



## Back Porch Chat

# Hurricane Helene Response and Recovery Effort Updates

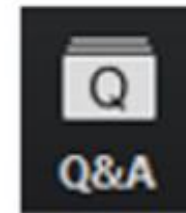
**Closed Captioning is available  
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**October 2024**

# Logistics for Today's Webinar

Question during the live webinar



**Technical assistance**

[technicalassistanceCOVID19@gmail.com](mailto:technicalassistanceCOVID19@gmail.com)

# AGENDA

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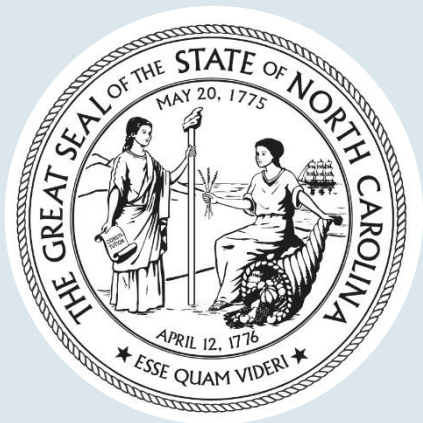
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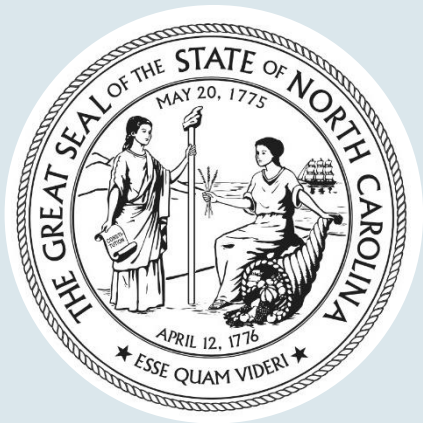
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Q/A



# Opening Remarks

## ***NCDHHS & NC Emergency Management***



# Hurricane Helene Policy Flexibilities

# Resources and Flexibilities

Information and resources for NC Medicaid beneficiaries and families impacted by Hurricane Helene can be found on the NC Medicaid Hurricane Helene Virtual Bulletin Board. Updates will be added as the recovery continues:

[medicaid.ncdhhs.gov/virtual-bulletin-board-helpful-resources-and-information-hurricane-helene](https://medicaid.ncdhhs.gov/virtual-bulletin-board-helpful-resources-and-information-hurricane-helene)

**A Virtual Bulletin Board with Helpful Resources and Information on Hurricane Helene**



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# Provider Resources



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## Hurricane Helene Provider Resources

### Fact sheets

[Communicable Disease and Other Health Concerns Following Hurricane Helene](#)

[Infection Prevention Resources – Natural Disaster](#)

[Guidance for Outpatient Healthcare Facilities Experiencing an Interruption in Water Service](#)

[Building a Portable Handwash Station](#)

### Notices and Alerts

[NCDOL Memo – Applicability and Enforcement of OSHA Standards in Disaster Declared Areas](#)

[Health Information Exchange \(NCDIT\)](#)

[Medicaid Provider Bulletins](#)

[Hurricane Helene Recovery Resources](#)

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[Hurricane Helene Recovery](#)

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[Hurricane Helene Storm Related Fatalities](#)

# NC Medical Society Practice Needs Survey

[ncmedsoc.org/ncms-working-to-help-you-rebuild-please-answer-a-few-questions-about-helene-s-impact-to-your-practice/](https://ncmedsoc.org/ncms-working-to-help-you-rebuild-please-answer-a-few-questions-about-helene-s-impact-to-your-practice/)

The NC Medical Society (NCMS) is compiling information about how practices have been impacted by Helene (financial, infrastructure, patients, supplies, etc.)

NCMS is collecting this information from practices across Western NC and sharing their findings with NCDHHS to support the State in allocating resources. Please take a few minutes to [complete the NCMS survey](#)



## Practice Impact

Following the devastation left by Hurricane Helene, the North Carolina Medical Society is working to help our members and others in the healthcare community rebuild.

