DHB ADMINISTRATIVE LETTER NO: 07-20, MEDICAID/NCHC PROCEDURES FOR COVID-19

DATE: **August 11, 2020**

SUBJECT: **Medicaid/NC Health Choice Procedures Due to COVID-19 Public Health Emergency - Amended**

DISTRIBUTION: **County Directors of Social Services**
Medicaid Supervisors
Medicaid Eligibility Staff

I. BACKGROUND

On March 13, 2020, the President issued a proclamation declaring a federal public health emergency concerning the Coronavirus Disease outbreak (COVID-19).

The purpose of this Administrative letter is to provide further clarifications and guidance from the Centers for Medicare and Medicaid Services (CMS). and clarifications and updates to previously published instructions for Medicaid and NC Health Choice during the COVID 19 emergency. This letter incorporates previous guidance provided in DHB Administrative Letter 01-20: Medicaid/NCHC Procedures for COVID-19, DHB Administrative Letter 01-20: Medicaid/NCHC Procedures for COVID-19Addendum 1 and Listserv: COVID-19 Stimulus Check and Pandemic Unemployment Benefits dated May 21, 2020. These Administrative letters are now obsolete with the issuance of DHB Administrative Letter 07-20,

As other situations are identified, further guidance will be provided.

II. PROCEDURES

A. Pandemic Unemployment Compensation

Per guidance received from Centers for Medicare and Medicaid Services (CMS), the weekly $600.00 Pandemic Unemployment Assistance (PUA) is non-countable income for all eligibility determinations. Any amount remaining after 12-months is a countable resource for applicable programs.

In the NC FAST system, workers will now see a newly created Benefit Income

evidence called Pandemic Unemployment Insurance to distinguish between regular Unemployment Insurance and Pandemic Unemployment. This field was created for FNS program use. FNS is the only program that will count the $600/week Pandemic UIB. **The Medicaid caseworker will not utilize this evidence and will document the Pandemic UIB in the case narrative.**

Although there are several types of Pandemic related UIB benefits, the only one that is **non**-countable for Medicaid, is the $600.00 gross weekly benefit.

See Dear County Director Letter 08-20 – Pandemic Unemployment Compensation for additional information.

B. COVID-19 Stimulus Check

The Coronavirus Aid, Relief and Economic Security Act (CARES Act), allocated funding for Recovery Rebates for individuals or "stimulus" funds and unemployment benefits.

Centers for Medicare & Medicaid Services (CMS), has issued guidance that the $1200.00 stimulus check and additional $500 per child are non-countable income for all Medicaid (MAGI and Traditional) and NC Health Choice eligibility determinations. Any amount remaining after 12-months is countable as a resource for applicable programs.

If the local agency receives a report from an applicant/beneficiary or via electronic source, that the household has received either the stimulus check(s) or Pandemic Unemployment Benefits (P-UIB), the caseworker should document the amount is non-countable in the case. At the next recertification, the caseworker will determine if any amount remaining should be counted as a resource for the applicable program.

If the local agency receives a report that a resident in a nursing facility was required to sign over their stimulus check(s) to the nursing home, encourage the applicant/beneficiary to file a complaint. Refer to Listserv message: COVID-19 Stimulus Check and Nursing Home Residents' Right to Retain Payment, issued June 15, 2020. Additional information may be found at: CMS NEWS ALERT: Nursing Home Residents' Right to retain Federal Economic Incentive Payments.

C. CAP/C/DA Waiver Procedures Impacted by COVID-19

In response to the COVID-19 pandemic, the Community Alternatives Program (CAP) implemented a temporary service, Consumer Direction Lite, that is available for both CAP/C and CAP/DA Medicaid waiver beneficiaries.

Consumer Direction Lite permits a legally responsible person (parent, POA, HPOA or legal guardian) the opportunity to become the paid caregiver.

When a CAP/DA waiver beneficiary selects to enroll in Consumer Direction Lite, they will transfer from the CAP/DA program to CAP/CD to participate in Consumer

Direction Lite. A waiver beneficiary participating in CAP/C will not be required to transfer to a different program to participate in this new program.

