

**North Carolina Medicaid
CAP/C and CAP/DA Appendix K Desktop Toolkit**

Case Management (CM) Flexibilities

Flexibilities are approved through the expiration of Appendix K, or the pandemic is no longer a public health emergency, whichever comes sooner:

1. Initial, annual and change in status telephonic assessments – assessment for applicant seeking enrollment and waiver participant seeking continued participation in the waiver program.
2. Telephonic monitoring of health, safety and well-being through monthly and quarterly contact with waiver participant and qualified providers to monitor effectiveness of service plan, critical incidents and linkage to Medicaid and community resources to meet needs.
3. Allowance for additional reimbursement in case management dollars when a waiver participant is diagnosed with COVID-19 and requires extensive monitoring and linkage to healthcare services; or for waiver participant who requires extensive monitoring and linkage to assess health care services as a result of COVID-19 mandates of business closures and stay-at-home orders, as evidenced in documented case notes.

Process to use to create a Plan of Care (POC) using flexibilities:

Case Management Engagement	Eligibility Requirement	Case management requirements	Case Management Claiming
Telephonic Initial Assessment	Applicants placed in assessment assignment queue on or before March 13, 2020, but not before Feb. 01, 2020 through the expiration of Appendix K, or the pandemic is no longer a public health emergency, whichever comes sooner.	CM to conduct HIPAA-compliant initial assessment telephonically or by telehealth-secure technology with audio and video capabilities include smart phones, tablets and computers. Popular applications that allow for video chats include Apple FaceTime, Facebook Messenger video chat, Google Hangout videos, and Skype.	\$377.00+ rate % increase
Telephonic Annual Assessments	Applicants placed in assessment assignment queue the month of March and thereafter through the expiration of Appendix K, or the pandemic is no longer a public health emergency, whichever comes sooner.	CM to conduct HIPAA-compliant annual assessments telephonically or by telehealth-secure technology with audio and video capabilities include smart phones, tablets and computers. Popular applications that allow for video chats, include Apple FaceTime, Facebook Messenger video chat, Google Hangout videos, and Skype.	\$377.00+ rate % increase
Monthly and quarterly monitoring	All waiver participants	Monitoring of the service plan and linkage to resources that are identified to mitigate risk per the current policy guidelines. Weekly monitoring contacts to monitor waiver participants who are: Diagnosed with COVID-19; or assigned a legally responsible person, live-in relative or non-live-in close kinship relative to temporarily act in role of in-home aide, pediatric nurse aide or personal care assistance.	\$377.00+ rate % increase

Procedures for case manager to follow:

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1. To claim full reimbursement for case management for telephonic engagement, the case manager must contact the waiver participant or responsible person/primary caregiver and the qualified services providers who are rendering services listed on the plan of care (POC) within the claiming month per the CAP Clinical Coverage Policies, CAP/C, 3K-1 and CAP/DA, 3K-2.
2. To claim full reimbursement for an initial assessment, the case management entity must arrange for and conduct the assessment telephonically or by telehealth within the claiming month. The assigned assessor(s) will review all sections of the comprehensive assessment with the applicant and his or her primary caregiver/responsible person. The assessor may use the following strategies that are HIPAA compliant to complete the assessment: secure technology with audio and video capabilities including (but not limited to) smart phones, tablets and computers. Popular applications that allow for video chats, include Apple FaceTime, Facebook Messenger video chat, Google Hangout videos, and Skype.
3. The case manager will call the waiver participant monthly to monitor care needs and provision of waiver services while ensuring HIPAA-compliance. The case manager will also discuss with the waiver participants the COVID-19 monitoring log and other concerns the waiver participant may have specific to COVID-19.
4. The case manager will call the waiver participants and service provider during the regularly scheduled multidisciplinary treatment team meeting, review with all parties the components on the quarterly monitoring visit tool and also discuss with the waiver participants the COVID-19 monitoring log and other concerns the waiver participant may have specific to COVID-19, the In-home aide or pediatric nurse aide as well as participants reviewing nursing care supervisory visit and any need for additional support to the waiver participant or In-home aide or pediatric nurse aide.
5. A POC revision is required to seek approval for additional case management reimbursement for waiver participant who is diagnosed with COVID-19 and additional case management time is needed as evidence of document case notes.
6. A POC may be retroactive to March 13, 2020 for case management.

