



# Medicaid and NC Health Choice Eligibility

## *Auditor's Guide to COVID-19 Policy*

Presented by:  
OCPI/Quality Assurance  
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# Agenda Items

- DHB Admin Letters & Terminal Messages
- COVID-19 Emergency Provisions
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    - Enrollment Fees/Premiums
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- MAGI and NON-MAGI Income Limits 2019 & 2020



# DHB Admin Letters/Term Mssgs

- **AL 01-20 dated 03/20/2020**

[https://policies.ncdhhs.gov/divisional/health-benefits-nc-medicaid/family-and-childrens-medicaid/administrative-letters/2020/ma\\_al01-20.pdf](https://policies.ncdhhs.gov/divisional/health-benefits-nc-medicaid/family-and-childrens-medicaid/administrative-letters/2020/ma_al01-20.pdf)

- **AL 02-20 dated 03/26/2020**

[https://policies.ncdhhs.gov/divisional/health-benefits-nc-medicaid/family-and-childrens-medicaid/administrative-letters/2020/ma\\_al02-20-signed-1.pdf](https://policies.ncdhhs.gov/divisional/health-benefits-nc-medicaid/family-and-childrens-medicaid/administrative-letters/2020/ma_al02-20-signed-1.pdf)

- **AL 01-20: Addendum 1, Attachment 1a & Attachment 2 dated 04/01/2020**

[https://policies.ncdhhs.gov/divisional/health-benefits-nc-medicaid/family-and-childrens-medicaid/administrative-letters/2020/ma\\_al02-20-addendum-1-covid-19-1.pdf](https://policies.ncdhhs.gov/divisional/health-benefits-nc-medicaid/family-and-childrens-medicaid/administrative-letters/2020/ma_al02-20-addendum-1-covid-19-1.pdf)

<https://policies.ncdhhs.gov/divisional/health-benefits-nc-medicaid/family-and-childrens-medicaid/administrative-letters/2020/dhb-admin-ltr-01-20-add-1-att-1.pdf>

<https://policies.ncdhhs.gov/divisional/health-benefits-nc-medicaid/family-and-childrens-medicaid/administrative-letters/2020/dhb-admin-ltr-01-20-addendum-attachment-2.pdf>

- **DHHS Terminal Messages dated 05/06/2020 and 07/01/2020**

- **AL 05-20 dated 07/02/2020**

[https://policies.ncdhhs.gov/divisional/health-benefits-nc-medicaid/family-and-childrens-medicaid/administrative-letters/2020/ma\\_al05-20-covid-19-recert-instructions-final-003-002.pdf](https://policies.ncdhhs.gov/divisional/health-benefits-nc-medicaid/family-and-childrens-medicaid/administrative-letters/2020/ma_al05-20-covid-19-recert-instructions-final-003-002.pdf)

- **AL 08-20 dated 07/09/2020**

[https://policies.ncdhhs.gov/divisional/health-benefits-nc-medicaid/family-and-childrens-medicaid/administrative-letters/2020/ma\\_al08-20-magi-deduction-procedures-docx.pdf](https://policies.ncdhhs.gov/divisional/health-benefits-nc-medicaid/family-and-childrens-medicaid/administrative-letters/2020/ma_al08-20-magi-deduction-procedures-docx.pdf)

- **DCDL dated 07/14/2020**

<https://files.nc.gov/ncdma/documents/County/EFS-WF-08-2020—Joint-Pandemic-UIB.pdf>

- **DHHS Terminal Messages dated 07/16/2020 and 07/27/2020**

# COVID19 Emergency Provisions Apps & Recerts

## Self-Attestation (Client Statement)

Accept self-attestation for all eligibility criteria, EXCEPT citizenship & immigration status, when documentation and/or electronic sources are not available

- Includes, but not limited to:
  - State Residency
  - Financial Resources
    - Not acceptable for Reserve Reduction/Transfer of Assets (*see Slide 33 for Q&A*)
      - ❖ OST Guidance originally advised self-attestation acceptable for reduction
      - ❖ QA obtained official ES/OST Guidance on 07/24/2020 stating self-attestation NOT acceptable for Reserve Reduction/Transfer of Assets
  - Income (including income deductions)
  - Medical Expenses/Bills
- Complete Statement required when accepting Self-Attestation
  - Refer to AL 01-20, Att 1a to define “complete statement”
- Counties should document: “COVID-19, see AL 01-20”

# COVID19 Emergency Provisions Apps & Recerts (Cont'd)

## Self-Attestation (Client Statement) –

### AUDIT GUIDANCE

- Auditors may find that Counties used their judgment when determining if they had a “complete statement” for Self-Attestation
- Auditors should make allowances for such judgment on the County’s part as “complete statement” was not elaborated on when AL 01-20, Att 1a was published
  - Counties should document: *“COVID-19, see AL 01-20 and addenda”*

