

# **DHB ADMINISTRATIVE LETTER NO: 09-20, MEDICAID/NC HEALTH CHOICE RECERTIFICATION PROCEDURES FOR COVID-19**

**DATE:** August 6, 2020

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

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

## **I. BACKGROUND**

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

The purpose of this letter is to provide updated instructions on completing recertifications and changes in circumstance for Medicaid and NC Health Choice during the COVID 19 public health emergency. This letter incorporates the instructions issued in DHB Administrative Letter 05-20, as well as further clarifications and guidance from the Centers for Medicare and Medicaid Services (CMS).

In addition, the North Carolina General Assembly passed, and Governor Cooper signed into law Senate Bill 808 (S808, Session Law 2020-88). At this time, counties should begin working recertifications for cases with certification periods ending August 31, 2020 (which are those noted in the legislation as due September 1, 2020) to meet the requirement. We understand this means counties are working cases in the 11<sup>th</sup> month. Cases not completed by August 31, 2020 will be extended. Counties are strongly encouraged to work towards being able to begin review of cases no earlier than the 10<sup>th</sup> month within the next few months.

Due to the federal requirement to continue coverage during the emergency period, recertifications that are not completed by the local agency will be extended automatically in NC FAST.

DHB would like to thank the following directors for their collaboration and input as we work to implement the recertification requirement and further provisions of S808:

Kim Harrell, Yadkin County  
Melanie Corprew, Beaufort County  
Chuck Lycett, Dare County  
Will Wakefield, Caldwell County  
Patricia Baker, Davidson County  
Angela Karchmer, Gaston County  
Catherine Lytch, Brunswick County  
Heather Skeens, Guilford County  
Sharnese Ransome, Executive Director, NCACDSS

## **II. CERTIFICATION PERIOD EXTENSIONS**

Each month, NC FAST will extend cases due to the emergency. There are 3 kinds of extensions that occur to ensure beneficiaries do not lose coverage, except as allowed by CMS guidance.

### **A. COVID Extensions**

1. Beginning the end of April, NC FAST is extending cases for a new 6/12-month certification period if recertification is not completed by the local agency. The COVID extensions may be as early as the second to last weekend of the month.
2. For any cases that have previously been extended due to the Hawkins Court Order, the extension months will be included when completing the COVID extensions and assigning a new certification period.

### **B. Hawkins Extensions**

1. The Hawkins extensions will continue to pick up cases that may not be included in the COVID extensions or are not yet programmed for those extensions.
2. The Hawkins extensions occur on the next to last work night of the month.
3. Hawkins extensions are for one month at a time.

### **C. End of Month Data Fix**

1. On the last work night of each month, NC FAST will run a data fix to ensure that no terminations or reduction in benefits, other than those allowed, are processed.
2. These extensions are for one month at a time.

### III. RECERTIFICATION/CHANGE IN CIRCUMSTANCE POLICY

As required in Senate Bill 808 (S808), counties should begin working cases with certification periods ending August 31, 2020 (due September 1 and later) and then each subsequent month.

Caseworkers should follow normal recertification procedures. If requested information is not returned or the beneficiary is ineligible or only eligible for reduced benefits, the guidance below should be followed. Self-attestation should be accepted as allowed.

The following policy provides instruction on how to complete recertifications or react to change in circumstance in NC FAST during the COVID 19 public emergency.

Policy previously provided in DHB Administrative Letter 05-20 is updated and revised due to guidance from the Centers for Medicare & Medicaid Services (CMS), system updates and further clarifications.

Recertifications not completed by caseworkers will be extended automatically by NC FAST.

**A. During the COVID-19 Public Emergency, caseworkers must not terminate or reduce Medicaid eligibility except for the following reasons, or as otherwise noted below in C:**

1. The beneficiary moves out of state,
2. The beneficiary voluntarily requests termination of Medicaid/NC Health Choice benefits,
3. Death of the beneficiary,
4. Beneficiary no longer meets the citizenship/immigration status requirements. See D below.

**B. Reduction in benefits includes actions/transfers that require timely notice, including but not limited to:**

1. Authorized Medicaid going to deductible status,
2. Increasing PML for LTC beneficiary,
3. Medicaid beneficiary moving to NC Health Choice.

**C. In the following situations, certain coverage may end, but Medicaid benefits must continue:**

1. LTC beneficiary moves out of facility to private living arrangement,
2. CAP beneficiary is no longer eligible for or participating in CAP services,
3. PACE beneficiary is disenrolled from PACE.

