

CHANGE NOTICE FOR MANUAL NO. 17-11, SERIES # 5 OF CORRECTIONS, ADDITIONS, DELETIONS AND/OR UPDATES, & FIGURES/ATTACHMENTS REMOVAL

DATE: OCTOBER 31, 2011

Manual: Aged, Blind, and Disabled Medicaid

Change No: 17-11

To: County Directors of Social Services

Effective: November 1, 2011

I. BACKGROUND

This is the fifth and final of a series of change notices containing various ABD Medicaid manual section corrections, additions, deletions and/or updates that were not included or not updated within the Medicaid policy at publication.

In addition, DMA is converting all figures and attachments into a form or incorporating them into the policy. The links are changed from the figure/attachment to the Forms website.

II. CONTENT OF CHANGE

A. MA-400, Aged, Blind and Disabled, Introduction to Medicaid, is revised to:

1. Convert Figure 1, into the [DMA-5179, MAABD Eligibility Overview Chart](#).
2. Reformat the entire section.

B. MA-500, Classification, is revised to:

Incorporate Figure 1, Classification Table, into the Medicaid policy.

C. MA-1000, SSI Medicaid –Automated Process, is revised to:

1. Remove figures and any reference to figures that have a form number. The links are changed from the figure to the form.
2. Incorporate Figure 2, SSI-Reports, into the Medicaid policy.
3. Convert Figure 8, into the [DMA-5138, Ex Parte Review Checklist \(Non-MIC/NCHC Re-Enrollments\)](#).

(II. C)

4. Convert, Figure 9, into the [DMA-5180, SSI Check Terminated: Information Needed To Determine Medicaid Eligibility](#).
5. Include the DHHS Customer Support Call Center Information in place of the CARELINE statement on the SSI Automated forms.
6. Include Community Care of North Carolina/Carolina Access (CCNC/CA) wording on the SSI Automated forms.

D. MA-1100, SSI Medicaid-County DSS Responsibility, is revised to:

1. Remove figures and any reference to figures that have a form number. The links are changed from the figure to the form.
2. Clarify that Transfer of Assets reports are received by DMA from SSA and sent to the counties to evaluate an SSI individual for transfer of resources. SSA enters a payment status code of N04 to indicate excess resources, but not necessarily due to a transfer. Additional investigation may be necessary to ensure it was not a transfer that created a period of ineligibility. References to sample SSA reports were removed.
3. Include Community Care of North Carolina/Carolina Access (CCNC/CA) wording throughout the policy.

E. MA-2110, PASSALONG, is revised to:

1. Remove Attachment 1, Screening for Medicaid Eligibility under the [COLA Passalong](#). The information and examples from Attachment 1 are included in the policy.
2. Convert Attachment 2, into the, [DMA-5150, Documentation of Passalong Eligibility or Ineligibility](#).
3. Incorporate Attachment 3, Reduction Factors for Calculating Medicaid Eligibility Under the Pickle Amendment During 2011, into the policy.

F. MA-2180, Health Coverage for Workers with Disabilities, (HCWD) is revised to:

1. Convert Figure 2, into the, [DMA-5151 Health Coverage for Workers with Disabilities \(HCWD\) Medical Release Authorization](#).
2. Include name for the [DMA-5028, Authorization to Disclose Information](#).

(II)

G. MA-2220, State Residence, is revised to:

1. Convert Attachment 2, into the, [DMA-5152, North Carolina Residency Declaration](#).
2. Convert Attachment 3, into the, [DMA-5153, North Carolina Residency Applicant Declaration](#).

H. MA-2221, County Residence, is revised to:

Convert Figure 1, into the [DMA-5154, County Transfer Letter](#).

