



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**  
Division of Health Benefits

**ROY COOPER** • Governor  
**MANDY COHEN, MD, MPH** • Secretary  
**DAVE RICHARD** • Deputy Secretary, NC Medicaid

Memorandum

Date: October 4, 2018

TO: CAP/DA Case Management Entities and Service Providers

FROM: WRenia Bratts-Brown, Waiver Operations Manager

Subject: CAP/DA Hurricane Florence Guidance

NC Medicaid received approval from the Centers for Medicare and Medicaid Services (CMS) to temporarily waive certain waiver service limits and workflow timeline requirements for the Community Alternatives Program for Disabled Adults (CAP/DA) 1915(c) Home and Community-based Services waiver from Sept. 7, 2018 to Dec. 29, 2018 to ensure sufficient health care items and services are available to meet the needs of CAP participants who reside in the 28 counties approved by FEMA for federal assistance. Those counties are: Beaufort, Bladen, Brunswick, Carteret, Columbus, Craven, Cumberland, Duplin, Greene, Harnett, Hoke, Hyde, Johnston, Jones, Lee, Lenoir, Moore, New Hanover, Onslow, Pamlico, Pender, Pitt, Richmond, Robeson, Sampson, Scotland, Wayne and Wilson.

The following provides detailed guidance for the temporarily waiving of service limits and required workflow timelines:

- A. Temporarily exceed service limitations or requirements for amount, duration and prior authorization to address health and welfare issues presented by Hurricane Florence. Based on assessed needs of beneficiaries from direct impact of the hurricane, the following limits may be exceeded:
  1. Adult Day Health -services may be utilized up to seven days a week when the adult day health facility is open seven days a week to assist those impacted by 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 budget limit.
  3. Case management units – additional hours used to assist with locating new housing, work with FEMA or an insurance company on behalf of the waiver participant to arrange for repairs to the home or vehicle, link and refer to resources needed to mitigate harm as result of the hurricane.

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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 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 budget limit.
  6. Training/Education/Consultative Services – Training, education or consultation that are needed to learn how or develop new coping mechanisms that are not covered by Medicaid State plan may be approved when directly related to mitigate risk because of the hurricane. The \$500 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 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.
  11. The monthly or annual waiver limit for each acuity level may be exceeded due to additional services, equipment, or modifications that may be authorized during hurricane recovery.
- B. Temporarily expand setting(s) where services may be provided, such as hotels, shelters, schools or churches).
1. 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.
  2. The payment for room (rent or boarding fees) and board (groceries or meals) is excluded.
- C. Temporarily provide services in out of state settings.
1. 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.
  2. Out of state prior approval requirements do not apply.
- D. Temporarily modify timeframes or processes for level of care evaluations or re-evaluations (within regulatory requirements).
1. Incomplete service request forms that exceed the 45-day processing requirements beginning on Sept. 7, 2018 will be processed without the issuance of a technical denial.
  2. Service request forms initiated between Sept. 7, 2018 and Dec. 7, 2018 will be processed if submitted after the 45-day cut-off period, but no later than 90 days.

3. Annual reassessments (CNRs) that exceed the 30-calendar day approval requirement beginning on Sept. 7, 2018 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 impede this process.
  4. Annual reassessments (CNRs) initiated between Sept. 7, 2018 and Dec. 7, 2018 may be postponed by 90 calendar days to allow sufficient time for the case manager to complete the annual reassessment and accompanying paperwork. Additional time may be awarded on a case-by-case basis when conditions from the hurricane recovery impede this activity.
- E. Temporarily modify the service plan development process and individual(s) responsible for service plan development, including qualifications of individual(s) responsible for service plan development.
1. Service plans may be approved with a retroactive approval date dating back to Sept. 7, 2018, for service needs identified to mitigate harm or risk directly related to the hurricane.
  2. 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 section A above.
  3. A service plan that is expiring and currently meeting an affected waiver participant's needs, but the case manager is unable to develop a new person-centered plan due to ongoing hurricane recovery efforts, the time limit to approve the plan by the fifth day after the anniversary month may be extended by three months after the anniversary month, when monthly telephonic monitoring is provided, to ensure the plan continues to meet the participant's needs.
  4. Additional time may be awarded on a case-by-case basis when conditions from the hurricane continue to impede this activity.
  5. The approved services listed on the service plan in the amount, frequency and duration will continue to be authorized by an updated service authorization for the transmittal of prior approval segments to NCTracks for claims adjudication.
- F. Temporarily allow for payment for services for 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.
1. 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 three or more hours per day.
  2. The payment for room (rent or boarding fees) and board (groceries or meals) is excluded.
- G. Temporarily include retainer payments to address emergency related issues. 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, such as flooding or closed roads and other appropriate barriers, for a period of no more than 90 days.

VieBrigde maintains NC Medicaid electronic files for CAP/DA, if you need access to files or replacement for your internal paper files, please work with VieBridge to obtain those records.

NC Medicaid asks that case management entities to consult directly with the CAP NC Medicaid staff when one of the conditions listed above applies to allow tracking by CAP beneficiary for reporting to CMS on the outcome of this CAP/DA waiver amendment.

For additional needs or further guidance, please contact your assigned CAP/DA consultant. You may also seek guidance by calling 919-855-4340.