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.[i] This appendix may be completed retroactively as needed by the State.

Appendix K-1: General Information

General Information:

A. State: ___North Carolina

B. Waiver Title: CAP/DA

C. Control Number:

NC. 0132

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

○	**Pandemic or Epidemic**
✓	**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 - 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.

As authorized under Section 1135 of the Social Security Act, North Carolina is respectfully requesting 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.

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

There are currently 1637 CAP/DA beneficiaries being served in the 27 counties identified as having moderate, significant, or heavy impact from the hurricane. However, the entire state continues to see impact increase as rain falls and water rises in other areas. 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 designated severity of 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/or welfare. To identify individuals at risk, the State has required all case management entities to submit a Business Operation Plan status to outline for the State how the agency will continue to provide essential services in the aftermath of the hurricane. In addition, a Health and Safety Status Report will be provided for each individual beneficiary served by the agency. 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 needs of the beneficiary due to sustained impact from the hurricane. The initial Health and Safety report is to be submitted to the State no later than 9/21/2018, with follow up to occur with any case management entity not submitting their report timely. State Consultants will continue to work with case management entity as ongoing status determinations are made.

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

- NC Medicaid is administrator of the waiver and oversight to assigned case management entities who functions in the role of local operational administering agency. The case management entity also provides case management.
- Case management entities complete assessments, plans of care, make service authorization requests and approvals. Case management entity staff conduct safety and welfare checks.
- VieBridge/eCAP is the system by which assessments are completed, POCs developed, and reviews/service authorizations conducted. This system transfers authorizations to prior approvals and forward to the state's MMIS for reimbursement for services rendered.
- NC Tracks is the state's MMIS which provides for reimbursement to providers of services rendered.

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.

F. Proposed Effective Date: Start Date: 9/7/2018 Anticipated End Date: 12/29/2018

G. Description of Transition Plan.

Waiver participants who qualify for additional services or waiving of waiver rules and requirements because of the hurricane will be reassessed 30-days before the expiration of this appendix or at their

next annual reassessment, the latest of the two, to determine ongoing needs. If the same level of services is still needed that were approved through this emergency planning document, arrangement will be made to link waiver individuals to other community resources or Medicaid services.

H. Geographic Areas Affected:

Statewide, if needed.

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. _✓ 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]

Allowances for exceeding individual service limitations identified in Appendix C-1/C-3. Based on assessed waiver participants' needs due to direct impact from the hurricane, the following limits may be exceeded:

1. Adult Day Health -services may be utilized up to 7 days week when the adult day health facility is open 7 days a week to assist impacted victims as result of the hurricane.
2. Home accessibility and adaptation – replacement of or repair to previously approved waiver home and accessibility due to damage as result of the hurricane; or new installation of approvable home accessibility and adaptation that may require additional specification as result of the hurricane exceeding the $10,000.00 budget limit.
3. Case management units – additional hours used to assist with locating new housing/shelter, working with FEMA or insurance company on behalf of waiver participant to arrange for repairs to the home or vehicle, linking and referring to resources needed to mitigate harm as result of hurricane
4. 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 that may exceed the $800.00 fiscal limit.
5. Assistive technology - replacement of, or repair to previously approved assistive technology due to damage as result of the hurricane; or new installation of approvable assistive technology that requires additional specification as result of the hurricane that may exceed the $3,000.00 budget limit.

6. Training/Education/Consultative Services – Training, education or consultation that are needed to learn how or develop new coping mechanism that are not covered by Medicaid State plan may be approved when directly related to mitigate risk as result of hurricane. The $500.00 fiscal limit may be exceeded as well.
7. The 720 respite hours both institutional and in-home may exceed the fiscal year cost limit when respite care is needed as a direct result of the hurricane.
8. In-home care and personal care assistance hours may be extended over the person-centered approvable utilization limits when parents or primary caregiver are directly impacted by hurricane, work hours decreased or increased, travel time to and from work increased or decreased.
9. Medical supplies including oral supplements, incontinent products and medication planners may be replaced when lost or destroyed during the hurricane; ~~or~~ amounts and frequency may exceed the limits if receipt of these items may mitigate risk or harm as a direct result of the afternoon of the hurricane.
10. Personal emergency response system (PERS) – participant goods and services may be used during hurricane recovery to replace the installation of PERS and required maintenance because of the hurricane.

