



STATE OF NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER
GOVERNOR

KODY H. KINSLEY
SECRETARY

January 13, 2022

Dear Hospital Leaders,

As we surpass record hospitalizations during this wave of the COVID-19 pandemic, NCDHHS expects you to utilize at your discretion the necessary flexibilities and other tools to continue to stretch hospital capacity to perform the critical functions you provide in your community. This includes suspension of non-urgent surgeries; shifting outpatient or administrative staff to inpatient duties; use of LPNs as RN extenders; use of team-based nursing; use of primary care providers, surgeons and anesthesiologists to provide care in urgent care and inpatient settings; expansion of telemedicine and hospital at home programs; and utilizing the contingency and crisis scenario recommendations outlined in CDC [guidance](#). Below we outline key flexibilities and resources to assist in managing capacity. We recognize you have already begun employing some of these measures and may need to continue to progress to maintain continuity of your operations.

We appreciate your leadership and the leadership of others in your community that have joined the Department in calling on all North Carolinians to do their part to preserve hospital capacity. As you know, the three most valuable things we can do to honor and protect our health care workforce and preserve hospital capacity are get vaccinated, get boosted as soon as you are eligible, and wear a tight-fitting mask.

Thank you for your continued collaboration and your resiliency as we push through this wave. And thanks especially for your team's heroic and critical work on the front lines, which has enabled us to respond to this public health crisis and protect the health and safety of North Carolinians. At each step in this pandemic, you have stepped up to lead in our response. We will continue to stay in close contact, and we encourage your valued feedback and communication. Together we will get through this.

Sincerely,

A handwritten signature in black ink, appearing to read "Kody H. Kinsley".

Kody H. Kinsley

Capacity: Staffing

Executive Order 245

On Jan. 5 2022, Governor Cooper issued [Executive Order 245](#), which extends for 90 days, until April 5, 2022, staffing flexibilities, as approved through waivers or modifications by the appropriate licensing boards, including, but not limited to: allowing persons to provide care if they are licensed in other states, territories, or the District of Columbia but not in NC; allowing persons to provide care if they are retired or their licenses are inactive; allowing skilled but unlicensed volunteers to provide care; and allowing students at an appropriately advanced state of professional study to provide care. Additionally, the Governor's Executive Order 245 extends provisions authorizing the removal of barriers which may prevent certain skilled medical personnel from assisting with COVID-19 vaccine administration.

The NCDHHS Division of Health Service Regulation has also issued waivers that are specific to staffing, such as allowing physicians with expiring privileges to continue practicing at the hospital, allowing for new physicians to be able to practice before full medical staff/governing body review and approval, and allowing hospitals to expand their utilization of physician's assistants and nurse practitioners to admit patients.

Delegation and Assignment of Nursing Activities

NCDHHS exercised waiver authority to implement a new pathway for many of the individuals who have worked as nurse aides during the COVID-19 pandemic to document their training and experience, take the state-approved Nurse Aide I competency examination, and be listed on the Nurse Aide I Registry after successfully completing the competency examination. In addition, NCDHHS adopted emergency (and subsequently, permanent) regulations allowing reciprocity for out-of-state nurse aides who are active and in good standing on another state's registry, which has resulted in the addition of almost 4,400 nurse aides to the NC Nurse Aide I Registry.

NCDHHS has worked with the NC Board of Nursing to share with Nursing Executives that the Board of Nursing has position statements related to delegation to Unlicensed Assistive Personnel (UAP). The position statements include [Delegation and Assignment of Nursing Activities](#), [Delegation of Non-Nursing Activities](#), [Delegation of Immunization Administration to UAP](#), and [Delegation of Medication Administration to UAP](#). The Board of Nursing also provides a [Decision Tree for Delegation to UAP](#). These resources can be found on the [NC Board of Nursing website](#).

Staffing Recruitment

NCDHHS is working to recruit health care workers and has reached out to over 20,000 individuals, such as retirees and unaffiliated staff, to encourage them to help support the healthcare workforce in North Carolina. Interested individuals are paired up with the healthcare entities to be hired into their system.

Capacity: Space

Waiver of State Regulations

The NCDHHS Division of Health Service Regulation (DHSR) issued waivers of over 90 State regulations, of which 60 are specific to hospitals, to address COVID-19-related needs among health services and to achieve consistency with [CMS' waiver of federal regulations](#). Among those issued, DHSR granted waivers related to hospital construction: approximately 20 requests from hospitals to utilize temporary structures were approved; bed capacity: 45 hospital bed requests in addition to their total number of licensed beds were approved to care for COVID-19 patients; and modified enforcement of licensing requirements for hospitals participating in [CMS' Acute Hospital Care at Home Waiver Program](#).

To limit infection and be consistent with CMS' waiver, NCDHHS has also modified state regulation to allow hospitals to screen patients at an offsite location to prevent the spread of COVID-19. To enable hospitals to focus on increasing care demands, NCDHHS also waived enforcement of the State regulations requiring detailed information regarding discharge plans consistent with CMS' waiver of the corresponding federal requirement but required hospitals to still assist with selecting a post-acute provider.

Patient Transfer and Discharge Support

This week, NCDHHS restarted the Statewide Patient Transportation Coordination process that allows facilities that are not affiliated with a transfer center to utilize a state coordinated transfer center to request transport of patients that their facilities do not have the capability to manage (e.g., dialysis patient needing transport to a facility with inpatient dialysis capability). This coordinated effort by the large health system transfer centers helps provide care for these patients and decreases the time the hospitals without a transfer center spend searching for a bed.

Medicaid has also implemented several levers to support patient discharge to post-acute care, such as standing up dedicated COVID Surge Skilled Nursing Facilities and [waiving the prior authorization](#) for medically necessary inpatient rehabilitation and long-term care hospital admissions.

In addition, we have worked with NC Department of Insurance (DOI) to issue a [memorandum](#) to all payers in the state to encourage waivers of prior authorization for post-acute care and to support the use of tools such as [telehealth](#) and hospital at home.

Scare Resource Protocol

And while we hope it is never needed, the North Carolina Institute of Medicine, the North Carolina Medical Society, and the North Carolina Healthcare Association convened stakeholders from around the state to create a [North Carolina Protocol for Allocating Scarce Inpatient Critical Care Resources in a Pandemic](#). The primary purpose of this protocol is to provide recommendations for the triage of all adult inpatients in the event that a pandemic creates demand for critical care resources (e.g., ventilators, critical care beds) that outstrips the supply.

Capacity: Testing Support

Testing Support

We are continuing to use our state testing vendors to increase capacity and to offset the increased demand for testing at Emergency Departments. NCDHHS has ordered an additional 700,000 professional and at-home rapid test kits, bringing the total on their way to the state to more than 1 million. In addition to the tests, NCDHHS has delivered more than 250,000 swabs, antigen kits and other testing supplies to testing partners statewide. With connections to NCDHHS vendors, 10 counties have opened new sites or will open them in the coming weeks. NCDHHS has also requested federal support for testing staffing and supplies. We continue to emphasize the message that those seeking just testing should go to our NCDHHS testing site finder and not to the emergency department.

Medicaid has also added [coverage for at-home COVID-19 tests](#) for members to avoid seeking these tests in urgent and emergent care environments. A broad initiative has also been created to increase member vaccination and minimize hospitalizations through financial incentives for members, communication and outreach, and increasing the number of providers stocking and administering vaccines by paying for comprehensive counseling and an enhanced vaccine administration rate.