

**Care Coordinator FAQs for COVID-19
Emergency Declaration
Home and Community Based Waiver Appendix K**

FAQ Contents (click on choice of Section):

[Section I: Initial Applications & Assessment for Level of Care \(LOC\)](#)

[Section II: LOC Renewals](#)

[Section III: When to use & how to complete the COVID-19 Appendix K
Person Centered Support Plan Request Form](#)

[Section IV: Section IV: How to complete the Appendix K Overview](#)

[Section V: Other Questions](#)

**Section I: Initial Applications & Assessment for Level of Care
(LOC)**

Q1: What are the application requirements for Initial Waiver and/or CFC applicants?

A1: Initial (New) applications ([UNI-04](#)) for waiver services must include Appointment of CC ([UNI-05](#)), Release of Information ([UNI-16](#)), medical records, QDC ([IDD-13](#)), and/or VOD's ([UNI-09](#)) to be considered complete; SDS may allow extra time to get those documents, if needed. (**revised 05/18/2020 from Appendix K FAQ*)

Q2: How are assessments for level of care done during the COVID-19 Emergency Declaration period?

A2: Initial and renewal assessments are being conducted using appropriate social distancing methods, including telephonic and telehealth, during this period. (**revised 05/18/2020 from Appendix K FAQ*)

Q3: Are Recipients Rights forms required to be submitted with a Support Plan Request to extend a Support Plan?

A3: No. The Recipient Rights (RR) form will be required upon the next renewal. If there are any changes to the Support Plan, submit the [Uni-02](#) and include acknowledgement of RR form. The Division recently issued guidelines on allowing electronic signatures for use with forms and documentation <http://dhss.alaska.gov/dsds/Documents/covid-19/ElectronicSignatureCOVIDGuidance.pdf>. (**revised 05/18/2020 from Appendix K FAQ*)

Section II: LOC Renewals

Q1: Does the Care Coordinator have to submit renewal applications for all clients who need to renew during the period of the Emergency Declaration?

A1: SDS will complete a file review of all waiver renewals that are due between 3/11/20 and 12/31/20 or until the Emergency Declaration ends, whichever date is sooner. Normal submission timelines should be used. If SDS determines that an assessment is not necessary at this time, SDS will extend the Level of Care for another 365 days without the need for medical documentation or an application. If the file review indicates a concern, like a change in condition, SDS will work with the care coordinator to schedule a tele-health assessment. *(*revised 06/19/2020 from Appendix K FAQ)*

Q2: Will updated Verification of Diagnosis (VOD) or Qualifying Diagnosis Certification (QDC) and medical documentation need to be submitted after the Emergency Declaration period ends?

A2: No. For LOCs that have due dates between 3/11/20 and 12/31/20 or until the Emergency Declaration ends, whichever date is sooner. SDS will complete a file review and may use these existing documents to extend LOC for another 365 days whenever possible. For these plans with LOC extensions, VOD/QDC information will not be required until the following LOC renewal application. For LOCs that will come due after 12/31/20 or until the Emergency Declaration ends, whichever date is sooner, care coordinators should be gathering updated VOD/QDC and all other required information to submit in advance of the LOC due date. *(*revised 06/19/2020)*

Q3: I have completed a LOC renewal application, may I still submit it?

A3: Yes, please submit it as usual.

Q4: Will SDS require signatures on annual renewal LOC Applications, Inventory for Client and Agency Planning (ICAP), and Interims for LOCs that will be coming due on or after 01/01/21? *(*revised 06/19/2020)*

A4: SDS will require follow-up signatures (which can be electronic signatures) on documents that were submitted with verbal attestations during the COVID-19 Emergency Declaration.

Q5: Can I submit a Support Plan using the COVID-19 Append K Person Centered Support Plan Request (short form) more than 60 days in advance?

