

CHANGE NOTICE FOR MANUAL NO. 15-11, ABD MANUAL SECTIONS IMPACTED BY SIMPLIFICATION OF RE-ENROLLMENT FOR MIC/NCHC (F&C CHANGE NOTICE 12-11)

DATE: SEPTEMBER 28, 2011

Manual: Aged, Blind, and Disabled Medicaid
Change No: 15-11
To: County Directors of Social Services
Effective: 10/1/2011

I. BACKGROUND

Sections in the ABD manual have been updated to reflect recent changes to the MIC/NCHC Re-Enrollment procedures.

II. CONTENT OF CHANGE

A. MA-2352, Section title has been changed to **TERMINATIONS/DELETIONS/ EX PARTES.**

1. MA-2352 II. D.5. **Verification Requests** is reformatted. The section now includes clarification that information obtained from a pending application within the DSS agency and from another Medicaid case can be used for ex parte verification.
2. Figures are converted to forms and links to the forms are added.
 - a. [DMA-5137](#), Ex Parte Verification of Pregnancy, formerly Figure 1.
 - b. [DMA-5138](#), Non- MIC/NCHC Ex Parte Checklist, formerly Figure 2.

B. MA-2910, IV. A.1. **Right to Assistance with Transportation indicates the DMA-5067 serves as a Medical Transportation Assistance Notice of Rights for MIC/NCHC ex parte re-enrollments.**

1. List of attachments at the end of the section is removed. Attachments throughout policy are converted to forms and links to the forms are incorporated into policy.

2. Attachments 11 and 12 have been assigned DMA numbers as follows:
 - a. [DMA-5108](#), Provider Transportation Record, formerly Attachment 12
 - b. [DMA-5109](#), Model No-Show Policy, formerly Attachment 11

III. EFFECTIVE DATE AND IMPLEMENTATION

This policy is effective October 1, 2011.

IV. MAINTENANCE OF MANUAL

A. Remove: MA-2352, pages 1-10.

Insert: [MA-2352](#), pages 1-10.

B. Remove: MA-2910, pages 1-2, 5-8, 21-22 and 33-34.

Insert: [MA-2910](#), pages 1-2, 5-8, 21-22 and 33-34.

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

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Director

(This Material was researched and written by Susan Castle, Policy Consultant, Medicaid Eligibility Unit)