To assess the current and growing needs in Western North Carolina, please answer the following questions.



The North Carolina Department of Health and Human Services is working with state, federal and local partners to help North Carolinians impacted by Hurricane Helene access needed health care. *NC Medicaid has been granted additional temporary changes to help with continued care during recovery efforts.*

**Federal flexibilities are active statewide from Sept. 25, 2024, through the end of the Hurricane Helene Public Health Emergency declaration for North Carolina** and are intended to support Hospitals, Psychiatric Hospitals, Critical Access Hospitals, including Cancer Centers and Long-Term Care Hospitals so that they can ensure:

- People can receive emergency medical treatment.
- There are places to provide hospital care to people.
- There are people to provide health care.
- Telemedicine is available.
- Hospitalized patients have continuity of care.
- Acute care patients can stay longer.
- People can get the care they need in a long-term care or skilled nursing facility.
- Patients get the care they need in the best environment.
- People with intellectual disabilities being cared for in facilities continue to receive services.
- People have the medical equipment and medicine they need.

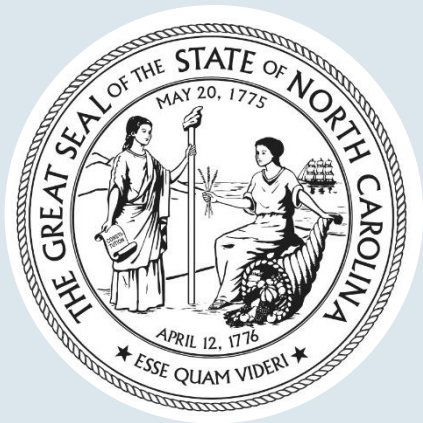
# Reimbursement for Medically Necessary Services during Hurricane Helene

NC Medicaid will reimburse providers for medically necessary drugs and services, equipment and supplies, provided during the Hurricane Helene emergency without prior authorization (PA) starting Sept. 26, 2024, through Dec. 31, 2024, (unless otherwise communicated by DHHS).

Medical documentation must support medical necessity. In addition, beneficiaries who have been evacuated out-of-state, voluntarily or involuntarily, can receive medically necessary services and/or care if needed and NC Medicaid Direct and NC Medicaid Managed Care will reimburse the out-of-state provider without PA.

Out-of-state providers must enroll as NC Medicaid providers, if not already enrolled with NC Medicaid. Please see the section of this bulletin “Disaster Relief Applications Available for Health Care Providers Not Currently Enrolled as an NC Medicaid Provider” for more details.

Providers are encouraged to request a PA if it is possible to do so (and normally required for the service). All claims are subject to audit.



## Flexibilities by Area

# Pharmacy Flexibilities

Pharmacy flexibilities apply to NC Medicaid Direct and NC Medicaid Managed Care, to ensure Medicaid beneficiaries have access to necessary medications.

Applicable Sept. 26, 2024, through December 31, 2024

## Medication Prior Authorization (PA) Overrides

- Impacts from Hurricane Helene may present situations where NC Medicaid beneficiaries in impacted areas may have difficulty obtaining necessary PA for certain medications, including beneficiaries who may have traveled out of state to seek safety. Pharmacy providers have been approved to override PA requirements for people impacted by the storm, starting Sept. 26, 2024, through Dec. 31, 2024.
- Pharmacy providers should resubmit these claims with “09” (Emergency Preparedness) in the PA Type Code field. Do not place any value in the Submission Clarification Code field.

## Early Medication Refills

- 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. Pharmacy providers have been approved to fill these prescriptions early. Co-pay is not waived for early refills.
- 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.

*For Medicaid Direct, questions may be directed to the NC Tracks service line at 800-688-6696. For NC Medicaid Managed Care, providers should contact the pharmacy service line for the plan to confirm if additional documentation or processes are need to allow for these additional flexibilities.*

# Pharmacy Flexibilities (continued)

Pharmacy flexibilities apply to NC Medicaid Direct and NC Medicaid Managed Care, to ensure Medicaid beneficiaries have access to necessary medications.