Disclaimer: Policies and procedures outlined in the CAP/C and CAP/DA Clinical Coverage policies must be adhered to when flexibilities listed above for case management are implemented.

CAP/C,3K-1 Clinical Coverage Policy - https://files.nc.gov/ncdma/documents/files/3K-1_4.pdf

CAP/DA,3K-2 Clinical Coverage Policy - <https://files.nc.gov/ncdma/documents/files/3K2-CAP-DA.pdf>

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Participant Goods and Services (P&G) Flexibilities

Approved flexibilities – CAP specific personal protective equipment (PPE) are approved through the expiration of Appendix K, or the pandemic is no longer a public health emergency, whichever comes sooner:

- Disinfectant wipes and spray
- Hand sanitizer
- Touch-free or temporal scanner thermometer
- Facial tissue
- Colored trash liners/biohazard bags

Process to create a Plan of Care (POC) using these flexibilities:

Expanded P&G	Eligibility Requirement	Max utilization amount	Maximum reimbursement amount	Approved Procurement Process	Billing Agent
Disinfectant wipes	Use by non-live in in-home aide, pediatric nurse aide or personal care assistance	1 packet or container per month	\$7.99 + shipping	On-line orders from: Walgreen Walmart Example of a 3-month order supply (Mar -May)	Case management entity using procedure code T2025 Claims should be submitted for 3-month supply and upload of invoice/receipt with waiver participant address to eCAP
Hand sanitizer	Use by non-live-in in-home aide, pediatric nurse aide or personal care assistance		\$5.99 + shipping	On-line orders from: Walgreen Walmart Example of a 3-month order supply (Mar -May)	Case management entity using procedure code T2025 Claims should be submitted for 3-month supply and upload of invoice/receipt with waiver participant address to eCAP
Disinfectant spray	Use by non-live-in in-home aide, pediatric nurse aide or personal care assistance	1 can per month	\$7.99 + shipping	On-line orders from: Walgreen Walmart Example of a 3-month order supply (Mar -May)	Case management entity using procedure code T2025 Claims should be submitted for 3-month supply and upload of invoice/receipt with waiver participant address to eCAP
Touch-free or temporal scanner Thermometer	All waiver participants who are maintaining a COVID-19 monitoring log and when financially not able to purchase	1	\$80.00 + shipping	On-line orders from: Walgreen Walmart	Case management entity using procedure code T2025 Claims should be submitted and uploaded to eCAP of invoice/receipt with waiver participant address

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Facial tissue	Waiver participant or family member who has contracted the COVID-19	2 boxes per month through public health emergency	\$1.99 + shipping	On-line orders from: Walgreen Walmart Example of a 3-month order supply (Mar -May)	Case management entity using procedure code T2025 Claims should be submitted for 3-month supply and upload of invoice/receipt with waiver participant address to eCAP
Colored trash liners lavender; green; blue; yellow Or Biohazard bags	Waiver participant or family member who has contracted the COVID-19 and is being treated at home	1 package per month through the public health emergency	\$6.99 + shipping	On-line orders from: Walgreen Walmart Example of a 3-month order supply (Mar -May)	Case management entity using procedure code T2025 Claims should be submitted for 3-month supply and upload of invoice/receipt with waiver participant address to eCAP

Procedures for waiver participant/family member and in-home aide, pediatric nurse aide or personal care assistance to follow:

1. A plan of care revision change of status assessment plan of care or initial plan of care is required to request flexibilities listed in the above chart.
2. The CAP specific PPE of Disinfectant wipes; Hand sanitizer, Disinfectant spray and thermometer should be used by hired in-home aide, pediatric nurse aide or personal care assistance. The P & G should be labeled to distinguish PPE for in-home aide, pediatric nurse aide or personal care assistance specific use while providing services to the waiver participant. The PPE should be placed near the entrance in the home the in-home aide, pediatric nurse aide or personal care assistance is requested to use.
3. The waiver participant/primary caregiver should ask the in-home aide, pediatric nurse aide or personal care assistance if they have a fever or other COVID-19 symptoms prior to the beginning of each shift. When the waiver participant is approved to receive a touch-free or temporal scanner thermometer, the COVID-19 monitoring log is required to be used and completed daily. The waiver participant should be scanned with the touch free thermometer each day and the temperature and the responses to the other inquires on the log should be recorded daily. The waiver participant may be assisted to complete this task by his or her hired worker, primary caregiver or another live-in household member.
4. When the waiver participant is approved to receive a touch-free or temporal scanner thermometer, the waiver participant may use the thermometer to scan the temperature of the in-home aide, pediatric nurse aide or personal care assistance prior to the start of the shift to monitor identified symptoms of COVID-19, if an agreement is reached for the temperature of the in-home aide, pediatric nurse aide or personal care assistance to be monitored. When a temperature reading for an in-home aide, pediatric nurse aide or personal care assistance is 100.4 °F or more, the waiver participant and the in-home aide, pediatric nurse aide or personal care assistance should determine the need to seek health care advice. A separate monitoring log should be used for the in-home aide, pediatric nurse aide or personal care assistance. The touch-free or temporal scanner thermometer should be cleaned after each use.
5. The in-home aide, pediatric nurse aide or personal care assistance should use the disinfectant wipes and spray to clean surfaces the waiver participant and in-home aide, pediatric nurse aide or personal care assistance will share.
6. If the waiver participant or family member become infected with COVID-19, facial tissue should be used to cover coughs and sneezes.
7. If the waiver participant or family member become infected with COVID-19, colored trash liners or biohazards bags should be used to collect used linen and clothes.

