

CHANGE NOTICE FOR MANUAL NO. 20-10, CHANGE # 2 IN A SERIES OF CORRECTIONS, ADDITIONS, DELETIONS AND/OR UPDATES

DATE: NOVEMBER 29, 2010

Manual: Aged, Blind, and Disabled Medicaid

Change No: 20-10

To: County Directors of Social Services

Effective: December 1, 2010

I. BACKGROUND

This is the second of a series of change notices being compiled 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.

II. CONTENT OF CHANGE

A. MA-2221, County Residence, Figure 1, is revised.

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

1. Include additional financial resources to be considered as potential liquid assets including life insurance dividends.
2. Include Japanese Reparation/Restitution Payments as a non countable resource.
3. Include the TPR mailing address for Special Needs and Pooled trust documents.

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

1. Correct reference in section VII.J.
2. Clarify that child support arrearages paid for a child over age 18, is countable income to the parent receiving the payment, not the child.
3. Note that Title IV educational assistance is non-countable unearned income for graduate students as well as undergraduates.
4. Include income received under the Pigford/Brewington vs. Glickman Settlement, as countable unearned income.

D. MA-2301, Conducting A Face To Face Interview, is revised to:

1. Include information that NC Health Choice applicants must provide proof of citizenship and identity.
2. Clarify that the requirement to provide or apply for a social security number does not apply to emergency Medicaid.
3. Delete a duplicate sentence.
4. Include the LIS program when discussing programs with the client and documenting the DMA-5095, Medicaid/Work First Notice of Inquiry.
5. Include in MQB-E in the list of eligible Medicaid programs for Life Line/Link Up.

III. EFFECTIVE DATE

This policy is effective 12/01/2010. Apply this policy to Medicaid applications taken on or after 12/01/2010 as well as to those presently in process.

IV. MAINTENANCE OF MANUAL

A. Remove: MA-2221 County Residence, Figure 1.

Insert: [MA-2221](#), County Residence, Figure 1 dated 12/01/10.

B. Remove: MA-2230, Financial Resources, pages 3-4, 75-78 and pages 91-92.

Insert: [MA-2230](#), Financial Resources, pages 3-4, 75-78 and pages 91-92, dated 12/01/10.

C. Remove: MA-2250, Income, pages 47-48, 74-75, and pages 87-92.

Insert: [MA-2250](#), Income, pages 47-48, 74-75, and pages 87-92, dated 12/01/10.

D. Remove: MA-2301, Conducting A Face-To-Face Intake Interview, pages 11-14, and pages 17 and 18.

Insert: [MA-2301](#), Conducting A Face-To-Face Intake Interview, pages 11-14, and pages 17 and 18, dated 12/01/10.

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

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

CLG:skm

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