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LME-MCO Communication Bulletin #J307

Date: Oct. 2, 2018

To: Local Management Entities/Managed Care Organizations (LME-MCOs)

From: Deb Goda, Behavioral Health Unit Manager, NC Medicaid
Kathy Nichols, Associate Director of Services and Supports, DMH/DD/SAS

Subject: NC Innovations Waiver Flexibility Due to Hurricane Florence

This bulletin is to inform LME-MCOs of Innovations waiver flexibilities due to Hurricane Florence which the State has received from the Centers for Medicare and Medicaid Services (CMS).

NC Medicaid can allow the following due to an 1135 waiver which has been approved by CMS:

- More than the maximum number of hours allowed of Innovations waiver services may be provided by a relative of an adult who resides with the waiver beneficiary for 90 days.
- Services may be provided without prior approval from Sept. 14, 2018 to Dec. 29, 2018.
- Additional time will be granted to enrollees to request state fair hearings.

NC Medicaid can allow the following additional flexibilities for the Innovations waiver through an Appendix K application which has been approved by CMS:

- Relatives of waiver beneficiaries who reside in the home or out of the home to provide services prior to a 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.
- Additional services may be 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.
- Direct care 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.
- Repair or replacement of home and vehicle modifications and waiver equipment, supplies, or assistive technology in excess of the waiver period limitations.
- Repair or replacement of participant goods and services in excess of the waiver year limitations.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

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- The \$135,000 waiver limit may be exceeded due to additional services, equipment, or modifications during the Hurricane.
- Beneficiaries who receive fewer than one service per month for a period of 90 days will not be subject to discharge.
- Annual reassessments of level of care initiated between Sept. 7, 2018 and Dec. 7, 2018 may be postponed by 90 calendar days to allow sufficient time to complete the annual reassessment and accompanying paperwork.
- 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 three 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.
- 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.
- 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.
- Waive the monthly face-to-face care coordinator and beneficiary meeting for individuals receiving residential supports, new to waiver, or relative as provider. Waive the quarterly face-to-face care coordinator and beneficiary meeting on case-by-case basis.

Under State authority, NC Medicaid can allow Innovations waiver services to be provided out of state without prior approval by the LME-MCO. Respite may also be provided out of state for individuals who have been displaced.

Providers must resume compliance with normal Medicaid rules and regulations as soon as they are able to do so.

NC Medicaid asks that LME-MCOs track situations by waiver beneficiary to allow NC Medicaid to report to CMS on the outcome of the waivers.

Please direct any questions, concerns or requests for technical assistance to 919-855-4290 or e-mail Kenneth Bausell at Kenneth.Bausell@dhhs.nc.gov or call at 919-855-4296.

Previous bulletins can be accessed at:

www.ncdhhs.gov/divisions/mhddsas/joint-communication-bulletins

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