CHANGE NOTICE FOR MANUAL NO. 20-10, 
CHANGE # 2 IN A SERIES OF CORRECTIONS, 
ADDITIONS, DELETIONS AND/OR UPDATES  

DATE: NOVEMBER 29, 2010  

Manual:  Aged, Blind, and Disabled Medicaid  
Change No:  20-10  
To:   County Directors of Social Services  
Effective:  December 1, 2010  

I.  BACKGROUND  
This is the second of a series of change notices being compiled 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. 

II.  CONTENT OF CHANGE  
A.  MA-2221, County Residence, Figure 1, is revised.  
B.  MA-2230, Financial Resources, is revised to:  
   1. Include additional financial resources to be considered as potential liquid assets 
      including life insurance dividends.  
   2. Include Japanese Reparation/Restitution Payments as a non countable resource.  
   3. Include the TPR mailing address for Special Needs and Pooled trust documents.  
C.  MA-2250, Income, is revised to:  
   1. Correct reference in section VII.J.  
   2. Clarify that child support arrearages paid for a child over age 18, is countable income 
to the parent receiving the payment, not the child.  
   3. Note that Title IV educational assistance is non-countable unearned income for 
graduate students as well as undergraduates.  
   4. Include income received under the Pigford/Brewington vs. Glickman Settlement, as 
countable unearned income.
D. **MA-2301, Conducting A Face To Face Interview, is revised to:**

1. Include information that NC Health Choice applicants must provide proof of citizenship and identity.
2. Clarify that the requirement to provide or apply for a social security number does not apply to emergency Medicaid.
3. Delete a duplicate sentence.
4. Include the LIS program when discussing programs with the client and documenting the DMA-5095, Medicaid/Work First Notice of Inquiry.
5. Include in MQB-E in the list of eligible Medicaid programs for Life Line/Link Up.

### III. EFFECTIVE DATE

This policy is effective 12/01/2010. Apply this policy to Medicaid applications taken on or after 12/01/2010 as well as to those presently in process.

### IV. MAINTENANCE OF MANUAL

A. Remove: MA-2221 County Residence, Figure 1.

   Insert: **MA-2221**, County Residence, Figure 1 dated 12/01/10.


D. Remove: MA-2301, Conducting A Face-To-Face Intake Interview, pages 11-14, and pages 17 and 18.

   Insert: **MA-2301**, Conducting A Face-To-Face Intake Interview, pages 11-14, and pages 17 and 18, dated 12/01/10.

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

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CLG:skm

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