

APPENDIX K: Emergency Preparedness and Response

Background:

This standalone appendix may be utilized by the State during emergency situations to advise CMS of expected changes to its waiver operations or to request amendment to its approved waiver. It includes actions that States can take under the existing Section 1915(c) 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.¹ 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

C. Control Number: NC0423.R02.04

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 10, 2018, as authorized under Title V of the Stafford Act, President Donald J. Trump declared a state of emergency in North Carolina resulting from Hurricane Florence. On September 11, 2018, pursuant to Section 318 of the Public Health Services Act, Secretary of Health and Human Services Alex Azar declared a public health emergency. Both President Trump and Secretary Azar’s declarations were effective on September 7, 2018.

North Carolina has already requested waivers of certain Medicaid and CHIP requirements to ensure sufficient health care items and services are available to meet the needs of individuals enrolled in disaster declared emergency areas under 1135 of the Social Security Act.

There are currently 5,975 Innovations beneficiaries served by the MCOs who oversee the most impacted areas of the State; however, the entire state continues to see impact increase as rain falls and water rises in other areas. Both Trillium and Eastpointe MCOs launched their emergency operations plans due to the hurricane. The State has had calls with the MCOs to offer support, provide information and to get updates on the status of their programs and beneficiaries. The MCOs have been providing updates on the status of waiver beneficiaries. While most beneficiaries have had no adverse incidents related to the storm, we have had some relocations to shelters, hotels, with family members. Two beneficiaries have been moved to an ICF facility due to their primary caregiver being hospitalized due to a heart attack until they can return home or, if that is not possible, until residential placement can be found. Five group homes have moved to alternative locations during the storm; one due to their generator having been stolen; two of the homes were heavily damaged and the providers will be utilizing a vacant 16 bed unit at one of the State Developmental Centers until damage can be repaired or new housing secured. The State is requesting the identification of additional or replacement services needed should the current service plan not meet the needs of the beneficiary due to sustained impact from the hurricane. The State will continue to work with the LME-MCOs as ongoing status determinations are made.

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: September 7, 2018
Anticipated End Date: December 29, 2018**

G. Description of Transition Plan.

Individuals will transition to pre-emergency service status as soon as they are able. Needs to will be reassessed to determine if service increase is medically necessary going forward.

H. Geographic Areas Affected:

All

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 Minor Modifications to Waiver Operations Not Requiring a Formal Amendment

Temporary Minor Modifications to Waiver Operations Not Requiring a Formal Amendment:

These are temporary changes that do not require formal amendment of the approved waiver when the State is employing these techniques in their efforts to ensure the health and welfare of the individuals served.

a. Services:

- i. 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 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 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 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 Vehicle Modifications- Vehicle modification - 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 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.

- ii. 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]:

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Direct care providers 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. Waive HCBS requirements in alternative settings on a case-by-case basis. Room and Board would only be included in the rate for Institutional and Facility Respite. It is not expected that these services would be utilized outside of the appropriate facility.

iii.x Temporarily provide services in out of state settings. [Explanation of changes]

N/A

b. 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

c. 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.]

Allow relatives of waiver beneficiaries who reside in the home and out of the home to provide services prior to background check and training for 90 days. It is understood that the background check will be completed by the agency as soon as possible after the service begins and training will occur as soon as possible without leaving the beneficiary without necessary care.

Allow for additional services to be provided by relatives who live in the home of the adult waiver beneficiary (current waiver only allows for Community Living and Supports) to include Community Networking and Supported Employment for 90 days.

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

d. ___ Temporarily increase payment rates – no impact on cost neutrality:

[Provide an explanation for the increase. List the provider types, rates by service, and rate development method. If the rate varies by provider, list the rate by service and by provider. NOTE: Indicate how room and board is excluded from proposed modified rates]

N/A

Appendix K-3: 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 amendments may be 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, 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.

ii. x Temporarily modify additional targeting criteria.

[Explanation of changes]

Waiver participant does not have to use waiver services planned in the service plan that are available to the him or her during a period of ninety days and will not be subjected to discharge due to an inability to access services because of the hurricane.

The State is requesting that if an individual is unable to use a waiver service for 30 days that they not be immediately removed from the waiver. Some individuals have been evacuated and may not have a willing provider of services in their area. A large number of staff have been displaced from their homes, as well, which is causing

staffing shortages. The MCOs are working with providers to re-engage individuals with services as quickly as possible. This would be on a case by case basis.

b. ___ Services

i. ___ Temporarily modify service scope or coverage.

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

ii. ___ 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]

c. x Temporarily modify timeframes or 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 9/7/18 will remain open and services will continue for three months to allow sufficient time for the case manager to complete the annual reassessment paperwork. Additional time may be awarded on a case-by-case basis when conditions from the hurricane impedes this process. Annual reassessments of level of care initiated between 9/7/2018-12/7/208 may be postponed by 90 calendar days to allow sufficient time to complete the annual reassessment and accompanying paperwork.

d. ___ Temporarily increase payment rates –impact on cost neutrality or sizeable impact on estimates in approved Appendix J:

[Provide an explanation for the increase. List the provider types, rates by service, and rate development method. If the rate varies by provider, list the rate by service and by provider].

N/A

e.x Temporarily modify service plan development process and individual(s) responsible for service plan development, including qualifications of individual(s) responsible for service plan development.

[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.]

Person centered plans/revisions may be approved with a retroactive approval date dating back to 9/7/2018, for service needs identified to mitigate harm or risk directly related to the hurricane. Service limits in the service plan template may be exceeded in the amount, frequency and duration to plan the needs of waiver participants who were impacted by the hurricane and need new waiver services or replacement or repair to waiver services as described in K-2-a-i. For service plans that

are expiring and currently meeting an affected waiver participant's needs, but a new person-centered plan is unable to be developed due to ongoing hurricane recovery efforts, the time limit to approve the plan by the last day of the birth month may be extended by 3 months after the birth month, when monthly telephonic monitoring is provided to ensure the plan continues to meet the participant's needs. Additional time may be awarded on a case-by-case basis when conditions from the hurricane continue to impede this activity

f. ___ 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

g. 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.]

Allow payment for direct care services for purposes of supporting 1915(c) enrollees in acute care hospital or short-term institutional stay, and waiving time limits on institutional respite which is currently limited to a 30 day stay. Room and Board would only be included in the rate for Institutional and Facility Respite. It is not expected that these services would be utilized outside of the appropriate facility.

h. 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 when a 1915(c) enrollee is hospitalized or absent from their home for a period of no more than 90 days.

i. ___ 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

j. ___ 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

k. 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 for a period of ninety (90) days without being subject to discharge
- Waive monthly face-to-face care coordinator/beneficiary meeting for individuals receiving residential supports, new to waiver, or relative as provider. Waive quarterly face-to-face care coordinator/beneficiary meeting on case-by-case basis.

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

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
Address 2:	2501 Mail Service Center
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. 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 in 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.