

CHANGE NOTICE FOR MANUAL NO. 06-06, NOTICE AND HEARINGS PROCESS

DATE: MARCH 1, 2006

Manual: Family and Children's Medicaid
Change No: 03-06
To: County Directors of Social Services
Effective: March 1, 2006

I. MA-3430, NOTICE AND HEARINGS PROCESS

The [DMA-5003S](#), Approval Notice, (Spanish version) replaces the manual [DSS-8108S](#), Notice of Benefits, (Spanish version) for the Aged, Blind and Disabled categories including State/County Special Assistance.

When an application is approved or benefits are continued and you use a manual notice, send the DMA-5003S, Approval Notice to Spanish speaking recipients. You may also use the automated DSS-8108S, Notice of Benefits, for applications approved or benefits continued.

The DMA-5003S, Approval Notice, (Spanish version) is on the DMA forms website. An initial supply of the form has been requested.

II. IMPLEMENTATION

This policy is effective March 1, 2006. Apply this change to pending applications and redeterminations effective on or after March 1, 2006.

III. MAINTENANCE OF MANUAL

Insert: [MA-3430](#), Notice and Hearings Process, [Figure 1B](#), effective March 1, 2006.

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.)