

DMA ADMINISTRATIVE LETTER NO: 04-16, OBSOLETE FORMS

DATE: May 31, 2016

SUBJECT: OBSOLETE FORMS

DISTRIBUTION: COUNTY DIRECTORS OF SOCIAL SERVICES
MEDICAID STAFF

I. BACKGROUND

Beneficiary Services has researched and identified Medicaid forms that are no longer required or are now housed within NC FAST.

The following forms have been removed from the DMA on-line Forms Site. Counties are to continue using the Medicaid forms that remain on the DMA on-line Forms Site.

Form Number	Form Name
DMA-2041	Third Party and Accident Resources Information
DMA-5007	MAABD Redetermination Document
DMA-5007-ia	Medical Assistance to the Aged, Blind, and Disabled Redetermination Document
DMA-5007mr	MA Redetermination Mail In
DMA-5007mr-ia	Medical Assistance – Redetermination Mail in
DMA-5007v	Verification Form for MAABD Mail-In Redetermination
DMA-5007v-ia	Verification Form For MAABD Mail in Redeterminations
DMA-5008d	Transfer from SA to MA
DMA-5008ia	Verification /Eligibility Determination for Medical Assistance Applications ABD
DMA-5015	ABD Mail-In Application Verification Checklist
DMA-5015-ia	Adult Mail-In Application Verification Checklist
DMA-5018	Designation of Authorized Representative
DMA-5030	Reserve History Sheet
DMA-5030A	Reserve History Sheet
DMA-5030-ia	Reserve History Sheet
DMA-5061	Rights and Responsibilities for Qualifying Individuals
DMA-5064	MIC/NCHC Budget Worksheet
DMA-5064-ia	MIC/NCHC Health Choice Budget Worksheet
DMA-5065	MAF Application (Supplement 2)
DMA-5065-ia	M-AF Application – (Supplement 2)
DMA-5065sp	Solicitud M-AF Suplemento 2
DMA-5075	Verification Checklist for MIC/NCHC Reenrollment
DMA-5077	Important Notice About Reenrolling for Medicaid
DMA-5077sp	Lea Este Importante Aviso para la Renovacion de Medicaid
DMA-5080	Mail-In Review for Help with Medicare Costs

DMA-5080-ia	Mail-In Review for Help With Medicare Costs
DMA-5117	Protected Status Tracking Sheet
DMA-5126	Children Health Insurance Status Notification
DMA-5137	Ex Parte Verification of Pregnancy
DMA-5137sp	Ex Parte Verification of Pregnancy (Spanish)
DMA-5138	Ex Parte Review Checklist (Non MIC/NCHC Reenrollment)
DMA-5139	Second Party Review Plan for Evaluating Denied/Terminated WFFA Cases for Medicaid
DMA-5140	Second Party Review Sheet
DMA-5162	Transfer of Assets Dates Documentation
DMA-5163	Notice of Opportunity to Provide Medical Costs
DMA-5174	Age Verification
DMA-5177	Documentation of Identity and Citizenship for US Citizens

If you have any questions regarding this information, please contact the Operational Support Team at ost.policy.questions@dhhs.nc.gov.

Dave Richard
Deputy Secretary for Medical Assistance

(This material was researched and written by Natasha Moss, Policy Consultant, Beneficiary Services.)