

CHANGE NOTICE FOR MANUAL NO. 26-05, NOTICE ON THE USE OF SOCIAL SECURITY NUMBERS, DISPROPORTIONATE SHARE HOSPITAL AND FEDERALLY QUALIFIED HEALTH CENTERS, ADULT MAIL-IN APPLICATION

DATE: AUGUST 31, 2005

Manual: Aged, Blind, and Disabled Medicaid
Change No: 26-05
To: County Directors of Social Services
Effective: October 1, 2005

I. CONTENT OF CHANGE

A. Notice on the Use of Social Security Numbers

The Office for Civil Rights of the United States Department of Health and Human Services (OCR/HHS) recently reviewed the North Carolina application and recertification procedures for compliance with Title VI of the Civil Rights Act of 1964, 42 U.S.C. 20-d, et se., 45 C.F.R. Part 80, (Title VI). Title VI of the Civil Rights Act of 1964 (Title VI) prohibits discrimination on the basis of race, color and national origin in programs funded by the Federal government.

In order to avoid potential violations of the Civil Rights Act, OCR/HHS has provided technical assistance clarifying that non-applicants, including financially responsible person(s), cannot be required to disclose their Social Security numbers as a condition of an applicant's eligibility for benefits. Requiring Social Security numbers of budget unit members could discourage eligible individuals in an immigrant family from seeking needed assistance.

In an effort to prevent discouragement and removing barriers that immigrant families face when applying for federally funded programs, OCR/HHS has recommended the modification of language for requirements for the use of Social Security numbers.

To ensure compliance with federal policy, DMA has reviewed application policies and forms that specify Social Security numbers are required from all household members. The DMA-5001, Notice on the Use of Social Security numbers, has been revised. The reference to Food Assistance and Work First Family Assistance requiring financially responsible persons to provide Social Security Numbers for the

family to receive has been deleted. DMA Administrative Letter 04-05, Use of Social Security Numbers, is now obsolete.

B. Disproportionate Share Hospital (DSH) and Federally Qualified Health Centers (FQHC)

The list for Disproportionate Share Hospital (DSH) and Federally Qualified Health Centers (FQHC) has been updated.

This change also mandates that it is the responsibility of the counties to have a written and signed agreement by the director of each involved agency on the requirement of staffing an Income Maintenance Caseworker (IMC) at each DSH and FQHC outstation location to take MPW and MIC applications. The agreement must be updated yearly.

If you have a written agreement now, please pull to determine date it was signed. If more than 12 months have lapsed, get a new signed agreement. If the agreement was signed within 12 months of October 1, 2005, then flag and update when the year is up. For those who have no written agreement, proceed to get a signed agreement.

C. Adult Mail-In Application

MA-2302, Receiving Mail-In Applications, is a new section. This section contains the procedures for receiving the Adult Mail-In Application, DMA-5000. Mail-in applications are available to individuals who need medical assistance but do not speak with the receptionist at the department of social services, obtains an application from another agency such as Aging, or downloads an application from the DMA website.

Even though the DMA-5000 was developed for the Adult population, you must consider this an application for all categories for which the applicant may be eligible.

Counties should work with agencies in their counties on where to place these mail-in applications. You will be issued an initial supply of 250 DMA-5000, Adult Mail-In Applications.

Consumer handbooks will be mailed to applicants approved for Medicaid from mail-in applications. Counties must ensure that correct addresses are keyed in EIS.

MA-2302, Receiving Mail-In Applications, also includes:

1. The DMA-5000, Adult Mail-In Application (Figure 4).
2. The DMA-5105, Log for Adult Medicaid Mail-In Application (Figure 1).
3. The DMA-5104, Incomplete Letter (Figure 2), and
4. The DMA-5015, Verification Checklist for Adult Mail-In Application (Figure 3).

II. EFFECTIVE DATE

Apply this change in policy to Medicaid applications taken or pending as of October 1, 2005. Apply this change in policy to Medicaid reviews pending or started on or after October 1, 2005.

III. MAINTENANCE OF THE MANUAL

- A. Remove: MA-2300, Initial Contact, pages 1 through 11 and Figure 5, pages 1 through 4.
- B. Insert: [MA-2300](#), Initial Contact, pages 1 through 14, [Figure 5](#), pages 1 through 6, [Figure 8](#), and [Figure 9](#), effective October 1, 2005.
- C. Insert: [MA-2302](#), Receiving Mail-In Applications, pages 1 through 4 and Figures [1](#), [2](#), [3](#), and [4](#), effective October 1, 2005.

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 Charlotte Gibbons and Sandi Morrow, Medicaid Policy Consultants, Medicaid Eligibility Unit).