MA-2300 INITIAL CONTACT
REVISED 10/01/05 - CHANGE NO. 26-05

I. INTRODUCTION

An individual may file an application for Medicaid by completing a face-to-face interview with a representative of the DSS agency or by mail. The type of contact made by the individual determines the procedure the agency must follow. This section describes what must occur during the initial contact with the agency.

II. POLICY PRINCIPLES

A. An individual or his representative has the right to make an application for Medicaid on the day he comes into the agency requesting medical or financial assistance. This includes Medicaid, WFFA, EA, LIEAP, county general assistance, CIP and Project Share. An application for Work First is also an application for Medicaid.

B. In some situations, an individual must be given an appointment to return to the agency to complete the application. Refer to V. The date of application is the date the individual first appears in the agency.

C. An individual or his representative must not be discouraged from applying for Medicaid. If an individual comes to the agency seeking Work First, he must be given an opportunity to apply for Medicaid. If not, the county could be cited for discouragement.

D. All agency staff must be aware of the individual's right to apply and the rules of discouragement.

E. The county DSS must make arrangements and have a signed agreement with each Disproportionate Share Hospital (DSH) and each Federally Qualified Health Center (FQHC) on the requirement of staffing the facility with an Income Maintenance Caseworker (IMC) for the counties in which facilities are located to take MPW and MIC applications. The agreement must be updated yearly. The agreement must be written and signed by the director of each involved agency. Refer to III.B. for procedures.

F. The agency is responsible for making other arrangements, such as a home visit, for individuals who are physically or mentally unable to come to the DSS office to apply and who do not have a representative willing or able to act on their behalf.

(II.)

G. The agency must be opened to the public for at least the same total number of hours per week as those hours of operation in effect at that agency on February 1, 2002. In this context, open to the public does not include child welfare services, adult protective services, specialized activities, or group work after hours.

During official business hours, the agency is not permitted to close Medicaid and/or WFFA intake during lunch hours or in order to conduct staff meetings or training sessions. Individuals requesting Medicaid must be given the opportunity to apply on the date they appear at the DSS and cannot be turned away or asked to return at a later time.

III. TYPES OF CONTACT

A. Individual Appears at DSS Requesting Financial or Medical Help

1. Complete the DMA-5093, Daily Reception Log For Medical and Financial Assistance. See Figure 1. Include the individual's name, address, date, purpose of the visit, and outcome of the visit.

   a. Anyone who appears in the agency requesting medical or financial help must be logged. This includes individuals who request a mail-in application from the receptionist. Individuals picking up a mail-in application without speaking with the receptionist do not have to be logged. Refer to III.D.

   b. If one reception staff serves the entire agency, the log must be maintained with that reception staff.

   c. If there is a separate reception area to serve emergency and/or county general assistance programs, a log must also be maintained by that reception staff. The log should indicate if the individual was referred to Medicaid, and if not, the reason.

   d. If there is a separate reception area for the Services and/or Food Stamp programs, maintaining a log is not required by that staff. However, staff should be aware of the individual's right to apply and the process for referring the individual to apply for Medicaid, if there is a need.

2. Explain to the individual his right to apply for assistance and have him sign, as appropriate, the DMA-5094 or DMA-5094S, Notice Of Your Right To Apply For Benefits. See Figure 2B.

(III.A.2)

a. Either the reception staff or the caseworker can provide this explanation and the DMA-5094/DMA-5094S. However, because the form provides instructions regarding the application process, it is strongly suggested that the reception staff complete this task.

b. Give the individual the original and maintain a copy for the county record.

(1) If an application is taken, file the DMA-5094/DMA-5094S with the application.

(2) If an inquiry is completed, file the DMA-5094/DMA-5094S with the DMA-5095/DMA-5095S, Medicaid/Work First Notice of Inquiry. See Figure 3A/Figure 3B.

(3) If the individual leaves the agency without signing an application, file the DMA-5094/DMA-5094S with the log.

(4) If the individual requests a mail-in application from the receptionist, file the DMA-5094/DMA-5094S with the log.

