

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: NC Innovations Waiver

C. Control Number: 0423.R04.01

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

<input type="radio"/>	Pandemic or Epidemic
<input checked="" type="checkbox"/>	Natural Disaster
<input type="radio"/>	National Security Emergency
<input type="radio"/>	Environmental
<input type="radio"/>	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.

On September 26, 2024, President Biden determined that an emergency exists in North Carolina due to the emergency conditions resulting from Hurricane Helene beginning September 25, 2024, and continuing. Additionally, on September 28, 2024, Department of Health and Human Services (HHS) Secretary Xavier Becerra determined that a Public Health Emergency (PHE) exists in North Carolina, retroactive to September 25, 2024.

There are currently 3,776 Innovations beneficiaries served by the Tailored Plan/LME-MCOs who oversee the most impacted counties of the State. In addition, some other counties across the state were impacted by storm damage and may necessitate the use of Appendix K flexibilities to ensure the health and safety of beneficiaries served by the waiver. Vaya Health and Partners Health Management launched their emergency operations plan due to Hurricane Helene. Alliance Health oversees one impacted county, but did not launch an emergency operation plan. The State continues to engage with the Tailored Plans/LME-MCOs to offer support, provide guidance and receive updates on the status of their beneficiaries and programs. The Tailored Plans/LME-MCOs are providing regular updates on the status of waiver beneficiaries.

The Appendix K applies to beneficiaries residing in impacted counties that have been adversely impacted by Hurricane Helene. This does not exclude providers from other counties outside of the affected counties from leveraging Appendix K flexibilities and supporting those beneficiaries who have been directly impacted by Hurricane Helene, as many beneficiaries have evacuated outside of the impacted counties. Providers outside of the directly impacted areas who are supporting individuals displaced by the impact of Hurricane Helene may use the flexibilities within this Appendix K to support beneficiaries moving into their counties. These providers may implement Appendix K flexibilities to the extent needed to support individuals in their efforts to stabilize. The State will continue to work with the Tailored Plans/ LME-MCOs to ensure the health and safety status of beneficiaries. The North Carolina Innovations Waiver operates concurrently with 1115 demonstration waiver and 1915(b) waiver. Tailored Plans/LME-MCOs are PIHPs that operationalize the waiver under a contract with the State. The State is in regular communication with the Tailored Plans/LME-MCOs on the status of waiver operations in their areas.

F. Proposed Effective Date: Start Date: September 25, 2024 Anticipated End Date: September 24, 2025

G. Description of Transition Plan.

Individuals will transition to pre-emergency service status as soon as they are able. Waiver participants who qualify for additional services or waiving of waiver rules and requirements because of the hurricane will be reassessed at least 30-days before the expiration of this Appendix to determine ongoing needs. Those assessed as continuing to need services beyond the scope of the approved waiver will be referred or transitioned to other community resources or Medicaid services before September 24, 2025.

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.

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.]

N/A

ii. x Temporarily modify additional targeting criteria.

[Explanation of changes]

Waiver participants who do not use waiver services during this amendment will not lose their ability to continue to receive waiver services.

b. x Services

i. ___ 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]

• Request to allow increase in service hours from what is in the person-centered plan with post authorization for this time period.
Waive cost limits on the items below. The service limitations noted below are the same as the service limitations in the waiver service definitions identified in Appendix C-1/C-3:

- Waive cost limits on home modifications - replacement of, or repair to existing, home and accessibility modifications due to damage as result of the hurricane; or new installation that requires additional specifications as result of the hurricane that exceeds the \$50,000.00 for waiver period (combined Home Modifications and Assistive Technology). The State is only requesting to replace or repair waiver modifications. The State is not requesting to undertake general home repairs.
- Waive cost limits on assistive technology, equipment, supplies - replacement of, or repair to, assistive technology items due to damage as result of the hurricane; or new installation that requires additional specifications as result of the hurricane that exceeds the \$50,000.00 limit for waiver period (combined Home Modifications and Assistive Technology). The State is only requesting to replace or repair waiver equipment or supplies (for example – nutritional supplements taken by mouth for adults). The State is not requesting to replace or repair regular DME.
- Waive cost limits on Vehicle Modifications- replacement of, or repair to, existing vehicle modifications due to damage as result of the hurricane; or new installation that requires additional specifications as result of the hurricane that exceeds the \$20,000.00 limit for waiver period.
- Participant goods and services – replacement of, or repair to, previously obtained goods and services that were lost or damaged during the hurricane; or approval of new services or goods related to a need that stems from the hurricane that may exceed the \$2,000.00 annual limit. The State is only requesting to replace or repair waiver goods and services.
- Respite – may be provided when family is out of state due to evacuation/displacement until they return home. Out of home Respite may be provided in excess of 30 days on a case-by-case basis.
- Innovations Waiver: Waive 25% Cap and allow telehealth to be provided up to 100% for Community living supports, Day supports, Supported Employment, and Supported Living. The current Innovations Waiver application has a 25% cap on service provided through telehealth.
- Waive in person face-to-face monthly/quarterly Tailored Care Manager monitoring requirements with the Individual, when the Individual is not physically accessible. In these cases, virtual and telephonic monitoring will be conducted in accordance with HIPAA requirements.
- Allow a change in Day Support Group to Day Supports Individual without a change in the Individuals Support plan (ISP) or prior authorization for Waiver individuals impacted by Hurricane Helene. The ISP should be updated as soon as the provider is able to meet with the Waiver member/family face-to-face, telephonically, or virtually.
- Allow Residential Supports in place of Community Living and Supports, when an individual requires out of home placement, and a Relative as Direct Support Provider or EOR is not providing services. Allow service transition without a change in the Individual Support plan or prior authorization for Waiver individuals impacted by Hurricane Helene. The ISP should be updated as soon as the provider is able to meet with the Waiver member/family face-to-face, telephonically, or virtually.

