
COUNTY RESIDENCE
MA-3340: COUNTY RESIDENCE
07/01/04

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I. POLICY RULES

A. An individual applies for Medicaid in his county of residence.

County residence is not an eligibility requirement. When it is discovered that an individual is a resident of another county, do not deny an application. The county must continue to process and transfer to the correct county following procedures in this section.

B. If a recipient moves to another county, transfer the case to the new county of residence.

II. DETERMINING COUNTY OF RESIDENCE

A. Non-Institutional Living Arrangement

1. An individual has residence in the county in which he lives.
2. DSS custody
 - a. A child in the custody of the county dss retains the residence of the county having custody until he reaches age 18, or until age 21 if he is in school, and requests that his custody remain with the county DSS.
 - b. A child born to a minor mother in DSS custody retains the residence of the county that has custody of the minor mother.
3. Child under age 21
 - a. Living in the home

A child under age 21 living in the home of his parent(s) has residence in the county of his parents.

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(II.A.3.)

b. Living outside of the home

A child under age 21 living outside of his parents' home has residence in the county in which he resides, except a child who is temporarily absent from his parents' home. See 4. below for determination of temporary absence.

c. Job Corp

A participant in the Job Corp Program retains the county of residence of the adult caretaker with whom he was residing prior to entering the program.

d. Student

A student, under age 21, is a resident of the county in which the adult caretaker with whom he was residing prior to admission to school resides.

The exception is a student living independently who has assumed total financial responsibility for his own support (tuition and living expenses) and care. This student has residence in the county in which he resides.

e. Receiving Title IV-E or Special Needs Adoption Assistance from North Carolina

A child under age 18 receiving Title IV-E Special Needs Adoption Assistance has residence in the county in which the adoption assistance was established. SSI children receiving adoption assistance also have residence in the county in which the adoption assistance was established.

- (1) The county can enter in EIS the county of residence for a child receiving Title IV-E and SSI. These children remain IAS.
- (2) However, the county of residence for SSI children receiving Special Needs Adoption Assistance is determined by the SDX and may be different from the county that established the adoption assistance. In these situations, coordinate with the Social Security Administration to have the county of residence changed on the SSI record. This change will be reflected in EIS. If you are unable to coordinate with your local SSA office, please contact the Medicaid Eligibility Unit.

f. Receiving Title IV-E or Special Needs Adoption Assistance from Another State

- (1) A child receiving Title IV-E Adoption Assistance from another state has the county of residence in the county where he resides with his adoptive parents.

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- (2) A child under age 18 who moved to North Carolina and was approved as part of the Interstate Compact on Adoption and Medical Assistance (ICAMA) has the county of residence in the county where he currently lives with his adoptive parents. If the child receives SSI and SSI has his address established incorrectly for Medicaid purposes, contact and coordinate with the Social Security Administration to have the county of residence changed on the SSI record. The change will then be reflected in EIS. If you are unable to coordinate with your local SSA office, contact the Medicaid Eligibility Unit.

- g. A child receiving Title IV-E Foster Care assistance from another state has the county of residence in the county where he is placed.

4. Temporary Absence From the County

- a. Temporary absence from the county of residence with subsequent return or intent to return does not change the county of residence unless another county has determined that the person is a resident there.

Absence ceases to be temporary at the point a decision is made that the individual will not be returning to the family home within 12 months.

- b. Verify and document temporary absence by client statement, including reason for absence and anticipated date of return.

5. Absence from the County for Treatment

- a. An individual may be absent for the purpose of obtaining medical care/treatment in a hospital, skilled nursing, intermediate care facility or psychiatric residential treatment facility provided the absence is not expected to exceed 12 months.
- b. If treatment is expected to last less than twelve months, no change to the Medicaid status is necessary.