3. Give the individual the DSS-8227/DSS-8227S, Immigrant Access Notice. See Figure 4A/Figure 4B. Either the reception staff or the caseworker can provide this information. However, because the form provides information regarding the application process, it is strongly suggested that the reception staff complete this task. Document on the bottom of the DMA-5094, Notice of Your Right to Apply for Benefits, that the form was given to the individual.

4. The DMA-5001, Notice of the Use of Social Security Numbers, (See Figure 8) must be given to all applicants prior to conducting required verifications such as ESC, DOT, etc. However, if the required verifications are not done until after the applicant signs the application form or mails in an application, do not use the DMA-5001. When the agency completes verifications prior to a signed application, applicants must sign the DMA-5001 and be informed that SSNs will be used to verify employment/income, resources and for other reasons related to the administration of the programs. A signed copy of the DMA-5001 must be kept by the agency. It is strongly suggested that the reception staff give the DMA-5001 to the applicant. Refer to MA-2430, Automated Inquiry and Match Procedures, and MA-2450, Enumeration Procedures.

(III.A.4.)

a. Any budget unit member who is applying for benefits for another is not required to provide his SSN, even if he has financial responsibility for an assistance unit member. However, he may voluntarily provide his SSN.

b. Counties must use the DMA-5001 when the county requests the social security number(s) for a member of the assistance unit or financially responsible person. The form should be sent along with the DMA-5097, Request for Information, for the Medicaid and Special Assistance programs or the DSS-8650, Notice of Information Needed, for the Food Stamp program or DSS-8146, Notice of Information Needed, for the Work First program.

B. Individual Appears at DSS Outstation Locations

The county DSS must staff certain locations and may elect to staff other locations for the purpose of taking applications. Certain procedures must be followed at these outstation locations.

1. The DMA-5093, Daily Reception Log For Medical and Financial Assistance, does not have to be maintained by staff at the outstation and is not used for monitoring purposes. It is suggested that the IMC at the outstation keep a log of applications taken for documentation purposes.

2. The DMA-5094/DMA-5094S must be given to anyone who appears at the outstation location to make an application.

3. The DSS-8227/DSS-8227S, Immigrant Access Notice, must be given to anyone who appears at the outstation location to make an application. Document on the DMA-5094/DMA-5094S that it was given.

4. The DMA-5001/DMA-5001S, Notice of the Use of Social Security Numbers, (See Figure 8) must be given to all applicants prior to conducting required verifications such as ESC, DOT, etc. Refer to III.A.4. above.

5. If the individual decides to make an application, indicate on the base document that the application was taken at an outstation location.

6. If the individual decides not to complete the application process, follow procedures for completing an inquiry in MA-2301, Conducting A Face-to-Face Intake Interview.

7. The DSS in the county in which the outstation is located may establish its own procedures for processing applications taken on its own residents at the outstation location.

(III.B.)

8. Mandatory Outstations

Staff must be available at Disproportionate Share Hospitals (DSH) and Federally Qualified Health Centers (FQHC) located in the county to take MPW and MIC applications. The county DSS must have a signed agreement with each DSH and FQHC on how to staff each outstation facility in the county with an Income Maintenance Caseworker (IMC). The agreement must be written and signed by the director of each involved agency and updated yearly.

The list of Disproportionate Share Hospitals (DSH) and Federally Qualified Health Centers (FQHC) are updated and placed on our DMA website at **http://www.ncdhhs.gov/dma/county/**. The DMA website will be updated with additions and deletions of facilities. Please review the list periodically and make any necessary adjustments regarding staffing at outstation locations in your county.

If the facility director claims that the facility is eligible as a DSH/FQHC and you do not see the facility listed as such on our website, request a copy of the eligibility letter from the facility chief financial officer. Honor the facility's letter of DSH/FQHC eligibility from DMA. The facility may be DSH/FQHC eligible and not yet added to the website list. MA-2300, Figure 5 is removed from this manual section.

a. Hours of operation at the mandatory outstations must be the same as the county DSS agency unless the site is used infrequently. Infrequently is defined as serving less than 30 individuals not covered by Medicaid or North Carolina Health Choice (NCHC) in a week.