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]:

Direct care services may be provided in a hotel, shelter, church, or alternative facility-based setting or the home of a direct care worker when the waiver participant is displaced from the home because of the hurricane, or the provider facility is inaccessible/damaged.

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

Waive prior approval for up to 60 days, when individuals who are displaced to receive services while out of state and allow Respite to be provided out of state. Currently, policy does not allow services out of state without prior approval by LME-MCO and does not allow for Respite to be provided out of state.

c. x 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.

Allow relatives who live in the home of the waiver beneficiary to provide additional waiver services, including Supported Employment and Supported Living for individuals impacted by Hurricane Helene. This should only be used for cases when the direct support staff is impacted by Hurricane Helene and not able to provide services. Waive requirement for caregivers living in the home to only provide Community Living and support.

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.]

Modify training requirements for existing staff for 90-days to continue providing services, if staff is unable to obtain training during the state of emergency.

Modify Direct care worker staff training requirements within 90 days of employment for new hires, if staff is unable to be obtained at time of employment during the state of emergency. Trainings specific to ensure management of member health and safety (i.e., Seizure management, Behavioral health crisis management) are not modified.

ii. ___ Temporarily modify provider types.

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

N/A

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.]

N/A

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

Annual reassessments of level of care that exceeds the 60-calendar-day approval requirement beginning on September 25, 2024, will remain open, and services will continue for three months to allow sufficient time for the Tailored Care Managers or Care Coordinator to complete the annual reassessment paperwork. Additional time may be awarded on a case-by-case basis when conditions from Hurricane Helene impede this process. Annual reassessments of level of care may be postponed by 90 calendar days to allow sufficient time to complete the annual reassessment and accompanying paperwork. This flexibility is not to exceed one year.

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.]

- Allow Utilization review and approval of ISPs with Tailored Care Manager or Innovations Care Coordinator signature only if QP (provider agency) is not able to sign the plan. The TCM or CC should make best efforts to coordinate with QP (telephonically or virtually) to review ISP updates.
- Allow approved services in the ISP to exceed amount, frequency, scope, and duration to plan the needs of waiver participants who were impacted by Hurricane Helene only if QP (provider agency) is not able to sign the plan. The TCM or CC should make best efforts to coordinate with QP (telephonically or virtually) to review ISP updates.

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.]

- Community Living and Supports may be provided in acute care hospital or short-term institutional stay, when the waiver participant is displaced from home due to injury from Hurricane Helene and the waiver participant needs direct assistance with ADLs, behavioral supports or communication supports on a continuous and ongoing basis and such supports are otherwise not available in these settings. Services are identified in an individual's person-centered service plan are not a substitute for services that the hospital is obligated to provide through its conditions of participation or under Federal or State law or under another applicable requirement, and are designed to ensure smooth transitions between acute care settings and home and community-based settings, and to preserve the individual's functional abilities. This temporary change will not exceed 30 days.

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 Innovations Waiver Services) in the amount, frequency and duration as listed on the currently approved Individual Support Plan when a waiver participant or hired worker is directly impacted by Hurricane Helene. 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 personal care and habilitation but are currently unable to due direct impact from Hurricane Helene.

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.
- Retain their availability to the specified waiver beneficiary to assist with activities 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 Individual 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 that are 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 Innovations waiver services in the amount, frequency and duration as listed on the currently approved Individual Support Plan from their current provider..

o Provider organizations that accept a retainer payment agreement for a specified worker cannot receive duplicative payments and must adhere to the following requirements list below:

- The provider agency is not able to bill retainer payments on behalf of staff that are laid off.
- The provider agency’s retainer payment claims must be adjusted to account for any lay offs, if staff is laid off.

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 Hurricane Helene, or that retainer payments would not result in them exceeding their prior revenue. 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. x 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]

Legally responsible persons who are Employer of Record may provide direct supports to Community Living and support, Supported Employment and Supported Living for individuals impacted by Hurricane Helene. This should only be used for cases when the direct support staff is impacted by Hurricane Helene and not able to provide services.

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]

N/A

m. x 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]

- Modify Support Intensity Scale Assessments/reassessment during the Appendix K flexibility period. Supports Intensity Scale can be completed virtually when appropriate and accessible.

- B-3 c: Reserved Waiver Capacity modify the states discretion to reassign military reserve slots as needed vs quarterly.

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 Amendment Manager
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: 919-538-3215
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 by:



06565C1C2A8E4C8

State Medicaid Director or Designee

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

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) 855-4104
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 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:					
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>					
Service Definition (Scope):					
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 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>		
Verification of Provider Qualifications					
Provider Type:	Entity Responsible for Verification:		Frequency of Verification		
Service Delivery Method					
Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/>	Provider managed	



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.