# COVID19 Emergency Provisions Apps & Recerts (Cont'd)

## Self-Attestation (Client Statement) – EXAMPLES

1. Application taken in agency; A/b states she owns a Cleaning Business; A/b states she is currently receiving no income from her self-employment due to COVID-19
  - County can accept the a/b's self-attestation that her self-employment income is terminated
2. Application taken in agency; A/b states she owns a Cleaning Business; A/b states her self-employment income is reduced due to COVID-19; A/b provides a statement of S/E Income as: \$300.00 Monthly Gross Income with \$50.00 Monthly Expenses for cleaning supplies = \$250.00/mth S/E Income
  - County can accept the a/b's self-attestation of her self-employment income
3. Online application received in agency; A/b states she owns a Cleaning Business; On her application, a/b states her S/E Income is \$300.00
  - From the self-attestation provided, County is unable to determine if the \$300.00 is Gross S/E, Net S/E, if there are Expenses or what frequency the a/b is stating she earns the \$300.00
  - County cannot accept the a/b's self-attestation as originally provided and would require additional details
  - County must contact the a/b via phone, or mail the DMA-5097, to request a "complete statement" of S/E Income

# COVID19 Emergency Provisions Apps & Recerts (Cont'd)

## Self-Attestation (Client Statement) – EXAMPLES

4. Application taken in agency; A/b states she worked at Tastes Good Restaurant but is currently not working; A/b states the restaurant cannot reopen due to COVID-19; A/b states she has no income at this time and plans to apply for unemployment
  - County runs electronic verification (OVS/ESC) and finds a/b consistently received \$2500.00 per quarter through the most recent quarterly ESC reporting
  - Although electronic matches aren't compatible with the a/b's statement, the County can accept the a/b's self-attestation that her employment with Tastes Good Restaurant is terminated
    - Reasonable Compatibility Policy does not apply during COVID-19
  - It is reasonable that the a/b's financial situation has changed since the most recent ESC reporting and due to COVID-19 Emergency Provisions, self-attestation is accepted
5. Online application received in agency; A/b states \$850.00 RSDI as only source of income and Direct Express Account as only resource
  - County runs electronic matches but verification of Direct Express Account not available in AVS
  - A/b's self-attestation of resources is not "complete"
  - County must contact the a/b via phone, or mail the DMA-5097, to request a "complete statement" of bank account (Direct Express Account)

# COVID19 Emergency Provisions Apps & Recerts (Cont'd)

## State Residency – Temporary Absence

Individuals who are temporarily absent from NC continue to meet state residency requirements, unless another state has determined the individual is a resident of their state

- Follow temporary absence rules in Medicaid policy
- Consider applicants/beneficiaries who are displaced from the state, due to COVID-19, as temporarily absent when evaluating for state residency

## Timeliness Requirement

North Carolina has received a waiver during the COVID-19 Emergency with special considerations to timeliness of application and/or recertification processing



# COVID19 Emergency Provisions Apps & Recerts (Cont'd)

## Enrollment Fees/Premiums

Individuals who are required to pay an enrollment fee and/or premium will be exempt from this requirement until further notification

- NC Health Choice (NCHC)
  - \$50.00 or \$100.00 Fee
- Health Care for Workers with Disabilities (HCWD)
  - Enrollment Fee
  - Monthly Premiums
- Counties should document: *“COVID-19, see AL 01-20”*

# COVID19 Emergency Provisions Apps & Recerts (Cont'd)

## MAGI Deductions

On 06/19/2020, NCFAS Red Communication notified local agencies that MAGI income deductions, for Moving Expenses and Tuition/Fees, were no longer allowable (System functionality was removed and existing evidence would end date 06/30/2020)

Per CMS guidance, Medicaid cannot implement any eligibility change that is more restrictive; therefore, Moving Expenses and Tuition/Fees remain an allowable deduction for MAGI until further notice

- Procedures → Counties should use the following steps:
  - Applications
    - For Moving Expenses, use “Transportation expense”
    - For Tuition/Fees, use “Education assistance”
    - Document in NCFAS, “COVID-19”
  - Ongoing Cases
    - Refer to instructions provided in DHB AL 05-20, Section IV.

# COVID19 Emergency Provisions Apps & Recerts (Cont'd)

## Pandemic Unemployment Benefits

DCDL dated 07/14/2020:

On March 27, 2020 Congress passed the Coronavirus Aid Relief and Economic Security (CARES) Act giving states the option of extending unemployment compensation payments to workers not traditionally eligible for unemployment compensation who are unable to work as a direct result of the coronavirus public health emergency

The North Carolina Families Accessing Services through Technology (NCFAST) Online Verification System (OVS) and Online Verification (OLV) can now distinguish between regular unemployment compensation and the various types of Pandemic Unemployment Compensation

Social Services programs will need to adhere to the appropriate program policy when determining which unemployment compensation payments are countable for each program

# COVID19 Emergency Provisions Apps & Recerts (Cont'd)

## Pandemic Unemployment Benefits (Cont'd)

NC FAST has worked with the Department of Employment Services (DES) to establish a coding system to identify the different unemployment compensation types. This functionality will be available Wednesday, July 15, 2020. The new codes are as follows:

### **0 – Regular**

NC's regular unemployment compensation for people whose employment was subject to unemployment insurance tax and who meet requirements for work and wage history.

