

APPENDIX K: Emergency Preparedness and Response

Background:

This standalone appendix may be utilized by the state during emergency situations to request amendment to its approved waiver. It includes actions that states can take under the existing Section 1915(c) home and community-based waiver authority in order to respond to an emergency. Other activities may require the use of various other authorities such as the Section 1115 demonstrations or the Section 1135 authorities.ⁱ This appendix may be completed retroactively as needed by the state.

Appendix K-1: General Information

General Information:

A. State: North Carolina

B. Waiver Title: CAP/DA

C. Control Number: NC.0132.R07.02

D. Type of Emergency (The state may check more than one box):

<input checked="" type="checkbox"/>	Pandemic or Epidemic
<input type="checkbox"/>	Natural Disaster
<input type="checkbox"/>	National Security Emergency
<input type="checkbox"/>	Environmental
<input type="checkbox"/>	Other (specify):

E. **Brief Description of Emergency.** *In no more than one paragraph each, briefly describe the:* In no more than one paragraph each, briefly describe the:

On January 31, 2020, Secretary Azar used his authority pursuant to Section 318 of the Public Health Services Act to declare a public health emergency (PHE) in the entire United States. On March 11, 2020, as authorized under Title V of the Stafford Act, President Donald J. Trump announced the World Health Organization officially announced novel coronavirus (COVID-19) is a global pandemic.

As authorized under Section 1135 of the Social Security Act, North Carolina is respectfully requesting waivers of certain Medicaid and CHIP requirements to ensure continuity of care and to make it easier for health care providers to deliver Medicaid services while protecting the health, safety and well-being of waiver participants at risk of or impacted by COVID-19 because of their higher risk of severe illness.

2) number of individuals affected and the State's mechanism to identify individuals at risk –

There are currently 10,073 CAP/DA waiver participants being served across the State of North Carolina. Potentially, all those participants are affected by novel coronavirus (COVID-19) outbreak due to their higher risk of severe illness. To facilitate access for waiver participant experiencing COVID symptoms and to limit close contact of other individuals experiencing COVID symptoms, it is important to take actions to reduce the risk of exposure of the virus to these aged and disabled adults and making it easier for health care providers to deliver Medicaid services.

To identify at-risk waiver participants, the State will identify all enrolled waiver participants by an active service plan. A communication notice will be provided to all actively enrolled waiver participants and their assigned case manager informing them of higher risk of severe illness. The case manager will assist each waiver participant to create a COVID-19 emergency plan that will consist of the following elements: health care needs of the waiver participant and family members; how waiver participant or caregivers will be cared for if services were not able to be provided; identification of resources in the community to assist with COVID-19; update to emergency contact list; identification of a safe zone in the home to separate sick individuals from non-sick individuals; plan to obtain prescriptions and food and identification of a plan if the "family's routine day" is altered due to school closures or workplace changes.

The State is requesting the waiving of service limits as described in Appendix C-1/C-3; the ability to offer retainer payments to in-home aide agencies and direct service providers to promote continuity of care; and the ability to conduct initial and annual level of care and reasonable indication of need assessments telephonically.

- 1) roles of state, local and other entities involved in approved waiver operations; and
 - NC Medicaid is administrator of the waiver and oversight to assigned case management entities who functions in the role of local operational administering agency. The case management entity also provides case management.
 - Case management entities complete assessments, plans of care, make service authorization requests and approvals. Case management entity staff conduct safety and welfare checks.
 - VieBridge/eCAP is the system by which assessments are completed, POCs developed, and reviews/service authorizations conducted. This system transfers authorizations to prior approvals and forward to the state's MMIS for reimbursement for services rendered.
 - NC Tracks is the state's MMIS which provides for reimbursement to providers of services rendered.
- 2) expected changes needed to service delivery methods, if applicable. The State should provide this information for each emergency checked if those emergencies affect different geographic areas and require different changes to the waiver.

F. Proposed Effective Date: Start Date: 3/13/2020 Anticipated End Date: 3/12/2021

G. Description of Transition Plan.

Waiver participants who qualify for waiving of Appendix C-1/C-3 and other waiver rules and requirements because of COVID-19 will be monitored monthly through the duration of the pandemic to ensure health, safety and well-being and linkage to the most appropriate services and care regiment. When the pandemic is resolved, the assigned case managers will conduct a face-to-face home visit to fully assess needs to assure the accuracy of the service plan.

H. Geographic Areas Affected:

All 100 counties of North Carolina

I. Description of State Disaster Plan (if available) *Reference to external documents is acceptable:*

Appendix K-2: Temporary or Emergency-Specific Amendment to Approved Waiver

Temporary or Emergency-Specific Amendment to Approved Waiver:

These are changes that, while directly related to the state's response to an emergency situation, require amendment to the approved waiver document. These changes are time limited and tied specifically to individuals impacted by the emergency. Permanent or long-ranging changes will need to be incorporated into the main appendices of the waiver, via an amendment request in the waiver management system (WMS) upon advice from CMS.

a. X Access and Eligibility:

i. X Temporarily increase the cost limits for entry into the waiver.

[Provide explanation of changes and specify the temporary cost limit.]

Exceed cost neutrality per waiver entry and annual assessment years, however, ensuring the waiver year cost neutrality in the aggregate.

ii. X Temporarily modify additional targeting criteria.

[Explanation of changes]

Waiver participant does not have to use planned waiver services in amount, frequency and duration listed in the plan of care during the period of this amendment and will not be subjected to discharge due to an inability to access services because of COVID-19.

b. x Services

i. X Temporarily modify service scope or coverage.

[Complete Section A- Services to be Added/Modified During an Emergency.]

ii. X Temporarily exceed service limitations (including limits on sets of services as described in Appendix C-4) or requirements for amount, duration, and prior authorization to address health and welfare issues presented by the emergency.

[Explanation of changes]

Modification of service identified in Appendix C-1/C-3 in scope and coverage to allow flexibilities of the utilization to prevent spread and to best manage the health, safety and well-being of waiver participant. Services that are proposed to be modified:

1. Case management – only monthly telephonic contact with waiver participant and quarterly telephonic contact with service providers to monitor service plan which will be conducted in accordance with HIPAA requirements. Availability of initial and annual telephonic assessments of level of care and reasonable indication of need which will be conducted in accordance with HIPAA requirements.
2. Participant and Individual goods and services – coverage of sanitation (disinfectant) wipes, hand sanitizer and disinfectant spray, when they are not provided in the state plan, for CNAs or personal assistants who can continue to render in-home and respite services to waiver participant. The coverage of facial tissue, thermometer and specific colored trash liners to distinguish dirty linen of infected household member to prevent spread when they are not provided in the state plan.
3. Training/Education/Consultative Services – coverage of training to the paid worker on PPE and other needed trainings specific to the care needs of waiver participant to prevent the spread of COVID-19 when trainings are not provided in the state plan.
4. In-home care and personal assistance services– services are not required to be used on a monthly basis or directly rendered per the amount, frequency and duration as approved in the service plan, but not less than what is approved in the service plan.
5. In-home care and personal care assistance– coverage of payment to a non-live-in close relative who is not the parent or legal guardian for waiver participant whose hired worker is not able to render the service because of impact from COVID-19.
6. The coverage of one lunch meal for aged and disabled adults who are approved to receive meal preparation and delivery and their meal delivery services stopped due to COVID-19. This service may cover one home delivered meal such as Uber Eats, DoorDash, Grub Hub or a similar service.
7. Community Transition – coverage of a less than 90-day institutionalized Medicaid beneficiary experiencing COVID-19 symptoms who can safely transition to a home and community-based placement using HCBS services.
8. Equipment, modification and technology – the coverage of germicidal air filters when they are not provided in the state plan

Allowances for expansions of approved waiver services that exceed individual service limitations identified in Appendix C-1/C-3. Based on assessed needs of waiver participant who is experiencing COVID-19 symptoms, the following limits may be exceeded:

1. Equipment, modification and technology –exceed the service limit of \$13,000.00 waiver limit
2. Case management units – additional monthly reimbursement of case management time to manage needs of waiver participant experiencing COVID-19 symptoms to ensure linkage to resources needed to manage symptoms of COVID-19 as evidence of case notes.
3. Participant and Individual goods and services –exceed the \$800.00 fiscal limit
4. Assistive technology - exceed the \$13,000.00 waiver limit
5. Training/Education/Consultative Services – exceed \$500.00 fiscal limit
6. Respite – exceed the 720 in-home respite hours per fiscal year for in-home and coverage of 30 or more days in an institution.
7. Meal preparation and delivery daily meal rate may be exceeded.
8. Community transition – exceed the service limit of \$2,500 waiver limit

In-home care and personal care assistance hours may be increased over the person-centered approvable utilization limits when waiver participant or family member is impacted by COVID-19 due to a change in school attendance, work hours or family status changes.

iii. ___ Temporarily add services to the waiver to address the emergency situation (for example, emergency counseling; heightened case management to address emergency needs; emergency medical supplies and equipment; individually directed goods and services; ancillary services to establish temporary residences for dislocated waiver enrollees; necessary technology; emergency evacuation transportation outside of the scope of non-emergency transportation or transportation already provided through the waiver).

[Complete Section A-Services to be Added/Modified During an Emergency]

iv. X Temporarily expand setting(s) where services may be provided (e.g. hotels, shelters, schools, churches) Note for respite services only, the state should indicate any facility-based settings and indicate whether room and board is included:

[Explanation of modification, and advisement if room and board is included in the respite rate]:

Services of in-home aide, personal care assistance and respite may be provided in a hotel, shelter, church, or facility-based setting when the waiver participant is displaced from the home because of COVID-19 and will not duplicate services regularly provided by facility-based settings.

A portable ramp or equipment may be approved to assist with transfers and mobility to allow ease of access in the temporary setting.

v. X Temporarily provide services in out of state settings (if not already permitted in the state's approved waiver). [Explanation of changes]

Services of in-home aide, personal care assistance and respite may be provided in a hotel, shelter, church, or any facility-based setting which will not duplicate services regularly provided by facility-based settings outside of North Carolina when the participant is displaced from home because of the COVID-19, and an telephonic assessment which will be conducted in accordance with HIPAA requirements attests that services are required, the provider is qualified and the setting is safe. The case manager will complete the telephonic assessment.

A portable ramp or equipment may be approved to assist with transfers and mobility to allow ease of access to setting.

c. ___ Temporarily permit payment for services rendered by family caregivers or legally responsible individuals if not already permitted under the waiver. Indicate the services to which this will apply and the safeguards to ensure that individuals receive necessary services as authorized in the plan of care, and the procedures that are used to ensure that payments are made for services rendered.

d. X Temporarily modify provider qualifications (for example, expand provider pool, temporarily modify or suspend licensure and certification requirements).

i. X Temporarily modify provider qualifications.

[Provide explanation of changes, list each service affected, list the provider type, and the changes in provider qualifications.]

During the pandemic, when a live-in family member, legally responsible person or close kinship relative is approved to render services of in-home aide, personal care assistance and congregate a registry and a criminal statewide background check, competency validation, and consumer direction training overview, in fraud, waste and abuse, abuse, neglect, exploitation, critical incident reporting and the enrollment in consumer direction are required. The waiving of the CPR certification upon enrollment will be implemented for a live-in relative, legally responsible person or a kinship relative, but a plan to obtain the CPR certification must be identified within 30 days.

When a legally responsible person, live-in family member or a close kinship relative is approved to be the paid caregiver and there are criminal findings on the background check, criminal offenses occurring more than 10 years before the date of the criminal report may qualify for an exemption when the exemption does not violate Medicaid guidelines. The financial manager shall inform the CAP case manager when a legally responsible person, live-in family member or a close kinship relative is within the 10-year rule and the CAP beneficiary or the CAP case manager/NC Medicaid shall have the autonomy to approve the exemption. This exemption is consistent with the current criminal background policy guidelines.

The below assurances are implemented:

1. When a legally responsible person is authorized to receive payment for providing personal assistance services, the CAP/DA beneficiary is temporarily enrolled in the consumer-direction program. The enrollment in this service will provide quality assurance of the health, safety and well-being of the CAP/DA beneficiary and provides the controls to ensure that payments are made only for the services authorized to provide.
2. The assigned Case Management Entity (CME) shall monitor the CAP/DA beneficiary closely to ensure the services are provided according to the service plan and the waiver participation business requirements are met. Weekly monitoring visit will be conducted.
3. The COVID-19 Care Management Plan must be completed and fully describes the ability of the caregiver to function in that role.
4. A competency skill checklist must be completed on live-in family member, legally responsible person or close kinship to identify ability and any training needs.
5. A training will be provided in fraud, waste and abuse
6. A training will be provided on critical incident reporting and management
7. A training will be provided in abuse, neglect and exploitation

ii. ___ Temporarily modify provider types.

[Provide explanation of changes, list each service affected, and the changes in the provider type for each service].

iii. ___ Temporarily modify licensure or other requirements for settings where waiver services are furnished.

[Provide explanation of changes, description of facilities to be utilized and list each service provided in each facility utilized.]

e. X Temporarily modify processes for level of care evaluations or re-evaluations (within regulatory requirements). [Describe]

The initial level of care assessments may be performed telephonically in addition to the in-person assessments and must be completed within the established timelines. The annual reassessment and change of status assessments may be performed telephonically. The timelines to complete the annual reassessment may be extended for up to 60 calendar days. Telephonic service plan approvals include an electronic signature when in accordance with HIPAA requirements.

f. ___ Temporarily increase payment rates

[Provide an explanation for the increase. List the provider types, rates by service, and specify whether this change is based on a rate development method that is different from the current approved waiver (and if different, specify and explain the rate development method). If the rate varies by provider, list the rate by service and by provider].

g. X Temporarily modify person-centered service plan development process and individual(s) responsible for person-centered service plan development, including qualifications.

[Describe any modifications including qualifications of individuals responsible for service plan development, and address Participant Safeguards. Also include strategies to ensure that services are received as authorized.]

Service plans may be developed and approved telephonically which will be conducted in accordance with HIPAA requirements. Approved service plans shall be monitored telephonically which will be conducted in accordance with HIPAA requirements by the case manager, monthly. A quarterly telephonic contact which will be conducted in accordance with HIPAA requirements to service providers to monitor COVID-19 service plans and approved service modifications.
Telephonic service plan approvals include an electronic signature when in accordance with HIPAA requirements.

The approved services listed on the service plan in the amount, frequency and duration will continue to be approved through waiver service authorization updates. Prior approval segments will be transmitted to the MMIS for claims adjudication.

h. ___ Temporarily modify incident reporting requirements, medication management or other participant safeguards to ensure individual health and welfare, and to account for emergency circumstances. [Explanation of changes]

i. X Temporarily allow for payment for services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay when necessary supports (including communication and intensive personal care) are not available in that setting, or when the individual requires those services for communication and behavioral stabilization, and such services are not covered in such settings.

[Specify the services.]

Necessary supports including communication and personal care available through in-home aide, personal care assistance and congregate care may be provided in a hospital, rehabilitation facility, or short-term institution when the waiver participant is displaced from home because of COVID-19 and such supports are not otherwise available in these settings. Supplemental services provided in the hospital or other institutional placement can only be provided for up to 30 consecutive days. There may be more than one 30 consecutive day period.

j. X Temporarily include retainer payments to address emergency related issues.

[Describe the circumstances under which such payments are authorized and applicable limits on their duration. Retainer payments are available for habilitation and personal care only.]

Authorize payment to direct care workers (providers of personal care services) in the amount, frequency and duration as listed on the currently approved service plan when a waiver participant or hired worker is directly impacted by COVID-19. Retainer payments cannot be provided for more than 30 consecutive days. There may be more than one 30 consecutive day period. If nursing facility has a bed hold that is less than 30 days, the retainer payment will not exceed that amount.

