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(s): Community Alternatives Program for Disabled Adults (CAP/DA)

C. Control Number(s):
NC.0132.R07.09

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

○	**Pandemic or Epidemic**
X	**Natural Disaster**
○	**National Security Emergency**
○	**Environmental**
○	**Other (specify):**

E. Brief Description of Emergency. *In no more than one paragraph each*, briefly describe the: 1) nature of emergency; 2) number of individuals affected and the state's mechanism to identify individuals at risk; 3) roles of state, local and other entities involved in approved waiver operations; and 4) 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.

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1) Nature of emergency - On September 25, 2024, the Governor of North Carolina declared a State of Emergency ahead of Hurricane Helene. On September 29, 2024, President Joseph R. Biden, Jr. approved a major disaster declaration for North Carolina.

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

There are currently 2,396 CAP/DA beneficiaries approved to receive CAP/DA services in Western North Carolina, the area of the state most impacted by Hurricane Helene. These waiver participants are identified as having moderate, severe, or catastrophic impacts from the hurricane. However, other sections of the State are experiencing some impact from the hurricane because of tornadoes and increased rainfall that resulted in flooding. There are approximately 11,000 individuals approved to receive CAP/DA services who may qualify for flexibilities listed in this document. Due to the increasing impact of the aftermath of the hurricane, NC Medicaid has set a goal of 100% check-off of all CAP waiver beneficiaries in North Carolina, regardless of the designated severity of the impact of the hurricane in their region. This will enable the State to monitor the status of individual beneficiaries who are in high-impact areas, but also those who may have impacts not widely experienced but because of their unique location, e.g., near a creek in an area with relatively high rainfall, have experienced a risk to their health, safety, and welfare. To identify at-risk individuals, the State has requested all case management entities to complete a Health and Safety Status Report and a Disaster and Emergency Recovery plan for all impacted waiver participants. This report shall outline the status of each beneficiary (i.e., safe, sustained impact, unknown), current location (i.e., home, shelter, facility, relative – in/out of county/state, other), contact information to include address and telephone number if they are displaced from their home, and if the current service plan meets their needs while they recover from the effects of the hurricane. The State is requesting the identification of additional, or replacement services needed should the current service plan not meet the beneficiary's needs due to sustained impact from the hurricane. State consultants will continue to reach out to case management entities to monitor current needs and recovery efforts.

3) Roles of state, local and other entities involved in approved waiver operations; and

- NC Medicaid, the administrator of the waiver, ensures the efficient operations of the waiver and implements emergency management and program flexibilities to assist with mitigating ongoing risk.
- Case management entities are community-based organizations that support the waiver participant using case management services. These entities are responsible for conducting assessments, developing plans of care, monitoring, and following up. They are also responsible for conducting safety and welfare checks during emergencies and creating a recovery plan for impacted waiver participants.
- VieBridge/eCAP is the system by which assessments are completed, POCs are developed, and reviews/service authorizations are conducted. This system generates and transmits prior approvals for program participation.
- NCLIFTSS is the State's comprehensive assessment vendor for managing specific LTSS. This entity processes referrals for program enrollment and conducts initial assessments.

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F. Proposed Effective Date: Start Date: 9/25/2024 Anticipated End Date: 9/24/2025

G. Description of Transition Plan.

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Waiver participants who qualify for additional services or waiving waiver rules and requirements because of the hurricane will be reassessed quarterly for ongoing needs. For those who no longer need access to flexibility, a 30-day transition plan will be implemented upon discovery to begin authorizing service as regularly scheduled. Those continuing to need flexibility will continue to receive the service throughout the effective period. A transition plan for them will be initiated at least 30 days before the expiration of this Appendix K to implement a transition plan for the regular planning of the waiver rules. Those assessed as continuing to need services beyond the scope of the approved Appendix K will be referred to or transitioned to other community resources and Medicaid services before the expiration of Appendix K.

H. Geographic Areas Affected:

These actions will apply to all eligible waiver participants adversely impacted by Hurricane Helene, and providers who serve waiver participants impacted by Hurricane Helene. This primarily includes individuals who normally reside in the counties included in the President's disaster declaration, but it also may include some individuals located outside the geographic region in the disaster declaration who were adversely impacted, as described above.

