

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 TBI Waiver
- C. **Control Number:** NC.1326.R00.02

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.

This application is additive to the previously approved Appendix K. All changes from the originally approved document will be effective as of 4/30/2020. Those changes are identified in highlighted text.

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 receiving 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.

Add Home Delivered Meals as an additional service. Home Delivered Meals consists of two Home Delivered Meals per day.

Waive requirement for the Letter of Medical Necessity or Prescription from the Physicians, Nurse Practitioner or Physician's Assistant for ongoing supplies or replacement equipment for which member has an already established authorization. This applies to Assistive Technology, Equipment and Supplies.

iii. X 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]

Add Home Delivered Meals as an additional service. Home Delivered Meals consists of two Home Delivered Meals per day.

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.

Allow primary Alternative Family Living (AFL) Providers to provide Supported Employment, Day Supports or Community Networking to the participant living in the AFL during times that Supported Employment, Day Supports or Community Networking would be regularly provided.

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 one 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 retainer payments are for direct care providers who normally provide services that include habilitation and personal care, but are currently unable to due to complications experienced during the COVID-19 pandemic because the waiver participant is sick due to COVID-19; or the waiver participant is sequestered and/or quarantined based on local, state, federal and/or medical requirements/orders. The state will implement a distinguishable process to monitor payments to avoid duplication of billing.

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.
- Waiver Back-up staffing incident reports
 - Delay submission of additional information request related to the TBI Evidence Report. Additional Information will be provided on 7/31/2020.

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:	919-527-7042
E-mail	Melanie.Bush@dhhs.nc.gov
Fax Number	919-832-0615

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: _____ /S/ _____
 State Medicaid Director or Designee

Date:	5/26/2020
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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	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: Day Supports

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

Service Definition (Scope):

Day Supports is a group, facility-based service that provides assistance to the individual with rehabilitation, retention, or modification of socialization and daily living skills and is one option for a meaningful day. "Facility-Based" means that individuals who receive this service are often in a licensed Day Supports provider facility that serves individuals with TBI. Individuals who receive Day Supports only have to attend the Day Supports Facility once per week.

Day Supports emphasizes inclusion and independence with a focus on enabling the individual to attain or maintain his/her maximum self-sufficiency, increase self-determination and enhance the person's opportunity to have a meaningful day. To ensure informed choice among a variety of options for a meaningful day, individuals new to the service will receive education on available options during the planning meeting. Education must include exposure to the same day activities as others in the community and the structure of Day Supports must provide the opportunity to discover his or her skills, interests, and talents in his or her community. Grouping of individuals must be appropriate to the age and preferences of the person.

Day Supports may include prevocational activities. The following criteria differentiate between prevocational and vocational services:

1. Prevocational services are provided to individuals who are not expected to join the general work force or participate in transitional sheltered workshops within one year of service initiation. Individuals may not utilize Day Supports to attend transitional sheltered workshops.
2. Prevocational services include activities that are not directed at teaching job-specific tasks but at underlying rehabilitative goals skills (e.g. attention span, attendance, and task completion.)

Individual Day Supports are available to meet specific and well documented needs. These circumstances may include the provision of individual supports due to behavioral or psychiatric destabilization, medical concerns/necessity, or other infrequent and exceptional circumstances. Individual Day Supports related to medical / behavioral / physical support needs shall require supporting medical or behavioral records and accompanying documentation in the ISP supporting the need for individual services as the most appropriate option.

Day Supports are furnished in a non-residential setting, separate from the home or residential setting where the individual resides. Individuals may receive Day Supports outside the facility as long as the outcomes are consistent with the goals described in the Individual Support Plan.

Transportation to/from the individual's home, the day supports facility and travel within the community is included in the payment rate. Transportation to and from the licensed day program is the responsibility of the Day Supports provider.

NC TBI Day Supports Group can be provided in a group setting that includes State-funded Day Supports / Activity as long as the NC TBI Waiver definition is met and the staff meet the qualifications of NC TBI Day Supports Group.