Applicable Sept. 26, 2024, through December 31, 2024

## **Suspension of Behavioral Health Edits on Pharmacy Claims**

- Pharmacy clinical behavioral health edits have been suspended to reduce barriers to necessary behavioral health medications.
- No action will be required by the pharmacist.

## **Dispense up to a 90-Day Supply of Stimulants and Buprenorphine**

- Pharmacists may dispense up to a 90-day supply of Schedule 2 stimulants and buprenorphine products used for Medication Assisted Treatment (MAT), when indicated by the prescriber.

- Reminder: Per [Clinical Coverage Policy 9](#), a pharmacy provider cannot refuse to provide services if a beneficiary is unable to pay a copay at the time of service.

*For NC Medicaid Direct, questions may be directed to the NCTracks service line at 800-688-6696.*

*For NC Medicaid Managed Care, providers should contact the pharmacy service line for the plan to confirm if additional documentation or processes are needed to allow for these additional flexibilities.*

# DEA Approved Use of NC Board of Pharmacy Rule .1815 to Create and Dispense Emergency Refills of Schedule 3, 4, and 5 Controlled Substances

- [Board Rule .1815](#) authorizes pharmacists and DME providers to provide a one-time emergency refill of up to a 90-day supply when the pharmacist or DME provider is unable to obtain refill authorization from the prescriber due to the prescriber's inability to provide medical services to the patient. This authority was specifically created for times of emergency like those in western North Carolina. Pharmacists and DME providers are encouraged to use it to assist patients in affected counties. The DEA has issued an exception letter allowing Rule .1815 to be used to create and dispense emergency refills of Schedule 3, 4, and 5 substances ([found here](#)). This exception is in effect for 30 days (until November 3, 2024), though DEA states that it will consider a further extension if emergency conditions continue to exist at that time.
- **\*REMINDER\* CONTROLLED SUBSTANCE PRESCRIPTION FORMATS.** The North Carolina STOP Act requires that prescriptions for "targeted controlled substances" to be transmitted electronically unless an exception applies. One exception is "technical failure or other circumstance preventing electronic transmission." For obvious reasons, transmission or receipt of electronic prescriptions in Helene-affected counties is likely to be problematic. Accordingly, the STOP Act's electronic transmission provisions are not a reason to decline filling a controlled substance prescription issued for a legitimate medical purpose in the ordinary course of medical practice. More STOP Act information is [found here](#).
- **\*REMINDER\* VERBAL SCHEDULE 2 PRESCRIPTIONS IN EMERGENCIES.** Pharmacists are reminded that, in the case of an "emergency situation," federal law ([21 CFR 1306.11\(d\)](#)) allows a pharmacist to dispense a Schedule II controlled substance upon receiving oral authorization from the prescriber, provided that: (1) the amount is limited to that adequate to treat the patient during the emergency period; (2) the prescription is immediately reduced to writing by the pharmacist; (3) if the prescriber is not known to the pharmacist, the pharmacist makes a reasonable effort to determine the oral authorization came from a DEA-registered prescriber; and (4) within 7 days, the prescriber causes a written prescription to be delivered to the dispensing pharmacist.

This information, and other Helene response updates, are being compiled on the BOP's website: <https://www.ncbop.org/heleneaftermath.html>. The Board continues to compile a resource listing pharmacies in Helene-affected counties that have resumed operation. The list is found here -- <https://www.ncbop.org/emergencyoperatingpharmacieshelene.html>

Source: <https://www.ncbop.org>

# Medical Flexibilities

## Swing Beds: Expanded Ability for Hospital Swing Beds

This applies to NC Medicaid Direct and NC Medicaid Managed Care. Applicable Sept. 26, 2024, through December 31, 2024

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 Dec. 31, 2024, for all NC counties, 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 a 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 [CCP 2A-1](#).