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

Refer to the DHB COOP and Disaster Plan

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

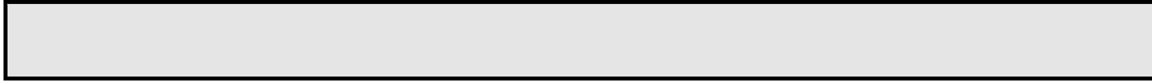
Temporary or Emergency-Specific Amendment to Approved Waiver:

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.___ Access and Eligibility:

i.___ Temporarily increase the cost limits for entry into the waiver.
[Provide explanation of changes and specify the temporary cost limit.]

ii.___ Temporarily modify additional targeting criteria.
[Explanation of changes]



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]

Exceed service limitations as described in the CAP/DA Clinical Coverage Policy, 3K-2 for the listed services to assist with reestablishing the waiver participant's home, if damaged during the hurricane. These extended service limits can also be used to address other health and welfare issues.
Equipment, modification and technology
Community transition may exceed the limit of $2,500.00 when applicable
Community integration may exceed the limit of $2,500.00 when applicable
Participant goods and services may exceed the limit of $800.00 when applicable
Individual goods and services may exceed the limit of $800.00 when applicable
Case management services can exceed the monthly published limit when the assigned case manager needs to perform heightened case management to address evacuation needs or the sustainability of safe shelter for an impacted waiver participant residing in one of the identified hurricane counties.

iii. _x__ 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]:

CAP In-home aide, personal care assistance, and respite services may be provided in a hotel, shelter, school, church, or facility-based setting when the waiver participant is displaced from the home because of Hurricane Helene. These services cannot duplicate services regularly provided by facility-based settings. For the purpose of out-of-home respite, the state will pay room and board for qualified settings.

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

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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 CAP In-home aide, personal care assistance, and respite may be provided in a hotel, shelter, church, or any facility-based setting. These services cannot duplicate services regularly provided by facility-based settings outside North Carolina when the participant is displaced from home because of Hurricane Helene. A telephonic assessment, conducted in accordance with HIPAA requirements, ensures that services are required, and the provider is qualified. It also verifies that the setting is safe, providing a secure environment for the participants. The NCLIFTSS will complete the telephonic assessment.

A portable ramp or equipment may be approved to assist with transfers and mobility to allow easy access to the 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.]

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During the first three months of the recovery efforts from Hurricane Helene, a live-in family member/caregiver, legally responsible person, close kinship relative, family friend, or an identified direct care worker who is confirmed can attest verbally or in writing they have the competencies to carry out the care needs of the waiver participant to escalate the approval to render services of in-home aide, personal care assistance and live-in caregiver. A registry and a statewide criminal background check can be delayed for 30 days; however, the live-in family member/caregiver, legally responsible person, close kinship relative, family friend, or identified direct care worker must verbally state or provide in writing that they do not have registry violations, and their background is free from the banned items listed in the CAP/DA Clinical Coverage Policy in Appendix B. The financial management entity, Coordinated Caregiver providers, and In-Home Aide/Home Health providers will provide a written statement to the live-in family member/caregiver, legally responsible person, close kinship relative, family friend, or identified direct care worker that findings from the registry and a criminal statewide background check that are in violation with the CAP/DA Clinical Coverage Policy will result in immediate termination. For individuals without access to electricity and telephone services (mobile or landline), training in consumer direction, fraud, waste and abuse, neglect, exploitation, and critical incident reporting can be postponed until confirmation is obtained that the live-in family member/caregiver, legally responsible person, close kinship relative, family friend, or an identified direct care worker has a method to complete these trainings. Training must be completed within 3 months of the employee agreement for ongoing employment in one of these roles. The CPR certification is waived for up to 90 days from the date of employment for individuals who do not have a do-not-resuscitate (DNR). A CPR certification registration, if the live-in family member/caregiver, legally responsible person, close kinship relative, family friend, or identified direct care worker is not already certified, must be initiated before the 91st day of employment. If a registration date is not obtained beginning after the 91st day of employment, ongoing employment may be jeopardized.

If the conditions of the waiver beneficiary do not change after January 2025, and there is still a need for the legally responsible person to be the direct care worker, the case manager will evaluate the current and future needs to assist with developing a POC that best aligns with the ongoing needs of the waiver participant.