I. MA-2230, Financial Resources, is revised to:

1. Convert Figure 1, into the [DMA-5155, Verification of Cash Value of Life Insurance](#).
2. Convert Figure 2, into the [DMA-5156, Statement of Outstanding Checks](#).
3. Convert Figure 3, into the [DMA-5157, Notice of Total Countable Resources; The Right to Rebut Value](#).
4. Eliminate Figure 4, Life Estate and Remainder Interest Tables, and direct link to the SSA website, <https://secure.ssa.gov/poms.nsf/lnx/0501140120>.
5. Incorporate Figure 5, Guide To Trust, into the policy.
6. Figure 6, Community Spouse Resource Allowance Guide, was moved to MA-2231, Community Spouse Resource.
7. Remove Figure 7, Sample Language of Insurance Riders and incorporate key points to look for regarding insurance language into the Medicaid policy.
8. Convert Figure 8, into the [DMA-5158, Income Producing Property Guide](#).
9. Incorporate Figure 9, Definitions Relating to Real Property, into the policy.
10. Integrate Figure 10, Interviewing Guide, into the DMA Medicaid Training Resources, website <http://www.ncdhhs.gov/dma/county/medicaidtraining.htm>.
11. Convert Figure 12, into the [DMA-5159, Statement of Intent to Return Home](#).
12. Convert Figure 13, into the [DMA-5160, Statement of Spouse or Dependent Relative in The Home](#).

(II. I.)

13. Remove figures and any reference to figures that have a form number. Change the link from the figure to the form. Reformat sections.
14. Convert Figure 17, USDA Approved Financial Institutions for Tobacco Transition Payment Program Successors in Interest Contract Purchases, to the National Tobacco Processing Center Participant List website,
http://www.fsa.usda.gov/Internet/FSA_File/siimasterlist2007.pdf.

J. MA-2240, Transfer of Resources, is revised to:

1. Eliminate Figure 1, Life Expectancy Table, and direct link to the SSA website, <https://secure.ssa.gov/poms.nsf/lnx/0501140120>.
2. Remove figures and any reference to figures that have a form number. Change the link from the figure to the form.
3. Integrate Figure 2, A Guide To Establish Lookback Dates and Sanction Periods, into information for the DMA Medicaid Training Resources website, <http://www.ncdhhs.gov/dma/county/medicaidtraining.htm>.
4. Convert Figure 3, into the [DMA-5161, Transfer of Asset Below Current Market Value](#).
5. Integrate Figure 4, [Annuities](#), into information for the DMA Medicaid Training Resources, website.
6. Integrate Figure 5, [Establish Starting Point/Lookback](#), into information for the DMA Medicaid Training Resources, website.
7. Convert Figure 6, into the [DMA-5162, Transfer of Assets Dates Documentation](#).
8. Convert Figure 7, into the [DMA-5181, Calculating Penalty Period](#).
9. Remove reference to MA-2241, Transition Policy for In Home Health Services and Supplies. This section became obsolete effective November 1, 2010, with Change Notice 19-10.

K. MA-2242, Home Equity Value for Evaluating Institutional Services, is revised to:

Remove figures and any reference to figures that have a form number. Change the link from the figure to the form.

(II)

L. MA-2245, Undue Hardship Waiver For Transfer of Assets, is revised to:

Remove figures and any reference to figures that have a form number. Change the link from the figure to the form.

M. MA-2250, Income, is revised to:

1. Remove figures and any reference to figures that have a form number. Change the link from the figure to the form.
2. Incorporate Figure 1, Impairment Work Related Expense (IRWE) QUESTIONS, into the policy.

N. MA-2262, Sponsor Deeming, is revised to:

1. Remove figures and any reference to figures that have a form number. Change the link from the figure to the form.
2. Convert Figure 1, into a link to the [Affidavit of Support I-864](#).

O. MA-2270, Long Term Care, is revised to:

1. Remove reference to the Focused Risk Management Program (FORM) and replace it with a reference to the Recipient Opt-In Program.
2. Remove reference to Electronic Data Service (EDS) and replace with HP Enterprise Services (HP).
3. Convert Figure 1, into the [DMA-5163, Notice of Opportunity To Provide Medical Cost](#).
4. Convert Figure 5, into the [DMA-5164, Change in PML Request Memo to DMA Claims Analysis Unit](#).
5. Eliminate link to Nursing Facility Rates. The Nursing Facility Rates are on the DMA website.

P. MA-2275, Program of All Inclusive Care For The Elderly (PACE), is revised to:

1. Remove figures and any reference to figures that have a form number. Change the link from the figure to the form.

(II.P.)