   If the site is used infrequently, the DSS must:

   (1) Arrange to have an IMC "on call" if the need arises to have an application for MPW or MIC taken at the site, and

   (2) Post a notice to advise potential applicants when an IMC is available and what applications are taken. Include a telephone number on the notice that individuals can call for assistance.

b. Individuals may apply for MPW and MIC at the mandatory outstation regardless of their county of residence. Notify the county of residence that an application is being taken and follow procedures in C. Indicate on the base document that the application was taken at a mandatory outstation.

   (1) The county of residence **must** accept MPW and MIC applications at mandatory outstations regardless of whether contact with the county of residence is made prior to taking the application.

(III.B.)

(2) The local DSS may negotiate with the outstation location to expand the function of the IMC to include taking applications for other programs and/or completing re-enrollments. Follow procedures in C., if the IMC takes applications in other programs for residents of other counties at the outstation location. **These are courtesy applications**.

9. Voluntary Outstations

The county DSS can negotiate with any agency not deemed to be mandatory to place an IMC at the site for the purpose of taking applications. If the county decides to locate a caseworker at a voluntary outstation, the county must:

a. Determine the schedule for the outstation, and

b. Indicate on the base document that the application was taken at a voluntary outstation, and

c. Follow procedures in C. for residents of other counties who appear at the voluntary outstation. **These are courtesy applications**.

C. Individual Appears at County DSS Outside of his County of Residence (Courtesy Application)

An individual or his representative may appear at a county DSS outside of the individual's county of residence. An application taken by an IMC at a DSS outside of the individual's county of residence is a courtesy application.

1. Each agency must have a designated contact person for courtesy applications.

2. Prior to beginning the application process, the county in which the individual or his representative appears must verify with the contact person in the county of residence that a courtesy application will be accepted.

a. If the county of residence agrees to accept the application:

(1) Follow all procedures in MA-2301, Conducting A Face-To-Face Intake Interview. Complete the base document and all other required forms, including the DMA-5097/DMA-5097S, Request For Information (See Figure 6A/Figure 6B) and DMA-5001, Notice on the Use of Social Security Numbers, if online verifications are completed prior to the applicant signing an application.

(2) Complete all necessary computer matches.

(III.C.a.)

(3) Within two workdays of the date of the application, mail the information, first class, to the county of residence.

If the county of residence refuses to accept the application because the two workday requirement was not met, the non-resident county must process the application and assume full financial responsibility until an official county reassignment can be completed. Refer to MA-2221, County Residence, for county reassignment procedures.

(4) Within two workdays of receipt, mail any additional information that is received to the county of residence.

(5) The county of residence must:

(a) Document the initial contact from the county taking the application.

(b) Acknowledge receipt of the application in writing.

(c) Process the application following procedures in MA-2304, Processing The Application

(d) The date of application is the date the application form or base document was signed by the individual.

b. If the county of residence will not accept the courtesy application, notify the individual or his representative that he must file the application in the county of residence. Provide the individual or representative with the office address and phone number of the DSS agency in the county of residence. Also provide the DMA-5000, Adult Mail-In Application or the DMA-5063, Health Check/NC Health Choice for Children Application, and explain the mail-in application process if any of the individuals for whom assistance is requested appears potentially eligible for Medicaid and the individual wishes to apply by mail.

If an individual is in the hospital and a hospital representative contacts the county of residence regarding a courtesy application and the county of residence refuses, treat as a telephone request for assistance and follow procedures in E.

(III.C.)

c. If the non-resident county takes an application prior to contacting the county of residence, and the county of residence does not accept the courtesy application, the non-resident county must process the application and assume full financial responsibility until an official county reassignment can be completed. Refer to MA-2221, County Residence, for county reassignment procedures.

3. If the DSS learns after taking an application that the applicant is not a resident of the county, the DSS agency taking the application must process the application. If the application is approved, the case should be reassigned to the correct county of residence as soon as possible after approval.