The following safeguards are made available to the waiver participant:

1. When a legally responsible person is authorized to receive payment for providing In-home-aide, coordinated caregiver, and personal assistance services, the CAP/DA beneficiary may receive their services through consumer direction, provider-led, or coordinated caregiving as described in the CAP/DA waiver. Oversight from these service options will provide quality assurance of the health, safety, and well-being of the CAP/DA beneficiary. The current established controls of these service options will ensure that payments are made only for the services authorized to receive.
2. A collaborative effort from the multidisciplinary team will provide monitoring and support to the waiver participant to ensure health, safety, and well-being.
3. The waiver beneficiary is provided with contact numbers, email addresses, or other communication modes to seek assistance and help as needed.

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]

Modify the requirement for a face-to-face initial assessment to determine level of care to telephonic assessments based on the current waiver participant's living situation and the condition of the impacted area.

Modify the requirement for a face-to-face annual assessment, which establishes the annual level, to telephonic assessments. Extend the timeframe to conduct an annual assessment for up to six months from the effective date of the State of Emergency due to unsafe driving conditions. The case manager will evaluate the readiness to complete the reassessment based on the current waiver participant's living situation and the condition of the impacted area. Telephonic assessments are authorized when roads are not safe to drive on.

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.___ 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.]

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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.___ 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.]

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.]

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Authorize payment to direct care workers (providers of in-home aide services) in the amount, frequency, and duration as listed on the currently approved plan of care (POC) when a waiver participant or hired worker is directly impacted by Hurricane Helene in Western North Carolina. Retainer payments are time-limited and cannot exceed one (1) 30 billable day period.

The state confirms that retainer payments are for direct care providers who normally provide services that include habilitation and personal care but are currently unable to due to barriers caused by the impact of the hurricane.

The state has a distinguishable process to monitor payments to avoid duplication of billing, which includes the following listed requirements:

- Individual workers are required to sign an attestation prior to claiming retainer payments, in which they must attest to the items listed below:
    - The employee who receives retainer payments will not be eligible for unemployment as to hours covered by the retainer payment
    - To retain their availability to the specified waiver participant to assist with activities of daily living (ADLs) and instructional activities of daily living (IADLs) that are consistent with an approved service plan when the impacts of Hurricane Helene that prevented the delivery of services to the waiver participant have abated.
    - To report any retainer payments billed, sought, or received in submitting any unemployment insurance claim during the period in which retainer payment is received.
    - To receive the maximum reimbursement rate or wages per the planned pay period for approved hours/units in an active service plan approved before the retainer agreement was initiated.
    - Retainer payments are for primary staff that provide regularly scheduled services and are unable to deliver services.
    - Staff members identified as back up staff are not eligible for retainer payments.
    - To agree to receive a maximum of one retainer agreement for one specified waiver participant.
    - Due to the impacts of Hurricane Helene, the waiver participant is not able to receive waiver services in the amount, frequency, and duration as listed on the approved plan of care from their current provider.
- Provider organizations that accept a retainer payment agreement for a specified worker cannot receive duplicative payments and must adhere to the following requirements listed below:
    - The provider agency cannot bill retainer payments on behalf of staff who are laid off.
    - The provider agency’s retainer payment claims must be adjusted to account for any layoffs if staff are laid off.

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Provider Agencies must also attest that they have not received funding from other sources that would exceed their revenue for the last full quarter prior to the emergency event or that retainer payments would not result in them exceeding their prior revenue. Retainer payments cannot be made for Respite. If a provider has not already received revenues in excess of the pre-PHE level but receipt of the retainer payment in addition to those prior sources of funding results in the provider exceeding the pre-PHE level, any retainer payment amounts in excess will be recouped. If a provider had already received revenues in excess of the pre-PHE level, retainer payments are not available.