- (1) Evaluate expected duration of absence initially and at next re-enrollment by sending a letter to the facility.
- (2) Include the following in the letter and ask the facility to verify:

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- (a) Date entered
- (b) Time spent in the facility to date
- (c) Expected length of stay

c. If treatment is expected to exceed 12 months, immediately consider the individual to be in long-term care. Follow the instructions in [MA-3325, Long Term Care Budgeting](#).

6. Temporary absence does not apply to situations in which:

- a. The child is not wanted in the home, or
- b. There is no room for the child in the home, or
- c. The relatives are unable physically or mentally to maintain a home for the child.

B. Institutional Living Arrangement

- 1. A Child Under Age 21
 - a. A child has residence in the county of the parents or custodial relative with whom he resided prior to admission.
 - b. If a child is not living with a relative or parent prior to admission, he has the residence of his mother or, if that is unknown, the residence of the father. If neither residence is known, the minor is a resident of the county in which he is found.
 - c. A child's residence changes if the relative with whom he was residing prior to entering the facility or institution establishes another residence before the child reaches age 21.
 - d. Once the individual reaches age 21, he retains residence in the county he was in the month prior to turning 21.
- 2. An individual, placed in an institution as a minor and being prepared for placement outside the institution, may establish a county of residence regardless of his parent's legal residence. Residence will be based on the individual's intent, if capable, to remain in North Carolina in whatever local facility can best meet his needs. His placement in a community setting establishes county residence.

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C. Disputed County Of Residence

If the county of residence is disputed, counties should contact their Medicaid Program Representative (MPR) for settlement. The county in which the applicant files the application must proceed to process the application without delay. Upon review of all facts in the case, the MPR will notify the counties of the decision regarding residence.

If the county who processed the application is not the county of residence, then that county should immediately contact the Claims Analysis Section of DMA. Additionally, the county should identify any claims charged in error to the county by reviewing the "Recipient Payment Register." Once claims are identified, notify the Claims Analysis Section in writing of the charges. Include the recipient's name, individual identification number, and dates of service.

NOTE: This is different from the situation in which a county took a courtesy application and the county of residence refuses to accept the application. For this situation, see [MA-3200, Initial Contact](#).

D. Individuals With No Permanent Address

A person with no fixed or permanent address is a resident of the county where he states his intent to remain. If the individual is incapable of stating his intent to remain, he is a resident in the county in which he is found.

III. VERIFYING THE COUNTY OF RESIDENCE

A. Accept the client's statement as verification unless there is reason to doubt it.

B. If there is reason to doubt the client's statement, verify using the following sources:

1. Home visit/collateral contacts
2. Real and personal property tax records
3. Motor vehicle registration
4. Driver's license, i.e., address
5. Order of custody/placement responsibility by the court.

An individual who recently moved may not have had time to update these items. Evaluate each situation based on its individual circumstances.

IV. APPLICANT MOVES FROM ONE COUNTY TO ANOTHER COUNTY

A. Policy Rules

1. Do not transfer an application to another county.

If an application is denied or withdrawn, no further action is necessary.
2. **Once the application is approved, transfer the ongoing case according to procedures in [V](#).**
3. The county that took the application is financially responsible for all eligible months beginning with the retroactive period until the transfer effective month for the active case.
4. When there is a pending application in more than one county, use the first date of application. The county that took the first application is responsible for processing.

B. Verification of Move

1. When an applicant reports he has moved to another county, document the new address, phone number, and county of residence. Update this information in the case record and EIS when the case is approved.
2. When the county learns from another source that an applicant has moved, send a [DMA-5097, Request for Information](#), asking the applicant to verify the new address.
3. If the applicant does not respond, send a second [DMA-5097, Request for Information](#). If no response, follow instructions in [MA-3215, Processing the Application](#).
4. If the applicant has moved, but left no forwarding address, follow procedures in [MA-3215, Processing the Application](#), to determine a current address.

C. Responsibility of the Second County to Assist

1. Each agency must appoint a contact person(s) to handle all mail and phone inquiries regarding applicants that move to another county.
2. The contact person in the first county may request assistance from the second county in locating an applicant that has moved to the second county and/or obtain information necessary to determine eligibility.