### **1 – Extended**

Available unemployment for those receiving regular unemployment compensation who have reached the 13-week limit.

### **3 – Pandemic Unemployment Assistance (PUA)**

Federal program for people not eligible for state unemployment compensation, such as independent contractors and self-employed workers, available for weeks through December 26, 2020. This unemployment option is for people who are ineligible for regular unemployment compensation or any extensions to regular unemployment compensation, and unable to work as a direct result of COVID-19.

### **4 – Pandemic Emergency Unemployment Compensation (PEUC)**

A 13-week extension to state unemployment compensation, available for weeks ending April 4 through December 26, 2020. This compensation is for people who are eligible for regular unemployment insurance but have exhausted their 12 weeks of compensation. Reason for loss of work does not need to be COVID-19.

### **9 – Federal Pandemic Unemployment Compensation (FPUC)**

Individuals do not need to apply separately for this compensation awarding \$600 weekly to eligible individuals.

# COVID19 Emergency Provisions Apps & Recerts (Cont'd)

## Pandemic Unemployment Benefits (Cont'd)

The chart below distinguishes each program with the countable unemployment compensation code. Compensation included in the eligibility determination for each program is indicated the column that corresponds to the codes below

**0 – Regular**

**1 – Extended**

**3 – Pandemic Unemployment Assistance (PUA)**

	0	1	3	4	9
Child Care Services	X	X			
Energy	X	X	X	X	X
Food and Nutrition Services	X	X	X	X	X
Medicaid Assistance	X	X	X	X	
Special Assistance	X	X	X	X	
Work First	X	X			

### QA Note:

Based on OST Responses, it appears some Counties may have initially been advised to NOT COUNT any Pandemic UIB

This may impact actions taken on cases where counties disregarded all Pandemic UIB, when it is appropriate to only disregard #9 – this may not be an error attributed to the County

# CP Extensions

## Certification Period Extensions for Recertifications

Due to the COVID-19 Emergency, DHB began extending certification period “end dates” in response to flexibilities offered by CMS and to maintain eligibility for a/b’s currently receiving Medicaid/NCHC

- Certification Periods were initially extended 1 month at a time; however, the extensions have transitioned to 6 or 12 month cp extensions
- For recertifications not processed by the County, cp extensions are automated by NCFAST and require no action from the County
- For recertifications conducted by the County, special instruction has been provided on how to continue benefits for beneficiaries deemed ineligible or eligible under a lesser program (*see Recertification Timeline & Guidance section for more details on recertification processing*)
  - 3 Types of CP Extensions, as of AL 05-20:
    - ❖ COVID Extensions
    - ❖ Hawkins Extensions
    - ❖ End of Month Data Fix

# CP Extensions (Cont'd)

## Certification Period Extensions for Recertifications

### COVID Extensions

- Beginning the end of April 2020, NCFAST is extending cases for a new 6 or 12 month certification period if the recertification is not completed by the local agency
- The COVID extensions will normally occur the second to last weekend of the month
- For any cases previously extended due to the Hawkins Court Order, the extension months will be included when completing the COVID extensions and assigning a new certification period
- COVID Extensions will be noted in NCFAST by looking under:
  - MAGI → Certifications tab on PDC and/or Person Page notes
  - Non-MAGI → Administration tab on PDC and/or Person Page notes

# CP Extensions (Cont'd)

## Certification Period Extensions for Recertifications

### **Hawkins Extensions**

- 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
- The Hawkins extensions occur on the next to last work night of the month
- Hawkins extensions are for one month at a time



# Reduction/Termination

## COVID-19 Impact on Reduction and/or Termination of Benefits

During the COVID-19 Emergency, states must not terminate Medicaid/NCHC eligibility, except for the following reasons:

- Beneficiary moves out of state
- Beneficiary voluntarily requests termination of benefits
- Death of the beneficiary

# Reduction/Termination (Cont'd)

## COVID-19 Impact on Reduction and/or Termination of Benefits

During the COVID-19 Emergency, states also cannot reduce a beneficiary's Medicaid benefits

- NCFAST programming should prevent a reduction in benefits for cases determined eligible in a lesser program
- NCFAST programming should also prevent any termination of benefits if not terminated for OOS, Voluntary Request or Death

# Reduction/Termination (Cont'd)

## COVID-19 Impact on Reduction and/or Termination of Benefits

*What are examples of reduction in benefits?*

- Recert to be authorized in “deductible status”
- Increasing a beneficiary’s monthly PML
- Full Medicaid to Transitional Medicaid (TMA) due to TBR requirements



# Reduction/Termination (Cont'd)

## Post-Eligibility Verification

Due to COVID-19 special provisions, counties should not impose Post-Eligibility Requirements on beneficiaries approved during COVID-19 emergency months

- Post-Eligibility verifications include:
  - Information on non-custodial parents
  - Application for other benefits such as:
    - Unemployment Benefits (UIB)
    - Veterans Administration Benefits (VA)
    - Third Party Responsibility (TPR)
    - Retirement, Survivors Benefits
    - Disability Insurance (RSDI)
  - Cases with existing Child Support sanction (see DHB AL 02-20)
    - Medicaid eligibility at application should be determined without consideration to existing sanctions
    - Compliance will require post-eligibility request under usual process; however, due to COVID-19 emergency provisions, once eligibility has been determined, no follow up on the cooperation status is required at this time
- Counties should document: *“COVID-19, see AL 01-20”*

