

# CHANGE NOTICE FOR MANUAL NO. 09-11, FIGURES/ATTACHMENTS REMOVAL

**DATE: APRIL 28, 2011**

**Manual:** Family and Children's Medicaid  
**Change No:** 09-11  
**To:** County Directors of Social Services  
**Effective:** May 1, 2011

## **I. BACKGROUND**

DMA is converting all figures and attachments into a form or incorporating the figures and attachments into the policy. We are removing figures/attachments and any reference to figures/attachments that have a form number and changing the link from the figure/attachment to the form. This procedure will be done in several FC and ABD sections at a time over the next few months.

## **II. CONTENT OF CHANGE**

### **A. MA-3326, Estate Recovery, is revised to:**

Note that all Special Assistance (SA) facility recipients receive Medicaid benefits. Caseworkers must inform applicants/recipients of the potential for estate recovery by Medicaid. Each SA applicant/recipient or representatives must sign the DMA-5052SA, State/County Special Assistance Applicant Medicaid Estate Recovery Notice. Provide a signed copy of the form to the applicant/recipient and/or representative and retain one copy for the case file.

The [DMA-5052SA](#), State/County Special Assistance Applicant, Medicaid Estate Recovery Notice, (formerly the SA-3110f3) is located on the DMA forms website.

### **B. MA-3330, Alien Requirements, is revised to:**

1. Incorporate MA-3330 Figure 1, Glossary of USCIS Terms, into the Medicaid policy.
2. Remove the links for MA-3330 Figure 1, Glossary of USCIS Terms.
3. Incorporate MA-3330 Figure 2, Overview of Alien Eligibility For Medicaid, into the Medicaid policy.
4. Remove the links for MA-3330 Figure 2, Overview of Alien Eligibility For Medicaid.
5. Incorporate MA-3330 Figure 3, Battered Aliens, into the Medicaid policy.

(II. B.)

6. Remove the links for MA-3330 Figure 3, Battered Aliens.
7. Convert figures to forms and change the link from the figures to the following:
  - a. [DMA-5131](#), Fax Request Form-From County DSS to EOIR, formerly Figure 4.
  - b. [DMA-5132](#), Fax Request Form-From County DSS to USCIS, formerly Figure 5.
  - c. [DMA-5133](#), Emergency Medical Services Request For Information, formerly Figure 6A.
  - d. [DMA-5134](#), Emergency Medical Services Request For Missing Information, formerly Figure 6B.
  - e. [DMA-5135](#), Date (s) of Emergency Services Requested For An Alien, formerly Figure 7.
  - f. [G-845S](#), SAVE Document Verification Request, (linked to Homeland Security website) formerly Figure 8.
  - g. [G-845 Supplement](#), Document Verification Request, (linked to Homeland Security website) formerly Figure 9.
8. Change the name of The Carolinas Center for Medical Excellence (CCME) to, The Medical Review Staff.
9. Reformat the entire section.

### III EFFECTIVE DATE AND IMPLEMENTATION

This policy is effective 05/01/2011. Apply this policy to Medicaid applications taken on or after 05/01/2011 as well as to those presently in process.

### IV. MAINTENANCE OF MANUAL

**A. Remove: MA-3326, Estate Recovery, pages 1-13.**

**Insert: [MA-3326](#), Estate Recovery, pages1-13, dated 05/01/2011.**

**B. Remove: MA-3330, Alien Requirements, pages 1-35 and Figures 1-12.**

**Insert: [MA-3330](#), Alien Requirements, pages 1-61, dated 05/01/2011.**

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

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Director

CLG:skm

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