Exclusions:

This service may not duplicate services provided under Adult Day Health, Community Networking, Cognitive Rehabilitation, In-Home Intensive Supports, Life Skills Training, Personal Care, Residential Supports, Supported Employment and/or one of the State Plan Medicaid Services that works directly with the beneficiary.

Individuals may not utilize Day Supports to attend transitional sheltered workshops.

This service shall not be furnished/billed at the same time of day as Community Networking, Life Skills Training, Personal Care, Residential Supports, Respite, Supported Employment and/or one of the State Plan Medicaid services that works directly with the person.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:			
The amount of Day Supports is subject to the "Limit on Sets of Services" specified in appendix C-4. Individuals may not utilize Day Supports to attend transitional sheltered workshops. Prevocational services must not include services that are available under Section 110 of the Rehabilitation Act of 1973 (20 U.S.C 1401 et seq.)			
Provider Specifications			
Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/> Agency. List the types of agencies:
			Supervised Living Facilities, Type F
			Unlicensed Supervised Living Facilities
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/> Relative/Legal Guardian
Provider Qualifications (provide the following information for each type of provider):			
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)

<p>Supervised Living Facilities, Type F</p>	<p>NC Administrative Code 10 A 27G.560; statutory authority: NC General Statute 143B-147</p> <p>Tribal providers are not subject to licensure but substantial equivalency.</p>	<p>NA</p>	<p>Supervised Living Facilities, type F, serve no more than 3 minors or 3 adults with a developmental disability.</p> <p>Supervised Living Facilities, type F, must be approved as a provider in the PIHP provider network and meet the following qualifications:</p> <ul style="list-style-type: none"> • Are at least 18 years old • If providing transportation, have a valid North Carolina or other valid driver's license, a safe driving record and an acceptable level of automobile liability insurance • Criminal background check presents no health nor safety risk to participant • Not listed in the North Carolina Health Care Abuse Registry • Staff that work with participants must be qualified in CPR and First Aid • Staff that work with participants must have a high school diploma or high school equivalency (GED) • Staff that work with participants must be qualified in the customized needs of the participant as described in the ISP. • Paraprofessionals providing this service must be supervised by a qualified professional. Supervision must be provided according to supervision requirements specified in 10A NCAC 27G.0204 (b) (c) (f) and according to licensure or certification requirements of the appropriate discipline. • Enrolled to provide crisis services or has an arrangement with an enrolled crisis services provider to respond to participant crisis situations. The participant may select any enrolled crisis services provider in lieu of this provider however. • Upon enrollment with the PIHP, the organization must have achieved national accreditation with at least one of the designated accrediting agencies. • The organization must be established as a legally constituted entity capable of meeting all of the requirements of the PIHP. Site must be the primary residence of the AFL provider (includes couples and single
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			persons) who receive reimbursement for cost of care. • Back up staff must be employees of the agency
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<p>Unlicensed Supervised Living Facilities</p>	<p>N/A</p>	<p>N/A</p>	<p>Unlicensed Supervised Living Facilities may serve only one adult in accordance with State Rule at 10A NCAC 27 G.5601(b)(1)(2).</p> <p>Unlicensed Supervised Living Facilities must be approved as a provider in the PIHP provider network and meet the following qualifications:</p> <ul style="list-style-type: none"> • Are at least 18 years old • If providing transportation, have a valid North Carolina or other valid driver's license, a safe driving record and an acceptable level of automobile liability insurance • Criminal background check presents no health nor safety risk to participant • Not listed in the North Carolina Health Care Abuse Registry • Staff that work with participants must be qualified in CPR and First Aid • Staff that work with participants must have a high school diploma or high school equivalency (GED) • Staff that work with participants must be qualified in the customized needs of the participant as described in the ISP. • Paraprofessionals providing this service must be supervised by a qualified professional. Supervision must be provided according to supervision requirements specified in 10A NCAC 27G.0204 (b) (c) (f) and according to licensure or certification requirements of the appropriate discipline. • Enrolled to provide crisis services or has an arrangement with an enrolled crisis services provider to respond to participant crisis situations. The participant may select any enrolled crisis services provider in lieu of this provider however. • Upon enrollment with the PIHP, the organization must have achieved national accreditation with at least one of the designated accrediting agencies. • The organization must be established as a legally constituted entity capable of meeting all of the requirements of the PIHP. Site must be the primary residence of the
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			<p>provider (includes couples and single persons) who receive reimbursement for cost of care.</p> <ul style="list-style-type: none"> • Back up staff must be employees of the agency.
Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
Supervised Living Facilities, Type F	<p>The DHHS Division of Health Service Regulation (DHSR) licenses Supervised Living Facilities, type F.</p> <p>Facility employee verification of employee qualifications is conducted upon hiring.</p> <p>PIHP credentialing is conducted no less than every 3 years.</p>		<p>DHSR licensure: Annually</p> <p>The facility verifies employee qualifications upon hiring.</p> <p>PIHP credentialing is conducted no less than every 3 years.</p>
Unlicensed Supervised Living Facilities	Local Management entity (LME)/PIHP		<p>The facility is monitored by the PIHP according to the requirements of the DHHS Provider Monitoring Process.</p> <p>The PIHP credentials the facility initially and at least every 3 years.</p>
Service Delivery Method			
Service Delivery Method <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/> Provider managed