# Reduction/Termination (Cont'd)

## Changes in Circumstance

Due to COVID-19 special provisions, counties will not react to any changes in circumstance that will result in any reduction or termination of benefits

- Only react to a change in circumstance when the change results in a greater benefit
  - For example: MAF/D (FPP) case has sufficient medical expenses to meet a deductible (or has reduced/terminated income) and is eligible for a greater benefit
- Caseworkers must react to reported address changes but not reduce or terminate benefits based on the changed address
  - This will ensure notices and other communications reach the beneficiary
- When processing Patient Monthly Liability (PML) Changes:
  - Decrease → County should react to changes that result in a decrease in PML
  - Increase → County should not react to changes that result in an increase in PML
    - The caseworker will react to PML increases at the next recertification
- Counties should document: *“COVID-19, see Administrative Letters”*

# Recertification Timeline & Guidance

## **DHB AL 01-20 dated 03/20/2020**

- Self-Attestation is acceptable, except for citizenship

## **DHB AL 01-20, Addendum 1 dated 04/01/2020**

- Counties will not be responsible for conducting recertifications until further notification, except as outlined in Section III. Work Priorities
  - Applications are the priority
  - FPP Recertifications should be worked to determine if the beneficiary is eligible for a full Medicaid program

## **DHHS Terminal Message dated 05/06/2020**

- Counties given option to work all recertifications

# Recertification Timeline & Guidance (Cont'd)

## DHB AL 05-20 dated 07/02/2020

- As required in Senate Bill 808, counties should begin working cases with certification periods ending August 31, 2020 and then each subsequent month
  - Termination and/or Reduction of Benefits continues to not be allowable due to COVID-19 emergency provisions
  - Detailed guidance is provided in AL 05-20 for cases where:
    - Beneficiary moves from LTC to PLA
    - CAP beneficiary no longer eligible for CAP services
    - PACE beneficiary disenrolled from PACE
    - Beneficiary ages out of the current program
    - MPW beneficiary who is no longer pregnant
    - Beneficiary receiving under Reasonable Opportunity Period
    - Beneficiary under age 19 who is pregnant and lawfully residing
    - Beneficiary is determined ineligible or eligible for a lesser benefit
    - Beneficiary's SSI terminated and SSI Ex Parte Review is due

# Recertification Timeline & Guidance (Cont'd)

## DHB AL 05-20 dated 07/02/2020 (Cont'd)

- **Certification Periods:**

- Will be a new 6 or 12-month period, as appropriate, if eligible for the same or greater benefit
- If ineligible or eligible for reduced benefit, treat as Medically Needy and assign a 6-month certification period with \$0.00 deductible
- If case previously extended, the extension months must be included in the new cp
- CP for MPW is through the post-partum period
- CP for MQB/E is through the end of the calendar year
- CP for most Changes in Circumstance is the remainder of the current cp



# Recertification Timeline & Guidance (Cont'd)

## DHB AL 05-20 dated 07/02/2020 (Cont'd)

- **Forced Eligibility:**

- In certain situations, Medical Forced will need to be entered in order for the beneficiary's Medicaid benefits to continue:
  - LTC beneficiary is discharged/goes home and is not eligible as PLA or would have a deductible
  - PACE beneficiary disenrolls and is not eligible as PLA or would have a deductible
  - CAP beneficiary no longer eligible for CAP waiver services, not eligible as PLA or would have a deductible
  - Beneficiary has deductible spenddown for the next cp
  - Beneficiary is determined ineligible or eligible for reduced benefit and cannot use Medical Continued Evidence
    - ❖ SSI Ex Parte
    - ❖ Recertification
    - ❖ Change in Circumstance
    - ❖ MPW at end of post-partum period (*Terminal Message dated 07/27/2020 provided alternate instructions for processing*)

# COVID19 Policy Clarification Q&As

**Q:** Do COVID-19 restrictions suspend the NCFAS-20020 requirement?

**A:** *No, this does not suspend the 20020; you will still follow normal recert procedures but will not reduce or terminate benefits*

**Q:** Are counties able to deny applications, but not able to terminate ongoing cases?

**A:** *Yes, application denials are permitted; however, terminating benefits or reducing benefits is not permitted under COVID-19*

**Q:** Is it correct that we do not address or follow up on post-eligibility verification?

**A:** *Correct, post-eligibility verification does not apply while COVID-19 special provisions are in place*

**Q:** Is it correct that monthly PMLs cannot increase during COVID-19?

**A:** *Correct, PML increases are a reduction in benefits and cannot occur during the COVID-19 emergency; therefore, PMLs cannot be increased (PML decreases are allowable)*

# COVID19 Policy Clarification Q&As (Cont'd)

**Q:** If an a/b is authorized by meeting a deductible, benefits cannot be terminated at the end of the 6-month cp even if beneficiary is unable to meet another ongoing deductible, correct?

