

CHANGE NOTICE FOR MANUAL NO. 28-05, SSI MEDICAID, - COUNTY DSS RESPONSIBILITY

DATE: SEPTEMBER 20, 2005

Manual: Aged, Blind, and Disabled Medicaid

Change No: 28-05

To: County Directors of Social Services

Effective: October 1, 2005

I. [MA-1100](#), SSI MEDICAID – COUNTY DSS RESPONSIBILITY, HAS BEEN REVISED TO REFLECT THE FOLLOWING:

- A. Forms [DMA-5099/DMA-5099S](#), Your Application For Medicaid Is Pending For A Deductible, [DSS-8109/DSS-8109S](#), Your Application For Benefits Is Being Denied or Withdrawn, [DSS-8110/DSS-8110S](#), Your Benefits Are Changing and [DSS-8108/DSS-8108S](#), Notice of Benefits, have been renamed throughout [MA-1100](#), SSI Medicaid – County DSS Responsibility.

The form names are [DMA-5099/DMA-5099S](#), Medicaid Application Pending For A Deductible, [DSS-8109/DSS-8109S](#), Notice of Benefits Denied or Withdrawn, [DSS-8110/DSS-8110S](#), Notice of Change In Benefits. This change reflects the name of the forms on the DSS and the DMA forms website, <http://info.dhhs.state.nc.us/olm/>.

- B. Reference to manual sections in ABD that refer to the Family and Children's Medicaid Manual section MA-3315, as Change In Situation, has been revised to reference [MA-3410](#), Terminations and Deletions. In the Family and Children's Medicaid Manual, [MA-3315](#) is Medicaid Deductible.
- C. Reference to Administrative Letter 01-95 regarding Medicaid Transportation has been replaced with [MA-2910](#), Medicaid Transportation.
- D. Counties are advised to use the State On-Line Query, (SOLQ) to verify SSI for emergency Medicaid. Using SOLQ should eliminate the need most often for using the [DMA-5050](#), Emergency Certification for Medicaid.
- E. Counties are required to keep the [DMA-5050](#), Emergency Certification for Medicaid, following the DHHS Records Retention and Disposition Schedule.
- F. [MA-1100, Figure 2](#) page 1, has been revised with Third Party Recovery's address.
- G. For SSI individuals, race can now be updated by the SDX or the county income maintenance caseworker.

II. IMPLEMENTATION

This policy is effective October 1, 2005. Apply this change to pending applications and redeterminations effective October 1, 2005.

III. MAINTENANCE OF MANUAL

- A. Remove: [MA-1100](#), SSI Medicaid – County DSS Responsibility, pages 1 through 21, and Attachment 1 and Figures 2 and 3.**
- B. Insert: [MA-1100](#), SSI-Medicaid – County DSS Responsibility, pages 1 through 22, and Figures [1](#), [2](#), and [3](#) effective October 1, 2005.**

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

L. Allen Dobson, Jr., M.D., Assistant Secretary
for Health Policy and Medical Assistance

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