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8. If the waiver participant or family member contracts COVID-19, PPE such as face mask, eyes shield and gowns in addition to using traditional PPE standards should be used by the in-home aide, pediatric nurse aide or personal care assistance. The waiver participant should seek specific guidance from their medical professional and work closely with Home Health (HH) and Durable Medical Equipment (DME) providers to obtain newly identified PPE.

Disclaimer: Policies and procedures outlined in the CAP/C and CAP/DA Clinical Coverage policies must be adhered to when flexibilities listed above for participant goods and services and individual directed goods and services are implemented.

CAP/C,3K-1 Clinical Coverage Policy - https://files.nc.gov/ncdma/documents/files/3K-1_4.pdf

CAP/DA,3K-2 Clinical Coverage Policy - <https://files.nc.gov/ncdma/documents/files/3K2-CAP-DA.pdf>

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Training/Education/Consultative Service Flexibilities

Flexibilities are approved through the expiration of the Appendix K, or the pandemic is no longer a public health emergency, whichever comes sooner:

1. Payment to paid caregivers including newly hired legally responsible person, live-in relative or non-live-in close kinship relative to receive a one-time training in understanding the purpose of personal protective equipment (PPE) and how to properly use PPE.
2. Payment for cardiopulmonary resuscitation (CPR) certification when a new employee is hired quickly to mitigate risk from COVID-19.
3. Payment for training on how to administer other treatment regimens if the waiver participant contracts COVID-19 and needs the assistance to carry out treatment at home.

Process to use to create a Plan of Care (POC) using these flexibilities:

Expanded Training, Education or Consultative Services	Eligibility Requirement	Max utilization amount	Maximum reimbursement amount	Approved Procurement Process	Billing Agent
PPE/Safety data Bloodborne pathogens	Newly hired legally responsible person, live-in relative or non-live-in close kinship relative	1 on-line training session	\$25.00	Accredited Educational Institutions- American Red Cross or National CPR Foundation	Case management entity using procedure code S5111
CPR Certification	Newly hired legally responsible person, live-in relative or non-live-in close kinship relative	1 on-line class	\$30.00	Accredited Educational Institutions - American Red Cross or National CPR Foundation	Case management entity using procedure code S5111
COVID-19 Treatment Orders	All paid employees	Up to 2 on-line training sessions	\$50.00	Accredited Educational Institutions - American Red Cross or National CPR Foundation	Case management entity using procedure code S5111

Procedures for case managers and financial managers to follow when legally responsible person, live-in relative or non-live-in close kinship relative is newly hired or when a non-related employee is hired at the request of the waiver participant/primary caregiver:

1. When a legally responsible person, live-in relative or non-live-in close kinship relative is hired, the financial manager will assess the legally responsible person, live-in relative or non-live-in close kinship relative’s knowledge by completing the following checklist:
 - a. Do you know what PPE is?
 - b. Who should use PPE?
 - c. Is washing your hands a good way to not spread germs and viruses?
 - d. Do you know what safety data sheets are?
 - e. Where could you find information about safety data sheets?
 - f. Do you know what bloodborne pathogens are?
 - g. Do you know how to manage bloodborne pathogens?

