

# 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.<sup>i</sup> 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 TBI Waiver

C. Control Number: NC.1326.R00.01

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: 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.

North Carolina is submitting this Appendix K in order to implement flexibilities to prepare for and support waiver participants during COVID-19. There are currently 25 NC TBI Waiver beneficiaries served by Alliance Health in Cumberland, Durham, Johnston, and Wake Counties. The State is having calls with the MCOs to offer support, provide information and to get updates on the status of their programs and beneficiaries. The MCOs will be

providing updates on the status of waiver beneficiaries. The State will continue to work with the LME-MCOs as ongoing status determinations are made. North Carolina is requesting that these flexibilities be effective Cumberland, Durham, Johnston, and Wake Counties.

North Carolina operates under a 1915(b)(c) waiver where the LME-MCOs are PIHPs who operationalize the waiver under a contract with the State. The State is in regular communications with the LME-MCOs on the status of waiver operations in their areas.

**F. Proposed Effective Date: Start Date: March 13, 2020  
Anticipated End Date: March 12, 2021**

**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 COVID-19 will be reassessed at least 30-days before the expiration of this appendix to determine ongoing needs.

**H. Geographic Areas Affected:**

Cumberland, Durham, Johnston, and Wake Counties

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

Refer to the **Coronavirus Disease 2019 (COVID-19) Response in North Carolina** 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. 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.]

Waive \$135k individual limit on a case-by-case basis for individuals who are currently receiving waiver services. A new waiver limit will not be established.

**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. This applies to participants who are not receive services due to complications related to COVID-19.

**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]

- Allow for an increase in service hours from what is in the person-centered plan without prior authorization for this time period.
- 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. If the out of state respite provider is outside of 40 miles from the North Carolina border, then NC Medicaid will need a provider agreement with the out of state provide per Olmstead.

**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 because of COVID-19 related issues.

Allow for existing staff to continue to provide service, for 90 days, when CPR and NCI re-certification has lapsed.

Allow Day Supports, Life Skills Training, Personal Care, Supported Employment and Community Networking to be provided in the home of the participant, the home of the direct care worker, or the residential setting. Residential setting refers to the setting types listed in the Residential Service definition in the approved NC TBI Waiver.

The State confirms that multiple Medicaid services will not be provided at the same time.

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

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. Waive prior approval for individuals who are displaced and allow for Respite to be provided out of state.

**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.**

N/A

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

**i. \_\_\_ Temporarily modify provider qualifications.**

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

**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 3/13/2020, will remain open, and services will continue for three months to allow sufficient time for the care coordinator to complete the annual reassessment paperwork. Additional time may be awarded on a case-by-case basis when conditions from COVID-19 impedes this process. Annual reassessments of level of care initiated may be postponed by 90 calendar days to allow sufficient time to complete the annual reassessment and accompanying paperwork.

**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].

N/A

**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.]

**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]**

N/A

**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.]

Life Skills Training (for behavioral intervention) and Personal Care may be provided in acute care hospital or short-term institutional stay, when the waiver participant is displaced from home because of COVID-19 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.

The supplemental services provided in the hospital will not exceed 30 consecutive days; however, there may be more than on 30 consecutive day period.

Room and board is excluded.

**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.]

Include retainer payments to direct care workers to address emergency related issues. 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.

The State confirms that that retainer payments are for direct care providers who are providing services that include habilitation or personal care. Retainer payments cannot be made for Respite.

**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]

N/A

**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]**

- Allow beneficiaries to receive fewer than one service per month during this amendment without being subject to discharge
- Waive the face-to-face requirements for monthly and quarterly care coordination/beneficiary meetings for individuals receiving residential supports or new to waiver. Waive the face-to-face requirements for quarterly care coordinator/beneficiary meetings. Individuals who do not receive at least one

service per monthly will receive monthly monitoring (which can be telephonic) as quarterly meetings are not sufficient for such individuals. Monthly and quarterly monitoring will occur telephonically. This Telephonic assessment / monitoring will be conducted in accordance with HIPAA requirements.

- Waive requirement for a beneficiary to attend the Day Supports provider once per week.

## Contact Person(s)

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

<b>First Name:</b>	Melanie
<b>Last Name</b>	Bush
<b>Title:</b>	Deputy Director
<b>Agency:</b>	DHHS-Division of Health Benefits
<b>Address 1:</b>	1985 Umstead Drive
<b>Address 2:</b>	2501 Mail Service Center
<b>City</b>	Raleigh
<b>State</b>	NC
<b>Zip Code</b>	27609-2501
<b>Telephone:</b>	919-527-7042
<b>E-mail</b>	<a href="mailto:Melanie.Bush@dhhs.nc.gov">Melanie.Bush@dhhs.nc.gov</a>
<b>Fax Number</b>	919-832-0615

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

<b>First Name:</b>	
<b>Last Name</b>	
<b>Title:</b>	
<b>Agency:</b>	
<b>Address 1:</b>	
<b>Address 2:</b>	
<b>City</b>	
<b>State</b>	
<b>Zip Code</b>	
<b>Telephone:</b>	
<b>E-mail</b>	
<b>Fax Number</b>	

## 8. Authorizing Signature

Signature:

\_\_\_\_\_  
State Medicaid Director or Designee

Date:

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<b>First Name:</b>	Dave
<b>Last Name</b>	Richard
<b>Title:</b>	Deputy Secretary
<b>Agency:</b>	DHHS-Division of Health Benefits
<b>Address 1:</b>	1985 Umstead Drive
<b>Address 2:</b>	2501 Mail Service Center
<b>City</b>	Raleigh
<b>State</b>	NC
<b>Zip Code</b>	27609-2501
<b>Telephone:</b>	919-855-4101
<b>E-mail</b>	Dave.Richard@dhhs.nc.gov
<b>Fax Number</b>	919-832-0615



## 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
<b>Provider Qualifications</b> <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>	
<b>Verification of Provider Qualifications</b>				
Provider Type:	Entity Responsible for Verification:		Frequency of Verification	
Service Delivery Method				
<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/>	Provider managed



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<sup>i</sup> 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.