2. Convert Figure 2, into the [DMA-5165, PACE Referral Request For A Medicaid Hearing](#).
3. Convert Figure 3, into the [DMA-5166, PACE Application Report](#).

Q. MA-2280, Community Alternatives Program (CAP), Medicaid Eligibility, is revised to:

1. Remove figures and any reference to figures that have a form number. Change the link from the figure to the form.
2. Eliminate Figure 1, and link to the [Client Information](#) sheet.
3. Eliminate Figure 2, and link to the [CAP DA Data Set](#) form.
4. Eliminate Figure 3, and link to the [Plan Of Care](#) Information sheet.
5. Eliminate Figure 4a, and the link to the FL-2. Contact HP at 1-919-851-8888, to request FL-2 forms.
6. Eliminate Figure 4b, and the link to the MR-2. Contact HP at 1-919-851-8888, to request MR-2 forms.
7. Remove references to counties served by the Piedmont Innovations Waiver in regard to Money Follows The Person (MFP) recipients. MFP is available statewide.
8. Clarify Appeals procedures for Community Alternative Programs (CAP).
9. Remove reference to Estate Recovery Administrative Letters.

R. MA-2302, Receiving Mail In Applications, is revised to:

Remove figures and any reference to figures that have a form number. Change the link from the figure to the form.

S. MA-2304, Processing The Application, is revised to:

Remove figures and any reference to figures that have a form number. Change the link from the figure to the form.

T. MA-2305, Evaluating County/DDS Performance, is revised to:

Incorporate Figure 1, County Level Chart, into the policy.

(II)

U. MA-2306, Application processing-Corrective Action Procedures, is revised to:

1. Convert Attachment 1, into the [DMA-5167, County Analysis – Non-Compliance](#).
2. Convert Attachment 2, into the [DMA-5168, Actions Taken On Improper Denials, Withdrawals, or Inquiries Identified In Monitoring](#).
3. Convert Attachment 3, into the [DMA-5169, Report Card Analysis](#).

V. MA-2310, Taking The LIS Application, is revised to:

1. Remove figures and any reference to figures that have a form number. Change the link from the figure to the form.
2. Place the [DMA-1050, Notice of Application for Extra Help with Medicare Prescription Drug Costs](#), on the DMA Forms website.
3. Eliminate Figure 2 and link to North Carolina Department of Insurance (NCDOI) website for the [LIS Eligibility Chart](#) regarding deductibles, co-pays and the income and resource limits for Full and Partial Subsidy Beneficiary Groups in reference to the federal poverty level for the family size.

W. MA-2311, LIS Process and Case Maintenance, is revised to:

1. Remove figures and any reference to figures that have a form number. Change the link from the figure to the form.
2. Incorporate Figure 2, LIS Income Limits, table into the policy.
3. Update information on the [DMA-1051, LIS Application Checklist](#).

X. MA-2312, Medicare Prescription Drug Program, is revised to:

1. Convert Figure 1, into the [DMA-MMAT](#), Medicare D Notice of Action.
2. Convert Figure 2, into the [DMA-MMAA](#), Medicare D Notice of Adequate Action.

Y. MA-2360, Medicaid Deductible, is revised to:

1. Remove figures and any reference to figures that have a form number and change the link from the figure to the form.

(II. Y)

2. Eliminate Figure 3. Counties should refer to the DMA website for current public health program information and etc., as needed.
3. Incorporate Figure 4, Applying DRG Policy, into the manual section.

Z. MA-2375, Procedures For Child Support Enforcement, is revised to:

1. Remove figures and any reference to figures that have a form number. Change the link from the figure to the form.
2. Convert Figure 1 into the [DMA-5182, Notice of Cooperation in Establishing Paternity and/or Medical Support](#).
3. Convert Figure 2, into the [DSS-5334, Notice of Requirement to Cooperate and Right to Claim Good Cause for Refusal to Cooperate in Child Support Enforcement](#).
4. Convert Figure 3, into the [DSS-8104, Second Notice of Right to Claim Good Cause for Refusal to Cooperate in Child Support Enforcement](#).

