

DHB ADMINISTRATIVE LETTER NO: 05-24, EMERGENCY MEDICAID PROCEDURES FOR HURRICANE HELENE - **AMENDED**

DATE: October 31, 2024

SUBJECT: Emergency Medicaid Procedures - **Amended**

DISTRIBUTION: County Departments of Social Services
Medicaid Supervisors
Medicaid Eligibility Staff

I. BACKGROUND

On September 28, 2024, President Biden approved Governor Roy Cooper’s request for a Federal Major Disaster Declaration for the following counties as a result of the impact of Hurricane Helene:

- Alexander (County)
- Alleghany (County)
- Ashe (County)
- Avery (County)
- Buncombe (County)
- Burke (County)
- Caldwell (County)
- Catawba (County)
- Clay (County)
- Cleveland (County)
- Eastern Band of Cherokee Indians of North Carolina
- Gaston (County)
- Haywood (County)
- Henderson (County)
- Jackson (County)
- Lincoln (County)
- Macon (County)
- Madison (County)
- McDowell (County)
- Mitchell (County)
- Polk (County)
- Rutherford (County)
- Transylvania (County)
- Watauga (County)
- Wilkes (County)
- Yancey (County)

This letter contains guidance on processes for all Medicaid programs to address issues caused by Hurricane Helene. As other situations are identified, further guidance will be provided.

II. SPECIAL POLICY PROCEDURES

The flexibilities noted in this section are effective through December 31, 2024.

A. Self-Attestation for Eligibility Criteria

Allow self-attestation for all eligibility criteria, except citizenship and immigration status, when documentation and/or electronic sources are not available.

1. Document state residency in NC FAST by entering Client Statement and Written Declaration from Third Party evidence, if other documentation is unavailable. Document in the evidence and in the case record, self-attestation was accepted with; "Hurricane Helene, see Administrative Letter 05-24, **Amended**".
2. For all other eligibility criteria, document the reason self-attestation was accepted as "Hurricane Helene-Administrative Letter 05-24, **Amended**".
3. This does not apply to citizenship/immigration status, as verification is required in federal regulations. However, you must apply reasonable opportunity to provide these verifications as stated in policy, if applicable.

B. State Residence - Temporary Absence

Individuals who are temporarily absent from North Carolina continue to meet state residency requirements, unless another state has determined the individual is a resident of their state. Follow the temporary absence rules in Medicaid policy. Consider applicants/beneficiaries who are evacuated from the state as temporarily absent when evaluating state residency.

C. 60/90-day Hearing Timeframe

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. Hurricane Helene will be considered a good cause reason for allowing 90 days to request a hearing until further notice.

D. NEMT (Non-Emergency Medical Transportation)

1. As a result of Hurricane Helene, the county may have to make 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 under contract with the local department of social services.

2. Policy requires documentation on the DHB-5048 from a provider when transportation at a significantly greater distance is necessary for medical reasons, limited access or continuity of care. Due to the impact of Hurricane Helene, the DHB-5048 will not be required until further notice. Document the transportation log/record noting Hurricane Helene as the reason.
3. 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.

III. IMPLEMENTATION

These policies and procedures are effective immediately for applications and recertifications effective September 25, 2024. This also includes applications or recertifications currently in process as of September 25, 2024. Counties will be notified of any changes or revisions to these instructions.

If you have any questions regarding this information, please contact your [Medicaid Operational Support Team representative](#).

DocuSigned by:



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Jay Ludlam

Deputy Secretary, NC Medicaid

cc. Susan Osbourne

Attachment: Self -Attestation

Self-Attestation

For self-attestation of all eligibility criteria, when electronic or other documentation not available, enter the statement: **“Hurricane Helene, see Administrative Letter 05-24”**

Self-Attestation for Eligibility Criteria		
Eligibility Item	Documentation	NC FAST Verification Evidence
Medical Bills to Meet Deductible	Complete statement, including: <ul style="list-style-type: none"> • Date(s) of service • Provider name • Amount owed Caseworker must ensure bill(s) have not been applied to previously met deductible	Bill/Receipts
State Residence	Applicant checked “yes” or provided response they are state resident Provided NC address as residence	“Written declaration from Third Party” twice on: <ul style="list-style-type: none"> • Income Support, or • Insurance Affordability (MAGI)
Resources	Complete statement, including: <ul style="list-style-type: none"> • Type of resource • Location/name of financial institution • Account #, if known • Amount/value of asset Self-Attestation is not allowable for transfer of assets or reserve reduction.	“Not required per policy: for the following: <ul style="list-style-type: none"> • Annuity • Property • Trust • Vehicle
Income	Unearned income: <ul style="list-style-type: none"> • Source • Gross Amount • Frequency Earned income: <ul style="list-style-type: none"> • Employer/source • Gross Amount • Frequency/pay cycle 	“Other” – “enter comments” can be entered to satisfy the verification requirement for Income If “Other” is not available, select another verification type and document “Hurricane Helene, see Administrative Letter 05-24” in the comment box.
Income deductions	Complete statement, including: <ul style="list-style-type: none"> • Type of deduction • Amount • Frequency Caseworker must ensure deduction is allowable	Use “Paystub/Earning statement”
Life Insurance	Complete statement, including: <ul style="list-style-type: none"> • Type of policy (term, whole life, etc.) • Owner • Face value • Cash value, if accrues 	“Written or Verbal Statement from Insurance Company”