# Medical Flexibilities

## Obstetrical Services

This applies to NC Medicaid Direct and NC Medicaid Managed Care. Applicable Sept. 26, 2024, through December 31, 2024

NC Medicaid Direct and NC Medicaid Managed Care encourages local health departments to provide maternal support services in-person when it is safe to do so; however, if an in-person or home visit is not feasible, eligible providers may conduct maternal support services with new or established patients via telemedicine (two-way real-time, interactive audio video). Maternal support services conducted via virtual patient communication (telephone, virtual portal communications, etc.) will not be eligible for reimbursement.

Eligible maternal support services include:

- Home visit for newborn care and assessment (CPT code 99501)
- Home visit for postnatal assessment (CPT code 99502)

Eligible providers include local health departments whereby the service is rendered via telemedicine by:

- A registered nurse (for home visit for newborn and postnatal assessment, only); or,
- A certified childbirth educator (for childbirth education classes, only).

For the newborn and postnatal assessments, providers must document on the assessment tool that the service was conducted via telemedicine.

For further details and guidance regarding the delivery of these services, see the following NC Medicaid CCPs:

- [1M-2, Childbirth Education](#)
- [1M-4, Home Visit for Newborn Care and Assessment](#)
- [1M-5, Home Visit for Postnatal Assessment and Follow-up Care](#)

Providers are not required to obtain prior authorization prior to receiving services via telemedicine.



# Family Planning Flexibilities

This section is applicable to NC Medicaid Direct Family Planning (MAFDN) Beneficiaries. Applicable Sept. 26, 2024, through December 31, 2024

NC Medicaid Direct has temporarily modified its [Family Planning CCP, 1E-7](#) to better enable the delivery of remote care to Medicaid beneficiaries. Both new and established MAFDN-eligible beneficiaries may receive family planning services, including a new patient visit, in-person or via telemedicine, and an annual exam is not required.

# Dental Flexibilities

This section applies to NC Medicaid Direct only. Applicable Sept. 26, 2024, through December 31, 2024

**NC Medicaid Direct is implementing the following flexibilities to support providers during the Hurricane Helene PHE:**

- Coverage for Teledentistry for Provider to Patient Visits (D0999 - telephonic)
- Coverage for Teledentistry for Provider to Patient Visits (D9995 – real time video)
- Coverage for Teledentistry for Provider to Patient Visits (D9996) - store/forward photos or video )
- Allowing overrides of bitewing and panoramic radiographic images (D0270 – D0274, and D0330)
- Allowing overrides of the 8-year limit for partial dentures (D5211, D5212) and the 10-year limit complete denture (D5110, D5120) replacement
- Fluoride varnish (D1206) applications for all ages every 90 days

# DME/POS Flexibilities

## **Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)**

This section applies to NC Medicaid Direct and NC Medicaid Managed Care. Applicable Sept. 26, 2024, through December 31, 2024

In addition to the removal of PA requirements as listed in the “Reimbursement for Medically Necessary Services During Hurricane Helene” section at the top of this bulletin, NC Medicaid has added:

- DMEPOS coverage for HCPCS code A4928 – surgical mask, per 20, effective Sept. 26, 2024, through Dec. 31, 2024 (unless otherwise communicated by DHHS)
- If medically necessary, this item may be provided to NC Medicaid beneficiaries without prior authorization.

# Behavioral Health Flexibilities

This section applies to NC Medicaid Direct and NC Medicaid Managed Care. Applicable Sept. 26, 2024, through December 31, 2024