A retainer payment is only implemented due to a state of emergency through this Appendix K when the hired worker is experiencing sickness from COVID-19; the hired worker is unavailable due to caring for sick family member impacted by COVID-19; the waiver participant is sick due to COVID-19; or the waiver participant refuses to allow or

wants to limit hired workers into his or her home in an attempt to reduce or mitigate the risk of exposure or the spread of COVID-19.
The state will implement a distinguishable process to monitor payments to avoid duplication of billing.

k. ___ Temporarily institute or expand opportunities for self-direction.

[Provide an overview and any expansion of self-direction opportunities including a list of services that may be self-directed and an overview of participant safeguards]

l. ___ Increase Factor C.

[Explain the reason for the increase and list the current approved Factor C as well as the proposed revised Factor C]

m. ___ Other Changes Necessary [For example, any changes to billing processes, use of contracted entities or any other changes needed by the State to address imminent needs of individuals in the waiver program]. [Explanation of changes]

CMS-372 report 30-day extension. The report is due March 30, 2020. Requesting an extension through April 30, 2020.

Contact Person(s)

A. The Medicaid agency representative with whom CMS should communicate regarding the request:

First Name:	Melanie
Last Name	Bush
Title:	Deputy Director
Agency:	DHHS-Division of Health Benefits
Address 1:	1985 Umstead Drive
Address 2:	2501 Mail Service Center
City	Raleigh
State	NC
Zip Code	27609-2501
Telephone:	919 855-4182
E-mail	Melanie.bush@dhhs.nc.gov

Fax Number	919 733-6608
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B. If applicable, the State operating agency representative with whom CMS should communicate regarding the waiver is:

First Name:	Dave
Last Name	Richard
Title:	Deputy Secretary
Agency:	DHHS – Division of Health Benefits
Address 1:	1985 Umstead Drive 2501 Mail Service Center
Address 2:	
City	Raleigh
State	NC
Zip Code	27609-2501
Telephone:	919-855-4101
E-mail	Dave.richard@dhhs.nc.gov
Fax Number	

8. Authorizing Signature

Signature: _____
State Medicaid Director or Designee

Date:	
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First Name:	
Last Name	
Title:	
Agency:	
Address 1:	
Address 2:	
City	
State	
Zip Code	
Telephone:	
E-mail	
Fax Number	

Section A---Services to be Added/Modified During an Emergency

Complete for each service added during a time of emergency. For services in the approved waiver which the state is temporarily modifying, enter the entire service definition and highlight the change. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
Service Title:	Participant Goods and Services
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope):	
<p>A service for the waiver participant who is not directing their own care that provides services, equipment, or supplies not otherwise provided through this waiver or through the Medicaid State Plan; and the waiver participant does not have the funds to purchase the item or service or the item or service is not available through another source. This service helps assure health, safety, and well-being when the waiver participant or responsible party does not have resources to obtain the necessary item or service that will aid in the prevention or diversion of institutional placement. Participant goods and services are items that are intended to: increase the waiver participant’s ability to perform ADL’s or IADL’s and decrease dependence on personal assistant services or other Medicaid-funded services.</p> <ul style="list-style-type: none"> Goods and services purchased under this coverage may not circumvent other restrictions on the claiming of FFP for waiver services, including the prohibition against claiming for the costs of room and board. The specific goods and services that are purchased under this coverage must be documented in the service plan. The goods and services that are purchased under this coverage must be clearly linked to an assessed participant need established in the service plan. <p>Types of coverable goods and services: The following specific coverable items are approvable using this service: Items to assist with personal hygiene and bathing; Items to assist with dressing; Items to assist with accessibility in the home; Items to assist with eating; Items to assist with toileting and Items to assist with mobility. The listed items are coverable: Long handle sponges, Long handle brushes, Elastic shoelaces, Bath tap turners, Button aids, Zipper pulls, Door knob grippers, wheelchair or walker baskets/bags/caddy, writing aids, no spill cups straw holder, two-handle mug, Scooper bowls and plates, Plate guards, Bibs, Bottom wipers, Incontinence disposal system, Protectants for a mattress, chair or car seat to protect against incontinence accidents, wheelchair canopy, specialized mixer/blenders.</p> <p style="background-color: yellow;">Specific supplies, when not available in the state plan, are coverable to assist in preventing the spread of COVID-19. These supplies are:</p> <ul style="list-style-type: none"> <li style="background-color: yellow;">Sanitation (disinfectant) wipes; hand sanitizer and disinfectant spray for CNAs or personal assistants who can continue to render in-home, pediatric and nurse care to waiver participant; facial tissue; thermometer; and specific colored trash liners to distinguish dirty linen of infected household member to prevent spread. 	
Specify applicable (if any) limits on the amount, frequency, or duration of this service:	
<p>The maximum approved amounts for participant goods and services may exceed \$800.00 total per participant per fiscal year July 1-June 30 during the pandemic period.</p> <ul style="list-style-type: none"> Items that are not of direct medical or remedial benefit to the waiver participant Items covered under the Home Health Final Rule Items covered through Medicaid State Plan DME, orthotics, prosthetics, and home health supplies Items that meet the definition exclusions for recreational in nature 	

- Items that meet the definition exclusions for general utility to non-disabled individuals
 - Service agreements, maintenance contracts, that are not related to the approved service, and Warranties
 - Equipment used with swimming pools, hot tubs, spas, and saunas that are not approved in the person-centered service plan or included in the exclusion definition
 - Replacement of equipment that has not been properly used, has been lost, or purposely damaged per written documentation or through observation
 - Technology hardware such as computer, laptop, tablet, or smart phone when considered recreational in nature or of general utility per the definition
 - Pharmacy related items that are not approved in the service plan
 - Outdoor monitoring systems that are not approved in the service plan and are included in the recreational in nature or general utility definition
- Experimental or prohibited treatments are excluded.

The waiver service corresponding clinical coverage policy may be accessed using this link:
<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies>

The wavier Service Fee Schedule may be accessed using this link: <https://medicaid.ncdhhs.gov/fee-schedule-index#C>

Provider Specifications

Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
				DME
				Business retail

Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
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Provider Qualifications (provide the following information for each type of provider):

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
DME	DME licensure		
Business retail	Commercial licensure		
Commercial	Commercial licensure		

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
DME	Case Management entity; DHHS Fiscal Agent; State Medicaid Agency	Initially and every five years thereafter
Business retail	Case Management entity; DHHS Fiscal Agent; State Medicaid Agency	Initially and every five years thereafter
Commercial	Case Management entity; DHHS Fiscal Agent; State Medicaid Agency	Initially and every five years thereafter

Service Delivery Method

Service Delivery Method (check each that applies):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
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ⁱ Numerous changes that the state may want to make necessitate authority outside of the scope of section 1915(c) authority. States interested in changes to administrative claiming or changes that require section 1115 or section 1135 authority should engage CMS in a discussion as soon as possible. Some examples may include: (a) changes to administrative activities, such as the establishment of a hotline; (b) suspension of general Medicaid rules that are not addressed under section 1915(c) such as payment rules or eligibility rules or suspension of provisions of section 1902(a) to which 1915(c) is typically bound.

