

DHSR Request for Emergency Waiver of Regulations

For Adult Care Homes & Family Care Homes

Tropical Storm Helene

On September 25, 2024, Governor Roy Cooper issued Executive Order no. 315, Declaration of a Statewide State of Emergency for Tropical Storm Helene (Helene State of Emergency) likelihood to cause significant impacts to the State of North Carolina. Governor Cooper declared that the anticipated impacts from Helene constitute a state of emergency as defined in N.C. Gen. Stat §§ 166A-19.3(6) and 166A-19.3(20). Likewise, on September 28, 2024, Health and Human Service Secretary Xavier Becerra declared a public health emergency (PHE) stating, “as a result of the consequences of Hurricane Helene on the State of North Carolina, on this date and after consultation with public health officials as necessary, I, Xavier Becerra, Secretary of Health and Human Services, pursuant to the authority vested in me under section 319 of the Public Health Service Act, do hereby determine that a public health emergency exists and has existed since September 25, 2024, in the State of North Carolina.”

N.C. Gen. Stat § 131D-7(a1) gives authority to the Division of Health Service Regulation to temporarily waive any rule of the Medical Care Commission pertaining to adult care homes in the event of a declaration of a state of emergency by the Governor in accordance with Article 1A of Chapter 166A of the General Statutes, a declaration of a national emergency by the President of the United States, a declaration of a public health emergency by the Secretary of the United States Department of Health and Human Services; or to the extent necessary to allow for consistency with any temporary waiver or modification issued by the Secretary of the United States Department of Health and Human Services or the Centers for Medicare and Medicaid Services under section 1135 or 1812(f) of the Social Security Act; or when the Division of Health Service Regulation determines the existence of an emergency that poses a risk to the health or safety of residents.

Providers seeking a waiver on increasing bed capacity during the current Public Health Emergency MUST complete Parts 1 & 2 of this waiver request form below, which includes a copy of the facility’s floor plan marked as indicated. Waiver requests should be submitted to DHSR.AdultCare.HeleneWaivers@dhhs.nc.gov.

Waiver Request to Increase Bed Capacity

PART 1

Name of Facility Requesting Waiver:

Address:

License Number:

County:

Licensed Capacity:

Current Census:

Name of Primary Contact Person:

Phone Number:

Email Address:

Brief description of the general nature of your request, *i.e.* does the facility plan to use the increase in bed capacity to admit residents displaced by Tropical Storm Helene, to admit overflow residents from other facilities, or other:

Number of beds currently at this facility:

Number of additional beds requested:

Number of staff at this facility:

Please include a detailed narrative of how the space will be utilized and the anticipated duration for its use. If the space planned for the additional beds is a non-patient care area, describe how the space will be converted to care for patients:

Please summarize this facility's plans to assure the following:

Food Supply:

Water Supply:

Adequate Power/Electricity:

Safe Medication Administration:

Appropriate Staffing:

Safety of Residents and Staff, including but not limited to infection control measures:

Training of Visiting Staff on Fire Drill and Evacuation Procedures:

Notification of Responsible Parties/Legal Guardians:

Privacy of Residents:

PART 2

Please attach copy of the facility's floor plan marked with X's where each additional bed or relocated bed will be located. Tip: You can take a photo of the floor plan with your cell phone and email it to our office with this waiver request. The DHSR Construction Section will review the floor plan for safety and space requirements.

In order for this Request for Emergency Waiver of Regulations to be considered complete and processed, an authorized representative of the provider must complete the below.

I hereby certify that this request:

- (a) Is necessary for the public health and safety in the geographic area served;
- (b) The physical facilities to be used are adequate to safeguard the health and safety of the patients/residents; and
- (c) The patients/residents will receive appropriate care and their health and safety will be safeguarded.

This the ____ day of _____, 2024.

Authorized Representative