- NC Medicaid, in partnership with the DHHS Division of Mental Health, Developmental Disabilities and Substance Use Services (DMHDDSAS) and the Division of Health Service Regulation (DHSR), is temporarily modifying its Behavioral Health and Intellectual and Developmental Disability clinical coverage policies to better enable the delivery of care to NC Medicaid beneficiaries impacted by Hurricane Helene.
- Behavioral health services must continue to be provided at an intensity and quality that meet the needs of the beneficiary and be consistent with goals and the intended outcomes of the service being provided. In addition, the service must be provided by staff at a ratio (as relevant) and with the expertise and scope necessary to meet the needs of each beneficiary.
- The flexibilities listed in the latest [bulletin](#) are intended to benefit those members and providers directly impacted by Hurricane Helene. These flexibilities are also intended to alleviate burden for providers who are supporting impacted members and/or have additional patients (patient surges). It is recommended that providers only leverage the listed flexibilities to support impacted beneficiaries or while impacted facilities and staff are recovering from Hurricane Helene. Providers should return to normal business operations as soon as possible to be compliant with NC Medicaid CCPs.
- Behavioral Health Services delivered via telehealth or telephonically must follow the requirements and guidance in CCP 1-H, Telehealth, Virtual Communications, and Remote Patient Monitoring, at <https://medicaid.ncdhhs.gov/>. Services delivered via telehealth must have the GT modifier appended to the Current Procedure Terminology (CPT) or the Healthcare Common Procedure Coding System (HCPCS) code to indicate that a service has been provided via interactive audio-visual communication. Services delivered via telephonically must have the KX modifier appended to the CPT or HCPCS code to indicate that a service has been provided via telephonic, audio-only communication.

# Behavioral Health Flexibilities

- 1915(b)(3) and 1915(i) Services
- Assertive Community Treatment (ACT)
- Ambulatory Withdrawal Management with Extended On-Site Monitoring (ambulatory detoxification)
- Ambulatory Withdrawal Management (WM) without Extended On-Site Monitoring (ambulatory detoxification)
- Child and Adolescent Day Treatment
- Community Support Team
- Developmental and Psychological Testing
- Diagnostic Assessment
- Facility-Based Crisis Services for Children and Adolescents
- Intensive In-Home
- Medically Monitored Inpatient Withdrawal Management (non-hospital medical detoxification)
- Medically Supervised or Alcohol and Drug Abuse Treatment Center (ADATC) Detoxification Crisis Stabilization
- Mobile Crisis Management
- Multisystemic Therapy
- Opioid Treatment Program
- Outpatient Behavioral Health Services Provided by Direct-Enrolled Providers
- Partial Hospitalization
- Peer Support Services (PSS)
- Professional Treatment Services in Facility-Based Crisis Program
- Psychiatric Residential Treatment Facility for Children under the Age of 21
- Psychosocial Rehabilitation
- Research Based – Behavioral Health Treatment (RB-BHT)
- Residential Treatment Services Level I and II – Family Type
- Residential Treatment Services Level II – Program Type
- Residential Treatment Services Level III
- Residential Treatment Services Level IV
- Substance Abuse Comprehensive Outpatient Treatment (SACOT)
- Substance Abuse Intensive Outpatient Program (SAIOP)
- Substance Abuse Medically Monitored Community Residential Treatment
- Substance Abuse Non-Medical Community Residential Treatment
- Therapeutic Leave for Psychiatric Residential Treatment Facilities for Children under the Age of 21 and Residential Treatment Services Levels II-IV

# Innovations Waiver

This section applies to NC Medicaid Direct and NC Medicaid Managed Care. Applicable Sept. 26, 2024, through December 31, 2024

These flexibilities linked in the [bulletin](#) are intended for NC Innovations beneficiaries in NC Medicaid Direct and NC Medicaid Managed Care who were impacted by the hurricane either directly or due to staff impacted and unable to provide services and effective Sept. 26, 2024, through Dec. 31, 2024, (unless otherwise communicated by DHHS). **They are not intended to be utilized by every waiver beneficiary.** Tailored Plans and LME/MCOs should assess the continued need for these flexibilities case-by-case.

NC Medicaid will seek approval for Appendix K authority for the following Innovations Flexibilities. NC Medicaid is evaluating the need for additional flexibilities and as more flexibilities are approved that information will be published via an updated NC Medicaid Bulletin.

The flexibilities linked [here](#) are specific to beneficiaries directly impacted by Hurricane Helene.

Tailored Plans and LME/MCOs must provide an assessment of the health and well-being status of each impacted Innovations beneficiary to NC Medicaid at the conclusion of the state of emergency.

