
COUNTY RESIDENCE

**MA-2221 COUNTY RESIDENCE
REVISED 08/01/09 – CHANGE NO. 12-09**

I. POLICY RULES

A. An individual applies for Medicaid in his county of residence.

County residence is not an eligibility requirement. When it is discovered that an individual is a resident of another county, do not deny an application. The county must continue to process and transfer to the correct county following procedures in this section.

B. If a recipient moves to another county, transfer the case to the new county of residence.

II. DETERMINING COUNTY RESIDENCE

A. Non-institutional Living Arrangement

An individual has residence in the county in which he lives. This applies even if the individual owns a home in a different county or state.

B. Institutional Living Arrangement

An individual in a hospital, mental institution, nursing facility (SNF, ICF-MR), Adult Care Home (rest homes/domiciliary care facility/assisted living) or a similar institution/facility:

1. Is a resident of the county in which he lived immediately prior to entering the facility.
2. If an individual moves from another state directly into an institutional living arrangement, the individual is a resident of the county in which the facility is located. If the individual moves to more than one institution/facility, the county of residence is the county where the first institution/facility is located.

NOTE: Residence in an adult care home does not establish county residence, even when the individual was a private paying adult care home resident. Establish his county of residence prior to entering the adult care home.

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C. Temporary Absence From County/Home

Temporary absence from the county of residence, with subsequent return or intent to return, does not change the residence, unless another county has determined that the person is a resident there.

1. An individual may be temporarily absent from the home without interruption of the continuity of Medicaid. If it is discovered that an individual is not temporarily absent, evaluate county of residence following instructions in A. or B. above.
2. Reason for temporary absence from the county/home include but are not limited to:
 - a. Visits to friends/relatives in another county: If the visit exceeds three months, the caseworker verifies the following:
 - (1) Whether the recipient intends to return home. Request a signed statement from the client which states intent to return home, and
 - (2) Verification that rent/house utility payments are being made, and
 - (3) Receipt of mail continues.
 - b. Reason for continuing absence: Request assistance from the second county to document the reason for continued absence.

Reasons for continued absence include, but are not limited to:

- (1) Illness of the recipient.
- (2) Illness and need for continuing care of someone the recipient had been visiting in another county.

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D. Individual With No Permanent Address

A person with no fixed or permanent address is a resident of the county where he states his intent to remain. If the individual is incapable of stating his intent to remain, he is a resident in the county in which he is found.

E. Disputed County of Residence

If the county of residence is disputed, counties should contact their Medicaid Program Representative (MPR) for settlement. The county in which the applicant files the application must proceed to process the application without delay. Upon review of all facts in the case, the MPR(s) will notify the counties of the decision regarding residence.

If the county, which processed the application, is not the county of residence, then that county should immediately contact the Claims Analysis Section of DMA.

Additionally, the county should identify any claims charged in error to their county by reviewing the "Recipient Payment Register." Once claims are identified, notify the Claims Analysis Section of DMA in writing of the charges. Include the recipient's name, individual identification number, and dates of service.

NOTE: This is different from the situation in which a county took a courtesy application and the county of residence refuses to accept the application. For this situation, see MA-2300, Initial Contact.

III. VERIFYING THE COUNTY OF RESIDENCE

A. Accept the client's statement as verification unless there is reason to doubt it.

B. If there is reason to doubt the client's statement, verify using following sources:

1. Home visit/collateral contacts
2. Real and personal property tax records
3. Motor vehicle registration
4. Driver's license, i.e., address
5. Order of custody/placement responsibility by the court.

An individual who recently moved may not have had time to update these items. Evaluate each situation based on its individual circumstances.

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IV. APPLICANT MOVES FROM ONE COUNTY TO ANOTHER

A. Policy Rules

1. Do not transfer an application to another county.

If an application is denied or withdrawn, no further action is necessary.