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2. 2. The waiver participant/primary caregiver will assess the legally responsible person, live-in relative or non-live-in close kinship p relative's knowledge by completing the following checklist:
 - a. Do you know what PPE is?
 - b. Who should use PPE?
 - c. Is washing your hands a good way to not spread germs and viruses?
 - d. Do you know what safety data sheets are?
 - e. Where could you find information about safety data sheets?
 - f. Do you know what bloodborne pathogens are?
 - g. Do you know how to manage bloodborne pathogens?

When the newly hired employee answers no to 3 out of the 7 questions, the case manager should arrange for an on-line training through the American Red Cross or National CPR Foundation in PPE, SDS, or bloodborne pathogens. The case manager will set-up an account for the newly hired employee to complete the on-line trainings. Setting up the account includes the payment of the identified on-line training course.

3. When a waiver participant has contracted COVID19, the waiver participant or legally responsible person will work closely with medical professionals to identify the need for specialized training that is not provided to mitigate risks of the spread of the virus. The hired legally responsible person, live-in relative, non-live-in close kinship relative will inform the waiver participant's case manager so that the case manager may arrange for on-line training or a linkage to a Durable Medical Equipment vendor or a Home Health Agency. For newly identified on-line training, case manager will set-up an account for the newly hired employee to complete the on-line trainings. Setting up the account includes the payment of the identified on-line training course.

When a legally responsible person, live-in relative or non-live-in close kinship relative is hired, or an employee at the request of the waiver participant/primary caregiver, the financial manager will assess the newly employee to identify if he or she has an active CPR certification. If the newly hired person does not have CPR certification, the case manager will set-up an account for the newly hired employee to complete the on-line trainings. Setting up the account includes the payment of the identified on-line training course.

4. The on-line certification must be obtained within 30-days of the worker agreement.
5. The case manager will schedule the training for the legally responsible person, live-in relative or non-live-in close kinship relative by creating a training registration and entering in the legally responsible person, live-in relative or non-live-in close kinship relative relative's email, contact and other pertinent information to participate in the training. The case manager will set up an account to pay the invoice for the approved training to seek reimbursement from NCTracks.

Disclaimer: Policies and procedures outlined in the CAP/C and CAP/DA Clinical Coverage policies must be adhered to when flexibilities listed above for training/education and consultative services are implemented.

CAP/C,3K-1 Clinical Coverage Policy - https://files.nc.gov/ncdma/documents/files/3K-1_4.pdf

CAP/DA,3K-2 Clinical Coverage Policy - <https://files.nc.gov/ncdma/documents/files/3K2-CAP-DA.pdf>

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In-home care, pediatric nurse aide, personal care assistance and congregate services flexibilities

Flexibilities are approved through the expiration of the Appendix K or the pandemic is no longer a public health emergency, whichever comes sooner:

1. Ongoing enrollment when waiver participant is not able to use services outlined in the service plan and POC
2. Payment to a paid legally responsible person, live-in relative, non-live-in close kinship relative to render personal care services as assessed in the assessment and outlined in the frequency, duration and amount in an approved service plan and POC.

Process to use to create a Plan of Care (POC) using these flexibilities:

In-home care, pediatric nurse aide, personal care assistance and congregate flexibilities	Eligibility Requirement	Max utilization amount	Case Management requirements	Fiscal Intermediary requirements	Medicaid Claiming
Ongoing participation	All waiver participants	Through Appendix K or the pandemic is no longer a public health emergency, whichever comes sooner	CM to conduct monthly & quarterly telephonic contacts Linkage to resources to arrange services listed on the POC Weekly monitoring when diagnosed with COVID-19	Processing retainer payments if applicable	CME - \$377.00+ rate % increase FMS - \$93.00+ rate % increase
Payment to legally responsible person, live-in relative or non-live-in close kinship relative	Waiver participant who does not have access to an In-home care, pediatric nurse aide, personal care assistance or congregate services directly related to COVID-19	maximum Medicaid rate taking into consideration of Department of Labor Laws and IRS withholding s	Arranging for training when determined necessary by the FMS Weekly contact with waiver participant to assess that care is being provided per the service plan Collaborating with FMS to approve timesheets when discrepancies are presented Assess the need to extend employee agreements	Enrollment in COVID-19 Consumer Direction Lite program Completion of an assessment of training needs Implementation of an employee agreement Appointing case manager as consumer direction representative	FMS - \$93 + rate % increase enrollment & \$93.00 + rate % increase monthly financial management

Procedures for case managers and financial managers to follow when a legally responsible person, live-in relative or non-live-in close kinship relative is newly hired:

1. Waiver participants who are assessed that waiver services cannot be used should be assessed quarterly due to limited community resources or other barriers as a result of COVID-19. This type of assessment should occur quarterly, for example between March 1, 2020- May 30, 2020, with the case management entity arranging to revise the service plan to list services per new utilization patterns. New

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service authorizations will be generated per service provider. During each monthly monitoring contact and the quarterly contact, when applicable, the case manager will work with the waiver participant to link to needed service consistent with assessed needs.

