temporary location to allow participants to receive services in a safe and accessible environment, as long as the participant's needs are still being met. Allowed temporary locations include: hotels, shelters, schools, churches, or other local health department designated areas for displaced individuals. Additionally, if a participant is relocated to a hospital or skilled nursing facility, but is not formally admitted as a patient, assisted living waiver services may be provided in those settings temporarily.

Q: Can service limitations be exceeded temporarily?

A: The respite cap of 360 hours annually may be exceeded for up to an additional 84 hours for individuals under quarantine or following the CDC guidelines for those who are aged or disabled. Service coordinators will increase authorizations by 84 hours to accommodate the need and include a statement on the service authorization explaining the extra 84 hours are for COVID and should be used prior to September 6, 2020.

Q: Can Nebraska's Medicaid HCBS waiver services be delivered in another state?

A: Yes, if the only temporary, safe, and accessible setting for a participant is outside of Nebraska, the participant may receive any waiver service in another state until it is safe to return to their Nebraska residence. A provider has to be enrolled in Nebraska Medicaid. Other than the location/setting requirements, the services provided in another state must still be provided in accordance with the waiver service definition. Service coordination staff will monitor the services through monthly contacts via telephone.

Q: Will there be any temporary changes for provider enrollment or re-enrollment?

A: No changes in enrollment requirements for providers are occurring. A provider can inquire with their assigned worker at their local area agency on aging, League of Human Dignity, or Department of Health and Human Services office for additional information on alternative procedures for meeting these requirements.

Q: Will sites where services are provided still need to complete setting assessments for the HCBS Final Settings Rule?

A: HCBS Final Rule setting assessments will be reviewed through a phone call between the assigned worker and the administrator/director/owner. The outcomes will be addressed via telephone, email, or mail. The on-site assessment will be scheduled when local or facility restrictions allow.

Q: Child Care Subsidy is allowing providers to bill absent days up to the authorized hours the child typically attends their program, is this allowed for the AD waiver service?

A: No, extra care for children with disabilities do not have the same flexibilities as child care subsidy. The AD waiver service must be rendered in order for billing to occur. The service will continue to be authorized for services as outlined in 480 NAC regulations.

Q: Are temporary retainer payments going to be implemented due to COVID-19?

A: No retainer payments are available for the AD waiver.

Q: As a provider, how do I turn in my billing documents during COVID-19?

A: Billing is still being processed in the same way. For specific information on how offices are accepting documents, please contact the office listed on the billing document and ask for local procedures.

Q: Can an independent provider file for unemployment benefits?

A: Yes, at this time an independent provider can file for unemployment benefits at <https://www.dol.nebraska.gov>.

Q: What are some temporary changes to how service coordination will operate?

A: The following are some temporary changes of how service coordination will operate:

- The level of care (LOC) assessment requirement may be conducted by telephone or by electronic means as long as in accordance with HIPAA requirements. The LOC must be reviewed upon the next available face-to-face evaluation to ensure the participant's needs are correctly documented
- The service coordinator will document the modification in the assessment on the LOC form
- The service coordinator will modify the waiver worksheet as a part of the plan of services and Supports (POSS) to allow for additional supports and or services to respond to the COVID-19 pandemic. Updated service authorizations can be created prior to updating the waiver worksheet. Updates to the waiver worksheet will need to occur as soon as possible and specify the start date, among other changes.
- Monitoring how services are delivered as specified in the service plan will continue as outlined in the approved waiver. Service coordination staff will monitor the services through a minimum of monthly contacts via telephone or electronic means.
- Participants who do not utilize waiver services for more than 60 days will remain on the waiver.
- Activities to maintain the participant's file and keep documentation up to date will continue. In the event that an active AD or TBI Waiver participant no longer meets eligibility requirements, the case and service authorizations will remain open until the end of the COVID-19 pandemic. Documentation on the LOC form and in the case narrative will state "Due to the COVID-19 Pandemic, the (AD or TBI) waiver case will remain open at this time and will be administratively reviewed in 3 months or when otherwise directed."
- Active AD waiver and TBI waiver cases will only be closed if the participant: requests closure, becomes a resident of another state, or dies.
- Service coordinators will continue to follow incident reporting guidelines for COVID-19 related exposure.

Questions regarding the AD and TBI waiver Appendix Ks can be sent to DHHS.ADWaiverFAQ@Nebraska.gov.