

CHANGE NOTICE FOR MANUAL NO. 17-06, SSI MEDICAID

DATE: JULY 01, 2006

Manual: Aged, Blind and Disabled Medicaid

Change No: 17-06

To: County Directors of Social Services

Effective: July 1, 2006

I. BACKGROUND

On July 31, 2006, the contract with SouthCare HMO provider in Mecklenburg County will expire. There will be no HMO providers added. Therefore, the Medicaid HMO program will be terminated effective August 1, 2006. See ABD Change Notice 16-06.

II. CHANGE

SSI notices with reference to SouthCare are changed to delete reference to SouthCare.

III. MAINTENANCE OF MANUAL

A. Remove MA-1000, SSI Medicaid Automated Process, Figures 3-7.

B. Insert MA-1000, SSI Medicaid Automated Process, Figures [3](#), [4](#), [5](#), [6](#), and [7](#), effective 07/01/2006.

If you have any questions, 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 Sandi Morrow, Policy Consultant, Medicaid Eligibility Unit.)