

## State of North Carolina Department of Health and Human Services

For Release: Immediate Date: September 2, 2005

Contact: Mark Van Sciver

#### State offers Medicaid assistance to eligible Hurricane Katrina victims

RALEIGH – State Medicaid officials will provide emergency medical services to Medicaid eligible Hurricane Katrina victims who have temporarily relocated to North Carolina.

According to Department of Health and Human Services Secretary Carmen Hooker Odom, the state is authorizing local county social services to extend emergency Medicaid coverage for the next 90 days to out-of-state Hurricane Katrina survivors who are forced to relocate to North Carolina.

"North Carolina knows what its like to live through a hurricane-related disaster and we want to extend our help and assistance to our neighbors in the gulf states. People who have lost homes, jobs and loved ones shouldn't have to worry if the Medicaid safety net is under them. People must still be Medicaid eligible in order to take part in this program but we're not going to insist on people turning up with birth certificates or social security cards in the midst of an emergency. The bottom line is we want these people to have access to needed medical services."

Hurricane refugees from disaster-declared counties or parishes in Alabama, Mississippi and Louisiana can apply for emergency Medicaid services in North Carolina at any of the 100 local county departments of social services.

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### DMA ADMINISTRATIVE LETTER NO: 11-05, EMERGENCY MEDICAID PROCEDURES FOR HURRICANE KATRINA VICTIMS

DATE: SEPTEMBER 2, 2005

SUBJECT: ENERGENCY MEDICAID PROCEDURES FOR HURRICANE

**KATRINA VICTIMS** 

DISTRIBUTION: COUNTY DIRECTORS OF SOCIAL SERVICES

MEDICAID SUPERVISORS
MEDICAID ELIGIBILITY STAFF

DMA STAFF
CARELINE STAFF

#### I. BACKGROUND

In response to the destruction resulting from Hurricane Katrina, North Carolina Medicaid is helping to coordinate efforts to provide essential services for Medicaid recipients who have evacuated to North Carolina from Louisiana (LA), Mississippi (MS), and Alabama (AL).

This letter provides guidance and procedures regarding assisting the displaced Louisiana, Mississippi, and Alabama Medicaid and Health Choice recipients evacuating to North Carolina. Each county DSS must take and process applications for Medicaid and Health Choice for these individuals.

If approved, the recipient will be eligible for 3 to 4 months of Medicaid or North Carolina Health Choice (NCHC) coverage for the period of September 1, 2005 through November 30, 2005 for applicants who meet North Carolina eligibility requirements. Retroactive coverage can be considered for the period August 1, 2005 through October 31, 2005. (There is no retroactive coverage for NCHC.)

This policy applies to displaced individuals from areas devastated by Hurricane Katrina in the following counties and parishes:

#### A. Alabama

Baldwin, Clarke, Choctaw, Mobile, Sumter, and Washington

#### B. Mississippi

Amite, Forrest, George, Greene, Hancock, Harrison, Jackson, Lamar, Marion, Pearl River, Perry, Pike, Stone, Walthall, and Wilkinson

#### C. Louisiana

Acadia, Ascension, Assumption, Calcasieu, Cameron, East Baton Rouge, East Feliciana, Iberia, Iberville, Jefferson, Jefferson Davis, Lafayette, Lafourche,

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Livingston, Orleans, Pointe Coupee, Plaquemines, St. Bernard, St. Charles, St. Helena, St. James, St. John, St. Mary, St. Martin, St. Tammany, Tangipahoa, Terrebonne, Vermilion, Washington, West Baton Rouge, and West Feliciana

#### II. POLICY PRINCIPLES

#### A. Waived requirements

The following requirements are waived for Hurricane Katrina Emergency Medicaid applicants.

- 1. Medicaid termination in AL, MS or LA,
- 2. Verification requirements excluding possible online verifications, and
- 3. State residency.
- B. Accept applicant's statement for income and assets if verification is not available. Use SOLQ to verify SSA and SSI.