See Forced Eligibility Chart in IV. F, if ineligible or beneficiary would have deductible.

**D. The following applies when a beneficiary has been receiving Medicaid/NC Health Choice during a reasonable opportunity period (ROP), or is a pregnant woman or child under age 19 who is lawfully residing:**

1. If during or after the ROP expires, it is determined the beneficiary has an immigration status that only allows coverage of emergency services, terminate the case with timely notice. The individual is eligible only for emergency services and must apply for any new emergency.

Coverage must continue if information is not provided or county is unable to determine citizenship status.

2. When a pregnant woman who is receiving Medicaid with lawfully residing status but is otherwise eligible only for emergency services after the birth of the child, terminate the Medicaid at the end of the post-partum period with timely notice. The individual is eligible only for emergency services and must apply for any new emergency. If the woman becomes pregnant again, she may receive MPW as lawfully residing.

3. When a child who is lawfully residing turns age 19, and is otherwise eligible only for emergency coverage, terminate the Medicaid/NC Health.

Choice case with timely notice for failure to meet citizenship/immigration status. The individual is eligible only for emergency services and must apply for a new emergency.

**E. The following applies when a child on NC Health Choice turns age 19:**

1. If caseworker completes evaluation and child is eligible for full Medicaid, transfer to the appropriate Medicaid program.
2. If caseworker completes evaluation and child is not eligible for any Medicaid program, or eligible only for FPP, continue NC Health Choice eligibility per instructions in IV.D.
3. If the county does not complete the eligibility review, NC FAST will extend NC Health Choice eligibility for the child.

**F. The following applies when a Medicaid beneficiary is incarcerated in a state prison:**

1. Individual still needs to be suspended so that only inpatient-related services are covered.
2. If the individual is no longer eligible as caretaker due to incarceration, the caseworker cannot terminate the beneficiary or reduce benefits. Continue as MAF-C and select COVID-19 as the reason. If Forced must be used, follow process in IV.F.

#### IV. RECERTIFICATION/CHANGE IN CIRCUMSTANCE PROCEDURES

The instructions below should be used to work Medicaid/NC Health Choice recertifications/changes of circumstances in NC FAST during the COVID 19 public health emergency. As a reminder, policy allows counties to begin working recertifications no earlier than the 1<sup>st</sup> day of the 10<sup>th</sup> month of the current 12-month certification period or the 4<sup>th</sup> month of the current 6-month certification period.

**A. If the recertification already has an In-Progress status (may be due to previous extension or other reason), delete the In-Progress recertification because the start date is in the past.**

**B. Complete the recertification/change following recertification eligibility policy and using self-attestation as allowed.**

1. **For Traditional Recertification/Change in Circumstance:** Enter evidence and apply changes. Check eligibility.

a. If the result is for a greater benefit or the same benefit:

- 1) Accept the changed decision.
- 2) Authorize for the appropriate certification period.

b. If the result is ineligibility or eligibility for a lesser benefit (FPP, etc.)

- 1) Do not accept the decision.
- 2) Enter Medical Continued Eligibility evidence, according to steps in IV. D, **unless the case fits one of the situations for authorizing as Forced Eligibility in IV. F.**
- 3) See IV. C. for certification period details.

2. **For MAGI Recertifications:** Enter evidence and apply changes.

a. Put the recertification in progress.

b. Put the recertification in submitted status.

c. The case should have reassessed, and the caseworker will need to check the determinations.

d. If the result is for a greater benefit or the same benefit, accept the changed decision. This will approve the recertification.

- e. If the result is ineligibility or eligibility for a lesser benefit (FPP, MA to NC Health Choice, etc.)
  - 1) Reject the submitted recertification, this will put the recertification In-Progress.
  - 2) Delete the In-Progress recertification.
  - 3) Add Medical Continued Eligibility evidence to continue the same benefits according to the steps in IV. D., **unless the case fits one of the situations in IV. F. for authorizing as Forced Eligibility.**
  - 4) This includes individuals who age out of the coverage category.
- 3. **For MAGI Change in Circumstance:** Enter evidence and apply changes.
  - a. If the result is for a greater benefit or the same benefit, accept the changed decision.
  - b. If the result is ineligibility or eligibility for a lesser benefit:
    - 1) Do not accept the changed decision.
    - 2) Enter Medical Continued Eligibility evidence for the appropriate certification period per C. below according to steps in IV. D. **unless the case fits one of the situations in IV. F. for authorizing as Forced Eligibility.**
    - 3) This includes individuals who age out of the coverage category (MIC, NC Health Choice, MAF-N).