2. Once the application is approved, transfer the ongoing case according to procedures in V.
3. The county that took the application is financially responsible for all eligible months beginning with the retroactive period until the transfer effective month for the active case.
4. When there is a pending application in more than one county, use the first date of application. The county that took the first application is responsible for processing.

B. Verification of Move

1. When an individual reports he has moved to another county, document the new address, phone number, and county of residence. Update this information in EIS when the case is approved.
2. When the county learns from another source that an applicant has moved, send a DMA-5097, Request for Information, asking the applicant to verify the new address.
3. If the applicant does not respond, send a second DMA-5097, Request for Information. If no response, follow instructions in MA-2304, Processing the Application.
4. If the applicant has moved, but left no forwarding address, follow procedures in MA-2304, Processing the Application, to determine a current address.

C. Responsibility of the Second County to Assist

1. Each agency must appoint a contact person(s) to handle all mail and phone inquiries regarding applicants that move to another county.
2. The contact person in the first county may request assistance from the second county in locating an applicant that has moved to the second county and/or obtain information necessary to determine eligibility.

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3. The contact person in the second county must make a reasonable effort to contact the applicant and/or obtain necessary information/verification.
4. The contact person in the second county must respond to the contact person in the first county within two workdays of the request for assistance.

D. Disputes

In the case of a dispute between counties concerning the responsibility for delay in processing, contact your Medicaid Program Representative (MPR). The MPRs for the respective counties will determine which county is responsible for the delay based on the policy set forth above. The documentation of the contact persons is used to make the determination.

V. COUNTY REASSIGNMENT OF ONGOING CASES

When a recipient in an ongoing case moves from one county to another, his Medicaid eligibility must continue without a break in coverage provided he continues to meet all eligibility criteria.

A. First County Responsibility When Learning of Client's Move or Plan to Move

1. If the client plans to move to another county, explain to the recipient his responsibility to notify the IMC in the first county when he actually moves.
2. Upon notice of the actual move to another county, inform the a/r, verbally when possible, and by transfer letter, of the agency's responsibility to continue assistance if eligibility exists.

Also, advise the a/r of his responsibility to contact the first county immediately to report any changes in the household that may affect Medicaid eligibility such as income and/or household composition. The first county must react to all changes reported before the transfer is complete.

B. Case Status

Prior to keying a county transfer, always check the certification period. Also, check to see if there are other Medicaid cases for the household, including the Family and Children's Medicaid Program. If a review is due, do not complete the transfer until the review is completed.

1. Authorized case
 - a. If a review is due, the first county must complete the review and authorize for the next certification period, then reassign the case to the second county.

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EXAMPLE: The transfer effective month is February. The certification period is August - January. The first county must complete the review prior to transfer.

- b. If a review is due in the month the transfer is effective or later, the second county must complete the review and authorize for the next certification period.

EXAMPLE: The transfer effective month is October. The certification period is July – December. The second county must complete the review and authorize for the next certification period.

- c. If the first county transfers a case to the second county with an expired certification period, the first county is still responsible for completing the review. Once the review is completed, the first county should send the second county the review to authorize the next certification period in EIS.

EXAMPLE: The transfer effective month is July. The certification period expired in June. The first county must complete the review and send the review to the second county to authorize for the next certification period in EIS.

2. Deductible case

- a. If the deductible has been met by the time of the notification of the move, follow procedures in 1. above.
- b. If the deductible has not been met at the time of the move, always check the certification period. Complete the review if needed and then complete the county transfer.
- c. If and/or when the first county receives notification and verification from the second county that the deductible was met during the first county's responsibility, the first county authorizes assistance on a DSS-8125 for its period of responsibility only.

C. Effective Date of County Transfer

1. The effective date of the county transfer may be no earlier than the second month following completion and mailing of the transfer letter. At a minimum, the first county will continue assistance for one month following the keying of the transfer.
2. Transfer the case in EIS effective the second month following the month of input.