**A:** *Correct, the a/b's case will not terminate; special instructions have been provided in DHB ALs on how to authorize continued ongoing benefits (through forced action)*

**Q:** Does the county use electronic verification or client statement/self-attestation?

**A:** *If the county finds information using online matches (and/or agency records) and the county has client attestation, the county would use client attestation to determine eligibility; there is no need to send the DMA-5097 for additional clarification/verification; Also, if the county does not find information using online verification and/or agency records but the a/b has provided self-attestation, the county would use the a/b's self-attestation*

# COVID19 Policy Clarification Q&As (Cont'd)

**Q:** How does the county process MAF/D (FPP) recertifications?

**A:** *Under COVID-19 provisions, guidance changed for the counties on how to process FPP recertifications; auditors would need to review the audit “action date” and the DHB Admin Letter “in effect at the time of the county’s action” to ensure proper action was taken*

- *AL 01-20, Addendum 1 dated 04/01/2020: work FPP recerts to determine if beneficiary eligible for full Medicaid (if case assessment results in same or lesser benefit, do not accept the decision and allow NCFAST to extend the cp)*
- *04/20/2020 OST email: evaluate the FPP beneficiary “outside the system (NCFAST)” and only update evidence in NCFAST if going to a greater program*
- *AL 05-20 dated 07/02/2020: Senate Bill 808 requires counties to work recertifications with an 08/31/2020 cp end date; detailed instructions are provided in AL 05-20 depending on the type of case and the eligibility determination returned under the NCFAST case assessment*

# COVID19 Policy Clarification Q&As (Cont'd)

**Q:** Is self-attestation acceptable for “reduction/rebuttal” of resources (or “transfer of assets”)?

**A:** (AL 01-20) *If you are evaluating for transfer of assets, you would need verification; if not, self-attestation is acceptable for reserve reduction as long as you have a complete statement stating who paid, what paid, date paid, etc.; the statement also needs to be reasonable*

**A:** (AL 01-20) *We can accept self-attestation that resources are under the resource limit if no electronic sources nor other documentation/verification is available. You must obtain a complete self-attestation that includes the same information you would verify such as “I have a checking acct at State Employee Credit Union, acct # 123456789 which had \$650 as of the first moment of the month.” However, if the a/b does not know their acct # and does not have access to obtain their acct # due to COVID, then you can still accept their self-attestation as long as you document specifically why they cannot obtain and provide their acct #. If AVS or the a/b’s self-attestation exceeds the resource limit then you cannot accept self-attestation that resources have been reduced below the resource limit. You will need to request verification of reserve reduction. Also, self-attestation cannot be taken for Transfer of Assets*

# COVID19 Policy Clarification Q&As (Cont'd)

**Q:** Is it acceptable to move a beneficiary from full Medicaid to Transitional Medicaid (TMA)?

**A:** *Due to reporting requirements for TMA, this action would be defined as a decrease or restriction in benefits; therefore, this action is not allowed*

**Q:** The county has an application where the applicant reported \$30,000 self-employment income. The applicant did not report any expenses. Can we assume the applicant has no expenses or is this considered an incomplete attestation of income?

**A:** *The statement (self-attestation) is not clear or complete; the county should contact the applicant to determine if there are expenses; if so, the county should obtain a complete statement of those expenses; the applicant may have provided an income amount that is before or after expenses; therefore, the self-attestation is not acceptable or complete as is*

**Q:** Could you please provide guidance and clarification regarding IV-D child support referrals?

**A:** *During COVID, the county would not request AP information nor key the IV-D Referral (post-eligibility is not requested during COVID); the county would need to flag the case and document why information was not requested and IV-D not keyed*

**Q:** Is DocuSign acceptable for obtaining signatures?

**A:** *Per DHB, DocuSign capabilities are allowable*

# COVID19 Policy Clarification Q&As (Cont'd)

**Q:** Is COVID Hazard Pay, provided by employers, countable income?

**A:** *The Hazard Pay for COVID-19 would be countable income; at this time, only government COVID-19 benefits are excluded, not benefits provided by an employer*

**Q:** We have a case that was approved for full Medicaid in error. The applicant is only eligible for Emergency Medicaid. Are we allowed to terminate the case that was authorized due to the caseworker's error?

**A:** *If the individual is eligible for Emergency Service only, the beneficiary cannot continue under COVID-19. The county will need to send a timely notice to inform the beneficiary that benefits will terminate*

**Q:** AL 05-20 was just released. Are counties still able to follow the other Admin Letters issued during Covid-19 and continue to accept the client's statement?

**A:** *Client attestation is still accepted if the county has a completed attestation*

**Q:** We have had a huge influx of presumptive cases. Based on the Covid Admin guidance, is it correct to not terminate? Is there continued eligibility for Presumptive?

**A:** *DHB has confirmed with CMS that COVID-19 continuity of care does not apply to presumptive; you will continue to follow policy for presumptive*

# COVID19 Policy Clarification Q&As (Cont'd)

**Q:** Should we be sending out 5097s for bank statements and other items we cannot verify electronically? My first thought is no, because we cannot terminate or reduce to a lesser program at this time, so it wouldn't make a difference. However, just want to make sure?

