

DHB ADMINISTRATIVE LETTER NO: 06-20, MEDICAID/NCHC PROCEDURES FOR COVID-19

DATE: August 6, 2020

SUBJECT: Medicaid/NCHC Procedures Due to COVID-19 Public Health Emergency – Self-Attestation and Reports

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 for Self-Attestation and Reports for all Medicaid/NC Health Choice during the COVID-19 public health emergency. This letter also 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-19 Addendum 1](#) and Listserv: Processing Medicaid/NCHC Recertifications during COVID Emergency sent May 6, 2020. These Administrative letters are now obsolete with the issuance of DHB Administrative Letter 06-20.

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

II. PROCEDURES

A. Self-Attestation for Eligibility Criteria

Accept self-attestation for all eligibility criteria, except citizenship and immigration status, when documentation and/or electronic sources are not available. This includes, but is not limited to, state residency, financial resources and medical expenses.

1. When the county has an electronic verification and self-attestation that differ, the local agency should follow reasonable compatibility policy.

2. When the county only has self-attestation and no electronic source is available, accept self-attestation and determine eligibility.
3. This guidance applies to both applications and recertifications when self-attestation is used in the following areas:
 - a. **State Residence:** Document state residency in NC FAST by entering Written Declaration from Third Party twice to satisfy the verification requirement for Residency on both Income Support and Insurance Affordability (MAGI) cases.
 - b. **Income:** Document earned or unearned income by entering applicant/beneficiary statement, if other documentation is unavailable. The applicant/beneficiary statement must include source, gross amount and frequency.
 - c. **Resources:** Document resources by entering applicant/beneficiary statement, if other documentation is unavailable. The applicant/beneficiary statement must include account number and type of resource(s), amount/value, location and name of the financial institution, if applicable.

Self-Attestation is **not** allowable for transfer of assets or reserve reduction.

4. Medical Bills for Deductible

Document incurred medical bills/expenses (needed to meet spend-down for medically needy eligibility) by entering applicant/beneficiary statement, if other documentation is unavailable.

The applicant/beneficiary statement must include the dates of service, provider names and the amount of the medical expenses. The caseworker must verify in the case record that the medicals bills/expenses were not applied to a previously met deductible.

6. Documentation

Enter the applicant/beneficiary statement in the NC FAST evidence and document the case notes, that the method of verification was self-attestation and notating "COVID-19.

7. Citizenship/Immigration Status

Self-attestation is **not** allowable for citizenship/immigration status, as verification is required by federal regulations. However, the caseworker must apply reasonable opportunity to provide these verifications as stated in policy, if applicable.

See Attachment: DHB Self-Attestation for instructions on addressing evidence and verification in NC FAST to satisfy the level requirements when self-attestation (client statement) is not available or does not meet the minimum level.

B. Reports

Although application processing and recertifications take precedence, the following reports must be worked. If the result of working these reports is a reduced benefit or termination of benefits, the caseworker should follow instruction in DHB Admin Letter 09-20.

Counties will need to work error/cleanup reports that impact ability to extend or correct cases to ensure coverage is approved and transmitted to NC Tracks correctly. Counties must also focus on working reports and addressing issues that cause problems with creating or extending eligibility, as noted below:

1. TMA Quarterly Report

- a. If the Transitional Benefit Report is not received by the second quarterly deadline, the caseworker should enter Transitional Benefits Report evidence as Received and document in NC FAST, "COVID-19" in the comment section.
- b. If the report is received timely, then the caseworker should take appropriate action. If the result is ineligible or results in a reduction, the caseworker should refer to instruction given in DHB Administrative Letter 09-20.

This report is located in: NC FAST - Reports > O&M Reports > MAGI.

2. SDX Case Reports

a. SDX Exceptions Report

The caseworker should review per policy in MA-1100. The caseworker must resolve exceptions to ensure that SDX cases are created in NC FAST or an appropriate denial notice is sent.

This report is located in: NC FAST - Work Queue/Task

b. SDX Out of State Address Report

This report includes all SSI/SDX beneficiaries that moved out of state or have a discrepancy in their address and the county needs to review.

The caseworker should review and ensure the beneficiary is in North Carolina. If so, the address needs to be a higher-level address than the SDX in the hierarchy. If mailing address is different than physical address, caseworker will need to enter both Private and Mailing address in NC FAST.

These cases could also show on the SSI Termination/Alert Report if SDX sends the information over. The county should only update the address. If the beneficiary has moved out of state, the caseworker should update the address for the beneficiary and document the case. Until SDX sends the file over the case cannot be closed.

This report is located in: NC FAST Help. This was a one-time report and is not run on a regular basis.