# Long Term Support & Services Flexibilities

## Community Alternatives Program for Children (CAP/C) and Community Alternatives Program for Disabled Adults (CAP/DA)

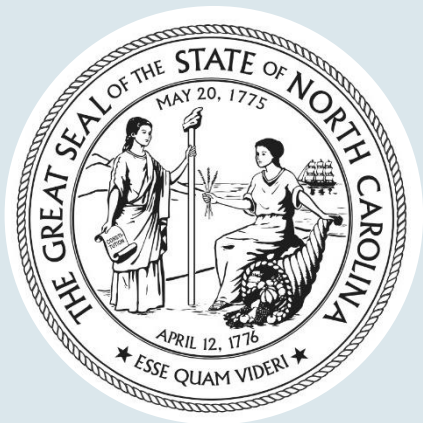
These CAP/C and CAP/DA flexibilities are for NC Medicaid Direct beneficiaries only. Applicable Sept. 26, 2024, through December 31, 2024

- A critical role for case management entities serving Community Alternatives Program for Children (CAP/C) and Community Alternatives Program for Disabled Adults (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 (CMEs) are directed to assist their assigned CAP beneficiaries in activating their emergency and disaster plans in preparation for the unknown impact of Hurricane Helene. Please visit the [bulletin](#) to see the full list of CAP/C and CAP/DA flexibilities.
  - *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 919-855-4340 to provide updated contact information, if current contact information is temporarily inaccessible.*

The following additional LTSS flexibilities apply to NC Medicaid Direct and NC Medicaid Managed Care:

- **Home Health**
- **Expediting Nursing Home Admissions for Individuals Displaced Due to Hurricane Helene**
- **Temporary PASRR Procedures Due to Hurricane Helene**
- **Personal Care Services**
- **Private Duty Nursing**

Please visit the [bulletin](#) to view details of each of these flexibilities.



# Disaster Enrollment Flexibilities



# Provider Operations – Disaster Enrollment/Credentialing Flexibilities

- **Disaster Applications:** NC Medicaid has opened this expedited enrollment process to providers rendering covered services during the disaster period. These applications use lite enrollment criteria as defined by CMS (e.g. Fees and site visit waived, rely on Medicare or home state enrollment, etc.). GDIT must complete these applications within one business day.
- **Out of State Lite Enrollment:** This is an application process routinely open to out-of-state and border providers. It uses a lite enrollment process with no application fee but is time limited to 1 year. During this current disaster, NC Medicaid has been monitoring these applications daily for expedited processing when border state applications are received, under the assumption that may be helping in the disaster.

As part of an additional effort to expedite applications, the site visit may be temporarily waived for any provider with a pending application serving the impacted counties. If required, the site visit will be tracked by NC Medicaid to be done post-enrollment once the disaster period ends.

# Provider Operations – Disaster Enrollment/Credentialing Flexibilities

- **Maintain Eligibility Applications:** Through this quarterly process, GDIT will select providers whose NPI has not been used in any field on a claim (or encounter) and require that provider to confirm their intent to retain NCDHHS program participation through the Maintain Eligibility application. NC Medicaid has paused this process for the last calendar quarter of 2024.
- **Reverification:** Providers in the impacted counties set to suspend in October-December due to not completing reverification are being contacted to assess their ability to complete the process. The due date for those confirmed unable to submit their application, or for whom no response was received (assumed unable to submit), will be pushed out by 3 months to avoid adverse action during the disaster period.
- **License, Accreditation, and Certification (LAC) Expiring Credentials:** For the months of October-December, any providers suspended or that have an expiring credential, in the impacted counties only, are being contacted to assess their ability to update their credential. For those who are non-responsive or confirm their inability to update their credential, NC Medicaid has pushed their due date to allow for a 30-day grace period.
- **Resources:**
  - [NCTracks Provider](#) homepage for more information, including the Disaster Relief Provider Enrollment Application Job Aid
  - [NC Medicaid Provider](#) homepage
  - Provider Ombudsman: email [Medicaid.ProviderOmbudsman@dhhs.nc.gov](mailto:Medicaid.ProviderOmbudsman@dhhs.nc.gov) or call 866-304-7062. The Provider Ombudsman service is separate from the health plans' grievance and appeal process and should be used only as an escalation after contacting the health plan(s) and seeking guidance through the [NC Medicaid Help Center](#).