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(IV.C.)

3. The contact person in the second county must make a reasonable effort to contact the applicant and/or obtain necessary information/ verification.
4. The contact person in the second county must respond to the contact person in the first county within two workdays of the request for assistance.

D. Disputes

In the case of a dispute between counties concerning the responsibility for delay in processing, contact your Medicaid Program Representative (MPR). The MPRs for the respective counties will determine which county is responsible for the delay based on the policy set forth above. The documentation of the contact persons is used to make the determination.

V. COUNTY REASSIGNMENT OF ONGOING CASES

A. Medicaid Cases

When a recipient in an ongoing case moves from one county to another, his Medicaid eligibility must continue without a break in coverage provided he continues to meet all eligibility criteria. For NC Health Choice cases, refer to [MA-3255, NC Health Choice for Children](#).

B. Work First Cases

Work First recipients must receive benefits from the county in which they reside. A Work First case cannot be transferred from one county to another. Follow instructions in [Section 204 of the Work First Manual](#) to transfer the Work First case to MAF-C through the remainder of the existing payment review period. If no months remain in the payment review period, complete a re-enrollment before transferring the case to MAF-C. Follow instructions below for county reassignment.

NOTE: AAF cases with payment type 4 (4 months Transitional Medicaid) or payment type 5 (12 months Transitional Medicaid) are Medicaid cases and can be transferred to another county.

C. First County Responsibility When Learning of Client's Move or Plan to Move

1. If a client plans to move to another county, explain to the recipient his responsibility to notify the IMC in the first county when he actually moves.
2. Upon notice of actual move to the second county, inform the a/r, verbally when possible, and by transfer letter, of the agency's responsibility to continue assistance if eligibility exists.

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Also, advise the a/r of his responsibility to contact the first county immediately to report any changes in the household that may affect Medicaid eligibility such as income and/or household composition. The first county must react to all changes reported before the transfer is complete.

D. Case Status

Prior to keying a county transfer, always check the certification period. Also, check to see if there are other Medicaid cases for the household, including the Adult Medicaid Program. If a re-enrollment is due, do not complete the transfer until the re-enrollment is completed.

1. Authorized case

- a. If a re-enrollment is due, the first county must complete the re-enrollment and authorize for the next certification period, then reassign the case to the second county.

EXAMPLE: The transfer effective month is February. The certification period is August - January. The first county must complete the re-enrollment prior to transfer.

- b. If a re-enrollment is due in the month the transfer is effective or later, the second county must complete the re-enrollment and authorize for the next certification period.

EXAMPLE: The transfer effective month is October. The certification is July – December. The second county must complete the re-enrollment and authorize for the next certification period.

- c. If the first county transfers a case to the second county with an expired certification period, the first county is still responsible for completing the re-enrollment. Once the re-enrollment is completed, the first county should send the second county the re-enrollment to authorize the next certification period in EIS.

EXAMPLE: The transfer effective month is July. The certification period expired in June. The first county must complete the re-enrollment and send the re-enrollment to the second county to authorize for the next certification period in EIS.

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2. Deductible case
 - a. If the deductible has been met by time of notification of the move, follow procedures in [1.](#) above.
 - b. If the deductible has not been met at time of the move, always check the certification period. Complete the re-enrollment, if needed, then complete the county transfer.
 - c. If and/or when the first county receives notification and verification from the second county that the deductible was met during the first county's responsibility, the first county authorizes assistance on a DSS-8125 for its period of responsibility only.

E. Effective Date of County Transfer

1. The effective date of the county transfer may be no earlier than the second month following completion and mailing of the transfer letter. **At a minimum, the first county will continue assistance for one month following the keying of the transfer.**
2. Transfer the case in EIS effective the second month following the month of input.

