

# **CHANGE NOTICE FOR MANUAL NO. 06-25 MA-2110 PASS-ALONG**

**DATE: May 12, 2025**

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

**Change No:** 06-25

**To:** County Directors of Social Services

## **I. BACKGROUND AND CONTENT OF CHANGE**

The Division of Health Benefits (DHB) has revised Adult Medicaid policy section, MA-2110 PASSALONG. The revised policy section includes updated language and new guidance.

## **II. POLICY UPDATE**

### **A. Policy Title**

The title of MA-2210 PASSALONG has been changed to MA-2210 PASS-ALONG.

### **B. Updated Forms**

The form DHB-5150 Documentation of Passalong Eligibility or Ineligibility has been replaced with:

#### **1. The DHB-5150A Pass-along Screening Guide**

This form is completed when evaluating Pass-along groups of former Supplemental Security Income (SSI) and Special Assistance (SA) beneficiaries under categorically needy (C/N) criteria.

#### **2. The DHB-5150B Screening Guide for Medicaid Eligibility under the COLA Pass-along**

This form is completed when determining if an a/b qualifies for COLA Pass-along status under the Pickle Amendment.

### **C. Subsections with Changes**

Policy has been updated with new guidance and examples in sections:

1. I. INTRODUCTION TO PASS-ALONG
2. C. EVALUATING FOR PASS-ALONG
3. II. COLA PASS-ALONG/ PICKLE AMENDMENT GROUP
4. V. DISABLED WIDOW(ER)'S PASS-ALONG (INCLUDING SOME UNMARRIED, DIVORCED SPOUSES) WHO LOST SSI IN 1984


**D. Language Updates**

Legacy EIS language has been removed from policy.

**III. EFFECTIVE DATE AND IMPLEMENTATION**

Changes noted in this notice are effective upon receipt.

If you have any questions regarding information in this letter, please contact your Operational Support Team Representative.

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Jay Ludlam  
Deputy Secretary, NC Medicaid