AA. MA-2395, Corrective Actions and Responsibility for Errors, is revised to:

1. Convert Figure 1, into the [DMA-5170, Request for Claims Override](#).
2. Convert Figure 2, into the [DMA-5171, Approval Notice of Retroactive Medicaid Benefits](#).
3. Convert Figure 3 into the [DMA-5172, Erroneous Authorization Dates of Medicaid Eligibility](#).

BB. MA-2410, Medicare Enrollment and Buy-In, is revised to:

1. Remove figures and any reference to figures that have a form number. Change the link from the figure to the form.
2. Eliminate Figure 1, and direct link to the [Social Security Beneficiary Identification Codes](#).
3. Eliminate Figure 2, and direct link to the EIS Manual Section, EIS 1107, State Online Query/Third Party Query.
4. Eliminate Figure 3, and direct link to the [DHHS/SSA Listing of Proofs](#).

(II. BB.)

5. Eliminate Figure 4, and link to an Application for Search of Census Records.
6. Convert Figure 5, and Figure 6, into the link to Part A and Part B Buy-In Transaction Codes
7. Remove Figure 7, Listing of State Agency Codes.
8. Remove Figure 9, English and Spanish sample letters of the EIS generated letters to Medicaid recipients age 65 or older or within three months of turning 65 without an RSDI claim number.

CC. MA-2430, Automated Inquiry and Match Procedures, is revised to:

1. Incorporate Attachment 1, FRR Resource Types and Descriptions, into the policy.
2. Eliminate Attachment 2, and direct link to the SSA-1610, Public Assistance Agency Information Request.

DD. MA-2500, Age/Name/Marital Status, is revised to:

1. Convert Figure 1, into the [DMA-5174, Age Verification](#).
2. Convert Figure 2, into the [DMA-5175, Marriage Verification](#).

EE. MA-2505, Citizenship/Identity SSA Data Match, is revised to:

1. Convert Figure 3, into the [DMA-5176, US Citizenship Documentation Birth Certificate Request](#).
2. Convert Figure 4, into the [DMA-5177, Documentation of Identity and Citizenship for US Citizens](#).

FF. MA-2506, US Citizenship Requirements, is revised to;

1. Incorporate Figure 1, the Hierarchy Charts, into the policy.
2. Incorporate Figure 2, Collective Naturalization, into the policy.
3. Convert Figure 3, into the [DMA-5176, US Citizenship Documentation Birth Certificate Request](#).

(II. FF.)

4. Convert Figure 4, into the [DMA-5177, Documentation of Identity and Citizenship for US Citizens](#).
5. Convert Figure 5, into the [DMA-5178, US Citizenship Documentation Desk Reference](#).

GG. MA-2900, Recipient Fraud and Abuse Policy and Procedures, is revised to:

1. Remove attachments and any reference to attachments. Convert the attachments to a form or incorporate into or remove from the policy. Change the link from the attachment to the form.
2. Convert Attachment 1, into the [DMA-7057, Referral For Investigation](#).
3. Remove Attachments 2a, 2b and Attachment 3, and place the information on the DMA website under Statistics and Reports, listed as [History of Medicare Deductibles, Co-Payments and Premiums, and MAABD & MQB Income History and the MAABD Reserve History](#).
4. Convert Attachment 4, into the [DMA-7058, Investigative Summary](#). In addition, the format of the form is revised.
5. Convert Attachment 7, into the [DMA-7059, Notice of Change in Overpayment for Medical Assistance](#).
6. Convert Attachment 8, into the [DMA-7060, Voluntary Repayment Agreement](#).
7. Convert Attachment 9, into the [DMA-7061, Voluntary Wage Withholding Agreement](#).
8. Remove Attachments, 10, 11 and 12. These attachments are legal forms that are obtained from local county Clerk of Court or Magistrate offices. Counties are advised to contact their local county Clerk of Court or Magistrate offices to obtain the proper forms.

III. EFFECTIVE DATE

This policy is effective 11/01/2011. Apply this policy to Medicaid applications taken on or after 11/01/2011 as well as to those presently in process.

IV. MAINTENANCE OF MANUAL

A. Remove: MA-400, Aged, Blind, and Disabled, Introduction to Medicaid, page 1 and Figure 1.

Insert: [MA-400](#), Aged, Blind, and Disabled, Introduction to Medicaid, page 1 dated 11/01/11.