### **C. Certification Period**

If a Medicaid/NCHC beneficiary is eligible for the same or greater benefit, assign a new 6/12-month period, as appropriate. Follow additional guidance below, depending on program and whether case has previously been extended.

- 1. If a Medicaid beneficiary is ineligible or eligible for reduced benefit, use Medicaid Continued Evidence or Forced Eligibility and assign 6- month certification period. Follow additional guidance below, depending on program and whether case has previously been extended.
- 2. Traditional: If unable to use Medical Continue Evidence, treat as medically needy and assign 6-month certification period with -0- deductible.

MAGI: Key the Medical Continued Evidence or Forced evidence for appropriate program and assign cert period of 6 months.


- For example: MPW not eligible or only eligible for Family Planning Medicaid at end of the post-partum. Use Forced Eligibility evidence and transfer to MAF-C, selecting COVID 19 as the reason for 6 months or adjust as instructed below if case has previously been extended.
3. If case has previously been extended, the extension months must be included in the new certification period.
  4. Through the post-partum period for MPW.
  5. End of calendar year for MQB-E.
  6. Remainder of current certification period for most changes of circumstance.

**D. Adding the Medical Continued Eligibility:**

1. Select appropriate participant.
2. Select Reason: COVID-19 Extension from dropdown.
3. Enter Start Date: certification start date.
4. Enter End Date: certification end date.
5. Select the checkbox to create the certification period.
6. Select Reason “COVID-19 Extension” from dropdown.
7. Select “Recertification to be completed” from dropdown in Recertification Details.



**New Continued Eligibility Evidence** ? x

Time Remaining: 29:19 \* required field

Received Date \*  

Continued Eligibility Details

Participant \*  Reason \*

Start Date \*   End Date \*  

Create Certification Period for Continued Eligibility Dates

Redetermination Details

Select below how redetermination for medical eligibility will be completed at the end of the continued

### E. Instructions for SSI Ex Parte Reviews (SSI Terminations)

During the COVID-19 Emergency counties should use the instructions below for SDX ex parte reviews. Evaluate eligibility for all Medicaid/NCHC programs, including MAD if the individual remains disabled.

When the ex parte review is complete, do one of the following:

1. If the beneficiary is eligible for a non-SDX Medicaid product:
  - a. **Activate** the new product.
  - b. **Close** the SDX case.
  - c. Send the appropriate notice. (Consult NC FAST Job Aids: *Application to Case* and *Closing A Case* for guidance.)
2. If the beneficiary is no longer eligible for full Medicaid benefits or eligible for a lesser benefit (FPP, MA to NC Health Choice, etc.), take the following steps:
  - a. Navigate to the Income Support Case (ISC), go to the Tab Actions Menu, and select Add Application from the drop down.
  - b. New application type selected should be Medical Forced.



- c. Application date will be the day you are keying the application in NC FAST.
  - d. Key and authorize the Medical Forced Application.
3. When entering the Medical Forced eligibility evidence:
- a. Program type should be Medically Needy (MADM, MABM, MAAM, MAFM).
  - b. Start date for the evidence must be the first day of the month following the month of the SDX Medicaid ineligibility/termination. (E.G SDX Medicaid case to be closed 05/31/20. Medical Forced start date should be 06/01/2020.) This is important to avoid any lapse in coverage.
  - c. Authorization date will also need to be entered in as the first day of the month. (This is required)
  - d. Select Deductible and enter in \$0 as the amount of the deductible.
  - e. Certification period will need to be 6 months.
  - f. Add comment referencing the COVID-19.
  - g. Approve and activate the Medical Forced PDC.
  - h. Send proper notice for continuation of benefits.
  - i. Navigate to the SDX PDC and click Evidence.
  - j. Evidence dashboard displays. Click Ex Parte Review evidence to edit.
  - k. Toggle and expand; select edit.
  - l. The edit Ex Parte Review evidence pop-up appears. Enter the End Date of the Ex Parte review in the field and click save.
  - m. Apply changes. (This will generate an On-Hold Decision.)
  - n. Navigate back to the Income Support Case (ISC) and accept the ineligible decision for the SDX Medicaid product and close out the SDX product.

**F. In certain situations, Medical Forced will need to be entered in order for the beneficiary's Medicaid benefits to continue.**

The caseworker must get ineligible decision on the case and close it to key Forced Eligibility.

