

---

---

**INQUIRY**

---

---

**REVISED 12/17/18 – CHANGE NO. 11-18**

**I. INTRODUCTION**

An individual must be afforded the opportunity to apply for all Medicaid programs through the local agency or through the Federal Marketplace (FFM). Local agencies are encouraged to take a signed application, in order for an applicant to receive an eligibility determination. The local agency must evaluate applicants for all Medicaid categories before an applicant can be determined ineligible.

When an individual, during the face-to-face interview, decides at any time prior to signing the application that they do not want to apply for assistance, complete a [DMA-5095 / DMA-5095S](#), Medicaid/Work First Notice of Inquiry form and a [DMA-5094 / DMA-5094S](#), Notice of Right to Apply for Benefits form.

**II. INQUIRY PROCEDURES**

- A. Complete an inquiry if an individual decides at any time prior to signing the application during a face-to-face interview that they do not want to apply for assistance.**
- B. Explain to the individual their right to apply on that day and if they decide not to apply that they may apply again at any time.**
- C. Explain to the individual they cannot receive benefits without submitting an application, and**
- D. Complete:**
  - 1. [DMA-5094 / DMA-5094S](#), Notice of Right to Apply for Benefits form,
    - a. This may be completed at the reception area or by the caseworker, depending on the local agency's initial contact with an individual procedure.
    - b. Explain to the individual their right to appeal if they believe the local agency discouraged them from applying.
    - c. Have the Individual sign the form and provide the original.
    - d. Maintain a copy in NC FAST.

2. A [DMA-5095](#) / [DMA-5095S](#), Medicaid/Work First Notice of Inquiry form in NC FAST, Refer to [Record a Notice of Inquiry \(DMA-5095\) Job Aid](#), which must include the following information:
  - a. The date,
  - b. The individual's name and, if applicable, the representative's name, address, and telephone number.
  - c. All facts relevant to the individual's situation that support the decision not to apply, to include a reference to:
    - (1) Individual has no old, unpaid, or anticipated medical bills, nor anticipated medical expenses within \$300.00 of the deductible amount.
    - (2) Individual declines the opportunity to reduce countable resources, if applicable.
    - (3) Accurate calculation of reported income, resources, and deductible amount.
  - d. Include programs that were discussed, the individual evaluated for, or the individual was referred, to include reference to:
    - (1) The individual does not meet the eligibility requirements for all Medicaid programs and has been referred to the FFM.
    - (2) The individual understands they must be ineligible for Medicaid/ North Carolina Health Choice (NCHC) to get tax credits and cost sharing.
    - (3) Provided information regarding the Medicare Low Income Subsidy program, (LIS), if applicable.
    - (4) If the individual chooses to return and apply for retroactive benefits only due to deductible amount, explain:
      - (a) All other Medicaid eligibility factors, including income must be met in the retroactive period.
      - (b) Explain the time frame for applying for retroactive benefits.
  - e. The individual must document:
    - (1) Why they decided not to file an application

- (2) Sign the [DMA-5095](#) / [DMA-5095S](#)
- 3. If the individual refuses to give a reason for not continuing and/or refuses to sign the inquiry, document the refusal on the [DMA-5095](#) / [DMA-5095S](#).
  - a. Explain to the individual the right to appeal if they believe the local agency discouraged them from applying.
  - b. Give the original DMA-5095/DMA-5095S Medicaid/Work First Inquiry, to the individual.
  - c. Maintain a copy in NC FAST.