

DMA CHANGE NOTICE FOR MANUAL NO. 01-17 HCWD PREMIUMS AND DDS ADDRESS CHANGE

DATE: JUNE 1, 2017

Manual: Aged, Blind, and Disabled Medicaid

Change No: 01-17

To: County Directors of Social Services

Effective: Upon Receipt

I. BACKGROUND AND CONTENT OF CHANGE

The Division of Medical Assistance (DMA) has revised and updated Medicaid policy related to Health Coverage for Workers with Disabilities (HCWD) and Disability. These revisions are spelled out in section II below.

II. POLICY REVISION

A. MA-2180 Health Coverage for Workers with Disabilities

MS-2180 IV.H. Health Coverage for Workers with Disabilities was revised to provide the updated income ranges and associated premiums for HCWD individuals and couples.

- A column was added to the income range and associated premium chart to include monthly premiums for HCWD couples.
- Local department of social services (dss) must notify current HCWD participants with monthly premiums of the increase via DSS-8110/DSS-8110S. This notice must be mailed no later than 10 business days prior to the effective premium increase date.
- HCWD premium increases will be effective July 1, 2017.

B. MA-2525 Disability

MA-2525 IV. B.5. was revised to provide the correct mailing address for materials sent from the county dss to Disability Determination Services (DDS).

III. EFFECTIVE DATE AND IMPLEMENTATION

This policy is effective upon receipt.

IV. MAINTENANCE OF MANUAL

- Remove MA-2180, Health Coverage for Workers with Disabilities, pages 9-10
- Insert MA-2180, Health Coverage for Workers with Disabilities, pages 9-10
- Remove MA-2525, Disability, pages 7-8
- Insert MA-2525, Disability, pages 7-8

If you have any questions regarding this information, please contact DHHS Operational Support Team at ost.policy.questions@dhhs.nc.gov.

Dave Richard
Deputy Secretary for Medical Assistance