

CHANGE NOTICE FOR MANUAL NO. 04-23, MA-2321 MEDICALLY NEEDED RECERTIFICATION

DATE: March 2, 2023

Manual: Aged, Blind, and Disabled Medicaid

Change No: 04-23

To: County Directors of Social Services

I. BACKGROUND AND CONTENT OF CHANGE

The Division of Health Benefits (DHB) has added MA-2321, Medically Needy Recertification to the online Aged, Blind, and Disabled (ABD) Policy Manual. Policy specific to ABD medically needy recertifications has been removed from MA-2320, Recertification and is now available in MA-2321.

Additionally, terminology and procedures regarding medically needy recertification has been updated. Because of a settlement reached in *Franklin v. Kinsley*, formerly *Hawkins v. Cohen* (5:17-CV-581 E.D.N.C.), a federal lawsuit filed in 2017 on behalf of Medicaid beneficiaries in North Carolina, and recent clarifications provided by the Centers for Medicare and Medicaid Services (CMS), significant changes and updates of all recertification policy have been made. **Please review the information contained in this change notice and MA-2321, Medically Needy Recertification carefully and in its entirety.**

II. POLICY UPDATE

A. Background, Section I.

This section provides information related to when and why a recertification may be required and when to begin the recertification process.

B. Policy Principles, Section II.

Section II. provides policy, information, reminders, and guidance for the following:

- Definitions
- Reasonable Compatibility
- Timely Recertification
- Assistance with Recertification
- Reducing or Terminating Benefits
- Requesting Information
- Self-attestation

- Evaluate for all Programs
- Eligibility Factors Subject to Change
- Providing Assistance
- Immigration Status must be Reverified at Recertification
- Eligibility Factors not Subject to Change
- Authorized Representative
- Program Change
- Dually Eligible

C. Informing the Beneficiary of their Rights and Responsibilities, Section III.

1. Subsection A. - The Division of Health Benefits (DHB) has developed a new form, DHB-5085, Notice of Rights and Responsibilities for Medicaid at Recertification. Subsection A. provides guidance for caseworkers regarding the use of the DHB-5085 at recertifications with no in person or telephone contact with the beneficiary.
2. Subsection B. provides instructions for reviewing the DHB-5085, including a reminder for caseworkers to offer assistance with creating an ePASS account or linking/delinking an ePASS account.
3. Subsections C.- F. provide reminders to caseworkers regarding:
 - Non-emergency medical transportation (NEMT)
 - Third party insurance
 - Homeless individuals, no permanent address
 - Returned mail and/or unable to locate beneficiary

D. Ex-parte Recertification, Section IV.

Section IV. provides specific guidance for completing an ex-parte recertification, including how to determine if agency records and electronic data sources can be used.

E. When Continued Eligibility Cannot be Determined Ex-parte, Section V.

1. Subsection A. provides guidance for requesting information from the beneficiary to complete the recertification. This includes updated guidance for completing the DHB-5097 with deductible information, and for allowing 30 calendar days for the beneficiary to respond instead of the previous 12 calendar days.
2. Subsection B. provides examples for various situations that the caseworker may encounter during the recertification process for medically needy Medicaid beneficiaries.

3. Subsections C. – F. provide policy and reminders for the following:

- Using Collateral Contacts
- Wage Verification
- Modes for Providing Requested Information
- When all Requested Information/Verification is Received

F. Recertification Procedures, Section VI.

1. Subsection A. provides policy procedures for completing a medically needy Medicaid recertification.
2. Subsection B. provides instructions for recertifying in deductible status.
3. Subsection C. provides policy for recertification when the beneficiary becomes eligible for another Medicaid program.
4. Subsection D. provides policy when terminating Medicaid with timely notice.
5. Subsection E. provides requirements for appeal requests.
6. Subsection F. provides requirements for untimely completion of recertifications that are part of the Franklin v. Kinsley lawsuit settlement agreement.

G. Managed Care Enrollment, Section VII.

1. Subsection A. provides guidance for beneficiaries excluded from enrollment in a prepaid health plan (PHP).
2. Subsection B. provides guidance for beneficiaries exempt from or excluded from enrollment in a PHP. These beneficiaries are enrolled in Medicaid Direct via Community Care of North Carolina/Carolina Access (CCNC/CA).
3. Subsection C. provides instructions for program changes that impact managed care or Medicaid direct enrollment.

H. When to Reopen Case Terminated for Missing Information, Section VIII.

This section provides reminders and guidance for when a case terminated at recertification may be reopened and when a new application is required.

The timeframe for reopening a terminated case has been changed from 10 calendar days to **90 calendar days** following termination.

III. EFFECTIVE DATE AND IMPLEMENTATION

This policy is effective April 1, 2023, for all recertifications.

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

DocuSigned by:
Jay Ludlam
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Jay Ludlam
Deputy Secretary, NC Medicaid