Service Specification	
Service Title:	Individual Directed Goods and Services
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope):	
<p>A service for the waiver participant directing care that provides services, equipment, or supplies not otherwise provided through this waiver or through the Medicaid State Plan, and the waiver participant does not have the funds to purchase the item or service or the item or service is not available through another source. This service helps assure health, safety, and well-being when the waiver participant or responsible party does not have resources to obtain the necessary item or service that will aid in the prevention or diversion of institutional placement. Individual goods and services are items that are intended to: increase the waiver participant's ability to perform ADL's or IADL's and decrease dependence on personal assistant services or other Medicaid-funded services.</p> <p>Individual Directed Goods and Services must be documented in the service plan and the goods and services that are purchased under this coverage must be clearly linked to an assessed waiver participant need established in the service plan.</p> <ul style="list-style-type: none"> • The coverage of this service is limited to waivers that incorporate the Budget Authority participant direction opportunity. • Goods and services purchased under this coverage may not circumvent other restrictions on the claiming of FFP for waiver services, including the prohibition against claiming for the costs of room and board. • The specific goods and services that are purchased under this coverage must be documented in the service plan. • The goods and services that are purchased under this coverage must be clearly linked to an assessed participant need established in the service plan. <p>Types of coverable goods and services: The following items are also coverable using this service in addition to other coverable items: Items to assist with personal hygiene and bathing, Items to assist with dressing; Items to assist with accessibility in the home; Items to assist with eating; Items to assist with toileting and Items to assist with mobility. The listed items are coverable: Long handle sponges, Long handle brushes, Elastic shoelaces, Bath tap turners, Button aids, Zipper pulls, Socks aids, Door knob grippers, Wheelchair or walker baskets/bags/caddy, Writing aids, No spill cups straw holder, two-handle mug, Scooper bowls and plates, Plate guards, Bibs, Bottom wipers, Bedside commode cushion, Incontinence disposal system, Protectants for a mattress, chair or car seat to protect against incontinence accidents, and wheelchair canopy.</p> <p style="background-color: yellow;">Specific supplies, when not available in the state plan, are coverable to assist in preventing the spread of COVID-19. These supplies are:</p>	

- Sanitation (disinfectant) wipes; hand sanitizer and disinfectant spray for CNAs or personal assistants who can continue to render in-home, pediatric and nurse care to waiver participant; facial tissue; thermometer; and specific colored trash liners to distinguish dirty linen of infected household member to prevent spread.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

The maximum approved amounts for participant goods and services may exceed \$800.00 total per participant per fiscal year July 1-June 30 during the pandemic period.

- Items that are not of direct medical or remedial benefit to the waiver participant
- Items covered under the Home Health Final Rule
- Items covered through Medicaid State Plan DME, orthotics, prosthetics, and home health supplies
- Items that meet the definition exclusions for recreational in nature
- Items that meet the definition exclusions for general utility to non-disabled individuals
- Service agreements, maintenance contracts, that are not related to the approved service, and Warranties
- Equipment used with swimming pools, hot tubs, spas, and saunas that are not approved in the person-centered service plan or included in the exclusion definition
- Replacement of equipment that has not been properly used, has been lost, or purposely damaged per written documentation or through observation
- Technology hardware such as computer, laptop, tablet, or smart phone when considered recreational in nature or of general utility per the definition
- Pharmacy related items that are not approved in the service plan
- Outdoor monitoring systems that are not approved in the service plan and are included in the recreational in nature or general utility definition Experimental or prohibited treatments are excluded.

The waiver service corresponding clinical coverage policy may be accessed using this link:

<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies>

The wavier Service Fee Schedule may be accessed using this link: <https://medicaid.ncdhhs.gov/fee-schedule-index#C>

Provider Specifications

Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	x	Agency. List the types of agencies:
				DME
				Business retail

Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
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Provider Qualifications (provide the following information for each type of provider):

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
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Business retail	Commercial licensure		
Commercial	Commercial licensure		

Verification of Provider Qualifications				
Provider Type:	Entity Responsible for Verification:		Frequency of Verification	
DME	Case Management entity; DHHS Fiscal Agent; State Medicaid Agency		Initially and every five years thereafter	
Business retail	Case Management entity; DHHS Fiscal Agent; State Medicaid Agency		Initially and every five years thereafter	
Commercial	Case Management entity; DHHS Fiscal Agent; State Medicaid Agency		Initially and every five years thereafter	
Service Delivery Method				
Service Delivery Method (check each that applies):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed

Service Specification	
Service Title:	Equipment, Modification and Technology
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope):	
<p>A service that provides equipment, physical adaptations, minor modifications, product systems, devices, supplies, monitoring systems, specialized accessibility, adaptations, or safety adaptations, as identified during the comprehensive assessment, to improve, maximize or enhance the participant's mobility, safety, independence, and integration into the community or to improve the waiver participant's environmental/community accessibility, or address 24/7 participant coverage concerns.</p> <p>This service may cover:</p> <ul style="list-style-type: none"> • Installation, maintenance, and repairs of ramps; grab bars; and handrails • Widening of doorways/passages for wheelchair or walker accessibility • Modification of bathroom facilities to improve accessibility for a disabled individual, including toilet, shower/tub (including hand-held showers), and sink fixtures or modifications; water faucet controls; floor urinal adaptations; plumbing modifications; and modification for turnaround space • Bedroom modifications to accommodate hospital beds and/or wheelchairs • Kitchen Modifications to improve accessibility for an individual living independently with a disability including cabinets, sink fixtures or modifications, water faucet controls, related plumbing modifications, and modification for turnaround • Floor coverings for ease of ambulation • Hydraulic, manual, or electronic lifts, including portable lifts or lift systems that can be removed and taken to a new location and are used primarily inside the participant's home • Non-skid surfaces- car or home • Lift chairs • Door handle replacements; • Door modifications – car or home • Installation of raised roof or related alterations to existing raised roof system to approve head clearance; • Lifting devices- car or home; • Devices for securing wheelchairs or scooter- cars; • Adapted steering, acceleration, signaling and breaking devices only when recommended a by physician and a certified- car driving evaluator for people with disabilities, and when training in the installed device is provided by certified personnel; • Handrails and grab bars- home; • Seating modifications- car; 	

- Lowering of the floor of the vehicle when the vehicle is not pre-manufactured with a lowered floor;
 - Transfer assistances-car;
 - 4-point wheelchair tie-down-car;
 - Wheelchair/scooter hoist-car;
 - Cushions- car or home when not covered by State Plan;
 - Wheelchair or scooter lift;
 - Ramp- car or home
 - Devices for securing oxygen tank-car
 - Necessary modifications, not otherwise identified by this list and that were identified during as assessment, that will prevent an out of home placement. These types of modifications must align with one of the listed items under this definition, but not currently expressed because of unfamiliarity of need/modification requirements. These types of modifications can only be approved by the State Medicaid Agency.
 - Smart home devices when the waiver participant will live alone. These smart devices will control light switches, thermostatic, smart bulbs, controllers for televisions and entryways, clocks and other small appliances as identified in an assessment due to the disability of the waiver participant.
- This service does not duplicate State Plan Services. Assurance: The services under the waiver’s Equipment, Modification, and Technology are limited to additional services not otherwise covered under the state plan, including EPSDT, but consistent with waiver objectives of avoiding institutionalization.
- To manage the spread of the COVID-19, germicidal air filters are coverable, when not available in the state plan.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

- Addition of square footage to the home;
- Home renovations;
 - A dwelling where the owner refuses portable modification;
 - The modification in a rented residence that is not portable;
 - Purchase of locks;
 - Modification during new construction;
 - Roof repair or roof replacement,
 - Central air conditioning,
 - Swimming pools, hot tubs; spas, saunas
 - Items that meet the definition exclusions for general utility to non-disabled individuals;
 - Replacement of equipment that has not been properly used, has been lost or purposely damaged per written documentation or through observation;
 - Computer desk and other furniture; and
 - items that meet the definition exclusions for recreational in nature
- Coverage for Equipment, Modification and Technology may exceed \$13,000 over the 5-year cycle of the waiver to assist with the management of the spread of COVID-19.

The Waiver Service Fee Schedule can be accessed using this link: <https://medicaid.ncdhhs.gov/providers/fee-schedule/community-alternatives-programs-cap-fee-schedules>.

