



## Network Communication Bulletin #374

**To:** All Providers  
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VP of Network Management  
**Date:** October 3, 2024  
**Subject:** SPECIAL BULLETIN: Hurricane Helene Update #2

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### FLEXIBILITIES INFORMATION

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Trillium recommends visiting the most recent [NCDHHS bulletin regarding Hurricane Helene flexibilities](#).

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### NC MEDICAID RESOURCE NEWSLETTER RESOURCES

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- [🌿 NCDHHS Helene Recovery Resources](#)
- [🌿 NCDPS Storm Information](#)
- [🌿 NCDPS County Emergency Management Agencies](#)
- [🌿 NC Board of Pharmacy Operating Pharmacies](#)
- [🌿 NC211](#)
- [🌿 FEMA Disaster Assistance:](#)
  - [🟡 Disaster Assistance](#)
  - [🟡 FEMA Mobile Products](#)
- [🌿 Ready NC Shelter Information](#)

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### DISASTER RELIEF APPLICATIONS

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NC Medicaid wants to ensure access to care for NC Medicaid beneficiaries and reimbursement to qualified providers for services rendered during the period of impact due to Hurricane Helene.

The Centers for Medicare & Medicaid Services (CMS) granted approval, effective Oct. 1, 2024, for NC Medicaid to implement a temporary, expedited enrollment process for

healthcare providers to become NC Medicaid providers due to a natural disaster. This process is available to enroll with a beginning date of Sept. 25, 2024. The process will remain available through Oct. 15, 2024, and is not for providers already enrolled with NC Medicaid.

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## **EXPANDED ABILITY FOR HOSPITAL SWING BEDS**

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A swing bed hospital is a hospital or critical access hospital (CAH) participating in Medicare with CMS approval to provide post-hospital skilled nursing facility care.

Effective Sept. 26, 2024, through Oct. 15, 2024, for affected counties included in the [NC Disaster Declaration](#), to support providers during Hurricane Helene, the eligibility requirements at 42 CFR 482.58(a)(1)-(4), "Special Requirements for hospital providers of long term care services (swing-beds)" have been waived. This allows hospitals to establish skilled nursing facility (SNF) swing beds payable under the SNF prospective payment system (PPS) to provide additional options for hospitals with patients who no longer require acute care but are unable to find placement in an SNF.

The flexibility is for NC Medicaid Direct and NC Medicaid Managed Care. For information on billing for lower-level of care beds/swing beds, please review [Clinical Coverage Policy 2A-1](#).

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## **MEDICATION PRIOR AUTHORIZATION OVERRIDES**

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Impacts from Hurricane Helene may present situations where NC Medicaid beneficiaries in impacted areas may have difficulty obtaining necessary prior authorization (PA) for certain medications, including beneficiaries who may have traveled out of state to seek safety. Therefore, NC Medicaid-enrolled pharmacy providers have been approved to override PA requirements starting Sept. 26, 2024, through Oct. 15, 2024 (unless otherwise communicated by DHHS). This override of PA is being allowed to ensure that all Medicaid beneficiaries have access to necessary medications.

Out-of-state pharmacy providers who may be serving displaced beneficiaries must enroll as NC Medicaid providers. Please see the section of this bulletin "Disaster Relief Applications Available for Healthcare Providers Not Currently Enrolled as NC Medicaid Providers" for more details.

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## EARLY PRESCRIPTION REFILLS

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Conditions following Hurricane Helene may present situations where NC Medicaid beneficiaries in impacted areas, including beneficiaries who may have traveled out of state to seek safety, may require an early refill of their medications. NC Medicaid-enrolled pharmacy providers have been approved to fill these prescriptions early, and will follow applicable co-pay requirements. Effective Sept. 26, 2024, through Oct. 15, 2024 (unless otherwise communicated by DHHS), early refills are allowed so that all Medicaid beneficiaries have access to necessary medications.

Out-of-state pharmacy providers who may be serving displaced beneficiaries must enroll as NC Medicaid providers. Please see the section of this bulletin “Disaster Relief Applications Available for Health Care Providers Not Currently Enrolled as NC Medicaid Providers” for more details.

As a reminder, per [Clinical Coverage Policy 9](#), a provider cannot refuse to provide services if a beneficiary cannot pay a copay at the time of service.