A5: Plans should be submitted using normal submission timelines, as the Emergency Declaration could end before 12/31/20. SDS wants to reduce the need for additional work for care coordinators. *(*added 06/19/2020)*

Section III: When to use & how to complete the COVID-19 Appendix K Person Centered Support Plan Request Form

The COVID-19 Appendix K Person Centered Support Plan Request Form (aka "Appendix K form") can be used for multiple purposes as long as all the requests are in the same Support Plan year.

Q1: Are there expedited amendments for those needing changes related to COVID-19 testing, quarantine, or illness?

A1: SDS will evaluate amendments submitted on the Appendix K form. If there are COVID-19-related needs, SDS will expedite the amendment. *(*revised 05/18/2020 from original Appendix K FAQ)*

Q2: If a plan expires during the Emergency Declaration period, is an Appendix K form needed to document Social Distancing modifications?

A2: The Appendix K form can be used to renew a Support Plan that is requesting no changes to the current services. Documentation of modifications to accommodate social distancing is not necessary.

Q3: If an agency hires a family member to provide services during the Emergency Health Declaration do we need to submit an Appendix K form to indicate that?

A3: Not for just that. If there are other modifications to made using the Appendix K form, please answer the relationship questions at the bottom of the description box. **NOTE:** Please encourage providers to review the updated (as of April 28, 2020) Appendix K FAQs, as this SDS guidance recently changed.

Q4: Can an Appendix K form be used to extend the current Support Plan if the only change is to drop transportation?

A4: No, the client is dropping a service. This is a change to the current services. Please complete the entire renewal plan on the [Uni-02](#).

Q5: For Support Plans due during the next couple months, do I write the Support Plan as we are today in real time with COVID-19 and shelter in place? Do I estimate when community risk will end and people can return to work, socialization, community activities, etc.?

A5: Support plans should always reflect the needs of the person served. It is not effective to plan services around the pandemic because of its unpredictable nature. If no support plan changes are envisioned to be needed once the Emergency Declaration ends, renew the support plan using the COVID-19 [Appendix K Person Centered Support Plan Request form](#) by checking the support plan extension box in Section (A). Check the box on the form to request COVID-19-related amendments to services identified in Section B. If other changes in services are needed, follow the regular support plan amendment process. (**revised 04/27/2020 from Appendix K FAQ*)

Q6: Can an Appendix K Form be used to request adjustments to CFC Services? Where or how do these changes get requested?

A6: No. Use the Change of Status Form ([UNI-11](#)) for changes in recipient status (address and other). Changes to CFC services require an Amendment to Service Plan form ([CFC-01](#)); write "COVID-19" at the top, and document the change in service notes accordingly. (**revised 05/18/2020 from Appendix K FAQ*)

Q7: We've already submitted an Appendix K form for current changes and now the Annual Support Plan is due. Can I still use a new Appendix K form to request a Support Plan extension of the existing service prior to the Emergency disaster period? Do I need to restate or include all the changes I already submitted on the new Appendix K form?

A7: You may submit an Appendix K form to request Support Plan extension. You do not need to redo the work you've already submitted. Include additional units of CC, Chore or Respite if these were previously requested when you complete the new plan year's cost overview sheet.

Q8: If the Appendix K form will be used to extend the next Support Plan year, can I also request additional care coordination units on the same form?

A8: Yes, both actions can be done on the same form. Just add a line to the cost overview sheet for additional care coordination services to cover the requested months.

Q9: Should Care Coordination be added to the grid of service changes in different settings?

A9: No, regulations currently allow care coordination services to be provided using distance delivery methods such as the telephone and secure video chat. This does not need to be documented on the Appendix K form.

Q10: Are care coordinators only expected to make one contact with the client during this time? If we make two contacts, then we can bill for the 2nd unit of Care Coordination?

A10: No, to bill one unit of care coordination, you must have a minimum of two contacts with the client. The approved Appendix K states the additional unit of care coordination is for supporting people who are without regular services because of service cancellations or who are being quarantined for COVID-19 or who have a primary caregiver who has been quarantined because of COVID-19.

