

# **CHANGE NOTICE FOR MANUAL NO. 10-02, Use of Social Security Numbers**

**DATE: DECEMBER 14, 2001**

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

**Change No. 10-02**

**To: County Directors of Social Services**

**Effective: January 1, 2002**

## **I. BACKGROUND**

The Center for Medicare and Medicaid Services (CMS) has issued clarification regarding the use of social security numbers for assistance unit and non-assistance unit members. Also, new federal regulations effective August 25, 2001, permit states to require social security numbers for NC Health Choice assistance unit members.

## **II. CONTENT OF CHANGE**

### **A. Social Security Numbers for Non-Assistance Unit Members**

Existing policy is clarified to ensure that social security numbers for non-assistance unit members are not required, even if the individual has financial responsibility in the case. The county may request the number but may not require it as a condition of eligibility for the assistance unit.

Also, notification requirements are added when the social security number of the non-assistance unit member is requested.

Finally, because the social security number cannot be required for individuals who are members of the budget unit only, policy is updated to clarify for whom and when IEVS matches must be completed.

## **B. Other Changes**

1. MA-2430 is updated to remove references to enumeration data sheets. Enumeration data sheets are no longer produced. This section is also revised to add reference to the State On-Line Query for verifying benefits. Reference to the SDX Updates report is removed. This report is no longer run. Finally, references to specific manual sections and DMA Letters are updated.
2. MA-2450 is updated to add the requirement that NC Health Choice assistance unit members must be enumerated. Also, reference is added to the State On-Line Query when verifying a social security number.

## **III. EFFECTIVE DATE**

Apply this policy to applications taken on or after January 1, 2002 and to reenrollment interviews conducted on or after January 1.

## **IV. MAINTENANCE OF MANUAL**

### **A. Remove MA-2430.**

**Insert attached MA-2430 and Attachment 1.**

### **B. Remove MA-2450.**

**Insert attached MA-2450.**

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

Nina M. Yeager  
Director

(This policy was researched and written by Renee Boston, Policy Consultant, Medicaid Eligibility Unit.)

[MA-2430](#)

[MA-2430, Attachment 1](#)

[MA-2450](#)