Service Specification

Service Title: Community Networking

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

Service Definition (Scope):

Community Networking services provide individualized day activities that support the beneficiary's definition of a meaningful day in an integrated community setting, with persons who are not disabled. This service is provided separate and apart from the beneficiary's private residence, other residential living arrangement, and/or the home of a service provider. These services do not take place in licensed facilities and are intended to offer the beneficiary the opportunity to develop meaningful community relationships with non-disabled individuals. Services are designed to promote maximum participation in community life while developing natural supports within integrated settings. Community Networking services enable the beneficiary to increase or maintain their capacity for independence and develop social roles valued by non-disabled members of the community. As beneficiaries gain skills and increase community connections, service hours should fade; however a formal fading plan is not required.

Community Networking services consist of:

1. Participation in adult education (College, Vocational Studies, and other educational opportunities);
2. Development of community based time management skills;
3. Community based classes for the development of hobbies or leisure/cultural interests;
4. Volunteer work;
5. Participation in formal/informal associations and/or community groups;
6. Training and education in self-determination and self-advocacy;
7. Using public transportation;
8. Inclusion in a broad range of community settings that allow the beneficiary to make community connections;
9. Transportation when the activity does not include staffing support and the destination of the transportation is an integrated community setting or a self-advocacy activity. Payments for transportation are an established per trip charge or mileage.

This service includes a combination of rehabilitation/maintenance for personal assistance and supports as needed by the beneficiary during activities. Transportation to/from the beneficiary's residence and the training site(s) is included.

The waiver beneficiary can access up to \$1000, per year, to pay for classes at an integrated class that may occur in the community or at a college, university, or vocational school. These funds cannot be used to pay for books/materials.

This does not include the cost of hotels, meals, materials or transportation while attending conferences.

This service does not include activities that would normally be a component of a beneficiary's home/residential life or services.

The waiver beneficiary may not volunteer for the Community Networking service provider.

Volunteering may not be done at locations that would not typically have volunteers (i.e. hair salon, florist, etc.) or in positions that would be paid positions if performed by an individual that was not on the waiver.

This service may not duplicate or be furnished/claimed at the same time of day as Adult Day Health, Day Supports, Life Skills Training, Personal Care, Cognitive Rehabilitation, Residential

Supports, Respite, Supported Employment or one of the state plan Medicaid services that works directly with the beneficiary.

This service does not pay for overnight programs of any kind.

Classes that offer one-to-one instruction and are in a nonintegrated community setting are not covered.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Payment for attendance at classes and conferences will not exceed \$1000/ per beneficiary plan year. The amount of Community Networking is subject to the Limits on Sets of Services.

