



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

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LME-MCO Joint Communication Bulletin # J357

Date: March 19, 2020

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

From: Deb Goda, Behavioral Health Unit Manager, NC Medicaid
Renee Rader, Assistant Director for Policy and Programs, DMH/DD/SAS

Subject: Department of Health and Human Services COVID-19 Service Guidance and NC Innovations Waiver Guidance

The North Carolina Department of Health and Human Services (NC DHHS) is actively working on service specific guidance in response to the COVID-19 virus. The North Carolina Division of Health Benefits (DHB) is coordinating with the Center for Medicare and Medicaid Services (CMS) to request waivers that will support flexibility in service delivery that both protects the public while ensuring our most vulnerable citizens are able to continue receiving supports for their behavioral I/DD needs.

Specifically, we are seeking to:

- Waive \$135k individual limit on a case-by-case basis for individuals who are currently receiving waiver services.
- Allow for an increase in service hours from what is in the person-centered plan without prior authorization for this time period.
- Allow for Respite to 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.
- Allow for direct care provider to provide direct care services in a hotel, shelter, church, or alternative facility-based setting or the home of a direct care worker when the waiver participant because of COVID-19 related issues.
- Waive HCBS Settings requirements in alternative settings on a case by case basis (quarantine/social distancing/etc.).
- Allow Day Supports and Community Networking to be provided in the home of the participant, the home of the direct care worker, or the residential setting.
- Allow for relatives of adult waiver beneficiaries to provide services to beneficiaries in Supported Living arrangements prior to background checks and training for 90 days.
- Allow relatives of adult waiver beneficiaries who reside in the home and out of the home to provide services prior to background check and training for 90 days. It is understood that the background check will be completed by the agency as soon as possible after the service begins

and training will occur as soon as possible without leaving the beneficiary without necessary care.

- Allow for existing staff to continue to provide service, for 90 days, when CPR and NCI re-certification has lapsed.
- Allow for additional services to be provided by relatives who live in the home of the adult waiver beneficiary (current waiver only allows for Community Living and Supports) to include Community Networking and Supported Employment for 90 days.
- Allow for Annual reassessments of level of care that exceeds the 60-calendar day approval requirement beginning on 3/13/2020, to remain open, and services will continue for three months to allow sufficient time for the care coordinator to complete the annual reassessment paperwork
- Allow for Person centered plans/revisions to be approved with a retroactive approval date dating back to 3/13/2020, for service needs identified to mitigate harm or risk directly related to COVID-19. 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 COVID-19 and need new waiver services.
- Allow For service plans that are expiring and currently meeting an affected waiver participant's needs, but a new person-centered plan is unable to be developed due to ongoing COVID-19 recovery efforts, the time limit to approve the plan by the last day of the birth month may be extended by 3 months after the birth month, when monthly telephonic monitoring is provided to ensure the plan continues to meet the participant's needs.
- Allow for Community Living and Supports and respite to 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 for 3 or more hours per day. Room and board is excluded.
- Include retainer payments to direct care workers to address emergency related issues.
- Allow beneficiaries to receive fewer than one service per month during this amendment without being subject to discharge.
- Waive monthly face-to-face care coordinator/beneficiary meeting for individuals receiving residential supports, new to waiver, or relative as provider during this amendment. Waive quarterly face-to-face care coordinator/beneficiary meeting on case-by-case basis during this amendment.
- Waive Support Intensity Scale Assessments/reassessment during this amendment.
- Waive requirement for a beneficiary to attend the Day Supports provider once per week.

PLEASE NOTE THAT WE HAVE NOT RECEIVED APPROVAL FOR THE ITEMS LIST ABOVE. ONCE WE RECEIVE A FORMAL APPROVAL, WE WILL SEND OUT AN ADDITIONAL COMMUNICATION.

Effectively immediately, LME/MCOs may temporarily implement Desk Reviews, including use of videos of the site, for managing on-site AFL reviews and new admissions to unlicensed AFLs.

We are collecting specific feedback from provider groups, LME/MCOs and other key stakeholders to inform these policy decisions through the following email: BHIDD.COVID.Qs@dhhs.nc.gov. As policy decisions are made, we will issue general as well as service specific guidance.

DHHS supports providers coordinating with their LME-MCO to determine what accommodations can be made to ensure there is no interruption in service access and delivery while this official guidance is being developed.

If you have any questions, please contact Kenneth Bausell at 919-527-7643 or e-mail Kenneth.Bausell@dhhs.nc.gov .

Previous bulletins can be accessed at:

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

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