Example: On October 18 the recipient notifies the first county of a move to the second county. The certification period is checked to determine if a re-enrollment is due. The certification period ends in February. The transfer letter is mailed on October 26. County reassignment is keyed the same day. The transfer is effective December 1.

3. **You may key a county transfer through the last working day of the month.**
4. **Managed Care and HMO coverage for M-AF or M-IC cases is automatically terminated by EIS the last day of the month prior to the ongoing month. See [EIS 3500, County Transfers for Active Cases.](#)**
5. **CAP coverage is automatically terminated by EIS on the last day of the month before the transfer effective month. If the recipient is still eligible for CAP services in the second county, the new county must re-activate CAP coverage. See [EIS 3500, County Transfers for Active Cases.](#)**

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F. Completing the Transfer Letter

Complete a transfer letter on the same day that the county transfer is keyed. (See [Figure 1](#) for a sample letter.)

1. Give the original to the client if he is in the agency or mail if notification was by telephone call or letter.
2. Send a copy of the transfer letter, along with a copy of the most recent case profile, to the second county.
3. File a copy in the eligibility record.

G. Medicaid ID Cards

If an address correction cannot be made on or before the last working day of the month in which the county reassignment was keyed, and the Medicaid ID card is returned to the first county, mail the Medicaid ID card directly to the recipient during the county transfer process.

If the client does not receive the ID card during the transfer process and it has not been returned to the first county, issue a replacement if his name is on the ID card register. Refer to [MA-3505, Medicaid Identification Card](#), for issuing a replacement card.

H. Second County Responsibility

1. If a recipient notifies you of a move from another county, but has no transfer letter, notify the first county immediately. Verify the assistance status in the first county. Work with the first county in determining if case is due for re-enrollment. Assist the first county and the client in completing the re-enrollment and transfer.
2. Upon receipt of the transfer letter:
 - a. Establish a case record including all copies of transfer letters.
 - b. Refer the record to the appropriate caseworker for action.
 - c. Contact the client immediately.

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- d. Enter any new information in EIS.
 - e. Request the client's case from the first county via form [DSS-2216, Request for Record](#).
3. If the recipient's deductible was met during the first county's responsibility:
- a. Notify the first county of the dates of eligibility,
 - b. Provide a listing of medical expenses considered, and
 - c. Authorize assistance in the second county effective the date of county reassignment.

I. Move to Third County

1. First County Responsibility:

If the recipient moves to a third county prior to the effective date of the county reassignment to the second county:

- a. Notify the second county to terminate, and
- b. Initiate an administrative reapplication, and
- c. Initiate county reassignment to the third county.

2. Second County Responsibility:

a. If the recipient moves to a third county prior to the effective date of county reassignment, but the move is discovered after the effective date of county reassignment:

- (1) Continue assistance, and
- (2) Initiate county reassignment to the third county based on procedures in this section.

b. If the recipient moves to a third county on or after the effective date of county reassignment:

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(V.I.2.b.)

- (1) Continue assistance, and
 - (2) Initiate county reassignment to the third county based on procedures in this section.
- c. If the recipient moves, leaving no forwarding address, and all methods of contacting him are exhausted:
- (1) Send timely notice of proposed action to terminate for unable to locate to the client at his last known address. Follow requirements in [MA-3430, Notice and Hearing Process](#).
 - (2) Terminate the case in EIS.
 - (3) Document in the record all efforts to locate the recipient.
- d. If the recipient moves back to county 1 prior to the effective date of transfer, but the transfer is already showing in EIS, follow procedures in [V.I.1. and 2.](#)

VI. TRANSFERS KEYED TO WRONG COUNTY

If a county discovers that a case has been transferred to their county in error, follow the procedures in V.H.1. and 2. Counties are strongly encouraged to check the Pending County Reassignment Report, DHREJA PENDING CNTY REASSIGNMENT, daily. Follow instructions in [EIS 1061, XPTR Report Distribution System](#), to access the report.

MA-3340: FIGURE 1 - TRANSFER LETTER