# Beneficiary Medicaid Eligibility Flexibilities

The following flexibilities were provided on 10/3 via [Dear County Director Letter \(DCDL\) Re: Counties in Need due to the Disaster caused by Hurricane Helene](#):

- **Medicaid Application for Health Coverage**
  - Applicants or their authorized representatives can apply for Medicaid in any county.
  - Counties must accept applications for individuals who do not reside in that county.
  - Applications for individuals temporarily displaced by Hurricane Helene should be processed by the county that receives the application.
- **Recertifications**
  - Medicaid recertifications for beneficiaries ONLY in the impacted counties should be paused until further notice.
- **Change of Circumstances**
  - No action should be taken by County DSS if the change would reduce benefits or cause termination, except in the following cases:
    - The beneficiary moves out of state.
    - The beneficiary voluntarily requests termination of Medicaid benefits.
    - Death of the beneficiary.

## Beneficiary Assistance

**How to apply for Medicaid, Food Assistance, Cash Assistance or Energy Assistance:** You can apply for each program online at [ePASS.nc.gov](https://ePASS.nc.gov), by mail or in person at any local Department of Social Services (DSS). Phone applications are also available for Medicaid and Cash Assistance. Each program provides coverage for you if you meet the need and eligibility requirements.



# Disaster Supplemental Nutrition Assistance Program (D-SNAP)

People living in 25 western NC counties and members of the Eastern Band of Cherokee Indians living in zip code 28719 impacted by Hurricane Helene can apply to receive a one-time benefit to help buy food through the Disaster Supplemental Nutrition Assistance Program (D-SNAP).

## To be eligible, applicants must:

- Have suffered losses/damages related to Hurricane Helene, such as damage to property or loss of income
- Have proof of identity and proof of residency (if available)
- Not currently receive benefits through Food and Nutrition Services (FNS). People receiving FNS can also get extra help to buy food but do not need to fill out a D-SNAP application.
- Certain income and resource limits may apply.

## Apply for Benefits:

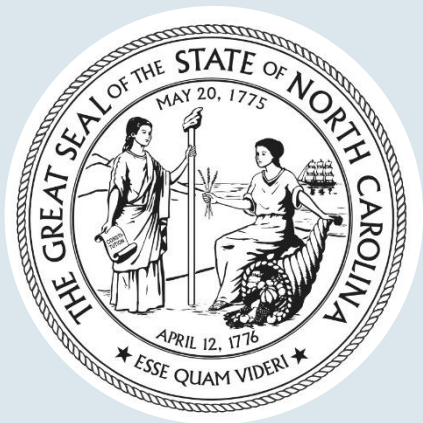
Pre-registration is available beginning Oct. 15.

***Eligible households can pre-register online for assistance three days before the program starts by using the ePASS pre-registration tool*** at [epass.nc.gov](https://epass.nc.gov). Once pre-registration is completed, applicants will be issued a confirmation number and will need to call 1-844-453-1117 between Oct. 18 and Oct. 24 to complete the interview part of the application.

***Beginning Oct. 18 - 24, 2024, eligible households may apply for D-SNAP by phone or in person.***

To apply by phone, call the D-SNAP Virtual Call Center at 1-844-453-1117 from 8 a.m.- 4 p.m., Monday through Friday, and from 9 a.m. - noon on Saturday and Sunday.