**For NC Medicaid Direct:** NC Medicaid enrolled pharmacy providers should resubmit these claims with “09” (Emergency Preparedness) in the PA Type Code field and a valid value for an E.R. override in the Reason for Service, Professional Service and Result of Service fields to override a denial for an early refill. Do not place any values in the Submission Clarification Code field. This allows the beneficiaries to receive their medication during an emergency without using either of their limited-use Submission Clarification Code overrides. Additional questions can be directed to the NCTracks service line at 1-800-688-6696.

**For NC Medicaid Managed Care:** Providers should contact the pharmacy service line (numbers below) to confirm if additional documentation or processes need to be completed to allow for emergency prescription refills during the state of emergency.

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## EXPEDITING NURSING HOME ADMISSIONS FOR THOSE DISPLACED

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NC Medicaid Direct and NC Medicaid Managed Care will allow expedited nursing home admissions for individuals displaced by Hurricane Helene effective Sept. 26, 2024, through Oct. 15, 2024, (unless otherwise communicated by DHHS).

**For NC Medicaid Direct:** Providers should upload the signed Physician Signature form with their portal submissions to NCTracks. NCTracks is designed to receive long-term care PA information in the FL2 format. Medicaid has temporarily suspended the requirement for a Pre-Admission Screening and Annual Resident Review (PASRR) number on the PA. Providers should note on their portal submissions that the PASRR is unavailable due to Hurricane Helene emergency placement. In addition, providers should add all the pertinent information about the recipient's levels of care needs in their portal submission on the long-term care FL2. For individuals displaced from an adult care home (ACH), on line 15 of the FL2, the requested level of care should be "Nursing Facility" and on line 16 notate "Temporary Placement due to Hurricane Helene." Additional questions can be directed to the NCTracks service line at 1-800-688-6696.

**For NC Medicaid Managed Care:** Providers should contact the provider service line (numbers below) to confirm if additional documentation or processes need to be completed to allow for expedited nursing home admissions for individuals displaced due to Hurricane Helene.

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## TEMPORARY PASRR PROCEDURES

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NC Medicaid Direct and NC Medicaid Managed Care will not require Level I and II Preadmission Screening and Resident Reviews (PASRRs) for new admissions effective Sept. 26, 2024, through Oct. 15, 2024, (unless otherwise communicated by DHHS).

### **For NC Medicaid Direct:**

- 🌱 If the individual is expected to remain in the nursing facility beyond Oct. 15, 2024, a notice of the need for a PASRR review should be submitted via NCMUST.
- 🌱 In addition, individuals transferred from one nursing facility to another nursing facility because of Hurricane Helene will not be considered a new admission and will not need a PASRR.
- 🌱 The transferring nursing facility must ensure that all copies of the resident's PASRR paperwork (including any Level II information) are transferred with the individual.
- 🌱 From Sept. 26, 2024, through Oct. 15, 2024 (unless otherwise communicated by DHHS), NCTracks is authorized to suspend the requirements of a PASRR number on the PA. Providers should note on their portal submission that the PASRR is unavailable due to Hurricane Helene emergency placement. A Level I and II PASRR for new admissions will not be required during this period.

- Additional questions can be directed to the NCTracks service line at 1-800-688-6696.

### **For NC Medicaid Managed Care:**

- Providers should contact the provider service line to confirm if additional documentation or processes need to be completed for individuals expected to remain in the nursing facility beyond Oct. 15, 2024.

#### **Standard Plans**

- AmeriHealth Caritas: 1-888-738-0004 (TTY: 1-866-209-6421)
- Carolina Complete: 1-833-552-3876 - Option 3
- Healthy Blue: 1-844-594-5072
- United Healthcare: 1-800-638-3302
- WellCare: 1-866-799-5318

#### **Tailored Plans**

- Alliance Health: 1-855 759-9700
- Partners Health Management: 1-877-398-4145
- Trillium Health Resources: 1-855-250-1539
- Vaya Health: 1-866-990-9712

For those individuals receiving specialized services, the nursing facility should focus on promoting the basic health and safety of individuals who had been receiving specialized services in the nursing facility before the crisis, or those who were receiving specialized services in another nursing facility before the transfer.

The admitting nursing facility is responsible for submitting a claim for payment. Those nursing facilities serving as an emergency shelter due to Hurricane Helene cannot submit a claim for payment.