Retroactive approval for service requests dating back to 9/7/2018 through 12/7/2018 will be approved.

ii. _✓_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]:

In-home aide, personal care assistance and respite services may be provided in a hotel, shelter or church, friend/relative's home or a facility-based setting when the waiver participant is displaced from their home because of the hurricane. Room and board is excluded.

iii._ ✓__ Temporarily provide services in out of state settings. [Explanation of changes]

In-home aide, personal care assistance and respite services may be provided in a hotel, shelter or church, relative/friend's home or a facility-based setting outside of the North Carolina when the waiver participant is displaced from home because of the hurricane, and when an assessment has been completed to attest that services are required, the provider is qualified, and the setting is safe. The attestation will be received from the provider agency.

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.

c.___ 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].

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.]

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]

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._✓__ Access and Eligibility:

i.__ ✓_ Temporarily increase the cost limits for entry into the waiver.

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

Limits to exceed $2527/month for waiver participant's needs at an intermediate level of care. Limits to exceed $3537/month for waiver participant's needs at a skilled level of care.

ii.__ ✓_ 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._ ✓__ 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. _✓__Temporarily modify timeframes or processes for level of care evaluations or re-evaluations (within regulatory requirements). [Describe]

Service request forms that exceeded the 45 days processing requirements beginning on 9/7/18 will be processed. Service request forms initiated between 9/7/18 – 12/7/2018 will be processed if submitted after the 45-day cut off period, but no later than 90 days. Annual reassessment of level of care that exceeds the 60-calendar day approval requirement beginning on 9/7/18 will be 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 for the case manager to complete the annual reassessment paper. Additional time may be awarded on a case-by-case basis when conditions from the hurricane recovery have impeded this activity.

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].

e.__ ✓_ 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.]

Service plans may be approved with retroactive approval dating back to 9/7/2018 for service needs identified as necessary 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 for waiver participants who were impacted by the hurricane and who need new waiver services or replacement or repair to waiver services as described in K-2ai because of this impact. Service plans that are expiring and are currently meeting an affected waiver participant's needs, but the case manager is not able to develop a new person-centered plan due to hurricane recovery needs for other waiver participants or other agency~~'s~~ obligations to support the community during recovery, the time limit to approved the plan by the 5th day after the anniversary month may be extended by 3 months when monthly telephonic monitoring is provided to ensure the plan continues to meet needs. Additional time may be allowed on a case-by-case basis when conditions from the hurricane continue to impede this activity.
The approved services listed on the service plan in the amount, frequency and duration will continued to be approved through waiver service authorization updates. Prior approval segments will be transmitted to the MMIS for claims adjudication.

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]

g._ ✓__ 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.]

In-home aide, personal care assistance and respite services may be provided in a hospital, rehabilitation facility or short-term institution when the waiver participant is displaced from home because of the hurricane and the waiver participant needs direct assistance with ADLs on a continuous and ongoing basis for 3 or more hours per day. Room and board is excluded.

h._ ✓__ 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 in the amount, frequency and duration as listed on the currently approved service plan when a waiver participant is displaced from their home or when the direct care worker is not able to travel to the waiver participant's home because of their own impact or flooding or closed roads and other appropriate barriers 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]

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]

k._ ✓__ 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]

Individual cost neutrality.

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:	
Last Name	
Title:	

Agency:	
Address 1:	
Address 2:	
City	
State	
Zip Code	
Telephone:	
E-mail	
Fax Number	

8. Authorizing Signature

Signature:

_____

State Medicaid Director or Designee

Date:	

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	

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:				
Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:				
Service Definition (Scope)**:**				
Specify applicable (if any) limits on the amount, frequency, or duration of this service:				

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

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)*

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification

Service Delivery Method				
Service Delivery Method *(check each that applies)*:	☐	Participant-directed as specified in Appendix E	☐	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.