B. Remove: MA-500, Classification, pages, 7-10 and Figure 1.

Insert: [MA-500](#), Classification, pages, 7-10 dated 11/01/11.

C. Remove: MA-1000, SSI Medicaid, pages 5-20 and Figures 2, 8, and 9.

Insert: [MA-1000](#), SSI Medicaid, pages, 5-20 dated 11/01/11.

D. Remove: MA-1100, SSI Medicaid-County DSS Responsibility, pages 1-2, 11-12, 17-18, 21 and 22.

Insert: [MA-1100](#), SSI Medicaid-County DSS Responsibility, pages 1-2, 11-12, 17-18, 21 and 22, dated 11/01/11.

E. Remove: MA-2110, PASSALONG, pages, 1-11 and Attachments 1, 2, and 3.

Insert: [MA-2110](#), PASSALONG, pages, 1-11 dated 11/01/11.

F. Remove: MA-2180, Health Coverage for Workers with Disabilities, (HCWD), pages, 3 and 4 and Figure 2.

Insert: [MA-2180](#), Health Coverage for Workers with Disabilities, (HCWD), pages, 3 and 4 dated 11/01/11.

G. Remove: MA-2220, State Residence, pages, 1-4 and 7-8 and Attachments 1-2 and Figure 3.

Insert: [MA-2220](#), State Residence, pages, 1-4 and 7-8, dated 11/01/11.

H. Remove: MA-2221, County Residence, pages 7-9 and Figure 1.

Insert: [MA-2221](#), County Residence, pages 7-9, dated 11/01/11.

(IV)

- I. Remove: MA-2230, Financial Resources, pages 1-2, 13-24, 31-119, and Figures 1-10 and 12, 13, and 17.**

Insert: [MA-2230](#), Financial Resources, pages 1-2, 13-24, 31-122, dated 11/01/11.

- J. Remove: MA-2240, Transfer of Resources, pages 1-2, 5-8, 15-24, 35-36, 41-42, 49-52, and Figures 1-7.**

Insert: [MA-2240](#), Transfer of Resources, pages 1-2, 5-8, 15-24, 35-36, 41-42, 49-52, dated 11/01/11.

- K. Remove: MA-2242, Home Equity Value for Evaluating Institutional Services, pages 1-3.**

Insert: [MA-2242](#), Home Equity Value for Evaluating Institutional Services, pages 1-3, dated 11/01/11.

- L. Remove: MA-2245, Undue hardship Waiver, pages 1-4.**

Insert: [MA-2245](#), Undue hardship Waiver, pages 1-4, dated 11/01/11.

- M. Remove: MA-2250, Income, pages 99-102, and Figure 1.**

Insert: [MA-2250](#), Income, pages 99-102, dated 11/01/11.

- N. Remove: MA-2262, Sponsor Deeming, pages 1-2.**

Insert: [MA-2262](#), Sponsor Deeming, pages 1-2 dated 11/01/11.

- O. Remove: MA-2270, Long Term Care, pages, 3-4, 9-10, 13-14, 21-26, 29-30, 45-50 and Figures 1 and 5.**

Insert: [MA-2270](#), Long Term Care, pages, 3-4, 9-10, 13-14, 21-26, 29-30, 45-50, dated 11/01/11.

- P. Remove: MA-2275, Program of All Inclusive Care For The Elderly (PACE), pages 3-4, 19-20 and Figures 2 and 3.**

Insert: [MA-2275](#), Program of All Inclusive Care For The Elderly (PACE), pages 3-4, and 19-20, dated 11/01/11.

(IV)

Q. Remove: MA-2280, Community Alternatives Program (CAP), Medicaid Eligibility, pages 3-4, 9-16, 21-31 and Figures 1-3 and 4a and 4b.

Insert: [MA-2280](#), Community Alternatives Program (CAP), Medicaid Eligibility, pages 3-4, 9-16, and 21-31, dated 11/01/11.

R. Remove: MA-2302, Receiving Mail In Applications, pages 1-4.

Insert: [MA-2302](#), Receiving Mail In Applications, pages 1-4, dated 11/01/11.