Provider Specifications			
Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/> Agency. List the types of agencies:
			Supervised Living Facilities, Type F
			Unlicensed Supervised Living Facilities
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>

<p>Supervised Living Facilities, Type F</p>	<p>NC Administrative Code 10 A 27G.560; statutory authority: NC General Statute 143B-147</p> <p>Tribal providers are not subject to licensure but substantial equivalency.</p>	<p>NA</p>	<p>Supervised Living Facilities, type F, serve no more than 3 minors or 3 adults with a developmental disability.</p> <p>Supervised Living Facilities, type F, must be approved as a provider in the PIHP provider network and meet the following qualifications:</p> <ul style="list-style-type: none"> • Are at least 18 years old • If providing transportation, have a valid North Carolina or other valid driver's license, a safe driving record and an acceptable level of automobile liability insurance • Criminal background check presents no health nor safety risk to participant • Not listed in the North Carolina Health Care Abuse Registry • Staff that work with participants must be qualified in CPR and First Aid • Staff that work with participants must have a high school diploma or high school equivalency (GED) • Staff that work with participants must be qualified in the customized needs of the participant as described in the ISP. • Paraprofessionals providing this service must be supervised by a qualified professional. Supervision must be provided according to supervision requirements specified in 10A NCAC 27G.0204 (b) (c) (f) and according to licensure or certification requirements of the appropriate discipline. • Enrolled to provide crisis services or has an arrangement with an enrolled crisis services provider to respond to participant crisis situations. The participant may select any enrolled crisis services provider in lieu of this provider however. • Upon enrollment with the PIHP, the organization must have achieved national accreditation with at least one of the designated accrediting agencies. • The organization must be established as a legally constituted entity capable of meeting all of the requirements of the PIHP. Site must be the primary residence of the AFL provider (includes couples and single
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			persons) who receive reimbursement for cost of care. • Back up staff must be employees of the agency
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<p>Unlicensed Supervised Living Facilities</p>	<p>N/A</p>	<p>N/A</p>	<p>Unlicensed Supervised Living Facilities may serve only one adult in accordance with State Rule at 10A NCAC 27 G.5601(b)(1)(2).</p> <p>Unlicensed Supervised Living Facilities must be approved as a provider in the PIHP provider network and meet the following qualifications:</p> <ul style="list-style-type: none"> • Are at least 18 years old • If providing transportation, have a valid North Carolina or other valid driver's license, a safe driving record and an acceptable level of automobile liability insurance • Criminal background check presents no health nor safety risk to participant • Not listed in the North Carolina Health Care Abuse Registry • Staff that work with participants must be qualified in CPR and First Aid • Staff that work with participants must have a high school diploma or high school equivalency (GED) • Staff that work with participants must be qualified in the customized needs of the participant as described in the ISP. • Paraprofessionals providing this service must be supervised by a qualified professional. Supervision must be provided according to supervision requirements specified in 10A NCAC 27G.0204 (b) (c) (f) and according to licensure or certification requirements of the appropriate discipline. • Enrolled to provide crisis services or has an arrangement with an enrolled crisis services provider to respond to participant crisis situations. The participant may select any enrolled crisis services provider in lieu of this provider however. • Upon enrollment with the PIHP, the organization must have achieved national accreditation with at least one of the designated accrediting agencies. • The organization must be established as a legally constituted entity capable of meeting all of the requirements of the PIHP. Site must be the primary residence of the provider (includes couples and single
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			persons) who receive reimbursement for cost of care. • Back up staff must be employees of the agency.

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Supervised Living Facilities, Type F	The DHHS Division of Health Service Regulation (DHSR) licenses Supervised Living Facilities, type F. Facility employee verification of employee qualifications is conducted upon hiring. PIHP credentialing is conducted no less than every 3 years.	DHSR licensure: Annually The facility verifies employee qualifications upon hiring. PIHP credentialing is conducted no less than every 3 years.
Unlicensed Supervised Living Facilities	Local Management entity (LME)/PIHP	The facility is monitored by the PIHP according to the requirements of the DHHS Provider Monitoring Process. The PIHP credentials the facility initially and at least every 3 years.