2. When a waiver participant is not be able to access the services listed in the POC, on a quarterly basis from the effective date of the approved Appendix K, specifically beginning in the month of June 2020, the case manager must reassess needs of the waiver participant to identify care needs including all flexibilities implemented by NC Medicaid to mitigate risks as identified in the latest assessment.
3. When a legally responsible person, live-in relative, non-live-in close kinship relative is interested in becoming the paid caregiver, the following qualifying requirements are enforced:
 - a. Waiver participant shall enroll in COVID-19 Consumer Direction Lite program, a streamline process to quickly onboard a paid caregiver during the public health emergency.
 - b. The case manager is assigned as the personal representative to oversee plan of care development of the waiver participant to confirm the care needs and timesheets were completed and carried out by the legally responsible person, live-in relative or non-live-in close kinship relative accurately when discrepancies are presented.
 - c. The case manager will revise the service plan or perform a change in status assessment to initiate a Consumer Direction Lite program plan of care. The case manager will answer no to all self-assessment questionnaire validation but answer yes that the waiver participant is approved to self-direct care. When a revised POC is completed, the maximum hours for legally responsible person, live-in relative, non-live-in close kinship relative must not exceed 40 hours per week. The POC revision must include the newly legally responsible person, live-in relative or non-live-in close kinship relative and training/education and consultative services (covers the expense for CPR certification).
 - d. A competency skill checklist must be completed by the case manager on the legally responsible person, live-in relative, non-live-in close kinship relative. The completed competency skill checklist must be uploaded in e-CAP in the supporting documents queue. The case manager will review the responses provided to identify the need for training as specified in the training/education/consultative service. The case manager will inform the legally responsible person, live-in relative or non-live-in close kinship relative of the training recommendation and the plan to arrange on-line training. The legally responsible person, live-in relative, non-live-in close kinship will assist the case manager in arranging the on-line training by creating an on-line account independently or providing the case manager with an email address for the case manager to create an account for the legally responsible person, live-in relative, non-live-in close kinship to use to complete training.
 - e. When the legally responsible person, live-in relative, non-live-in close kinship relative is determined eligible to be the paid caregiver, the case manager will provide the legally responsible person, live-in relative or non-live-in close kinship relative training packet to review and to complete specific information. The training packet will consist of a Power Point on Health and Safety, Test Your Knowledge Questionnaire, Critical Incident Report, Roles and Responsibilities, Freedom of Choice selection form and Interest Free Case Management guidance.
 - f. The legally responsible person, live-in relative or non-live-in close kinship relative will provide to the financial manager the answer sheet to the test your knowledge questionnaire to assist in finalizing the enrollment during the enrollment in the Consumer Direction Lite program.
 - g. The selected financial management entity will meet with the legally responsible person, live-in relative or non-live-in close kinship relative by HIPAA-compliant telephony to initiate the enrollment into the Consumer Direction Lite program or to add a new worker for waiver participant already enrolled in consumer direction.