**A:** *The Senate bill requires counties begin working recerts with certification periods ending August 31st. These recerts should be worked as they would be prior to COVID. However, if the a/b is eligible for a reduced benefit or would be terminated due to eligibility factors or failure to provide, the case would continue under the COVID emergency declaration*

**Q:** We have received a complaint from a provider regarding PML changes during COVID-19. Can you clarify acceptable PML changes?

**A:** *It is correct to reduce a PML for an unmet medical expense during COVID 19. However, an increase in PML cannot happen until the declaration has ended and Administrative Letter 01-20 is obsolete. This means the PML may be reduced to zero even though the medical need is no longer. I would flag the case to review and update the PML if we are no longer under the COVID declaration*



# COVID19 Policy Clarification Q&As (Cont'd)

**Q:** We have a case with a previous time limited (originally end-dated in May) UMN. How should the recertification be keyed correctly to not have an increased PML as the UMN expired?

**A:** *The worker would complete the recertification as normal; however, the PML cannot be increased. This means the worker will not react to the change. The worker will need to document the case that PML cannot be increased due to Covid Admin 01-20 & 05-20*

**Q:** When working MAGI Recertifications and we find the client has earned income through TWN or online data...as you know the online date and TWN do not show pre-tax deductions. Can we send the client a DMA-5097 and NCFAS-20020 to request the information? (only to ask for pre-tax deductions) We are only asking for pre-tax deductions b/c the client may not be income eligible with using the online data/TWN matches?

**A:** *Yes, you need to be working your recertifications now just as you normally would still staying with the guidelines of the Administrative Letters. This means that you can still take self-attestation, etc. But yes, you can request pretax deductions. We would rather a client be found eligible on their own right than to be extended due to Covid*

# COVID19 Policy Clarification Q&As (Cont'd)

**Q:** (CMS Q&A) Can states temporarily discontinue use of AVS or use AVS post-eligibility?

**A:** (CMS Q&A) *States may not suspend use of their AVS under the state plan, which is required under sections 1902(a)(71) and 1940 of the Act. However, the statute does not require that states verify assets using their AVS prior to an initial determination. Instead, states may initially rely on self-attestation of assets and verify financial assets using their AVS post-enrollment in Medicaid*

**Q:** COVID Admin Letter states we can accept client statement for resources. Do we have to wait the 15 days for the return of AVS verification?

**A:** *You can take client's statement of resources as long as it is below the resource limit. You are not required to wait for AVS while the Covid Adm letter is in effect*

**Q:** (CMS Q&A) Are there exceptions to the requirement to obtain application signatures?

**A:** (CMS Q&A) *No, regulations require that all applications must be signed*

**Q:** Is the \$1200.00 Stimulus (w/ additional \$500.00 per child) and/or \$600.00 Pandemic UIB countable or non-countable?

**A:** *CMS has issued guidance that the \$1200.00 stimulus check, additional \$500.00 per child and/or the weekly \$600.00 Pandemic Unemployment Benefits (P-UIB) are non-countable income for all Medicaid (MAGI and Traditional) and NCHC eligibility determinations. Any amount remaining after 12-months is countable as a resource for applicable programs*

# COVID19 Policy Clarification Q&As (Cont'd)

**Q:** Per AL 01-20 regarding self-attestation for resources, it says a complete statement is needed, including: type of resource, location/name of financial institution, account # (if known) and amount/value of asset. On the part about account #, if known, how strict do we need to be about the “if known” part? If a client states “I don’t have that information right in front of me”, would we not pursue it further? It’s not that it is unknown, they just don’t have it memorized or have a statement right in front of them at the time. Is this acceptable?

**A:** *Due to COVID-19, we can accept client self-attestation for bank accounts if there is no electronic match/verification. You must obtain a complete self-attestation that includes the same information you would verify such as “I have a checking account at State Employee Credit Union, account number 123456789 which had \$650 as of the first moment of the month”. However, if the client does not know their account number and does not have access to obtain their account number then you can still accept their self-attestation as long as you document specifically why they cannot obtain and provide their account number. If the individual has access to obtain their account number then they should be able to attest to their account number*

**Q:** We have a client who moved from CAP to LTC. Would we approve the LTC case with a \$0.00 PML since she was receiving CAP with a \$0.00 deductible?