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EXAMPLE: On October 18 the recipient notifies the first county of a move to the second county. The certification period is checked to determine if a review is due. The certification period ends in February. The transfer letter is mailed on October 26. The county transfer is keyed on the same day. The transfer is effective December 1.

3. You may key a county transfer through the last working day of the month.
4. Managed Care coverage is automatically terminated by EIS on the last day of the month prior to the ongoing month. See EIS 3500, Transfers for Active Cases.

D. Completing the Transfer Letter

Complete the [DMA-5154, County Transfer Letter](#), on the same day that the county transfer is keyed.

1. Give the original to the client if he is in the agency or mail if notification was by telephone call or letter.
2. Send a copy of the transfer letter, along with a copy of the most recent case profile to the second county.
3. File a copy in the eligibility record.

E. Entering a Facility After Reporting Move to Another County

If a recipient moves to another county in a private living arrangement and then enters an institution/facility in the second county prior to the effective date of the county transfer, continue the county transfer as proposed.

F. Medicaid ID Cards

1. A change in the recipient's address alone will not result in issuance of a new Medicaid ID card. However, if the individual is enrolled in Carolina Access/Community Care of North Carolina, his primary care provider (PCP) will likely change when he changes counties. After the new PCP information is entered into EIS, the individual will be issued a new Medicaid card with the revised PCP information as well as the recipient's new address.

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2. The first county is responsible for mailing a returned Medicaid card, with the recipient's old address, directly to the recipient.
3. If the client does not receive the ID card during the transfer process and it has not been returned to the first county, request a replacement if his name is on the ID card register. Refer to MA-2380, Medicaid Identification Card, for issuing a replacement card.

G. Second County Responsibility

1. If a recipient notifies you of a move from another county, but has no transfer letter, notify that county immediately. Verify the assistance status in that county. Work with the first county in determining if a review is due. Assist the county and the client in completing the review and transfer.
2. Upon receipt of the transfer letter:
 - a. Establish a case record including all copies of transfer letters.
 - b. Refer the record to the appropriate caseworker for action.
 - c. Contact the client immediately.
 - d. Enter any new information in EIS.
 - e. Request the client's case from the first county via form DSS-2216, Request for Record.
3. If the recipient's deductible was met during the first county's responsibility:
 - a. Notify the first county of the dates of eligibility,
 - b. Provide a listing of medical expenses considered, and
 - c. Authorize assistance in the second county effective the date of county reassignment.

H. Move to Third County

1. First County Responsibility:

If the recipient moves to a third county prior to the effective date of the county reassignment to the second county:

- a. Notify the second county to terminate, and
- b. Initiate an administrative reapplication, and

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c. Initiate county reassignment to the third county.

2. Second County Responsibility:

a. If the recipient moves to a third county prior to the effective date of county reassignment, but the move is discovered after the effective date of county reassignment:

(1) Continue assistance, and

(2) Initiate county reassignment to the third county based on procedures in this section.

b. If the recipient moves to a third county on or after the effective date of county reassignment:

(1) Continue assistance, and

(2) Initiate county reassignment to the third county based on procedures in this section.

c. If the recipient moves, leaving no forwarding address, and all methods of contacting him are exhausted:

(1) Send timely notice of proposed action to terminate for unable to locate to the last known address. Follow requirements in MA-2420, Notice and Hearings Process.

(2) Terminate the case in EIS.

(3) Document in the record all efforts to locate the recipient.

d. If the recipient moves back to the first county prior to the effective date of transfer, but the transfer is already showing in EIS, follow procedures in V.H.1.and 2.

VI. TRANSFERS KEYED TO WRONG COUNTY

If a county discovers that a case has been transferred to their county in error, follow the procedures in V.H.1. and 2. Counties are strongly encouraged to check the Pending County Reassignment Report, DHREJA PENDING CNTY REASSIGNMENT, daily. Follow instructions in EIS 1061, XPTR Report Distribution System, to access the report.