The non-resident county can request that the DMA Claims Analysis Unit adjust financial responsibility to the county of residence.

a. Discuss the circumstances regarding the adjustment with the resident county and ensure that there is no objection to the adjustment. In cases of dispute, the MPRs for the counties involved will determine county financial responsibility.

b. The request for adjustment must be made to the Claims Analysis Unit as soon as the need is known and the case has been reassigned to the correct county of residence. Adjustments will not be made prior to county reassignment.

c. After the reassignment processes in EIS, the request for adjustment to county financial responsibility must be made in writing and submitted to:

Division of Medical Assistance
Claims Analysis Unit
2501 Mail Service Center
Raleigh, North Carolina 27699-2501

d. Include in the written request, the reason the case was authorized in the non-resident county, dates that must be adjusted, and that the resident county agrees with the adjustment. Also indicate that a copy of the request was sent to the resident county. The adjustment will not be made if the request does not indicate that the resident county was mailed a copy of the request.

(III.)

D. Individual Requests A Mail-In Application

1. The DMA-5000 can be used as a mail-in application for the following programs:

   a. MAA

   b. MAB (including HCWD)

   c. MAD (including HCWD)

   d. MAF-D, Medicaid Family Planning Waiver

   However, the DMA-5000, Adult Mail-In Application, can be an application for Family and Children categories just as the DMA-5063, Health Check/NC Health Choice for Children Application, can be an application for adult categories.

2. The application is available at any of the following locations:

   a. Local DSS

      The local DSS can make these applications available to the public without requiring the person to see the receptionist. If the agency opts to do this, a sign written in both English and Spanish must be posted with the applications informing the individuals of their right to make application that day.

      The sign must also explain that the date of application, which is used to determine the effective date of benefits, is based on the date the complete application is received in the agency. The sign should also state that the application cannot be used by all individuals. See Figure 10A for a sample of the language that is required to be included on the signs. For Family and Children's Medicaid applicants, there should be a supply of DMA-5063's.

   b. Local Aging Office.

   c. Other locations throughout the community as determined by the local DSS agency.

   c. DMA website at http://www.dhhs.state.nc.us/dma
   d.

(III.D.)

3. Prepare an application packet to mail-out. Include:

   a. The DMA-5000, Application for Adult Medicaid

   b. A Release of Information,

   c. A DSS-8227, Immigrant Access Notice,

   d. A pre-addressed return envelope. Write or stamp "Medicaid Mail-In Application" on the envelope.

4. Upon receipt of a mail-in application, follow procedures in MA-2302, Receiving Mail-In Applications.

E. Individual Makes a Telephone or Mail Request (Including a Referral from a Provider via the DMA-5020, Notice of Case Status) about Medicaid

1. A telephone or mail request for Medicaid is not considered an application.

2. These contacts are not logged.

3. An individual making a telephone or mail request for Medicaid has the option of making an appointment to complete an application, having the DMA-5000, Adult Mail-In Application, mailed to him, or coming into the agency to apply.

   The agency is responsible for making other arrangements, such as a home visit, for individuals who are physically or mentally unable to come to the DSS office to apply and who do not have a representative willing or able to act on their behalf

4. Regardless of the type of contact or the result, always explain to the individual the date of application and the effect that delaying the application has on covering medical bills incurred in the retroactive period.

5. If the contact is by telephone and the individual requests an appointment or a mail-in application:

   a. Schedule the appointment during the telephone contact.

   b. Enclose the Adult Mail-In Application with an appointment notice and a written explanation of the mail-in process.

(III.E.5.)

c. Include in your explanation how the date of application for a mail-in is determined. Refer to MA-2302, Receiving Mail-in Applications.

d. Instruct the individual to call the agency if he decides to file a mail-in application instead of keeping the scheduled appointment. Maintain a file of any written correspondence.