The corresponding clinical coverage policy for the waiver program may be accessed using this link: <https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies>

Provider Specifications

Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	<input type="checkbox"/>	Agency. List the types of agencies:

Specify whether the service may be provided by (<i>check each that applies</i>):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
Provider Qualifications (<i>provide the following information for each type of provider</i>):				
Provider Type:	License (<i>specify</i>)	Certificate (<i>specify</i>)	Other Standard (<i>specify</i>)	
DME	DME licensure			
Business retail	Commercial licensure			
Commercial	Commercial licensure			
Verification of Provider Qualifications				
Provider Type:	Entity Responsible for Verification:		Frequency of Verification	
DME	Case Management entity; DHHS Fiscal Agent; State Medicaid Agency		Initially and every five years thereafter	
Business retail	Case Management entity; DHHS Fiscal Agent; State Medicaid Agency		Initially and every five years thereafter	
Commercial	Case Management entity; DHHS Fiscal Agent; State Medicaid Agency		Initially and every five years thereafter	
Service Delivery Method				
Service Delivery Method (<i>check each that applies</i>):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed

Service Specification	
Service Title:	Coordination of care - case management and care advisement
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope):	
<p>A service that directs and manages the special health care, social, environmental, financial, and emotional needs of a waiver participant to maintain the waiver participant's health, safety, and well-being and for continual community integration. Case management services are available to assist waiver participants in gaining access to needed medical, social, educational, and other services. Case management includes the following principal components: assessing, care planning, referral or linkage and monitoring and follow-up.</p> <p>Individuals transitioning out of an institutional setting may receive pre-transition case management activities to assist with the transition to a home setting. The pre-transition activities are limited to 30-days or 60-days (for MFP) prior to the waiver participation approval date. These services are not billable until after the applicant has transitioned home and meet all remaining eligibility requirements to participate in the waiver. Coverage of a less than 90-day institutionalized Medicaid beneficiary experiencing COVID-19 symptoms who can safely transition to a home and community-based placement using HCBS services can receive case management services.</p>	

Case management activities may be performed telephonically when conducted in accordance with HIPAA requirements to assess, care plan and monitor the waiver participant. The initial level of care assessments may be performed telephonically in addition to the in-person assessments and must be completed within the established timelines. The annual reassessment and change of status assessments may be performed telephonically. The timelines to complete the annual reassessment may be extended for up to 60 calendar days. Telephonic service plan approvals include an electronic signature when in accordance with HIPAA requirements. Electronic signatures will have disclaimer/attestation for approval of the plan in the e-CAP system for new requests or revisions.

The case manager performs the following:

- assesses well-being of beneficiary monthly to identify if services plan continues to meet need.
- Assists with the development and approval of the person-centered service plan.
- Links and refers to community resources.
- Monitors formal and informal services to ensure health, safety and well-being
- Follows-up to ensure services are meeting assessed needs

Assessing includes the following:

1. Assess all aspects of the beneficiary, including medical, physical, functional, psychosocial, behavioral, financial, social, cultural, environmental, legal, vocational, educational and other areas to make recommendations to the IA for a change in status assessment;
2. Identify needs to prevent health and safety factors to assist in maintaining community placement;
3. Consult with informal and paid providers such as family members, medical and behavioral health providers, and community resources to ensure service plan is consistent with needs;
4. Review completed assessment from the IAE (by 4/2020 and thereafter) and other summary information to assist with identifying care needs, risk indicators and support system;
5. Assess periodically to determine whether a beneficiary's needs or preferences have changed to report to the CME/IAE (by April 2020 and thereafter) for potential assessment of need.

Care Planning include the following:

- Development and periodic revision of a person-centered care to identify all formal services received in the amount, frequency and duration. The care plan also identifies both formal and informal supports to assure the health, safety and well-being of the waiver participant.

Care Planning Knowledge include the following:

1. The values that underlie a person-centered approach to providing services to maintain integration and prevent institutionalization within the context of the beneficiary's culture and community.
2. Models of chronic disease management and preventative interventions.
3. Biopsychosocial theories of practice, evidenced-based standards of care, and practice guidelines.
4. Processes used in a variety of models for multidisciplinary planning to promote beneficiary and family involvement in case planning and decision-making.
5. Services and interventions appropriate for assessed needs for the development of a service plan.
6. Person-centered practices, beneficiary focused
7. Emergency safety planning

Referral/Linkage includes the following:

- Activities to refer and link a waiver participant with medical, behavioral, social, and other programs, services, and supports to address identified needs and achieve goals specified in the care plan.

Referral/Linkage knowledge includes:

1. Community resources such as medical and behavioral health programs, formal and informal supports, and social service, educational, employment, recreation, housing resources, peer support.
2. Current laws, regulations, and policies surrounding medical and behavioral healthcare.

Skills and Abilities to:

1. Research, develop, maintain, and share information on community and other resources relevant to the needs of beneficiaries.
2. Maintain consistent, collaborative contact with other health care providers and community resources.
3. Initiate services in the care plan to achieve the outcomes derived for the beneficiary's goals.
4. Assist and advocate for the beneficiary in accessing a variety of community resources.

Monitoring and follow-up include:

- Activities and contacts with the waiver participant, responsible party, and service providers that are necessary to ensure that the care plan is effectively implemented and adequately addresses the needs of the waiver participant.

Monitoring and follow-up knowledge:

1. Outcome monitoring and quality management.
2. Models of chronic disease management and preventive intervention.
3. Peer support groups

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Case management services may exceed \$377/month (\$56.56/hr. X 80 hours) per calendar year (January 1-December 31) per waiver participant for combined use of both case management and care advisor services during this pandemic period, when determine necessary as evidence by excessive case management activities as described or documented in the case notes. The SMA has a process in place for a case management entity to request additional case management units/hours per calendar year when the original allocation is exhausted for the following reasons:

1. The waiver participant experiences a natural disaster and requires additional case management support to link to housing and other needed supports; or
2. The waiver participant is experiencing a crisis that requires the case manager to perform at least weekly monitoring, planning and linking activities to ensure health, safety and well-being.

A waiver participant shall not receive another Medicaid-reimbursed case management service in addition to CAP case management. The following activities are non-coverable: employee training for the case manager; completion of time sheets; travel time; staff recruitment; staff scheduling and supervision; billing Medicaid claims; case management activity documentation; any form of case management activities for an individual not approved to participate in CAP to include preparation for due process.

The Waiver Service Fee Schedule can be accessed using this link: <https://medicaid.ncdhhs.gov/providers/fee-schedule/community-alternatives-programs-cap-fee-schedules>.

The corresponding clinical coverage policy for the waiver program may be accessed using this link: <https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies>

Provider Specifications

Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
				Case Management Entities
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian

Provider Qualifications (provide the following information for each type of provider):				
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)	
case management entity	N/A	N/A	a minimum a 4-year degree in social work or a human service profession or be a registered nurse at an RN or LPN level, licensed to practice in the state.	
Verification of Provider Qualifications				
Provider Type:	Entity Responsible for Verification:		Frequency of Verification	
Case Management	NC Medicaid		Initially and every five years	
Service Delivery Method				
Service Delivery Method (check each that applies):	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed

Service Specification	
Service Title:	Training/Education/Consultative Services
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope):	
<p>A service that provides supportive services to the waiver participant, the waiver participant's unpaid primary caregiver, or unpaid support system. The purpose of the supportive service is to enhance the decision-making ability of the waiver participant, enhance the ability of the waiver participant to independently care for him or herself, or enhance the ability of the primary caregiver in caring for the waiver participant. These service activities which include training and counseling services for individuals who provide unpaid support, training, companionship or supervision to waiver participants.</p> <p>This service will cover training to the paid workers on PPE specific to the care needs of waiver participant to assist to prevent the spread of COVID-19 when trainings are not provided in the state plan.</p> <p>All training and education services must be documented in the participant's person-centered care plan as a goal with the expected outcomes. This service may cover conference registration and enrollment fees for classes. The services under the waiver's training/education and consultative services are limited to additional services not otherwise covered under the State Plan, including EPSDT, but consistent with waiver objectives of avoiding institutionalization. This service may not be used to provide training to a paid caregiver.</p>	
Specify applicable (if any) limits on the amount, frequency, or duration of this service:	
This service may exceed \$500 per fiscal year during this pandemic period. Individuals who are paid service providers cannot be trained or educated using this service.	

