

North Carolina Department of Health and Human Services

Division of Health Benefits

Family and Children's Medicaid Manual

MA-3100 Introduction

I. PURPOSE

The Family and Children's Medicaid Manual describes the North Carolina Medicaid and Health Choice programs. These programs provide medical insurance coverage for qualifying citizens of North Carolina.

The Manual describes who may be covered under North Carolina Medicaid for Families and Children or NC Health Choice. It provides requirements that a person must meet to qualify for medical coverage and the process by which coverage is determined. (There is another manual for Medicaid for the Aged, Blind and Disabled.)

Additionally, the Manual explains the rights and responsibilities of a person requesting or receiving North Carolina Medicaid for Families and Children or NC Health Choice and provides an overview of the benefits of this medical insurance coverage.

II. MANUAL FORMAT

The North Carolina Family and Children's Medicaid Manual is organized into the following segments:

A. Assessment

The assessment segment describes the initial evaluation and the coverage groups under which people may receive medical insurance coverage.

B. Eligibility

The eligibility segment describes the financial and non-financial criteria needed to qualify for medical insurance.

C. Case Maintenance

The case maintenance segment describes the process for determining continuing eligibility.

D. Administrative

The administrative segment describes the procedures that support the eligibility process.

III. ON-LINE MANUAL

The Division of Medical Assistance publishes and maintains the Medicaid manuals and Administrative Letters on-line. Access the material on-line at info.dhhs.state.nc.us/olm/manuals/dma/.

A. Hyperlinks appear in blue are underlined and connect the reader to other sites in that section, to other sections in the manual or to attachments and forms. (Note that these appear as underlined material in the printed manual.)

B. Policy changes appear in red. For training purposes, those changes are also referenced in the Change Notice issued with the paper manual policy.

IV. PAPER MANUAL MAINTENANCE

A. New manual material will carry the section number and date of issuance in the upper right corner of the page.

B. Manual material is sent from the state office to county departments of social services by consecutively numbered Change Notices. When a change is received:

1. Review the new material to gain an understanding of it. A vertical line in the left margin indicates changed material. A horizontal line in the left margin indicates the place where material was deleted.

2. Note the effective date of the material.

3. On the effective date, follow any instructions regarding the implementation of the material.

4. Individual workers should remove and destroy the obsolete material; however, in each county at least one copy of obsolete manual material should be permanently filed for future reference.

5. File all Change Notices together. When you receive the next change, note the number to see if you have missed a change. (Allow a few days for a missing change to reach you as changes can be received out of sequence due to the forwarding process). Keep the Change Notice for at least 6 months.

V. PUBLIC ACCESS

The Family and Children's Medicaid Manual is a public document.

A. At least one copy of the Manual and other policy issuances affecting the public are maintained in each county department for examination by the public on regular work days during regular office hours.

(V.)

B. Current copies of the Manual and other policy issuances are made available by the Division of Medical Assistance upon request without charge to community action groups, legal aid offices and other groups or organizations who meet the following criteria:

1. Those who request the material for the purpose of serving the Medicaid and NC Health Choice populations.

2. Those who are centrally located and publicly accessible to the Medicaid and NC Health Choice populations.

3. Those who agree to accept responsibility for filing all amendments and changes forwarded by the Division of Medical Assistance.

C. Since the local department of social services is best qualified to determine whether an organization meets the above criteria, requests for complete manuals or policy issuances shall be evaluated by the county department and forwarded to the Chief, Medicaid Eligibility Unit, Division of Medical Assistance.