

# CHANGE NOTICE FOR MANUAL NO. 29-05, SSI MEDICAID – AUTOMATED PROCESS

**DATE: SEPTEMBER 21, 2005**

**Manual:** Aged, Blind, and Disabled Medicaid

**Change No:** 29-05

**To:** County Directors of Social Services

**Effective:** October 1, 2005

**I. [MA-1000](#), SSI MEDICAID – AUTOMATED PROCESS, HAS BEEN REVISED TO REFLECT THE FOLLOWING:**

- A.** SSI notices were re-written to insert instructions regarding enrollment in Carolina Access or South Care, Medicaid managed health care plans. Reference to Family Planning, the Health Benefit Advisor phone number, 1-704-373-2273 and the CARE-LINE, Information and Referral Service phone number, 1-800-662-7030, have been included on the revised notices.
- B.** The SSI notices are as follows:
1. DMA-5100, Notice of Medicaid Redetermination, ([Figure 6](#)) replaces Attachment 8, Notice of Medicaid Redetermination.
  2. DMA-5101, Notice of Approval, ([Figure 3](#)), replaces:  
Attachment 3, Notice of Approval      Attachment 4, Approval Insert # 1  
Attachment 3, Notice of Appeal      Attachment 5, Approval Insert # 2
  3. DMA-5102D, Notice of Denial, ([Figure 5](#)), replaces Attachment 7, Notice of Denial. This notice now includes the possibility of eligibility for Family Planning Services or the Breast and Cervical Cancer Medicaid programs.
  4. DMA-5103T, SSI Medicaid Termination Due to Refusal to Provide Health Insurance Information ([Figure 4](#)), replaces Attachment 6, Notice of Denial or Termination (TPR).
  5. DMA-5103D, SSI Medicaid Denial Due to Refusal to Provide Health Insurance Information ([Figure 7](#)), replaces Attachment 6, Notice of Denial or Termination (TPR).
  6. Attachment 2 (renamed [Figure 2](#)), has been revised to show new reports and what they list. Attachments 9 and 10 (renamed [Figure 8](#) and [Figure 9](#)), have been revised to include Family Planning Services.

C. References to IAS were deleted. EIS will not allow IAS as a valid entry.

## II. IMPLEMENTATION

This policy is effective October 1, 2005. These automated notices will be generated with SSI actions on or after October 1, 2005.

## III. MAINTENANCE OF MANUAL

A. Remove: [MA-1000](#), SSI Medicaid – Automated Process, pages 1 through 19 and, Attachments 1, 2, 3, 4, 5, 6, 7, 8, 9 and 10.

B. Insert: [MA-1000](#), SSI Medicaid – Automated Process, pages 1 through 19 and Figures [1](#), [2](#), [3](#), [4](#), [5](#), [6](#), [7](#), [8](#), and [9](#) 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.)