In order to request reimbursement for the additional monthly care coordination unit, you must show there is a significant increased need for additional care coordination services. You must deliver and document care coordination to the level of an additional monthly unit.

Q11: How do I request additional care coordination units on the cost overview sheet?

A11: Add a line below the existing CC monthly service to include service dates between 3/11/20 to 8/8/20.

Q12: What if the client has recently transferred onto my care coordination caseload? Can I still submit the Appendix K form?

A12: Yes, as long as the Appointment of Care Coordination and the Release of information was submitted already, you are the care coordinator of record. This is not a change from the current services.

Q13: Do progress summaries, goals and narratives need to be updated if the plan is extended with the Appendix K form?

A13: Summaries, goals, and narratives will still need to be decided, updated and documented between the client, the care coordinator and the providing Agencies. They do not need to be submitted to SDS. Care coordinators should get updated service delivery notes from the providers for planning purposes.

Q14: Can a care coordinator bill for an annual support plan with no changes to services, if submitted on the Appendix K form?

A14: Yes, care coordinators can request reimbursement for the annual Support Plan development even if there is no change, as long as the care coordinator follows the required Support Plan development process contained in regulation (ie, keeping all parties informed about the client's needs, arranging for and attending the planning meetings, as well as keeping the updated service notes in care coordination files).

Q15: What if there are changes to meds and doctors but no changes to waiver services?

A15: If the client is not requesting any changes to currently approved waiver services, use the Appendix K Form to extend the current Support Plan.

Q16: Which Overview/ Cost Sheet do I submit with an Appendix K form?

A16: The [Uni-14](#), or [14A](#) for ISW. Be sure to update each service and recalculate the units of service.

Q17: Can we use the Appendix K form to renew the Support Plan if the only change is to a service provider?

A17: No, if there is a change of providers, you must submit a renewal Support Plan using the [Uni-02](#).

Q18: Should a Uni-15 Questionnaire form be submitted with an Appendix K support plan extension request, or do we assume last year's answers still apply?

A18: Yes, SDS does expect this to be submitted, as the data is required for SDS performance measures submitted to CMS. The care coordinator should cover this topic in the planning meeting, then submit the completed Questionnaire with the recipient's support plan renewal or extension of support plan. (**revised 05/18/2020 from Appendix K FAQ*)

Q19: If the Support Plan renews on 5/30/20 and I already completed an Appendix K form, will the changes requested carry over the new plan year? Or do I need to do another form?

A19: Changes like requests for additional Chore or Respite or a Group to Individual services should carry over both support plan years depending on how the Appendix K form indicated start and end dates of the changes. You should be able to view the approved form in the Harmony Data System.

Q20: What can the respite hours be increased to? I heard chore can be increased to 15-20 but I didn't hear what respite could be?

A20: SDS is granting reasonable requests for Respite to compensate for the lack of other services. SDS does not need documentation of who the primary unpaid caregiver is or what that person is doing while Respite is provided, but requests for additional Respite must document the COVID-19-related need.

Q21: Can respite be added to a plan now that the individual is at their family home due to COVID-19?

A21: Yes, but you'll have to use a regular amendment form to add Respite or Chore to a Support Plan if not already approved in the Plan.

Q22: The provider would like to offer Day Habilitation through distance delivery using a phone call to guide the person. Do I have to document this on the Appendix K form?

A22: No, unless there is a billing code change (like changing from group habilitation to individual day habilitation, for example). NOTE: this SDS guidance recently changed. Please encourage Providers to review the updated FAQs if they have questions.
*(*revised 04/27/2020 from Appendix K FAQ)*

Q23: Some service agencies are requesting amendments for distance delivery when the recipient has stated they don't want this service provided in this way. It's still the person's choice, right?