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]

Contact Person(s)

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

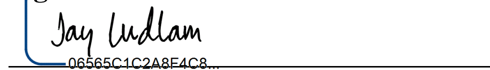
First Name:	Betty
Last Name	Staton
Title:	State Plan and Amendments Manager
Agency:	DHHS-Division Heath Benefits
Address 1:	1985 Umstead Drive
Address 2:	2501 Mail Service Center
City	Raleigh
State	North Carolina
Zip Code	27609-2501
Telephone:	919-538-3215
E-mail	Betty.J.Staton@dhhs.nc.gov
Fax Number	(919) 733-6608

B. If applicable, the State operating agency representative with whom CMS should communicate regarding the waiver is:

First Name:	Click or tap here to enter text.
Last Name	Click or tap here to enter text.
Title:	Click or tap here to enter text.
Agency:	Click or tap here to enter text.
Address 1:	Click or tap here to enter text.
Address 2:	Click or tap here to enter text.
City	Click or tap here to enter text.
State	Click or tap here to enter text.
Zip Code	Click or tap here to enter text.
Telephone:	Click or tap here to enter text.
E-mail	Click or tap here to enter text.
Fax Number	Click or tap here to enter text.

8. Authorizing Signature

Signature: DocuSigned by:



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State Medicaid Director or Designee

Date: 11/25/24 | 7:47 PM EST

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First Name:	Jay
Last Name	Ludlam
Title:	Deputy Secretary for NC Medicaid
Agency:	DHHS-Division of Health Benefits
Address 1:	1985 Umstead Drive
Address 2:	2501 Mail Service Center
City	Raleigh
State	North Carolina
Zip Code	27609-2501
Telephone:	(919) 855-4101
E-mail	jay.ludlam@dhhs.nc.gov
Fax Number	N/A

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 that the state is temporarily modifying, enter the entire service definition and highlight the change. State laws, regulations and policies referenced in the specification should be readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
Service Title:	Individual Goods and Services
Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:	
Service Definition (Scope)**:**	
A service for the waiver participant who is not directing his or her 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. • 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 services are limited to additional services not otherwise covered under the state plan, including EPSDT, but consistent with waiver objectives of avoiding institutionalization. • 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. 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, Long handle shoe horns, Elastic shoelaces, Bath tap turners, Button aids, Zipper pulls, Socks aids, Reacher and grasping aids, Door knob grippers, Key turners, Wheelchair or walker baskets/bags/caddy, Safety aid, Magnifying glass or magnifier, Writing aids, Large number clock, Bedside table, Emergency hand cranked radio, Flashlight, Arthritic utensils and adaptive utensils, No spill cups straw holder, two-handle mug, Scooper bowls and plates, one pull can opener, Plate guards, Jar openers, Bibs, Bottom wipers, Bedside commode cushion, Incontinence disposal system, Protectants for a mattress, chair or car seat to protect against incontinence accidents, Standing aid, Bed raisers, Orthopedic pillows, Wheelchair canopy Repair to broken eyeglasses frames and hypoallergenic pillows and blinds, when determined to be necessary consistent with a medical condition. The following language is additive to the state's current approved waiver definition for this service: Emergency evacuation transportation outside of the scope of transportation already provided through the waiver.	
Specify applicable (if any) limits on the amount, frequency, or duration of this service:	
The maximum approved amounts for participants goods and services et al. shall not exceed $800.00 total per each fiscal year (July 1-June 30). Items that are $200.00 or less may be approved by the Case management entity. Items that exceed $800.00 must require approval by NC Medicaid. • 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	

Service Specification	
Service Title:	Individual Goods and Services
Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:	
• 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 • Outdoor monitoring systems that are not approved in the service plan and are included in the recreational in nature or general utility definition The following language is additive to the state's current approved waiver limits for this service: As authorized by the state, the cost of participants goods and services for each beneficiary may exceed $800.00 annually (July-June).	

Provider Specifications				
Provider Category(s) *(check one or both)*:	☐	Individual. List types:	x	Agency. List the types of agencies:
				Business and Retail

Specify whether the service may be provided by *(check each that applies)*:	☐	Legally Responsible Person	☐	Relative/Legal Guardian

Provider Qualifications (*provide the following information for each type of provider*):

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

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Business	**NC Medicaid and Case Management Entity**	**Initially and at time of service provision**
Commercial	**NC Medicaid and Case Management Entity**	**Initially and at time of service provision**

Service Delivery Method

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Service Specification				
Service Title:	Individual Goods and Services			
Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:				
Service Delivery Method *(check each that applies)*:	x	Participant-directed as specified in Appendix E	x	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.