**Forced Eligibility must be used in the following situations:**

<b>Situation</b>	<b>What we do</b>	<b>Program</b>
LTC beneficiary is discharged/goes home and is not eligible as PLA or would have deductible	Key Forced eligibility and select COVID 19 as reason with 6-month certification period.	MAAM, MADM, or MABM w/zero (0) deductible.
PACE individual disenrolls and is not eligible as PLA or would have deductible	Key Forced Eligibility and select COVID-19 as reason with 6-month certification period.	MAAM, MADM, or MABM w/zero (0) deductible.
CAP beneficiary no longer receiving CAP waiver services, not eligible as PLA or would have deductible	Key Forced Eligibility and select COVID-19 as reason with 6-month certification period.	MAAM, MADM, MABM or MAFM w/zero (0) deductible
Traditional: Authorized Individual has deductible spenddown for the next certification period	Key Forced Eligibility and select COVID-19 as reason and give 6-month certification period or remainder of certification period.	MAAM, MADM, MABM or MAFM w/zero (0) deductible
Traditional Medicaid beneficiary is determined ineligible or eligible only for reduced benefit and <u>cannot use Medical Continued Evidence:</u> <ul style="list-style-type: none"> <li>• SSI Ex Parte</li> <li>• Change in Circumstance</li> </ul>	Key Forced eligibility and select COVID 19 as reason with 6-month certification period.	MAAM, MADM, MABM, MAFM, MAFC with zero (0) deductible
MAGI: beneficiary is determined ineligible or eligible only for reduced benefit and cannot use Medicaid Continued Evidence: <ul style="list-style-type: none"> <li>• MPW at end of Post-partum</li> <li>• Caretaker becomes incarcerated</li> </ul>	Key Forced eligibility and select COVID 19 as reason. Assign 6-month certification period.	MAF-C

### Edit Medical Forced Eligibility Evidence ? x

Time Remaining: 28:34 \* required field

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#### Forced Eligibility Details

Household Member	<span style="background-color: blue; color: white; padding: 2px;">[REDACTED]</span> (85)	Coverage Category	<input type="text"/>
Aid Program / Category / Classification *	<input type="text" value="MAAM_N"/> <span style="font-size: small;">Q X</span>	Reason *	<input type="text" value="Covid-19 Extension"/>
Payment Type	<input type="text"/>	End Date *	<input type="text" value="11/30/2020"/> <span style="font-size: small;">📅</span>
Start Date *	<input type="text" value="6/1/2020"/> <span style="font-size: small;">📅</span>	MAGI Application Reference Number	<input type="text"/>
Authorized Date	<input type="text" value="6/1/2020"/> <span style="font-size: small;">📅</span>	Subprogram Code	<input type="text"/>

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#### Deductible/PML Details

Type	<input type="text" value="Deductible"/>	Amount	<input type="text" value="0.00"/>
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## V. NOTICES

### A. Continuing eligibility is established

If eligibility is determined in the same or better benefit program, send appropriate adequate 8110, [Notice of Modification, Termination, or Continuation of Public Assistance](#) according to policy.

### B. Individual is ineligible or eligible for reduced program

Send adequate 8110 to continue benefits with the following text as the reason:

1. English Text:

**“Your eligibility is being extended due to the COVID-19 Public Health emergency declaration. Please be sure to report any changes to your caseworker within 10 days.”**

2. Spanish Text:

**“Su elegibilidad ha sido extendida debido a la Declaración de Emergencia de Salud Publica a causa del COVID-19. Por favor asegúrese de reportar cualquier cambio a su Trabajador del Caso dentro del término de 10 días.”**

This is the same reason that appears on the 8110 for automated extensions. The authority for the determination is DHB Administrative Letter 09-20.

**VI. FOR FURTHER INSTRUCTIONS, REFER TO THE FOLLOWING NC FAST JOB AIDS:**

- A. MAGI Medical Forced Eligibility and Ex Parte/Admin Recertification**
- B. Forced Eligibility for Income Support Medical Assistance, Special Assistance and Cash Assistance**
- C. Continued Eligibility for Medical Assistance**
- D. MAGI Medicaid Recertification**
- E. Traditional Medicaid Recertifications**
- F. SDX Change in Circumstances**
- G. SDX Overview, Tasks and Work Queues**

**VII. IMPLEMENTATION**

These policies and procedures are effective immediately for applications, recertifications and changes in circumstance. This also includes applications, recertifications or changes currently in process.

Counties will be notified of any changes or revisions to the above guidance.

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

DocuSigned by:  
  
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Dave Richard  
Deputy Secretary, NC Medicaid