A23: Yes, it's always the person's choice how and when to receive services. Appendix K and relaxed State regulations have not changed this. If the current agency can't meet the person's needs, the person can work with their care coordinator to find an agency that can provide services in-person using protocols that safely deliver services while meeting the state's health mandates.

Q24: Can Day Habilitation be provided by a family member under the Appendix K? K form does not list Day Habilitation as a service they could provide.

A24: SDS expects to file an Appendix K amendment with CMS to allow family caregivers with a legal duty to support to provide day habilitation. (SDS already allows family caregivers who don't have a legal duty to support to provide day habilitation services, if they meet the direct service worker eligibility criteria and are hired by an agency.)

Q25: If the agency will hire the guardian/representative/person with duty to support to provide chore or respite, must a Care Coordinator submit an Appendix K Support Plan Request form?

A25: No, as long as there is no request for any other changes to the service.

Section IV: How to complete the Appendix K Overview

Q1: Are the cost overview sheets needed for an appendix K submission or only if there are changes to the cost overview information?

A1: Yes to both.

Q2: Does SDS accept a photo of the signed signature page?

A2: Yes, as long as the photo is of the entire document page and the signature and date are readable. The Division recently issued guidelines on allowing electronic signatures for use with forms and documentation

<http://dhss.alaska.gov/dsds/Documents/covid-19/ElectronicSignatureCOVIDGuidance.pdf>.

Q3: I have a support plan that is due May 15th, there will be no changes. Do I submit the Appendix K form with an updated cost overview sheet with an explanation stating the Guardian was notified and the support plan was discussed?

A3: Yes, your example depicts an acceptable attestation (email, documented phone call) of agreement. Signatures are required from the providers who will be continuing service for the next year.

Q4: ADOBE has a live signature function. Can we use that to capture signatures?

A4: Yes.

Q5: What if we already got provider signatures on the renewal Support Plan, do we need them to sign this form too?

A5: No, if you have a complete uni-02 with signatures, then just submit it.

Section V: Other Questions

Refer to existing Appendix K FAQ for Safety, Certification and Quality Assurance information.

Q1: What is the Emergency Declaration period?

A1: The Governor issued the Emergency Declaration as beginning March 11, 2020 until he issues an end date. SDS is allowing care coordinators to bill a second unit between March 11 and the end of Emergency Declaration period or until August 8, 2020, whichever is sooner.

Q2: Are there any exceptions where we can do a home visit? I have a client who can't get a telemedicine appointment and needs help with technology, like using my phone.

A2: Please refer to State of Alaska [Health Mandates and Health Alerts](#). **(*revised 06/19/2020)**

Q3: An agency asked me to create an Appendix K form to be used to not only provide day habilitation in the recipient's home but also to allow the on-demand use of as many units (already approved for the year) as needed to accommodate the person. I thought we still had to use the same amount approved for the week?

A3: The regulatory amounts have NOT changed. All Habilitative services are approved to support the person's identified needs and their ability to engage with the services. Any request to increase services other than Chore and Respite or to utilize services in a way other than the weekly prior-approved amount must be submitted using the [UNI-02](#) Plan amendment form.

Q4: Have self-audits been postponed or are they still due early June?

A4: The Program Integrity Unit received approval to suspend the deadline for self-audits in the Governor's most recent Order of Suspension, effective April 9, 2020. [SDS E-alert](#), April 29, 2020 updated that provider self-audits have been extended to December 31, 2020.

Q5: Would Care Coordinators be paid for a Support Plan which used the COVID-19 Appendix K Person Centered Support Plan Request form for extending existing services?

A5: Yes, the renewal support plan can be billed when using the COVID-19 Appendix K Person Centered Support Plan Request form.

Q6. Should care coordinators continue providing services by distance delivery?

A6: Appendix K allows flexibility to provide care coordination via distance delivery. Because waiver recipients are higher risk compared to the general population, SDS recommends that care coordinators continue to use distance delivery methods until the Emergency Declaration ends or until further guidance is issued. *(*added 06/19/2020)*