The safety of your staff and the NC Medicaid members served by your agency is of prime importance. If your area was impacted by Hurricane Helene, please follow the instructions of the local emergency operations in your area located at [local emergency operations in your area](#), and implement your emergency plan.

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## STATE PLAN PERSONAL CARE SERVICES

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Conditions from the impact of Hurricane Helene may present situations where NC Medicaid Direct and NC Medicaid Managed Care beneficiaries in impacted areas cannot receive their scheduled in-person personal care assessment. In those situations, a telephonic assessment, if attainable, may be conducted from Sept. 26, 2024, through Oct. 15, 2024, (unless otherwise communicated by DHHS). To ensure the health and well-being of impacted individuals needing PCS and expedited or abbreviated assessment may be conducted from Sept. 26, 2024, through Oct. 15, 2024. During the hurricane recovery period, providers and beneficiaries are asked to call NCLIFTSS at 1-833-522-5429 to provide new contact information, if applicable to maintain consistent communication. NC Medicaid Direct and NC Medicaid Managed Care beneficiaries displaced from their homes or facilities may continue to receive their PCS in their relocated settings.

**For NC Medicaid Direct:** NCLIFTSS will work with individuals in impacted areas to reschedule in-person assessments as telephonic assessments.

**For NC Medicaid Managed Care:** Providers can contact the provider service line to confirm if additional steps need to be completed for individuals impacted and are scheduled for in-person assessments.

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## PRIVATE DUTY NURSING

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Private Duty Nursing (for pediatric and adult beneficiaries) may be provided without prior authorization (PA) for NC Medicaid Direct and NC Medicaid Managed Care beneficiaries, effective Sept. 26, 2024, through Oct. 15, 2024 (unless otherwise communicated by DHHS).

**For NC Medicaid Direct:** NCTracks is authorized to suspend the standard PA requirements per PDN Clinical Coverage Policy, [3G-1](#) and [3G-2](#). Medical documentation must support medical necessity, and providers are encouraged to obtain PA if possible (as required under normal policy). All claims are subject to audit. Additional questions can be directed to the NC Tracks service line at 1-800-688-6696.

**For NC Medicaid Managed Care:** Providers can contact the provider service line to confirm if additional steps are needed for individuals who need PDN.

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## INNOVATIONS AND TRAUMATIC BRAIN INJURY

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These flexibilities, below, are intended for NC Innovations and TBI Waiver beneficiaries enrolled in NC Medicaid Direct and NC Medicaid Managed Care who are impacted by the hurricane either directly or due to staff impacted and unable to provide services. The flexibilities are effective Sept. 26, 2024, through Oct. 15, 2024, (unless otherwise communicated by DHHS). They are not intended to be utilized by every waiver beneficiary. Tailored Plans and Local Management Entities/Managed Care Organizations (LME/MCOs) should assess the continued need for these flexibilities on a case by case basis.

NC Medicaid will seek approval for Appendix K authority. More information will be provided on the flexibilities of service utilization and the effective period of Appendix K when available.

The flexibilities below are specific to beneficiaries impacted by Hurricane Helene.

NC Medicaid will allow the following approved flexibilities:

- ▲ Relatives of adult waiver beneficiaries and minor waiver beneficiaries who reside in the home and out of the home may provide services.
  - Relatives of adult waiver beneficiaries and minor waiver beneficiaries may provide Community Living and Supports, Supported Employment and Supported Living. This should only be used for cases when direct support staff is impacted by Hurricane Helene and not able to provide services.
- ▲ Additional service hours may be provided without PA due to issues related to Hurricane Helene. This should only be in cases where additional hours are needed by the beneficiary because of the hurricane, and either the beneficiary could not reach the provider to notify them of this need or the provider did not have the time/ability to submit a PA.
- ▲ Allow replacement or repair of home and vehicle modifications damaged by Hurricane Helene when the cost of repair or replacement will exceed the Innovations Waiver limit.
- ▲ Innovations Waiver services may be provided out of state without PA by the Tailored Plan and LME/MCO when the Innovation Waiver member is displaced and requires out-of-state shelter. Respite may also be provided out-of-state for individuals who have been displaced by Hurricane Helene.

Tailored Plans and LME/MCOs must provide assessments of the health and well-being status of each impacted Innovations and TBI Waiver beneficiary to NC Medicaid after the state of emergency.