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- h. The financial manager shall assess the legally responsible person, live-in relative or non-live-in close kinship relative's knowledge of caring for a physically disabled person during the enrollment by asking the following questions:
 - i. What is PPE?
 - ii. How often should PPE be used?
 - iii. Who should use PPE?
 - iv. What is the importance of safety data sheets?
 - v. Where can I find information about safety data sheets?
 - vi. What are bloodborne pathogens?
 - vii. How to manage bloodborne pathogens?
4. When a legally responsible person, live-in relative or non-live-in close kinship relative is not familiar with 3 out of the 7 areas, the financial manager will convey this information to the case management entity and document it in the enrollment paperwork or new employee packet. The case manager shall arrange for on-line training within 30 calendar days, consistent with the table above, through the American Red Cross or National CPR Foundation.
5. When all enrollment requirements are met or new employee paperwork is completed, the legally responsible person, live-in relative or non-live-in close kinship relative shall sign a 30-day employee agreement consenting to the rate and the activities of Daily (ADLs) and instrumental activities of daily living (IADLs) tasks as identified in the service plan, consistent with the assessed needs. The financial manager shall upload the signed employee agreement in the e-CAP system as supporting documents.
6. Five days before the expiration of the 30-day agreement plan, an assigned case manager will reevaluate the ongoing need for the 30-day agreement. The case manager will assess the following areas:
 - a. The unavailability of the previously assigned in-home aide, pediatric nurse aide or personal care assistance for the 30-day assessment; and
 - b. A public health emergency is still in place; and
 - c. A stay-at home order is still in effect; or
 - d. The waiver participant or a member in the home has contracted COVID-19;
 - e. Without routine assistance with activities of daily living and instructional activities of daily living, the waiver participant health care condition will begin to deteriorate leading to substantial risks; and
 - f. The receipt of unemployment benefits or filing of an unemployment claim by the hired legally responsible person, live-in relative or non-live-in close kinship relative.

When the assessment identifies the ongoing need for a legally responsible person, live-in relative or non-live-in close kinship relative to continue to be the paid caregiver, the financial management agency will be notified to implement a new COVID-19 Employee Agreement to become active on day two of the expiration of the previous agreement.

7. In-home aide and home health agency RN supervisory visits may be conducted using technologies as described that allow the supervising RN to remotely communicate and evaluate services rendered. Supervisory visits can be delivered via HIPAA-compliant, secure technology with audio and video capabilities including (but not limited to) smart phones, tablets and computers. Popular applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangout videos, or skype are also allowed during this period. If the provider is unable to conduct supervisory visits via the above method, the provider must develop and implement a procedure that details the method in which the RN will monitor the beneficiary's care with review of the beneficiary's general condition, progress, and response to the services provided by the in-home care giver.

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8. Exclusion - a legally responsible person, live-in relative or non-live-in close kinship relative who is employed full-time working outside or through a telework agreement. A legally responsible person, live-in relative or non-live-in close kinship relative who signs an employee agreement must provide supporting documentation he or she is no longer employed full-time or provide evidence of an unemployment claim.
9. Waiver participants who may have a close kinship relative, a live-in relative or a guardian assigned to be his or her paid caregiver will not have to change the process in which he or his provided the hands-on personal care services under the waiver.
10. A legally responsible person, live-in relative or non-live-in close kinship relative must abide by the interest free case management policy which can be found in the CAP Clinical Coverage Policies, 3K-1 and 3K-2

Disclaimer: Policies and procedures outlined in the CAP/C and CAP/DA Clinical Coverage policies must be adhered to when flexibilities listed above for training/education and consultative services are implemented.

CAP/C,3K-1 Clinical Coverage Policy - https://files.nc.gov/ncdma/documents/files/3K-1_4.pdf

CAP/DA,3K-2 Clinical Coverage Policy - <https://files.nc.gov/ncdma/documents/files/3K2-CAP-DA.pdf>

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Community Transition

Flexibilities are approved through the expiration of Appendix K or the pandemic is no longer a public health emergency, whichever comes sooner:

Process to use to create a Plan of Care (POC) using these flexibilities:

Community Transition	Eligibility Requirement	Case management requirements	NC Medicaid requirements	Medicaid Claiming
Initial Assessment	Diagnosed with COVID-19 and the medical professional recommends a home setting to be the best placement to manage symptoms and progression of the virus	CM to conduct initial assessment telephonically or by telehealth	Approve as targeted priority group	Case Management \$377.00+ rate % increase
Home Assessment	An established residence that is a primary residence that does not require extensive modification to meet medical needs	CM to conduct home assessment using video enabled service along with collaboration with discharge professionals and medical professionals to identify exact needs to assure a smooth transition to home environment	Approve community transition services to support transition to home	Community transition identified; dollar amount based on needs

Procedures for case manager to follow:

1. The case management entity shall conduct the initial assessment telephonically or through a video enabled service in collaboration with other health care professionals. The assessment may be completed in the institution and the assessment of the home may be completed using a video enabled service with the assistance of the caregiver/legally responsible person. The assigned assessor(s) will review all sections of the comprehensive assessment while also incorporating in the COVID-19 Care Management Plan with the applicant and his or her primary caregiver/responsible person. The case manager will develop a service plan that considers all NC Medicaid flexibilities including the flexibilities under the Appendix K.
2. The case manager will organize a multidisciplinary treatment team to review the health care needs of the waiver participant weekly to assist with the monitoring of COVID-19 and the recovery process.
The case manager will assist the waiver participant and family to arrange a quarantine area for the waiver participant for 14 calendar days to mitigate risk and spread of the virus.