An organization with a training or class curriculum approved by the SMA including Universities, Colleges and Community Colleges shall provide training and education services.

The Waiver Service Fee Schedule can be accessed using this link: <https://medicaid.ncdhhs.gov/providers/fee-schedule/community-alternatives-programs-cap-fee-schedules>.

The corresponding clinical coverage policy for the waiver program may be accessed using this link: <https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies>

Provider Specifications

Provider Category(s) (check one or both):	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
		Individual		Education settings
				Home Health Agencies

Specify whether the service may be provided by (check each that applies):	<input checked="" type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative/Legal Guardian
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Provider Qualifications (provide the following information for each type of provider):

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
Individual	N/A	N/A	Knowledge and competency
Educational setting		Certification	
Home Health Agency	License		

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Individual	Case management entity	Upon approval
Educational setting	Case management entity	Upon approval
Home Health Agency	Case management entity	Upon approval

Service Delivery Method

Service Delivery Method (check each that applies):	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/>	Provider managed
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Service Specification

Service Title:	CAP In-Home Aide
Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:	
Service Definition (Scope):	
In-home aide service is a range of assistance to enable waiver participants to accomplish tasks that they would normally do for themselves if they did not have a disability. This assistance may take the form of hands-on assistance (actually performing a task for the person) or cuing to prompt the participant to perform a task. Personal care services may be provided on an episodic or on a continuing basis. In-home aide services provide hands-on assistance with ADLs and basic home management tasks. The need for assistance is identified	

through a comprehensive assessment that evaluates physical, social, environmental, and functional condition. Hands on assistance is provided for seven keys ADLs: bathing, dressing, eating, toileting, hygiene, mobility and transfer, and key IADLs to include: light housework, laundry, meal preparation, transportation, grocery shopping, using the telephone, medication, and money management). Such assistance also may include the supervision of participants as provided in the service plan.

During the pandemic, this service is not required to be used on a monthly basis and can be rendered in varying amounts, frequencies and duration as approved in the service plan to manage symptoms or the spread of COVID-19, but not less than what is previously approved in the service plan.

Personal care aide services must fall within the Nurse Aide I scope of nursing practice. Personal care aide services may be provided in the community, home, workplace, or educational settings at the discretion of the Home Care Agency. Personal care aide services can be provided in the workplace for waiver participants who meet the specified qualifications. Level I tasks, which consists entirely of home management tasks, are covered only when provided in conjunction with Level II Personal Care tasks. Typical Level II tasks will include oxygen therapy, break-up and removal of fecal impaction, sterile dressing change, wound irrigation, I.V. fluid assistive activities, nutrition activities, suctioning, tracheostomy care, elimination procedures and urinary catheters. Typical Level I tasks include paying bills as directed by the participant; essential shopping, cleaning and caring for clothing; performing basic housekeeping tasks such as sweeping, vacuuming, dusting, mopping and washing dishes; identifying medications for the participant; providing companionship and emotional support; preparing simple meals; and shopping for food, clothes, and other essential items.

Assurance: The services under the waiver's personal care aide are limited to additional services not otherwise covered under the State Plan, including EPSDT, but consistent with waiver objectives of avoiding institutionalization. Because this service is different than state plan services in the scope, nature, and supervision requirements, waiver participants between the ages of 18-20 years old are included to receive this service.

During the pandemic, a short-term intensive service plan will be created to manage the needs of the waiver participant due to COVID-19 and the mandate to practice social distancing. Short-term intensive services are used for a significant change in the health, safety and well-being or acuity status of the CAP beneficiary. The Short-term intensive service plan will extend through the duration of the pandemic and as long as needed by the waiver participant or at the expiration of the approved Appendix K. Short-term intensive services are listed in the service plan and is consistent with the needs identified in the COVID-19 care management plan.

This service may be provided in an in-patient facility when waiver participant is institutionalized because of COVID-19 symptoms. Necessary supports including communication and personal care available through in-home aide, pediatric nurse aide, congregate care, and personal care assistance may be provided in a hospital, rehabilitation facility, or short-term institution when the waiver participant is displaced from home because of COVID-19 and such supports are not otherwise available in these settings. Supplemental services provided in the hospital or other institutional placement can only be provided for up to 30 consecutive days. There may be more than one 30 consecutive day period.

When determined appropriate per the CAP COVID-19 Care Management Plan payment for services rendered by a family caregivers or legally responsible person and guardian may be permissible for a 30 consecutive day approval period specifically to quarantine or the practice of social distancing mandated, according to the extraordinary policy outlined in the waiver. Monitoring requirements as described in the extraordinary criteria will be implemented.

During the pandemic, when family members are choosing to be the paid caregiver, waiving of the CPR certification upon enrollment is permitted for a live-in relative or a kinship relative for up to 30 days, but a plan must be developed to obtain the CPR certification within 30 days of the employee agreement. A registry and statewide criminal background check, competency validation, consumer direction training overview in fraud, waste and abuse, abuse, neglect and exploitation and critical incident reporting and consumer direction enrollment are required.

This service may be provided in an alternative setting such as hotels, shelters, schools, churches when not duplicative to services regularly provided by facility-based settings.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

The number of hours of this CAP service is authorized based on person-centered needs. A legal guardian, Power of Attorney, Health Power of Attorney cannot be hired to provide CAP In-Home Aide to a waiver participant. Exclusions apply when (a) there is a staffing shortage in remote areas of the state; or (b) the lack of a qualified provider who can furnish services at usual times during the day because of the complexity of the waiver participant's care needs; (c) quarantine and the mandate to practice social distancing due to COVID-19.

1. When a legally responsible person is authorized to receive payment for providing personal assistance services, the CAP/DA beneficiary is temporarily enrolled in the consumer-direction program. The enrollment in this service will provide quality assurance of the health, safety and well-being of the CAP/DA beneficiary and provides the controls to ensure that payments are made only for the services authorized to provide.
2. The assigned Case Management Entity (CME) shall monitor the CAP/DA beneficiary closely to ensure the services are provided according to the service plan and the waiver participation business requirements are met. Weekly monitoring visit will be conducted.
3. The COVID-19 Care Management Plan must be completed and fully describes the ability of the caregiver to function in that role.
4. A competency skill checklist must be completed on live-in family member, legally responsible person or close kinship to identify ability and any training needs.
5. A training will be provided in fraud, waste and abuse
6. A training will be provided on critical incident reporting and management
7. A training will be provided in abuse, neglect and exploitation

A retainer payment is only implemented due to a state of emergency through this Appendix K when the hired worker is experiencing sickness from COVID-19; the hired worker is unavailable due to caring for sick family member impacted by COVID-19; the waiver participant is sick due to COVID-19; or the waiver participant refuses to allow or wants to limit hired workers into his or her home in an attempt to reduce or mitigate the risk of exposure or the spread of COVID-19.

Also refer to C-2 for extraordinary circumstances for a legal guardian to provide this service.

The Waiver Service Fee Schedule can be accessed using this link: <https://medicaid.ncdhhs.gov/providers/fee-schedule/community-alternatives-programs-cap-fee-schedules>.