**A:** *A CAP recipient going to LTC is not considered a lesser benefit and you should react to the change and assign an ongoing PML if the evaluation results in eligibility for LTC. LTC eligibility is being determined and assigning the ongoing PML is not really an increase but rather establishing LTC eligibility. When there is already an assigned PML for a LTC beneficiary, you cannot increase the PML for any reason under COVID-19*

# **MAGI MEDICAID/NCHC INCOME LIMITS**

**\*\*\* MAGI groups do not have Reserve Limits – Only MAF-M group \*\*\***

**Revised effective 4/1/2019**

<b>Family &amp; Children's MA</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>Add'l</b>
196% MPW	2041	2762	3484	4206	4928	5650	6372	7094	7816	8538	722
195% MAF-D	2030	2748	3467	4185	4903	5621	6340	7058	7776	8494	719
194%-210% MIC-1<1	2020.01-2186	2734.01-2960	3449.01-3733	4163.01-4507	4878.01-5280	5593.01-6054	6307.01-6827	7022.01-7601	7736.01-8374	8451.01-9148	774
194% MIC-N <1	2020	2734	3449	4163	4878	5593	6307	7022	7736	8451	715
141%-210% MIC-1 (Age 1-5)	1468.01-2186	1987.01-2960	2507.01-3733	3026.01-4507	3545.01-5280	4065.01-6054	4584.01-6827	5104.01-7601	5623.01-8374	6142.01-9148	774
141% MIC-N (Age 1-5)	1468	1987	2507	3026	3545	4065	4584	5104	5623	6142	520
107%-133% MIC-1 (Age 6-18)	1114.01-1385	1508.01-1875	1902.01-2365	2297.01-2854	2691.01-3344	3085.01-3834	3479.01-4324	3873.01-4814	4267.01-5304	4661.01-5794	490
107% MIC-N (Age 6-18)	1114	1508	1902	2297	2691	3085	3479	3873	4267	4661	395
MAF-C/N	434	569	667	744	824	901	975	1036	1096	1169	78
185% TMA	1926	2607	3289	3970	4652	5333	6015	6696	7378	8060	682
<b>NC Health Choice</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>Add'l</b>
133%-159% MIC-J (Age 6-18)	1385.01-1655	1875.01-2241	2365.01-2827	2854.01-3412	3344.01-3998	3834.01-4584	4324.01-5169	4814.01-5755	5304.01-6341	5794.01-6926	586
>159%-211% MIC-K (Age 6-18)	1655.01-2197	2241.01-2974	2827.01-3751	3412.01-4528	3998.01-5305	4584.01-6083	5169.01-6860	5755.01-7637	6341.01-8414	6926.01-9191	778
<b>MAGI disregard</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>Add'l</b>
FPL 5% DISREGARD	52.04	70.46	88.88	107.29	125.71	144.13	162.54	180.96	199.38	217.79	18.42

Revised 4/1/19

MA-3321 MAGI Medicaid/NCHC Income Limits

# MAGI MEDICAID/NCHC INCOME LIMITS

\*\*\* MAGI groups do not have Reserve Limits – Only MAF-M group \*\*\*

Effective 4/1/2020

<i>Family &amp; Children's MA</i>	1	2	3	4	5	6	7	8	9	10	Add'l
196% MPW	2085	2816	3548	4280	5012	5743	6475	7207	7938	8670	732
195% MAF-D	2074	2802	3530	4258	4986	5714	6442	7170	7898	8626	728
194%-210% MIC-1<1	2063.01-2233	2788.01-3017	3512.01-3801	4236.01-4585	4960.01-5369	5685.01-6153	6409.01-6937	7133.01-7721	7857.01-8505	8582.01-9289	784
194% MIC-N <1	2063	2788	3512	4236	4960	5685	6409	7133	7857	8582	725
141%-210% MIC-1 (Age 1-5)	1500.01-2233	2026.01-3017	2553.01-3801	3079.01-4585	3605.01-5369	4132.01-6153	4658.01-6937	5185.01-7721	5711.01-8505	6237.01-9289	784
141% MIC-N (Age 1-5)	1500	2026	2553	3079	3605	4132	4658	5185	5711	6237	527
107%-133% MIC-1 (Age 6-18)	1138.01-1415	1538.01-1911	1937.01-2408	2337.01-2904	2736.01-3401	3136.01-3897	3535.01-4394	3935.01-4890	4334.01-5387	4733.01-5884	497
107% MIC-N (Age 6-18)	1138	1538	1937	2337	2736	3136	3535	3935	4334	4733	400
MAF-C/N	434	569	667	744	824	901	975	1036	1096	1169	78
185% TMA	1968	2658	3349	4040	4730	5421	6112	6802	7493	8184	691
<i>NC Health Choice</i>	1	2	3	4	5	6	7	8	9	10	Add'l
133%-159% MIC-J (Age 6-18)	1415.01-1691	1911.01-2285	2408.01-2878	2904.01-3472	3401.01-4066	3897.01-4659	4394.01-5253	4890.01-5846	5387.01-6440	5884.01-7034	594
>159%-211% MIC-K (Age 6-18)	1691.01-2244	2285.01-3032	2878.01-3820	3472.01-4607	4066.01-5395	4659.01-6183	5253.01-6971	5846.01-7758	6440.01-8546	7034.01-9334	788
<i>MAGI disregard</i>	1	2	3	4	5	6	7	8	9	10	Add'l
FPL 5% DISREGARD	53.17	71.83	90.50	109.17	127.83	146.50	165.17	183.83	202.50	221.17	18.67