Disclaimer: Policies and procedures outlined in the CAP/C and CAP/DA Clinical Coverage policies must be adhered to when flexibilities listed above for training/education and consultative services are implemented.

CAP/C,3K-1 Clinical Coverage Policy - https://files.nc.gov/ncdma/documents/files/3K-1_4.pdf

CAP/DA,3K-2 Clinical Coverage Policy - <https://files.nc.gov/ncdma/documents/files/3K2-CAP-DA.pdf>

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Meal Preparation and Delivery

Flexibilities are approved through the expiration of Appendix K or the pandemic is no longer a public health emergency, whichever comes sooner:

1. One home delivered meal to a CAP/DA participant who is currently receiving meal preparation and delivery and delivered meal is suspended.

Process to use to create a Plan of Care (POC) using these flexibilities:

Meal Preparation and Delivery	Eligibility Requirement	Max utilization amount	Maximum reimbursement amount	Approved Procurement Process	Billing Agent
One home delivered meal	CAP/DA participant who is currently approved for HCBS meal preparation and delivery and delivered meal is suspended	1 delivered meal per day	\$6.99 including meal and delivery fee	Uber Eats, DoorDash Grub Hub Frozen meals	Case management entity using procedure code S5170; upload to e-CAP invoice/receipt with waiver participant address

Procedures for case manager to follow:

1. When the waiver participant is approved to receive meal preparation and delivery and the meal delivery service is suspended. The case manager shall revise the POC to include the new meal delivery plan in the agreed amount, but not to exceed the maximum limit.
2. When the case manager is not able to identify an alternative meal delivery plan, the case manager shall identify the need to add additional hours of in-home aide services to the to assist with preparing a breakfast or lunch meal.
3. When a legally responsible person, live-in relative or non-live-in close kinship relative is enrolled in the Consumer Direction Lite program, the waiver participant becomes ineligible for the meal preparation and delivery waiver service and the flexibilities it offers.

Disclaimer: Policies and procedures outlined in the CAP/C and CAP/DA Clinical Coverage policies must be adhered to when flexibilities listed above for training/education and consultative services are implemented.

CAP/C,3K-1 Clinical Coverage Policy - https://files.nc.gov/ncdma/documents/files/3K-1_4.pdf

CAP/DA,3K-2 Clinical Coverage Policy - <https://files.nc.gov/ncdma/documents/files/3K2-CAP-DA.pdf>

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Home Accessibility and Adaptation (HAA) or Equipment, Modification and Technology (EMT)

Flexibilities are approved through the expiration of Appendix K or the pandemic is no longer a public health emergency, whichever comes sooner:

- Germicide Air Filters

Process to use to create a Plan of Care (POC) using these flexibilities:

Expanded HAA or EMT	Eligibility Requirement	Max utilization amount	Maximum reimbursement amount	Approved Procurement Process	Billing Agent
Germicide Air Filters	All waiver participants when financially not able to purchase	1 package of 4 per 3-month reassessment of need	Up to \$60.00 + shipping consistent with size	Advanced Allergen, Virus and Bacteria Reduction HVAC Furnace , on-line orders from: Walmart for sizes of: 10x20x1 12x12x1 12x20x1 12x24x1 12x30x1 14x14x1 14x18x1 14x20x1 14x24x1	Case management entity using procedure code S5165; upload to e-CAP invoice/receipt with waiver participant address

Procedures for case manager to follow:

1. The Germicide Air Filters are available to all waiver participants.
2. The approved air filters are Advanced Allergen, Virus and Bacteria Reduction HVAC Furnace filters that may be purchased on-line from Walmart.

Disclaimer: Policies and procedures outlined in the CAP/C and CAP/DA Clinical Coverage policies must be adhered to when flexibilities listed above for training/education and consultative services are implemented.

CAP/C,3K-1 Clinical Coverage Policy - https://files.nc.gov/ncdma/documents/files/3K-1_4.pdf

CAP/DA,3K-2 Clinical Coverage Policy - <https://files.nc.gov/ncdma/documents/files/3K2-CAP-DA.pdf>

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Retainer Payments

Flexibilities are approved through the expiration of Appendix K or the pandemic is no longer a public health emergency, whichever comes sooner:

- Payment to retain an essential documented worker functioning in the role of in-home aide, pediatric nurse aide or personal care assistance or congregate care.