3. Incarceration Reports

Suspension

NC FAST will create a task for the worker when incarcerated evidence is added to the case and create an on-hold decision for suspension. The caseworker must accept the on-hold decision to ensure the case is suspended and the appropriate living arrangement code is transmitted to NC Tracks. The caseworker must send an adequate notice. NC FAST will create a task for beneficiaries upon release.

Unsuspending

a. For Traditional Cases

- 1) End date the Incarceration evidence (Incarceration release date minus 1 day).
- 2) Update the Living Arrangement by end dating the old living arrangement (Incarceration release date minus 1 day) and enter start date for new living arrangement (Same date as Incarceration release date).
- 3) Update the Managed Care evidence.
- 4) Reassess the case.
- 5) Apply the changes to unsuspend the case.
- 6) Accept the on-hold decision.
- 7) Review the DSS-8110 to ensure the correct reason and outcome populated. If not, then select the appropriate reason and outcome for the DSS-8110.

- 8) Complete an ex parte evaluation to determine ongoing eligibility. Follow procedures in DHB Administrative Letter 09-20 if the result is ineligibility or reduction of benefits.

b. For MAGI Cases

- 1) End date the Incarceration evidence using the release date of the individual.
- 2) Reassess the case.
- 3) Apply changes to unsuspend the case.
- 4) Accept the on-hold decision.
- 5) Review the DSS-8110 to ensure the correct reason and outcome populated. If not, then select the appropriate reason and outcome for the DSS-8110.
- 6) Complete an ex parte evaluation to determine ongoing eligibility. Follow procedures in DHB Administrative Letter 09-20 if the result is ineligibility or reduction of benefits.

The report is located in: NC FAST - Reports > O&M Reports > Daily, Monthly & Yearly Reporting. This report should be monitored to ensure caseworkers are taking actions on the case.

4. Death Report

The caseworker should review the case per policy and enter the date of death when the case is closed.

This report is located in: NC FAST - Clients and Outcomes > Shortcuts > Medicaid Verification Reports > Verification Menu > Medicaid Death Match Link.

5. Recipient on Demand (Pondera) Reports

These reports must be worked to see if the reported issue in the report impacts eligibility.

This report is located in: NC Tracks - Report2Web Tab ->County->Recipient on Review.

6. PARIS Reports

The caseworker should review the reports to verify benefits in determining eligibility in various public assistance programs.

These reports are located in: Reports > O&M Reports >MA>XPTR Verification Reporting.

7. Pandemic Unemployment Compensation

NC FAST has posted reports that display Medicaid cases that may have been closed or applications that may have been denied due to excess income that included Unemployment Insurance (UI) and UPI. These reports should be reviewed to ensure no adverse action has occurred in a case that does not count Pandemic Unemployment Compensation as income.

All reports can be found on the COVID-19 Resource Page in FAST Help: Economic Services>COVID-19>COVID-19 Resources. The reports capture the following information:

- a. Pandemic UIB Closures - FNS, CASH, Energy, Medicaid, Child Care, and Special Assistance (including SA In-Home) cases that closed effective 4/1/2020 to present that include UIB evidence. This report is posted on the 1st business day of each month. Counties are to review report to ensure no cases have been closed in error due to Pandemic Unemployment Compensation.
- b. Pandemic UIB Application Denials - FNS, CASH, Energy, Medicaid, Child Care, and Special Assistance (including SA In-Home) cases that were denied effective 4/1/2020 to present that include UIB evidence. This report will be updated every Wednesday and counties are to review the report, to ensure no applications were denied in error due to the Pandemic Unemployment Compensation.
- c. Pandemic UIB Reduction or Modifications - FNS, CASH, Energy, Medicaid, Child Care, and Special Assistance (including SA In-Home) applications or cases where benefits were reduced or modified effective 4/1/2020 to present that include UIB evidence. This report is posted on the 1st business day of each month. Counties are to review report to ensure there is no change in benefits on the case as a result of Pandemic Unemployment Compensation.

8. Critical Age Report

This report identifies recipients who will need an ex parte review completed due to the recipient or a household member turning 6, 19, or 21.

This report is located in: Reports > O&M Reports >MA>XPTR Verification Reporting.

9. FRR/BEER Reports

These reports give leads regarding income and resources reported to the IRS by employers and financial institutions.

These reports are accessed by the designated county control officer.

10. Ad hoc Reports

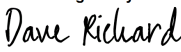
Any error or cleanup reports resulting from the COVID or Hawkins extensions or other issues that prevent eligibility from being activated or extended.

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:

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Dave Richard
Deputy Secretary, NC Medicaid

Attachment: DHB Self-Attestation