#### III. SPECIAL POLICY PROCEDURES

- A. The application processing time standard for Hurricane Katrina Emergency Medicaid applicants is 5 work days.
- B. Accept applicant's statement for county/parish and state residence. The applicant must complete and sign the Application for Temporary Medicaid for Victims of Hurricane Katrina, Attachment 1.
- C. If a social security number is unknown or unavailable, use zeros. Verify the social security number using SOLQ.
- D. Enter the DSS address on the 8125 in order for the Medicaid card to come to the DSS for client to pick up each month.
- E. Document a local contact address in the case file for future notifications.
- F. Applicants for Emergency Medicaid for Hurricane Katrina victims are exempt from Carolina Access. Enter the exempt code 9900030 in EIS.

#### G. Special Indicator Code

At the individual level in EIS, enter an Individual Special Use Code of AL (for Alabama), MS (for Mississippi), or LA (for Louisiana). In the Date field beside the Individual Special Use code, enter the first and last month of eligibility. For example, an application taken in September with August retro eligibility would have dates entered 082005112005.

#### H. Medicaid Card

- Issue a "County Issued" Medicaid card for the first month of eligibility. Do not remove the pharmacy stub. Destroy the Medicaid card generated by EIS when received by the county dss.
- Subsequent Medicaid cards for the remaining months will be mailed to the dss. The recipient should be instructed to pick up their Medicaid card each month at the dss.

#### I. Reviews

Complete a review using normal Medicaid or NCHC eligibility criteria when the recipient picks up the November card. Send a manual 10 day notice of termination to the address provided as a local contact if the individual is not eligible under regular Medicaid/NCHC rules.

If the Medicaid card has not been picked up by November 10<sup>th</sup>, send a manual 10 day notice of termination to the address provided as a local contact.

#### IV. AID/PROGRAM CATEGORIES

#### A. The following programs are exempt from this policy:

1. Special Assistance

The Division of Aging will provide Special Assistance instructions.

2. Refugee Assistance Program

For questions regarding refugee, asylee's, etc., contact the Division of Social Services, Refugee Services at 919-733-4650 for guidance.

3. Work First

The Division of Social Services will provide Work First instructions.

#### **B.** Health Choice

Approve applicants eligible for NCHC for one year, complete a review in November, and terminate effective November 30, 2005 if they are no longer in North Carolina or do not meet eligibility requirements in North Carolina. By entering the county dss address in EIS, the card will be mailed to the county dss, where the recipient can pick it up.

Enter a special review code or keep a list of NCHC recipients in order to review their eligibility before November 30, 2005.

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#### C. SSI Recipients

Verify SSI recipients through SOLQ and approved as non-SSI following procedures in II and III above.

#### D. MQB-B and MQB-E

Recipients who have their Medicare premium paid by another state are not eligible for MQB-B or MQB-E. However, due to eligibility differences between states the applicant may be eligible for full Medicaid in North Carolina.

#### V. EFFECTIVE DATE

This policy is effective August 1, 2005 through November 30, 2005.

You may encounter situations that we have not identified or variations on the situations identified in this letter not identified at this time. Should you encounter situations in which you need additional guidance, please contact your Medicaid Program Representative.

L. Allen Dobson, Jr., M.D., Assistant Secretary For Health Policy and Medical Assistance

(This material was researched and written by Susan Ryan, Policy Project Manager, Medicaid Eligibility Unit, Charlotte Gibbons, Policy Consultant, Medicaid Eligibility Unit, and Mary Spivey, Policy Consultant, EIS Unit.)

# APPLICATION FOR TEMPORARY MEDICAID FOR VICTIMS OF HURRICANE KATRINA

#### **Contact Information in North Carolina:**

Name:	
First Middle Last	
Who are you living with while in North Carolina?	(Name)
(Address, City, State, Zip)	(Telephone Number)
I hereby certify that I am a victim of a federally declared dis	saster area in
as a result of Hurricane Katrina.  (City, County/Parish & State of Disaster)	
I hereby certify that I and the persons listed on the application for w	whom I am applying, are currently receiving
Medicaid benefits in	
(City & State of Disaster) (Medicaid II	O Number)
OR	
to the best of my knowledge my income and resources do not excee  and respectively.  (To be completed by worker)	ed the NC eligibility requirements of
My Address in Disaster Area(Street Address)	)
(City, State, Zip)	
I understand that my eligibility to receive Medicaid in North terminated anytime at the sole discretion of the state.	h Carolina is temporary and may be
Have you applied to receive services from the Federal Emergency Management Agency (FEMA)?	
(Yes/No)	
Signature of Applicant or Legal Guardian	Date

Administrative Letter 11-05 Attachment 1