S. Remove: MA-2304, Processing The Application, pages 15-16.

Insert: [MA-2304](#), Processing The Application, pages 15-16, dated 11/01/11.

T. Remove: MA-2305, Evaluating County/DDS Performance, pages 5-14 and Figure 1.

Insert: [MA-2305](#), Evaluating County/DDS Performance, pages 5-14, dated 11/01/11.

U. Remove: MA-2306, Application Processing-Corrective Action Procedures, pages 1-2, 5-6 and Attachments 1-3.

Insert: [MA-2306](#), Application Processing-Corrective Action Procedures, pages 1-2, 5-6, dated 11/01/11.

V. Remove: MA-2310, Taking The LIS Application, pages 1-2 and 7-8 and Figure 2.

Insert: [MA-2310](#), Taking The LIS Application, pages 1-2 and 7-8, dated 11/01/11.

W. Remove: MA-2311, LIS Process and Case Maintenance, pages 1-11, and Figure 2.

Insert: [MA-2311](#), LIS Process and Case Maintenance, pages 1-11, dated 11/01/11.

X. Remove: MA-2312, Medicare Prescription Drug Program, pages 13-14, and Figures 1 and 2.

Insert: [MA-2312](#), Medicare Prescription Drug Program, pages 13-14, dated 11/01/11.

(IV)

Y. Remove: MA-2360, Medicaid Deductible, pages 1-2, 5-6, 15-16, 19-24 and Figures 3 and 4.

Insert: [MA-2360](#), Medicaid Deductible, pages 1-2, 5-6, 15-16, and 19-26, dated 11/01/11.

Z. Remove: MA-2375, Procedures For Child Support Enforcement, pages 5-6, 9-10, 15-16 and Figures 2 and 3.

Insert: [MA-2375](#), Procedures For Child Support Enforcement, pages 5-6, 9-10, 15-16, dated 11/01/11.

AA. Remove: MA-2395, Corrective Actions and Responsibility for Errors, pages 9-14, and Figures 1-3.

Insert: [MA-2395](#), Corrective Actions and Responsibility for Errors, pages 9-14, dated 11/01/11.

BB. Remove: MA-2410, Medicare Enrollment and Buy-In, pages 5-6, 9-14, 17-21 and Figures 1-5 and 7 and 9.

Insert: [MA-2410](#), Medicare Enrollment and Buy-In, pages 5-6, 9-14, 17-21, dated 11/01/11.

CC. Remove: MA-2430, Automated Inquiry and Match Procedures, pages 5-6, 9-11 and Attachments 1 and 2.

Insert: [MA-2430](#), Automated Inquiry and Match Procedures, pages 5-6, and 9-17, dated 11/01/11.

DD. Remove: MA-2500, Age/Name/Marital Status, pages 3-4, and Figures 1 and 2.

Insert: [MA-2500](#), Age/Name/Marital Status, pages 3-4, dated 11/01/11.

EE. Remove: MA-2505, Citizenship/Identity SSA Data Match, pages 3-8 and Figures 3 and 4.

Insert: [MA-2505](#), Citizenship/Identity SSA Data Match, pages 3-8, dated 11/01/11.

FF. Remove: MA-2506, US Citizenship Requirements, pages 3-8, 11-14 and Figures 1-5.

Insert: [MA-2506](#), US Citizenship Requirements, pages 3-8, 11-24, dated 11/01/11.

(IV)

GG. Remove: MA-2900, Recipient Fraud and Abuse Policy and Procedures, pages 11-12, 17-18, 25-26, 29-30, 37-38, 43-44, 47-56, 65-66, 77-78, 81-82 and Attachments 1, 2a, 2b, 3, 4, 7, 8, 9, 10, 11 and 12.

Insert: [MA-2900](#), Recipient Fraud and Abuse Policy and Procedures, pages 11-12, 17-18, 25-26, 29-30, 37-38, 43-44, 47-56, 65-66, 77-78, and pages 81-82 dated 11/01/11.

If you have any questions, please contact your Medicaid Program Representative.

Craigian L. Gray, MD, MBA, JD,
Director

CLG:skm

(This material was researched and written by Sandi Morrow, Medicaid Policy Consultant, Medicaid Eligibility Unit).