

# CHANGE NOTICE FOR MANUAL NO. 09-21, TRIBAL MEMBERSHIP AND AMERICAN INDIAN HEALTH SERVICES (IHS)

**DATE: September 22, 2021**

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

**Change No:** 09-21

**To:** County Directors of Social Services

## I. BACKGROUND AND CONTENT OF CHANGE

The Division of Health Benefits (DHB) has revised Medicaid policy section, [MA-2507, Tribal membership and American Indian Health Services](#) (IHS). The revision includes updated guidance for communicating with DHB when the local agency identifies errors with tribal membership verifications and new guidance for communicating with the Cherokee Indian Hospital Authority (CIHA) after verification of tribal membership has been received.

## II. POLICY UPDATE

### A. Section II, Tribal Membership Criteria and Verification

Contact information for DHB Medicaid Eligibility Services has been updated. The phone number previously noted has been removed. Caseworkers are instructed to send an **encrypted** email to the email address provided in policy when requesting that tribal membership evidence and verification be edited or removed.

### B. Section III, Indian Health Service (IHS) Criteria and Verification

Instructions for contacting DHB Medicaid Eligibility Services has been added. The local agency should follow these instructions if the local agency discovers an error with evidence or verification for an individual.

### C. Section V, Post Verification Item Requirements

Section V has been added to provide instructions to provide a copy of the tribal membership documentation to Cherokee Indian Hospital Authority (CIHA). CIHA will review the documentation and notify the local agency if the document is found to be invalid. All communication with CIHA should be via **encrypted** email address provided in policy.

### III. EFFECTIVE DATE AND IMPLEMENTATION

These policies and procedures are effective immediately for applications and recertifications. This also includes applications or recertifications currently in process.

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

DocuSigned by:

*Dave Richard*

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Dave Richard

Deputy Secretary, NC Medicaid