

# CHANGE NOTICE FOR MANUAL 14-08, CCNC/CA

**DATE: SEPTEMBER 22, 2008**

**Manual:** Family and Children's Medicaid  
**Change No:** 14-08  
**To:** County Directors of Social Services  
**Effective:** October 1, 2008

## **I. BACKGROUND**

To assure recipients are being enrolled or exempted properly in Community Care of North Carolina/ Carolina ACCESS (CCNC/CA), the DMA Managed Care Section discontinued the use of the temporary exemption code **9900030** effective September 1, 2008. Letters (See Administrative Letter 10-08) were mailed on August 29, 2008 to all recipients who currently have the 9900030 code for temporary exemption, informing them that they are in a program aid category that requires them to be enrolled in Carolina ACCESS and instructing them to *call their caseworker at the county Department of Social Services to select a medical home*. If they do not request a medical home (PCP) by September 30, 2008, one must be assigned to them.

In an effort to assist caseworkers in using the correct exempt code when temporarily exempting a recipient from CCNC/CA, changes are being made in policy and procedures regarding temporary exemptions. **New codes and procedures for exemptions will be effective October 1, 2008.**

## **II. CONTENT OF CHANGE**

**MA-3435** - A new enrollment form has been designed and named the **Carolina ACCESS Enrollment Form, DMA-9006, Attachment 1**. Use to enroll all recipients eligible for CCNC/CA.

**MA-3435, VII.B. - Mandatory and Optional Coverage Groups:** Benefit Diversion is an optional CCNC/NC enrollment category.

**MA-3435, VII.D. - Exempt Codes:** New exemption code **9900058** has been created and will be system generated when a living arrangement of 16 (Recipient is incarcerated) is entered by the caseworker. New exemption code **9900059** has been created and will be system generated when living arrangement code 17 (Recipient is in an Institution for Mental Disease) is entered by the caseworker.

**MA-3435, VII. D. – Exempt Codes:**

New exemption codes below will be manually entered upon approval by the STATE.

9900006	Medicaid	Temporary Code to be used <b>ONLY WHEN APPROVED</b> by
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		<b>the STATE.</b>
9900023	Medicaid	Temporary Code: <b>Medical exemption requested. Decision pending.</b>

New Exemption codes below will be system generated.

9900058	Medicaid	Recipients who are Incarcerated.( Living arrangement 16)
9900059	Medicaid	Recipients who are in an Institution for Mental Disease (Living arrangement 17)
9900070	Medicaid	Mass exemption by practice; <b>USED ONLY BY THE STATE</b>

**MA-3435, VIII.F. - Provider Disenrollment:** Effective September 1, 2008(as instructed in Admin. Letter 10-08) DO NOT ENTER 9900030. This code is obsolete. The DMA Managed Care Section will notify the county and instruct when to enter the new code 9900070 if necessary.

**MA-3435, VIII. H. - Medical Exemption:** If the recipient requests an exemption for medical reasons, **DO NOT ENTER 9900030.** Provide the recipient with a medical exempt request form to be taken to his doctor. Complete the Carolina ACCESS Enrollment Form for Medicaid Recipients with the exempt code 9900023 and fax to the managed care section at 919-715-5235. Have the recipient choose a medical home in the event his medical exempt request is denied. If the recipient does not select a medical home, the IMC must assign one. Enter exempt code 9900023 on the 8125. If the medical exempt request is not received within 30 days by the DMA Managed Care section or if the medical exempt request form is received and exemption is denied, the county will be contacted by the DMA Managed Care Section via fax number provided on the enrollment form that the recipient must be enrolled.

If the recipient states that exemption is needed because the recipient has had an organ transplant or is in end-stage cancer treatment, the DMA Managed Care Section has authorized the MCR to approve. If the county has an MCR, submit the enrollment form to the MCR. If not, fax the enrollment form to the DMA Managed Care section. The Carolina ACCESS Medical Exemption Request Form, DMA-9002, with the revision date of April 24, 2007 has been added to policy.

**MA-3435, VIII.J. - Temporary Exemptions:** When requesting an exemption for reasons other than those found on the EXEMPT CODES chart, complete the new Carolina ACCESS Enrollment Form for Medicaid Recipients providing a detailed explanation for requesting the temporary exemption on the Carolina ACCESS Enrollment Form. The DMA Managed Care Section has authorized the MCR to approve or deny the temporary exemption. If your county has an MCR, submit the enrollment form to your MCR. If your county does not have a MCR, fax the enrollment form to the Managed Care section at the Division of Medical Assistance at 919-715-5235.

**MA-3435, X. B. - Overrides:** Recipients are no longer instructed to contact the State Managed Care to request an override.

### III. EFFECTIVE DATE AND IMPLEMENTATION:

This policy is effective October 1, 2008. Apply this change to applications taken and redeterminations started on or after October 1, 2008 as well as those presently in process.

Begin using the new Carolina ACCESS Enrollment form (DMA- 9006) with revision date 9/05/08 immediately. The CCNC/CA forms, DMA-9001, DMA- 9002 and DMA-9006 are now available at <http://www.ncdhhs.gov/dma/formscounty.html#ccncca>, on the DMA web page, under county forms, CCNC/CA and on the Medicaid forms page.

#### **IV. MAINTENANCE OF MANUAL**

**A. Remove: MA-3435, COMMUNITY CARE OF NORTH CAROLINA/CAROLINA ACCESS, pages 1-21, Attachments 1 and 8.**

**B. Insert: [MA-3435](#), COMMUNITY CARE OF NORTH CAROLINA/CAROLINA ACCESS, pages 1-23, [Attachments 1 and 8](#).**

If you have any questions regarding this information, please contact your Medicaid Program Representative. For any other issues that are not able to be handled through that venue, Mrs. Angela Floyd, Assistant Director for Recipient and Provider Services, will be your point of contact and can be reached at (919) 855-4000.

William W. Lawrence, Jr. M.D.  
Acting Director

This material was researched and written by Susan K. Castle, Policy Consultant, Medicaid Eligibility Unit.