

# CHANGE NOTICE FOR MANUAL NO. 01-24, MA-3200, APPLICATION

**DATE: January 31, 2024**

**Manual:** Family and Children's Medicaid  
**Change No:** 01-24  
**To:** County Directors of Social Services

## I. BACKGROUND AND CONTENT OF CHANGE

The Division of Health Benefits (DHB) has revised and added new guidance for the Family and Children's Medicaid policy section [MA-3200, Application](#).

## II. POLICY UPDATE

### A. Section V. Updates

1. This section has been renamed: Electronic Pre-Assessment Screening Service (ePASS).
2. Subsection headers have been added.

### B. Section VI. Added

Section VI. has been inserted to provide policy and procedures regarding Federally Facilitated Marketplace (FFM) applications. The following subsections have been added:

1. Background
2. Ongoing MAGI Applications Fully Verified (FFM Determination Evidence present)
3. Ongoing MAGI Applications Not Fully Verified by the FFM (No FFM Determination Evidence present)
4. FFM Referrals
5. Appeals of an FFM Determination of Eligibility

## III. EFFECTIVE DATE AND IMPLEMENTATION

Changes noted in this change notice are effective February 1, 2024.

If you have any questions regarding information in this letter, please contact your [Operational Support Team Representative](#).

DocuSigned by:

*Melanie Bush*

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Jay Ludlam

Deputy Secretary, NC Medicaid