Additional information on where to apply in person can be found here: [Hurricane Helene Disaster Supplemental Nutrition Assistance Program \(D-SNAP\) | NCDHHS](#)



# Provider Financial Supports

# Provider Financial Supports

## Hardship Advance

- Advance that is recovered by future claim payments

## Retainer Payment

- Payments to HCBS providers who are unable to provide services due to member/provider access issues

## Stabilization Payment

- Payments to support provider sustainability and beneficiary access
- Optional for health plans and most have defined an approach

# Hardship Advances

## Best for providers who may...

- Be able to provide services but have technology challenges
- OR have temporary cashflow issues
- OR have an urgent need for money while they figure out if their hardship advance should be transitioned to another financial support

## Details

- [Contact health plans and Medicaid Direct to apply](#)
- Payments may be based on historical claim payments or additional information from providers on services they are unable to bill for
- Payments are recovered through future claim payments, so this is an advance on payments, not additional money

# Retainer Payments

## Best for providers who may...

- Provide home and community-based services (HCBS) including 1915(c) waivers, specific 1915(i) services, Home Health, personal care service, or private duty nursing
- AND are unable to provide services due to member or provider hurricane Helene related access issues

## Details

- Providers and direct care workers (DCWs) will have to sign an attestation form
- Payments will be requested and made through claims
- **Look for additional information from NC Medicaid in an upcoming bulletin**



# Stabilization Payments

## Best for providers who may...

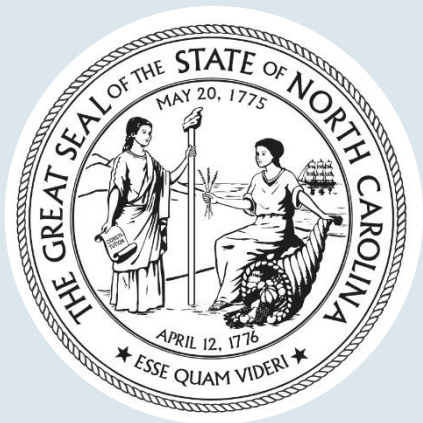
- Be experiencing financial issues as a result of hurricane Helene
- AND qualify for health plan defined programs

## Details

- Health plans have the flexibility to make stabilization payments, but ***it is not required***
- Each health plan defines their own stabilization payment program so providers should review health plan information
- Health plan contact information can be found in the [Financial Support Available for Providers Impacted by Hurricane Helene bulletin](#)

# Other Financial Support

- NC Medicaid is **expediting some directed payments** to increase cashflow for impacted Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC) and Local Health Departments (LHD).
- Some health plans are **deferring recoupments** for incorrectly paid claims
- NC Medicaid has implemented multiple **flexibilities that reduce provider administrative burden** for claim reimbursement



## Healthy Opportunities Update – Helene Impacted Region

# Healthy Opportunities Update

All 18 counties in the Healthy Opportunities Pilot (HOP) western region, led by Impact Health, were impacted by Tropical Storm Helene. Initially, 58 of the 61 Human Services Organizations (HSOs) providing HOP services in the region were impacted.

- Referrals for HOP-eligible members who were enrolled and receiving services before Helene should be honored and can be reauthorized when HOP HSOs are back up and running.
- New Referrals for new enrollees are paused for the following service domains:
  - Food (most services) – Paused in 12/18 counties
  - Housing (four services) – Paused in 16/18 counties

Many HSOs are helping with the response effort albeit not specifically doing so as part of Healthy Opportunities Pilot services.

As of October 16, the status of HOP Human Services Organizations in the western region included the following:

- 24 regained full operations
- 19 had limited capacity
- 18 were still not operational

# Help Resources



- **Crisis hotline: 988 Lifeline** | [988 Lifeline](#) - If you need emotional support, reach out to the national mental health hotline: 988
- **Help for Helpers: Hope4NC hotline for first responders** | 1-855-587-3463, [Hope4NC Helpline](#) | [NCDHHS](#) provides mental health support for first responders and volunteers working on our Hurricane Helene disaster response
- **Promise Resource Network (PRN) Peer Warmline** | 1-855-PEERS NC (855-733-7762), [Get Support - You're never alone.](#) | [Promise Resource Network](#) offers confidential 24/7 peer mental health and substance use recovery support



**QUESTIONS?**