1. The local county agency will receive a DHB 2193, Memorandum of CAP Waiver Enrollment Status [policies.ncdhhs.gov] from the CAP Case Management Entity advising of the service change to Consumer Direction Lite. A DHB-2193 will be issued whenever there is a change to the CAP service.

2. Upon receipt of the DHB-2193, the local agency must update the Medical Institution Evidence in NC FAST, as applicable. The caseworker must document in the case notes the changed CAP service and receipt of the DHB-2193.

   For keying instructions refer to NC FAST Job Aid: Community Alternatives Program (CAP), Traumatic Brain Injury (TBI) & Innovations.

3. The caseworker will submit the DMA-8020, Medicaid Eligibility Corrections Form [policies.ncdhhs.gov] through the " DHB Queue" to the DHB Medicaid Claims staff requesting update of the program code for prior month(s) or current month, if appropriate.

D. PACE Waiver Procedures Impacted by COVID-19

Two PACE special bulletins were posted that contain flexibilities for the PACE organizations during the COVID-19 Emergency. Special Bulletin COVID-19 #27 and Special Bulletin COVID-19 #47 provides the following guidance:

1. The submission of the annual FL2 and annual prior approvals for current PACE participants is waived beginning March 1, 2020 until the cancellation of the NC state of emergency declaration or December 31, 2020, whichever is earlier. Participants will be deemed to meet nursing home level of care and deemed eligible for PACE until their next scheduled annual level of care evaluation is due in 2021. As a reminder, an annual FL2 is not needed for the county file for PACE cases.

2. The DMA-5106 form is used for communication, notification, and documentation between the local county DSS and the PACE organization. Due to the COVID-19 emergency, a "verbal signature" or "verbal concurrence" from the PACE applicant/participant or the representative may be obtained on the DMA-5106 form. The local county should accept the DMA-5106 from the PACE organization if section 1 is documented with the verbal signature/concurrence.

E. Non-Emergency Medical Transportation

1. As a result of COVID-19 Public Health Emergency, the local department of social services (DSS) agency may establish alternate arrangements to provide transportation to Medicaid covered services. In some instances, transportation may be required to a provider at a significantly greater distance or the use of a vendor or provider who is not currently under contract with the local agency.

2. Policy requires documentation on the DMA-5048, Medicaid Transportation Exception Verification, from a provider when transportation is necessary to a provider at a significantly greater distance for medical reasons, limited access or continuity of care. Due to the impact of COVID-19 Public Health Emergency, the DMA-5048 will not be required until further notice. Document the transportation log/record noting "COVID-19" as the reason.

3. Wait Time - Some Medical Providers may require a patient to wait in the vehicle until the provider is ready to see them. In addition, they require the patient to leave as soon as the appointment/service ends. During the public health emergency, the NEMT vendor wait times will be an allowable reimbursement if the provider requires the patient to wait in the vehicle or leave immediately upon completion of the visit. The local dss agency, should submit for reimbursement for vendor wait times on the DMA-2055, Reimbursement for Medical Transportation. The reimbursement amount will be at the average driver hourly rate for the vendor.

4. If a transportation vendor who is not under contract is used to provide the required transportation during this time, document the transportation log/record. Further instructions will be provided for coding to request reimbursement. This reimbursement request will be submitted to NC Medicaid and not approved for payment through NC Tracks.

5. The current policy requires counties to self-audit 2% or 200 trips each month. This requirement is waived during the emergency declaration period. DHB will issue guidance when this requirement is reinstated.

F. Waiver of Enrollment Fee/Premium

Individuals who are required to pay an enrollment fee for NC Health Choice or an Enrollment fee/monthly premium for Health Coverage for Workers with Disabilities (HCWD) will be exempt from this requirement until further notification.

Document in NC FAST the reason as "COVID-19". Until further notice, do not request payment for enrollment fees (including unpaid balances) and/or premiums.