Service Delivery Method

Service Delivery Method (check each that applies):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
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Service Delivery Method

Service Delivery Method (check each that applies):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
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Service Specification

Service Title:	Meal Preparation and Delivery
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Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

Service Definition (Scope):

A service for a waiver participant who requires special assistance with nutritional planning per an assessment of needs. This service is often referred to as “Meals on Wheels” and provides for the preparation and delivery to the waiver participant’s home of no more than two nutritious meal per day. 10A NCAC 06K.0101

Food and Nutritional Supports should adhere as much as possible to the [Dietary Guidelines for Americans](#)

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Oral nutritional supplements are excluded
No more than two meals per day

Provider Specifications

Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
				Nutrition
				Federally Recognized Tribes
				Specialized Vendors
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
Provider Qualifications (provide the following information for each type of provider):				
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)	
Nutrition	N/A	10A NCAC 06K.0101 Meet Medicare requirements for Tribal Governments	Agencies/organizations that meet Division of Aging and Adult Services requirements for home delivered meals. Meet Medicare requirements for Tribal Governments	

<p>Federally Recognized Tribes</p>	<p>Section 221 of the IHCA, 25 U.S.C 1621t, exempting a health care professional employed by an Indian tribe or tribal organization performs services, provided the health care professional is licensed in any state. Section 408 of the IHCA, 25U.S.C 1647a, provides that a health program or entity operated by an Indian tribe or tribal organization shall be deemed to have met a requirement for a license under state or local law if such program meets all the applicable standards for such licensure, regardless of whether the entity obtains a license or other documentation under such state or local law.</p>		
<p>Specialized Vendors</p>	<p>Applicable state/local business license</p> <p>Tribal providers are not subject to licensure but substantial equivalency.</p>	<p>N/A</p>	<p>All services are provided in accordance with applicable state or local building codes and other regulations.</p> <p>All services must meet Division of Aging and Adult Services requirements for home delivered meals.</p>
<p>Verification of Provider Qualifications</p>			
<p>Provider Type:</p>	<p>Entity Responsible for Verification:</p>	<p>Frequency of Verification</p>	
<p>Nutrition</p>	<p>NC Division of Aging and Adult Services Tribal Governments</p>	<p>Annually and five years thereafter by MMIS</p>	

Unlicensed Supervised Living Facilities	NC Medicaid	The facility is monitored by the PIHP according to the requirements of the DHHS Provider Monitoring Process. The PIHP credentials the facility initially and at least every 3 years.		
Specialized Vendors	PIHP	Prior to first use		
Service Delivery Method				
Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed

Service Specification

Service Title: Supported Employment

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

Service Definition (Scope):

Supported Employment Services provide assistance with choosing, acquiring, and maintaining a job for individuals for whom competitive employment has not been achieved and /or has been interrupted or intermittent.

The intent of Initial Supported Employment is to assist individuals with developing skills to seek, obtain and maintain competitive employment or develop and operate a micro-enterprise. The employment positions are found based on individual preferences, strengths, and experiences. Job finding is not based on a pool of jobs that are available or set aside specifically for individuals with disabilities.

The transition to long-term supported employment should occur within one year of successful competitive employment, at this time it is expected that staff time will reduce as the individual becomes more independent in her/his job duties. Supported Employment may be needed if the individual's job duties change or if a new job is acquired. Feedback regarding the success and integration of the individual into their position should be obtained from the employer, through employee evaluations that provide information on the level of supervision and oversight that the individual requires on a daily basis.

Long-term follow-up may be used on a regular basis to meet specific and well documented needs. Long-Term follow-up related to medical / behavioral / physical support needs shall require medical behavioral records and accompanying documentation in the ISP supporting the need for individual services as the most appropriate and viable option.

