

CHANGE NOTICE FOR MANUAL NO. 01-11, SERIES # 3 OF CORRECTIONS, ADDITIONS, DELETIONS AND/OR UPDATES, & FIGURES/ATTACHMENTS REMOVAL

DATE: MARCH 28, 2011

Manual: Aged, Blind, and Disabled Medicaid

Change No: 01-11

To: County Directors of Social Services

Effective: April 1, 2011

I. BACKGROUND

This is the third in a series of change notices containing various ABD Medicaid manual section corrections, additions, deletions and/or updates that were not included or not updated within the Medicaid policy at publication.

In addition, DMA is converting all figures and attachments into a form or incorporating into the policy. We are removing figures/attachments from the policy manuals and changing the links from the figure/attachment to the forms section of the Forms website. This procedure will be done in all FC and ABD sections over the next few months.

II. CONTENT OF CHANGE

A. MA-2300, Initial Contact, is revised to:

1. Remove figures and any reference to figures that have a form number. Change the link from the figure to the form. Incorporate figures that are not forms into the manual section.
2. Remove MA-2300, Figure 5, Mandatory Outstation Locations, and change to reference the DSH/FQHC locations on the website at <http://www.ncdhhs.gov/dma/county/DSHFQHC.pdf>
3. Correct the name of the [DMA-5020](#), Notice of Case Status, to match the on line form name.
4. Incorporate MA-2300 Figure 10A, Applications for Medical Assistance sample notice, into the Medicaid policy.

(II. A.)

5. Include the correct form name for the DMA-5000, Application for Assistance for Adult Medicaid.
6. Include a reference to MA-300, V.C., Confidentiality, for instructions on obtaining the a/r or authorized representative consent for release of information.

B. MA-2303, Verification Requirements For Applications, is revised to:

Remove figures and any reference to figures that have a form number and change the link from the figure to the form

C. MA-2350, Certification and Authorization, is revised to:

1. Include instructions for LIS generated applications.
2. Remove information regarding the applicant's SSI being terminated.
3. Include MQB-E certification and authorization information.
4. Reformat the entire section.

III. EFFECTIVE DATE

This policy is effective 04/01/2011. Apply this policy to Medicaid applications taken on or after 04/01/2011 as well as to those presently in process.

IV. MAINTENANCE OF MANUAL

A. Remove: MA-2300, Initial Contact, pages 1-13, and Figures 1, 2A, 2B, 3A, 3B, 4A, 4B, 5, 6A, 6B, 7, 8, 9 and 10.

Insert: [MA-2300](#), Initial Contact, pages 1-13, dated 04/01/11.

B. Remove: MA-2303, Verification Requirements For Applications, pages 5-8, and Figures 1A, 1B, 2A, 2B.

Insert: [MA-2303](#), Verification Requirements For Applications, pages 5-8, dated 04/01/2011

(IV)

C. Remove: MA-2350, Certification and Authorization, pages 1-6.

Insert: [MA-2350](#), Certification and Authorization, pages 1-7, dated 04/01/11.

If you have any questions, please contact your Medicaid Program Representative.

Craig L. Gray, MD, MBA, JD,
Director

CLG:skm

(This material was researched and written by Sandi Morrow, Medicaid Policy Consultant, Medicaid Eligibility Unit).