G. Authorized Representative

Applicant/beneficiaries may receive help from others, including certified application assisters and authorized representatives to complete an application for Medicaid or NC Health Choice. During the current public health emergency this assistance may be provided by telephone to minimize in-person contact.

1. If the applicant/beneficiary provides authorization for an assister or other individual to be their authorized representative orally, in writing, or both.

   A signed DMA-5202C, Designation of Authorized Representative, is not required.

2. If the applicant/beneficiary provides authorization, the agency must accept the authorization. If written authorization is provided by the applicant/beneficiary, it is suggested that the caseworker scan a copy of the authorization into NC Fast. If designation of an AR is provided orally, the assister or authorize representative must be able to record and provide the recording to the local agency. The caseworker must document applicant/beneficiary statement in NC FAST with the reason "COVID-19".

3. An authorized representative must be designated as such, **prior** to signing and submitting an application on behalf of an applicant. Therefore, if an individual has not yet been designated as an authorized representative and does not have authority to sign in another capacity, the signature is unauthorized and is not valid.

4. If an application is received that was signed by someone other than the applicant and there is not an authorized representative form, written statement or a telephonic recording of consent, the caseworker will contact the a/b to obtain authorization.

H. Face-to-Face Interactions

Due to the declaration of COVID-19 Public Health Emergency, it is recommended that any in-person events follow guidance at https://www.nc.gov/covid-19/staying-ahead-curve. This may include closing lobbies and restricting face-to-face interactions to ensure social distancing (maintaining six feet between individuals).

Guidance from CMS suggests that applicants and beneficiaries must be clearly advised of the alternate methods for contacting the county departments of social services or applying for assistance, including ePASS, telephone, mail and e-mail. Local county agencies should make every effort to provide these methods of contact without significant wait times.

Some of the suggestions or practices that have been reported are:

1. Schedule appointments for individuals who need in-person assistance to ensure a low number of individuals are present in the county office.

2. Advise individuals to call the agency, as many of their issues may be handled by phone, e-mail or mail.

3. Stagger call center staff to expand the hours individuals may get information or assistance.

4. Work with local IT staff to ensure telephone capacity and band width can handle the increased workload.

5. Set up specific mailbox for individuals to contact the agency.

6. Set up drop box or other method for applicants/beneficiaries to provide information.

7. Post contact information on county and agency web or social media sites and signage at the physical location, if closed to the public.

I. State Hearings and Appeals

In response to COVID-19 Public Health Emergency, all State Appeal Requests (DSS-1473, DSS-1473A, DSS-1473B) along with the related hearing information and notifications should be sent to the new Hearings & Appeals service e-mail account (Medicaid.DSS.State.Appeals@dhhs.nc.gov) using the DHHS ZixMail portal for secure encryption.

Individuals have 60 days from the date of notice to request a hearing for changes in eligibility and may be extended to 90 days for good cause. The COVID 19 Public Health Emergency will be considered as good cause for allowing 90 days to request a hearing until further notice.

See the Attachment, ZixMail Instructions with E-mail Examples for Submitting State Appeal Requests, for additional information and instructions. Send questions to the Hearings & Appeals Section at Medicaid.DSS.State.Appeals@dhhs.gov or 919-855-3260.

III. IMPLEMENTATION

These policies and procedures are effective immediately for applications and recertifications. This also includes applications or recertifications currently in process. Counties will be notified of any changes or revisions to the above guidance.

This Administrative Letter obsoletes: DHB Administrative Letter 01-20 Medicaid/NCHC Procedures for COVID-19 and DHB Administrative Letter 01-20 Medicaid/NCHC Procedures for COVID-19, Addendum 1 .

If you have any questions regarding the guidance in this letter, please contact your Medicaid Operational Support Team Representative.

DocuSigned by:
Dave Richard
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Dave Richard
Deputy Secretary, NC Medicaid

Attachment:

ZixMail Instructions with E-mail Examples for Submitting State Appeal Requests