Revised 4/1/2020

MA-3321 MAGI Medicaid/NCHC Income Limits

# **MEDICAID INCOME/RESERVE LIMITS**

Revised effective 4/1/19

<i>Medically Needy</i>	1	2	3	4	5	6	7	8	<u>Add'l</u>
MAF-M	242	317	367	400	433	467	500	525	
	9	10	11	12	13	14			
	542	575	600	633	667	700			33
<i>Adult Medicaid</i>	1	2							
MAABD-N	1041	1410							
MAABD-N 1/3 reduced	694	940							
MAABD-M	242	317							
MAABD-M 1/3 reduced	161	211							
HCWD 150% (unearned)	1562	2114							
HCWD 150% 1/3 reduced (unearned)	1041	1410							
HCWD 200%	2082	2819							
HCWD 200% 1/3 reduced	1388	1879							
MQB-Q	1041	1410	1778	2146	2515	2883	3251	3620	369
MQB-Q 1/3 reduced	694	940	1186	1431	1677	1922	2168	2413	246
MQB-B	1041.01-1249	1410.01-1691	1778.01-2133	2146.01-2575	2515.01-3017	2883.01-3459	3251.01-3901	3620.01-4343	*****
MQB-B 1/3 reduced	694.01-833	940.01-1128	1186.01-1423	1431.01-1717	1677.01-2012	1922.01-2307	2168.01-2601	2413.01-2896	*****
MQB-E	1249.01-1406	1691.01-1903	2133.01-2400	2575.01-2897	3017.01-3395	3459.01-3892	3901.01-4389	4343.01-4886	*****
MQB-E 1/3 reduced	833.01-937	1128.01-1269	1423.01-1600	1717.01-1932	2012.01-2263	2307.01-2595	2601.01-2926	2896.01-3258	*****
MWD	2082	2819							
MWD 1/3 reduced	1388	1879							
Reserve: MAABD	2000	3000							
Reserve: MQB-Q/B/E	7730	11600							
Reserve: HCWD	25284	25284							
Reserve: MWD	4000	6000							
***** For each add'l add 369 to previous minimum and 442 to 120%									
***** For each add'l add 246 to previous minimum and 295 to 120%									
***** For each add'l add 442 to previous minimum and 498 to 135%									
***** For each add'l add 295 to previous minimum and 332 to 135%									
***** HCWD 150% has an unearned income limit									
***** HCWD Above 200% premium must be paid									

Revised 4/1/19

MA-2252 Non-MAGI Medicaid Income and Reserve Limits



**NON- MAGI MEDICAID INCOME/RESERVE LIMITS**  
**Effective 4/1/2020**

<i>Medically Needy</i>	1	2	3	4	5	6	7	8	Add'l
MAF-M	242	317	367	400	433	467	500	525	
	9	10	11	12	13	14			
	542	575	600	633	667	700			33
<i>Adult Medicaid</i>	1	2							
MAABD-N	1064	1437							
MAABD-N 1/3 reduced	709	958							
MAABD-M	242	317							
MAABD-M 1/3 reduced	161	211							
HCWD 150% (unearned)	1595	2155							
HCWD 150% 1/3 reduced (unearned)	1064	1437							
HCWD 200%	2127	2874							
HCWD 200% 1/3 reduced	1418	1916							
MQB-Q 100%	1064	1437	1810	2184	2557	2930	3304	3677	374
MQB-Q 1/3 reduced	709	958	1207	1456	1705	1954	2203	2452	249
MQB-B 100% - 120%	1064.01-1276	1437.01-1724	1810.01-2172	2184.01-2620	2557.01-3068	2930.01-3516	3304.01-3964	3677.01-4412	*****
MQB-B 1/3 reduced	709.01-851	958.01-1150	1207.01-1449	1456.01-1747	1705.01-2046	1954.01-2345	2203.01-2643	2452.01-2942	*****
MQB-E 120% - 135%	1276.01-1436	1724.01-1940	2172.01-2444	2620.01-2948	3068.01-3452	3516.01-3956	3964.01-4460	4412.01-4964	*****
MQB-E 1/3 reduced	851.01-958	1150.01-1294	1449.01-1630	1747.01-1966	2046.01-2302	2345.01-2638	2643.01-2974	2942.01-3310	*****
MWD 200%	2127	2874							
MWD 1/3 reduced	1418	1916							
Reserve: MAABD	2000	3000							
Reserve: MQB-Q/B/E	7860	11800							
Reserve: HCWD	25728	25728							
Reserve: MWD	4000	6000							
***** For each add'l add 374 to previous minimum and 448 to 120%									
***** For each add'l add 249 to previous minimum and 299 to 120%									
***** For each add'l add 448 to previous minimum and 504 to 135%									
***** For each add'l add 299 to previous minimum and 337 to 135%									
***** HCWD 150% has an unearned income limit									
***** HCWD Above 200% premium must be paid									

# Questions?

Betty Dumas-Beasley, QA Manager  
(919) 527-7739

[betty.j.beasley@dhhs.nc.gov](mailto:betty.j.beasley@dhhs.nc.gov)

Mary Spivey, Program Consultant  
[Mary.spivey@dhhs.nc.gov](mailto:Mary.spivey@dhhs.nc.gov)