Initial Supported Employment services include:

1. Pre-job training/education and development activities to prepare a person to engage in meaningful work-related activities which may include career/educational counseling, active job searching, job shadowing, assistance in the use of educational resources, training in resume preparation, job interview skills, study skills, assistance in learning skills necessary for job retention.
2. Assisting an individual to develop and operate a micro-enterprise. This assistance consists of:
 - a. Aiding the individual to identify potential business opportunities;
 - b. Assistance in the development of a business plan, including potential sources of business financing and other assistance; and
 - c. Identification of the supports that are necessary in order for the individual to operate the business.
3. Coaching and employment support activities that enable an individual to complete initial job training or develop skills necessary to maintain employment is completed through activities such as: assistance in job tasks, work adjustment training and counseling.
4. Providing technical support to potential employers regarding Federal ADA accommodations and requirements.

The service includes transportation from the individual's residence and to and from the job site. The provider agency's payment for transportation from the individual's residence and the individual's job site is authorized service time.

Long term follow-up supports include:

1. Coaching and employment support activities that enable an individual to maintain employment is completed through at least monthly face-to-face activities such as monitoring, supervision, maintaining skills necessary for job tasks, work adjustment training and counseling;
2. Ongoing assistance, counseling and guidance for an individual who operates a microenterprise once the business has been launched;
3. Employer consultation with the objective of identifying work related needs of the individual and proactively engaging in supportive activities to address the problem or need.
4. Providing ongoing technical support to potential employers regarding Federal ADA accommodations and requirements.

5. Transportation when the individual's job does not include staffing support. Payments for transportation are established as a per trip charge or mileage.

Documentation will be maintained in the file of each provider agency specifying that this service is not otherwise available under a program funded under Section 110 of the Rehabilitation Act of 1973, or Individuals with Disabilities Education Act (20 U.S.C. 1401 et seq.) for this beneficiary. The provider agency is responsible for obtaining this documentation.

Exclusions:

FFP is not to be claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following:

1. Incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program;
2. Payments that are passed through to users of supported employment programs; or
3. Payments for training that are not directly related to a beneficiary's supported employment program.

While it is not prohibited to both employ an individual and provide service to that same individual, the use of Medicaid funds to pay for Supported Employment Services to providers that are subsidizing their participation in providing this service is improper. The following types of situations are indicative of a provider subsidizing its participation in supported employment:

1. The job/position would not exist if the provider agency was not being paid to provide the service.
2. The job/position would end if the individual chose a different provider agency to provide service.
3. The hours of employment have a one to one correlation with the amount of hours of service that are authorized.

Supported Employment services occur in integrated environments with non-disabled individuals or is a business owned by the beneficiary. Supported Employment services do not occur in licensed community day programs.

This service is not available at the same time of day as Adult Day Health, Community Networking, Day Supports, In-Home Intensive Services, Life Skills Training, Personal Care Services, Residential Supports, Respite, Cognitive Rehabilitation or one of the State Plan Medicaid services that works directly with the person.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Exclusions:

FFP is not to be claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following:

1. Incentive payments made to an employer to encourage or subsidize the employer’s participation in a supported employment program;
2. Payments that are passed through to users of supported employment programs; or
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This service is not available at the same time of day as Adult Day Health, Community Networking, Day Supports, In-Home Intensive Services, Life Skills Training, Personal Care Services, Residential Supports, Respite, Cognitive Rehabilitation or one of the State Plan Medicaid services that works directly with the person.