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## **HOSPITAL AT HOME PROGRAM**

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As a reminder, NC Medicaid continues to allow coverage of the Acute Hospital at Home (HaH) program. This program is designed to offer relief to hospitals with limited bed capacity and can be leveraged by hospitals during Hurricane Helene. NC Medicaid continues to cover Acute HaH under the existing DRG methodology through Dec. 31, 2024, when CMS Medicare Waiver flexibility is scheduled to end. To bill for Acute HAH, providers should bill DRG claims using revenue code 0161 for room and board and occurrence span code 82.

More information on the Acute HaH program can be found in the [Hospital at Home Program Re-Launching for NC Medicaid bulletin](#).

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## **FLEXIBILITIES FOR NC MEDICAID DIRECT ONLY**

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### **COMMUNITY ALTERNATIVES PROGRAM FOR CHILDREN (CAP/C) AND COMMUNITY ALTERNATIVES PROGRAM FOR DISABLED ADULTS (CAP/DA)**

A critical role for case management entities serving CAP/C and CAP/DA beneficiaries is to provide support to ensure the health, safety, and well-being of all CAP beneficiaries in the preparation for, during, and immediately after a natural disaster. To fulfill this requirement, NC CAP case management entities are directed to assist their assigned CAP beneficiaries in activating their emergency and disaster plans in preparation for the unknown impact of Hurricane Helene.

When helping CAP beneficiaries activate their plans, it is imperative to emphasize checking and updating disaster kits. [ReadyNC.gov](#) is a valuable resource for additional information and assistance in preparation for a hurricane. Providers should encourage beneficiaries to register with their special needs registry in their county.

It is our utmost concern that our beneficiaries are safe and accounted for during times of disaster. It is also important that case management entities are equipped to communicate with staff and beneficiaries effectively, and take the appropriate steps to remain safe. Please coordinate with local county emergency management departments if assistance is needed.



NC Medicaid gave notification to CAP case management entities that if the state is impacted by Hurricane Helene and is coordinating resources, NC Medicaid will request from case management entities an assessment of the health and well-being status of each CAP beneficiary. Case management entities will be required to complete the Disaster Wellness Check Documentation in the eCAP system as it relates to the health and well-being status of the CAP beneficiaries they serve. NC Medicaid will seek approval for Appendix K authority. More information will be provided on the flexibilities of service utilization and the effective period of Appendix K when available. Below is the information that must be included in the Disaster Wellness report:

- 🌿 Name of contact person for questions regarding the report
- 🌿 Status of beneficiary (safe, sustained impact, unknown)
- 🌿 Beneficiary's current location (home, shelter, facility, relative – in/out of county/state)
- 🌿 Beneficiary contact information, if displaced from home
- 🌿 Documentation if the current service plan meets the needs of the beneficiary because of Hurricane Helene
- 🌿 If it does not meet the beneficiary's needs, specify what additional or replacement services are needed through a plan revision.

In-home aides, pediatric nurse aides, attendant nurse care, personal assistance services, and coordinated caregiving can be authorized for administration in different residences or alternative settings if waiver participants are displaced from their home.

A telephonic assessment or monitoring visit may be conducted for CAP/C and CAP/DA waiver beneficiaries in impacted areas who cannot receive their in-person scheduled assessment or required in-person monitoring visit. Until safe contact can be arranged to complete these assessments and service plans, annual assessments, and new and annual service plans can be postponed during the hurricane recovery period.

CAP/C and CAP/DA home and community-based services identified from the CAP emergency and disaster plan assessment may be implemented and a retroactive approval may be granted. The assessed need for the home and community-based service must be documented in the emergency and disaster plan, or evidence of the need if access to e-CAP is not available.

CAP/C and CAP/DA waiver beneficiaries in impacted areas who lost access to their direct care worker due to the impact of the weather may become the direct care worker temporarily during this emergency as a qualifying extraordinary condition as described in the CAP waiver applications.

To seek technical assistance in managing a waiver beneficiary's recovery from Hurricane Helene, contact the CAP unit at [medicaid.capc@dhhs.nc.gov](mailto:medicaid.capc@dhhs.nc.gov) or [medicaid.capda@dhhs.nc.gov](mailto:medicaid.capda@dhhs.nc.gov). CAP/C and CAP/DA case management entities should contact NC Medicaid at 1-919-855-4340 to provide updated contact information if current contact information is temporarily inaccessible.

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