Process to use to create a Plan of Care (POC) using these flexibilities:

Retainer payments	Requirements	Eligibility to receive Retainer Payments	Max Retain amount	Case Management Requirements
In-home aide, personal care assistance Pediatric nurse aide Congregate services	Waiver participant is not able to access service due to sequestration (stay-at-home order) during the public health emergency	Agreement by both waiver participant/primary caregiver Agreement by the retained employee to provide care when the stay-at-home order is lifted Agreement by the waiver participant to allow the employee to return when the stay-at-home order is lifted Employee is not receiving unemployment benefits	100% of hours listed on POC as of 3/27/2020	Conduct a retainer continuation assessment within five days of the expiration of the effective date of an approved Retainer Payments

Procedures for case manager to follow:

1. When a determination is made, using the following assessment questions, that the waiver participant cannot access personal care type services under the CAP waivers, the case manager will conduct an assessment to identify a need to retain the personal care worker to plan for continuity care when the service can be resumed in the future. The case manager will assess the following areas:
 - The agreement of the retainer worker to continue in a retainer agreement; and
 - A public health emergency continues to be in place; and
 - A stay-at home order is still in effect; or
 - The waiver participant or a member in the home has contracted COVID-19;
 - Without routine assistance with activities of daily living and instructional activities of daily living, the waiver participant’s health care condition will begin to deteriorate leading to substantial risks; and
 - The receipt of unemployment benefits or filing of an unemployment claim by the previously assigned in home aide, pediatric nurse aide or personal care assistant.
2. When the determination is completed, and a decision is to retain the essential worker the documented worker (worker working the bulk of the hours weekly) will be offered to enter into a retainer agreement for 30-day consecutive days with an ongoing evaluation assessment monthly.
3. The case manager will create a POC revision to create a retainer payment POC by entering in the exact hours approved in the service plan as of March 27.

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5. When a decision is made to offer a retainer payment and services are still needed to meet the assessed need for assistance with activities of daily living (ADL's) and instrumental activities of daily living (IADL's), the case manager may assess the ability of a legally responsible person, live-in relative or non-live-in close kinship relative to render care in conjunction with retaining the employee. The waiver participant will not be able to agree to accepting a newly assigned in-home aide, pediatric nurse aide or personal care assistance that do not live in the home of the waiver participant.
6. When a legally responsible person, live-in relative or non-live-in close kinship relative is assigned to be the paid caregiver, the case manager and the financial management agency must follow the In-home care, pediatric nurse aide, personal care assistance and congregate flexibilities as described under the a legally responsible person, live-in relative or non-live-in close kinship relative flexibilities on pages 9-12.
7. The retainer payment will include the following:
 - Name and MID of Beneficiary
 - Name of employee who is being retained
 - Authorization period
 - Service Level Agreement: In-home aide, pediatric nurse aide, congregate services or personal care assistance
 - Wage rate;
 - Statement indicating employee disqualification for unemployment, if the retainer payment is accepted.
8. The case manager shall monitor the health care progression of the waiver participant from review of monthly, quarterly contact, critical incident reports, physician visit notes, discussion with the legally responsible person, live-in relative or non-live-in close kinship the and other pertinent providers.
9. When the monthly assessment identifies the ongoing need for a retainer payment, the case management entity will notify NC Medicaid using the workflow functionality in e-CAP. NC Medicaid will implement a new retainer payment to become active on day two of the expiration of the previous employee agreement.
10. VieBridge will submit a prior approval to NCTracks with the personal care or ADH procedure code with the CR modifier for the exact units that matches the POC approved on or before March 27.

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CAP/DA,3K-2 Clinical Coverage Policy - <https://files.nc.gov/ncdma/documents/files/3K2-CAP-DA.pdf>

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COVID-19 Resources: <https://medicaid.ncdhhs.gov/about-us/coronavirus-disease-2019-covid-19-and-nc-medicaid>

CAP/DA webpage: <https://medicaid.ncdhhs.gov/providers/programs-services/long-term-care/community-alternatives-program-for-disabled-adults>

CAP/C webpage: <https://medicaid.ncdhhs.gov/providers/programs-services/long-term-care/community-alternatives-program-for-children>