6. If the request is made in writing, within three workdays of receiving the request, send a letter scheduling an appointment to complete an application. Instruct the individual to contact the agency by phone if he has any questions.

a. Enclose the DMA-5000, Adult Mail-In Application, with an appointment notice and a written explanation of the mail-in process.

b. Include in your explanation how the date of application for a mail-in is determined. Refer to MA-2302, Receiving Mail-in Applications.

c. Instruct the individual to call the agency if he decides to file a mail-in application instead of keeping the scheduled appointment. Maintain a file of any written correspondence.

7 DMA-5020, Referral For Medicaid

If the provider makes the referral via the DMA-5020, Referral For Medicaid, for other than auto-newborn protection, follow the procedures in III.E.6. If a phone number for the individual is available, you may contact him by phone. In addition, if the individual signs the DMA-5020, complete and return it to the provider within 15 workdays. Refer to Figure 7 for a sample DMA-5020.

If the referral is for a newborn, refer to MA-3230, Eligibility of Individuals Under Age 21, in the Family and Children's Medicaid Manual.

IV. DISCOURAGEMENT

A. An individual must not be discouraged from applying for assistance. Discouragement occurs any time a staff member of the agency:

1. Suggests or requires that the individual wait to apply until other benefits such as VA and Social Security have been applied for, until a decision regarding the application for those other benefits has been made, or until written verification regarding the application for those other benefits has been obtained, or

(IV.A.)

2. Suggests that the individual make an appointment to apply when he appears at the agency, or

3. Suggests that the individual complete a mail-in application when he appears at the agency, or

4. Fails to explain how the date of application is determined for individuals who appear at the agency and request a mail-in application from the receptionist, or

5. Fails to explain available Medicaid programs to individuals requesting Work First Employment Services, including direct financial services such as car repairs or indirect financial services such as help preparing a resume, or

6. Incorrectly states or suggests that the individual is ineligible for Medicaid, or

7. Gives materially incorrect or incomplete information about available Medicaid programs or options.

B. Discouragement can also occur when the individual signed an application but was not informed of and/or offered the greatest benefit for which he may have been eligible. Discouragement with a signed application occurs when:

1. An individual is not informed of and/or offered retroactive Medicaid, or

2. An application is taken for ABD only or M-QB only when there is potential dual eligibility, or

3. A parent applies in a non-caretaker coverage group and is not informed of and/or offered assistance for the minor children.

C. If an individual claims he was discouraged from applying, he must provide proof of his claim.

D. Refer to MA-2304, Processing The Application, for procedures when reopening a case because of discouragement.

V. EXCEPTIONS TO THE RIGHT TO BE INTERVIEWED THE SAME DAY THE INDIVIDUAL APPEARS IN THE AGENCY

A. An individual must be afforded an interview on the day he appears at the agency and requests assistance unless:

(V.A.)

1. The individual arrives at DSS within an hour of the close of business, and there is insufficient time or staff to conduct the interview, or

2. The individual voluntarily leaves the DSS before he can be interviewed, without informing the receptionist, or

3. The individual voluntarily makes a request for an appointment on another day. The agency must not suggest that the individual make an appointment when he appears at the agency.

4. The individual voluntarily requests a mail-in application for an allowable Family and Children's Medicaid program and the record clearly documents that the date of application for a mail-in application was explained to the individual

B. When an appointment is requested or required, a staff member must:

1. Have an application signed by the individual, and

2. Explain that the date of application is protected when the application is signed, and

3. Explain that the application cannot be processed unless the interview is completed, and

4. Document why the appointment was made, and

5. Gather sufficient information to complete the DSS-8124 and to contact the individual later, if necessary, and

6. Schedule a mutually agreeable appointment for the interview. When possible, make the appointment for the next workday, and

7. Give or mail the DMA-5097/DMA-5097S, Request for Information, with the scheduled date and time for the interview.

8. If the individual fails to keep the scheduled appointment, send a DMA-5097/DMA-5097S scheduling a second appointment. Schedule the appointment at least 13 days after the first appointment so there are 12 calendar days between appointments.

   If the individual fails to keep the second appointment, see MA-2304, Processing The Application, for procedures to deny the application.