Provider Specifications

Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
				Supervised Living Facilities, Type F
				Unlicensed Supervised Living Facilities
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
Provider Qualifications (provide the following information for each type of provider):				
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)	

<p>Supervised Living Facilities, Type F</p>	<p>NC Administrative Code 10 A 27G.560; statutory authority: NC General Statute 143B-147</p> <p>Tribal providers are not subject to licensure but substantial equivalency.</p>	<p>NA</p>	<p>Supervised Living Facilities, type F, serve no more than 3 minors or 3 adults with a developmental disability.</p> <p>Supervised Living Facilities, type F, must be approved as a provider in the PIHP provider network and meet the following qualifications:</p> <ul style="list-style-type: none"> • Are at least 18 years old • If providing transportation, have a valid North Carolina or other valid driver's license, a safe driving record and an acceptable level of automobile liability insurance • Criminal background check presents no health nor safety risk to participant • Not listed in the North Carolina Health Care Abuse Registry • Staff that work with participants must be qualified in CPR and First Aid • Staff that work with participants must have a high school diploma or high school equivalency (GED) • Staff that work with participants must be qualified in the customized needs of the participant as described in the ISP. • Paraprofessionals providing this service must be supervised by a qualified professional. Supervision must be provided according to supervision requirements specified in 10A NCAC 27G.0204 (b) (c) (f) and according to licensure or certification requirements of the appropriate discipline. • Enrolled to provide crisis services or has an arrangement with an enrolled crisis services provider to respond to participant crisis situations. The participant may select any enrolled crisis services provider in lieu of this provider however. • Upon enrollment with the PIHP, the organization must have achieved national accreditation with at least one of the designated accrediting agencies. • The organization must be established as a legally constituted entity capable of meeting all of the requirements of the PIHP. Site must be the primary residence of the AFL provider (includes couples and single
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			persons) who receive reimbursement for cost of care. • Back up staff must be employees of the agency
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<p>Unlicensed Supervised Living Facilities</p>	<p>N/A</p>	<p>N/A</p>	<p>Unlicensed Supervised Living Facilities may serve only one adult in accordance with State Rule at 10A NCAC 27 G.5601(b)(1)(2).</p> <p>Unlicensed Supervised Living Facilities must be approved as a provider in the PIHP provider network and meet the following qualifications:</p> <ul style="list-style-type: none"> • Are at least 18 years old • If providing transportation, have a valid North Carolina or other valid driver's license, a safe driving record and an acceptable level of automobile liability insurance • Criminal background check presents no health nor safety risk to participant • Not listed in the North Carolina Health Care Abuse Registry • Staff that work with participants must be qualified in CPR and First Aid • Staff that work with participants must have a high school diploma or high school equivalency (GED) • Staff that work with participants must be qualified in the customized needs of the participant as described in the ISP. • Paraprofessionals providing this service must be supervised by a qualified professional. Supervision must be provided according to supervision requirements specified in 10A NCAC 27G.0204 (b) (c) (f) and according to licensure or certification requirements of the appropriate discipline. • Enrolled to provide crisis services or has an arrangement with an enrolled crisis services provider to respond to participant crisis situations. The participant may select any enrolled crisis services provider in lieu of this provider however. • Upon enrollment with the PIHP, the organization must have achieved national accreditation with at least one of the designated accrediting agencies. • The organization must be established as a legally constituted entity capable of meeting all of the requirements of the PIHP. Site must be the primary residence of the
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			provider (includes couples and single persons) who receive reimbursement for cost of care. • Back up staff must be employees of the agency.

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Supervised Living Facilities, Type F	The DHHS Division of Health Service Regulation (DHSR) licenses Supervised Living Facilities, type F. Facility employee verification of employee qualifications is conducted upon hiring. PIHP credentialing is conducted no less than every 3 years.	DHSR licensure: Annually The facility verifies employee qualifications upon hiring. PIHP credentialing is conducted no less than every 3 years.
Unlicensed Supervised Living Facilities	Local Management entity (LME)/PIHP	The facility is monitored by the PIHP according to the requirements of the DHHS Provider Monitoring Process. The PIHP credentials the facility initially and at least every 3 years.

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):	<input type="checkbox"/>	Individual. List types:	<input type="checkbox"/>	Agency. List the types of agencies:

Specify whether the service may be provided by (check each that applies):

<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
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Provider Qualifications (provide the following information for each type of provider):

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
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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.