The corresponding clinical coverage policy for the waiver program may be accessed using this link: <https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies>

Provider Specifications

Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
				In-home Aide Agencies
				Home Health Agencies
Specify whether the service may be provided by (check each that applies):	<input checked="" type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative/Legal Guardian
Provider Qualifications (provide the following information for each type of provider):				
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)	

In-home Aide Agencies		CNA	Personal assistant
Home Health Agencies		CNA	Personal assistant
Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
In-home Aide Agencies	NC Medicaid and case management entity		initially and annually
Home Health Agencies	NC Medicaid and case management entity		initially and annually
Service Delivery Method			
Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/> Provider managed

Service Specification	
Service Title:	Personal Assistant Services
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope):	
<p>Personal assistance service is a range of assistance to enable waiver participants to accomplish tasks that they would normally do for themselves if they did not have a disability. This assistance may take the form of hands-on assistance (actually performing a task for the person) or cuing to prompt the participant to perform a task. Personal assistance services may be provided on an episodic or on a continuing basis. Personal assistance services provide hands-on assistance with ADLs and basic home management tasks. The need for assistance is identified through a comprehensive assessment that evaluates physical, social, environmental, and functional condition. Hands on assistance is provided for seven keys ADLs: bathing, dressing, eating, toileting, hygiene, mobility and transfer, and key IADLs to include: light housework, laundry, meal preparation, transportation, grocery shopping, using the telephone, medication, and money management). Such assistance also may include the supervision of participants as provided in the service plan.</p> <p>During the pandemic, this service is not required to be used on a monthly basis and can be rendered in varying amounts, frequencies and duration as approved in the service plan to manage symptoms or the spread of COVID-19, but not less than the approved service plan.</p> <p>Personal assistant services may be provided in the community, home, workplace, or educational settings at the discretion of the participant or designated representative.</p> <p>Personal Assistant Services is personal care attendant under participant-directed care option of the waiver. Participant-directed care allows eligible beneficiaries to hire the provider of their preference. The eligible beneficiary is the employer of record, hence requiring an FI to file Medicaid claims on their behalf. The FMS is credentialed by DHB to file claims on behalf of the eligible beneficiary and then reimburse the hired personal assistant.</p> <p>During the pandemic, a short-term intensive service plan will be created to manage the needs of the waiver participant due to COVID-19 and the mandate to practice social distancing. Short-term intensive services are used for a significant change in the health, safety and well-being or acuity status of the CAP beneficiary. The Short-term intensive service plan will extend through the duration of the pandemic and as long as needed by the waiver participant or at the expiration of the approved Appendix K. Short-term intensive services are listed in the service plan and is consistent with the needs identified in the COVI-19 care management plan.</p>	

This service may be provided in an in-patient facility when waiver participant is institutionalized because of COVID-19 symptoms. Necessary supports including communication and personal care available through in-home aide, pediatric nurse aide, congregate care, and personal care assistance may be provided in a hospital, rehabilitation facility, or short-term institution when the waiver participant is displaced from home because of COVID-19 and such supports are not otherwise available in these settings. Supplemental services provided in the hospital or other institutional placement can only be provided for up to 30 consecutive days. There may be more than one 30 consecutive day period.

When determined appropriate per the CAP COVID-19 Care Management Plan payment for services rendered by a family caregivers or legally responsible person and guardian may be permissible for a 30 consecutive day approval period specifically to quarantine or the practice of social distancing mandated, when extraordinary requirements are met. Monitoring requirements as described in the extraordinary criteria will be implemented.

During the pandemic, when family members are choosing to be the paid caregiver, waiving of the CPR certification upon enrollment is permitted for a live-in relative or a kinship relative for up to 30 days, but a plan must be developed to obtain the CPR certification within 30 days of the employee agreement. A registry and statewide criminal background check, competency validation, consumer direction training overview in fraud, waste and abuse, abuse, neglect and exploitation and critical incident reporting and consumer direction enrollment are required.

1. When a legally responsible person is authorized to receive payment for providing personal assistance services, the CAP/DA beneficiary is temporarily enrolled in the consumer-direction program. The enrollment in this service will provide quality assurance of the health, safety and well-being of the CAP/DA beneficiary and provides the controls to ensure that payments are made only for the services authorized to provide.
2. The assigned Case Management Entity (CME) shall monitor the CAP/DA beneficiary closely to ensure the services are provided according to the service plan and the waiver participation business requirements are met. Weekly monitoring visit will be conducted.
3. The COVID-19 Care Management Plan must be completed and fully describes the ability of the caregiver to function in that role.
4. A competency skill checklist must be completed on live-in family member, legally responsible person or close kinship to identify ability and any training needs.
5. A training will be provided in fraud, waste and abuse
6. A training will be provided on critical incident reporting and management
7. A training will be provided in abuse, neglect and exploitation

When a legally responsible person, live-in family member or a close kinship relative is approved to be the paid caregiver and there are criminal findings on the background check, criminal offenses occurring more than 10 years before the date of the criminal report may qualify for an exemption when the exemption does not violate Medicaid guidelines. The financial manager shall inform the CAP case manager when a legally responsible person, live-in family member or a close kinship relative is within the 10-year rule and the CAP beneficiary or the CAP case manager/NC Medicaid shall have the autonomy to approve the exemption. This exemption is consistent with the current criminal background policy guidelines.

Legally responsible person, live-in family member or a close kinship relative who are granted an employee agreement shall comply with the U.S. Department of Labor Fair Labor Standards Act.

This service may be provided in an alternative setting such as hotels, shelters, schools, churches when not duplicative to services regularly provided by facility-based settings.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:			
Provider Specifications			
Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input type="checkbox"/> Agency. List the types of agencies:
		Personal Assistants	
Specify whether the service may be provided by <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/> Relative/Legal Guardian
Provider Qualifications <i>(provide the following information for each type of provider):</i>			
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Personal Assistant			Pass competency assessment
Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
Personal assistant	NC Medicaid and case management entity		initially and annually
Service Delivery Method			
Service Delivery Method <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/> Provider managed

Service Specification	
Service Title:	Community Transition
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope):	
Community Transition services are for prospective waiver participants transitioning from an institutional setting to a community setting. This service may be used in any duration or type, up to the maximum allotted amount, at the start of a community transition and up to 1 year after the original transition date to pay for necessary and documented expenses for the waiver participant to establish or maintain a basic living arrangement within one year of the transition to community.	
The coverage of this service is extended to individuals with a less than 90-day institutional stay who is experiencing COVID-19 symptoms and can safely transition to a home and community-based placement using HCBS services.	

Services for prospective waiver participants transitioning from an institutional setting to a community setting. This service may be used for a duration of 1 year of the transition to community to pay for necessary and documented one time-expenses for the waiver participant to establish a basic living arrangement. Community Transition Services are furnished only to the extent that they are reasonable and necessary as determining through the service plan development process, clearly identified in the service plan and the person is unable to meet such expense or when the services cannot be obtained from other sources. Community Transition Services do not include monthly rental or mortgage expense; food, regular utility charges; and/or household appliances or items that are intended for purely diversional/recreational purposes.

Community transition services may cover the following:

- Essential furnishings, and household products including furniture for the bedroom or living room, window coverings, food preparation items, and bed/bath linens
- Residential application fees
- Security deposits required to obtain a lease on an apartment or home
- Set-up fees or deposits for utility or service access (e.g. telephone, electricity, heating)
- Environmental health and safety assurances, such as pest eradication; allergen control; one-time cleaning prior to occupancy

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

The waiver year cost limit may be exceeded.

Provider Specifications

Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
				Business/Commercial

Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
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Provider Qualifications (provide the following information for each type of provider):

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
Business	Commercial license		
Commercial	Commercial license		

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Business	Case management entity and NC Medicaid	prior to service provision
Commercial	Case management entity and NC Medicaid	prior to service provision

Service Delivery Method

Service Delivery Method (check each that applies):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
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Service Title:	Respite Services		
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>			
Service Definition (Scope):			
<p>A service for a waiver participant that provides temporary relief to the primary unpaid caregiver(s) by taking over the care needs of the participant for a limited time. This service may be used to meet a wide variety of needs, including family emergencies; planned special circumstances when the primary unpaid caregiver needs to be away for an extended period (such as vacations, hospitalizations, or business trips); relief from the daily responsibility of caring for an individual with a disability, or the provision of time for the primary unpaid caregiver to complete essential personal tasks.</p> <p>It can be used as day, evening, or overnight care to meet a range of beneficiary needs such as caregiver relief. Respite care may be provided either in the beneficiary's residence or in a facility licensed to provide the LOC required by the beneficiary (such as a nursing facility or hospital).</p> <p>This service may be provided in an alternative setting such as hotels, shelters, schools, churches. Institutional Respite may not exceed 30 consecutive days in the authorization period, but there may be more than one 30 consecutive day period.</p> <p>Respite hours may exceed more than that total to 720 hours/fiscal year when identified in the COVID-19 Care Management Plan.</p>			
Specify applicable (if any) limits on the amount, frequency, or duration of this service:			
<p>Institutional and In-home Respite Services may exceed more than one 30 calendar days authorization period during the pandemic or more than 720 hours in one fiscal year (July 1-June 30) for combined use of Institutional Respite Care and In-Home respite care. A day of institutional respite counts as 24 hours towards the annual limit. Any hours not used at the end of the fiscal year may not be carried over into the next fiscal year. A legal guardian, Power of Attorney, Health Power of Attorney cannot be hired to provide CAP In-Home Aide to a waiver participant. Exclusions apply when (a) there is a staffing shortage in remote areas of the state; or (b) the lack of a qualified provider who can furnish services at usual times during the day because of the complexity of the waiver participant's care needs.</p> <p>Also refer to C-2 for extraordinary circumstances for a legal guardian to provide this service. Respite cannot be provided by a legally responsible party or a live-in family member.</p> <p>The Waiver Service Fee Schedule can be accessed using this link: https://medicaid.ncdhhs.gov/providers/fee-schedule/community-alternatives-programs-cap-fee-schedules.</p> <p>The corresponding clinical coverage policy for the waiver program may be accessed using this link: https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies</p>			
Provider Specifications			
Provider Category(s) (check one or both):	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/> Agency. List the types of agencies:
		Personal assistant	In-home Aide Agencies
			Home Health Agencies
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/> Relative/Legal Guardian
Provider Qualifications (provide the following information for each type of provider):			

Provider Type:	License (<i>specify</i>)	Certificate (<i>specify</i>)	Other Standard (<i>specify</i>)	
Personal Assistant			Pass competency assessment	
In-home Aide Agencies		CNA	Personal assistant	
Home Health Agencies		CNA	Personal assistant	
Verification of Provider Qualifications				
Provider Type:	Entity Responsible for Verification:		Frequency of Verification	
In-home Aide Agencies	NC Medicaid and case management entity		initially and annually	
Home Health Agencies	NC Medicaid and case management entity		initially and annually	
Personal assistant	NC Medicaid and case management entity		initially and annually	
Service Delivery Method				
Service Delivery Method (check each that applies):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed

Service Title:	Adult Day Health
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope):	
<p>A service for a waiver participant to attend a certified Adult Day Health Care Facility. The service cares for persons who do not have other appropriate day supports and/or who need a structured day program of activities and services with nursing or other supervision. It is an organized program of services during the day in a community group setting. The program supports the waiver participant's independence and promotes social, physical, nutritional needs(meals are provided as part but shall not constitute a "full nutritional regimen" (3 meals per day); and emotional well-being.</p> <p>Physical, occupational and /or speech therapies are not be components of this service.</p> <p>Transportation may be provided as a component of this service during the pandemic period when other transportation services are not available. Transportation is provided through non-emergency medical transportation.</p> <p>This service may be used for a period less than 4 hours per day or may be used up to seven days per week. This service may be provided overnight to manage COVID-19 symptoms, to prevent the spread and to address quarantine or a mandate to practice social distancing.</p>	
Specify applicable (if any) limits on the amount, frequency, or duration of this service:	
<p>Services are organized and provided at varying durations during the pandemic period to manage symptoms and to prevent spread, but not less than what is approved in the service plan.</p> <p>The Waiver Service Fee Schedule can be accessed using this link: https://medicaid.ncdhhs.gov/providers/fee-schedule/community-alternatives-programs-cap-fee-schedules.</p> <p>The corresponding clinical coverage policy for the waiver program may be accessed using this link: https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies</p>	
Provider Specifications	

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
				Adult Day Health
				Federally Recognized Tribes
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
Provider Qualifications <i>(provide the following information for each type of provider):</i>				
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>	
Adult Day Health		ADH certification		
Federally Recognized Tribes		ADH certification		
Verification of Provider Qualifications				
Provider Type:	Entity Responsible for Verification:		Frequency of Verification	
Adult Day Health	NC Medicaid and DAAS		Initially and annually	
Federally Recognized Tribes	NC Medicaid and case management entity		Initially and annually	
Service Delivery Method				
Service Delivery Method <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E		
Service Title:	Meal Preparation and Delivery			
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>				
Service Definition (Scope):				
A service for a waiver participant who requires special assistance with nutritional planning per an assessment of needs. This service is often referred to as “Meals on Wheels” and provides for the preparation and delivery to the waiver participant’s home of one nutritious meal per day. 10A NCAC 06K.0101				
When home delivered meals are suspended during the pandemic, this service shall cover up to one home delivered meal for seven days per week using Uber Eats, DoorDash, Grub Hub or a similar meal delivery service for a lunch meal. This coverage ensures the waiver participant get at least one meal per day.				
The daily reimbursement rate for the meal may be exceeded during the pandemic.				
Specify applicable (if any) limits on the amount, frequency, or duration of this service:				
Oral nutritional supplements are excluded 1 meal per day up to seven days per week. No more than 2 meals will be provided per day.				
The Waiver Service Fee Schedule can be accessed using this link: https://medicaid.ncdhhs.gov/providers/fee-schedule/community-alternatives-programs-cap-fee-schedules .				
The corresponding clinical coverage policy for the waiver program may be accessed using this link: https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies				
Provider Specifications				

Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
			Food Industry/commercial	
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
Provider Qualifications (provide the following information for each type of provider):				
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)	
Food Industry or commercial	Commercial license			
Verification of Provider Qualifications				
Provider Type:	Entity Responsible for Verification:		Frequency of Verification	
Food Industry or commercial	NC Medicaid and case management entity		initially and annually	
Service Delivery Method				
Service Delivery Method (check each that applies):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed

Service Title:	Financial Management Services
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope):	
<p>A service provided for waiver participant who is directing his or her own care to ensure that consumer-directed funds outlined in the service plan are managed and distributed as intended. Financial managers provide education and training to orient the waiver participant to the roles and requirements of the consumer-directed model of care. Financial managers facilitate the employment of the personal assistant(s) employee and the requirements of the consumer-directed model by completing the following tasks:</p> <ul style="list-style-type: none"> • Serving as the participant's Power of Attorney for Internal Revenue Service's (IRS) processes; • Submitting payment of payroll to employees hired to provider services and supports; • Providing payroll statements on at least a monthly basis to the personal assistant(s); • Ordering employment related supplies and paying invoices for approved waiver related expenses; • Deducting all required federal, state taxes, including insurance and unemployment fees, prior to issuing payment; • Administering benefits to the personal assistant(s) as directed by the waiver participant; • Filing claims for self-directed services and supports; • Maintaining separate accounts on each participant's consumer-directed services; 	

- Tracking and monitoring individual budget expenditures;
- Producing expenditure reports as required by the state Medicaid agency; and
- Completing criminal record history checks, age verification, and health care registry checks on the personal assistant(s).

The financial management services may be conducted telephonically and the when new waiver participants are choosing to direct care for the first time, a CPR certification can be waived during the pandemic, but a plan need to be in place to obtain the certification within 30-days. A registry check, competency validation and consumer direction training overview, particularly in fraud, waste and abuse and consumer direction enrollment are mandatory requirements.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

\$93.00 per month is the maximum limit for financial management services.

When financial management services are being shared due to a waiver participant transferring from one FM provider to another in one planning month, \$46.50 is the maximum limit per each FM provider for that planning month.

The Waiver Service Fee Schedule can be accessed using this link: <https://medicaid.ncdhhs.gov/providers/fee-schedule/community-alternatives-programs-cap-fee-schedules>.

The corresponding clinical coverage policy for the waiver program may be accessed using this link: <https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies>

Provider Specifications

Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
				Financial management agency

Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
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Provider Qualifications (provide the following information for each type of provider):

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
Financial management services		Yes	

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Financial management	NC Medicaid and case management entity	initially and annually

Service Delivery Method

Service Delivery Method (check each that applies):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
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