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**SSI MEDICAID**

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**MA-3120 SSI MEDICAID  
REISSUED 10/1/05 – CHANGE NO. 23-05**

**I. INTRODUCTION TO SSI**

North Carolina contracted with the Social Security Administration (SSA) under Section 1634 of the Social Security Act to determine Medicaid eligibility for individuals who receive SSI. This contract is called a “1634 Agreement” and is effective January 1, 1995. Under this agreement, individuals are eligible for Medicaid based solely on receipt of SSI.

Although SSA determines Medicaid eligibility for SSI recipients, the Eligibility Information System (EIS) issues Medicaid cards and automated notices for these recipients. This is done independently from the issuance of the SSI check.

The majority of SSI recipients receive Medicaid under the MAABD aid program/category. However, there are limited situations where SSI recipients receive Medicaid under HSF or Transitional Medicaid. The purpose of this section is to provide an overview of the automated process which generates Medicaid eligibility based on SSI and provide instructions for situations in which the Family and Children’s caseworker may have interaction with SSI recipients.

**II. OVERVIEW OF AUTOMATED SSI MEDICAID PROCESS**

**A. State Data Exchange (SDX)**

The SDX is how SSA transmits information regarding SSI recipients and applicants to the state. The state uses information on the SDX to create a Medicaid record in EIS for each SSI recipient. The SDX controls Medicaid eligibility for SSI recipients. Except for the situations identified later in this section, only the SDX can update information in EIS for a SSI recipient. **This is true even when the county dss has verified information that is inconsistent with data on the SDX.**

**B. When SSI is Approved EIS Uses Information on the SDX To Automatically:**

1. Create a new SSI MAABD case effective the month of SSI approval (but not prior to January 1, 1995) for an SSI recipient who is unknown to EIS or in a pending application in EIS, or
2. Modify an HSF case by setting the SSI status to “Y”. If the case is in deductible status, it is authorized, or
3. Modify a single person AAF case (payment type 5) by setting the SSI status to “Y”, or
4. Close any other single person case in deductible or authorized status in EIS and create an SSI MAABD case, or

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5. Delete an SSI recipient from any multiple person case (MAF, MIC, etc.) in EIS and create an SSI MAABD case for the individual, and
6. Delete any pending 8125 action for any case terminated in EIS due to SSI approval.

**C. Ongoing Automated Maintenance in EIS**

For ongoing SSI Medicaid cases, EIS uses information on the SDX to automatically:

1. Update case and individual data in EIS.
2. Issue automated approval, denial, termination and redetermination notices.
3. Issue Medicaid cards for SSI recipients.
4. Change to ex parte status when SSI stops.

**D. SSI Medicaid Recipients In EIS**

A SSI Medicaid case is in EIS just as a regular Medicaid case is in EIS with case and individual data and history. SSI Medicaid recipient data is also available in Name Search.

1. SSI Status

The SSI status is “Y” for SSI recipients. It is “N” for all other recipients in EIS. The SDX controls the SSI status indicator. When the SSI status is “Y”, Medicaid cannot be terminated by the dss.

2. Aid Program/Category

The aid program/category is always MAA, MAB, or MAD except for the following situations:

- a. SSI children in foster care may be HSF.
- b. SSI recipients in a single person Transitional Medicaid case (payment type 5) remain AAF.
- c. SSI recipients who also receive Special Assistance are SAA or SAD.

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3. Classification
  - a. SSI recipients are always Categorically Needy (C) or (Q).
  - b. EIS controls the class for AAF (payment type 5).
  - c. The county dss controls the class for HSF and IAS.
4. Individual Eligibility History (IE)
  - a. The IE segment indicates the individual is an SSI Medicaid recipient beginning with the first month of SSI.
  - b. The certification thru date is 12/31/9999.
5. ID Cards

All SSI recipients receive a gray Medicaid card. HSF, AAF (payment type 5), SAD, SAA, and LTC cases retain the district number assigned by the county. For MAABD cases in a private living arrangement (pla), the district number is "SDX" on the EIS case and ID card to indicate the individual is an SSI Medicaid recipient.

**III. COUNTY DSS RESPONSIBILITY WHEN SSI IS APPROVED****A. Exception Processing**

When SSI is approved for an individual, the information on the SDX is matched to EIS to determine if the SSI individual is in EIS. This is necessary in order for EIS to know whether to create a new SSI Medicaid case or modify an existing EIS case to SSI Medicaid.

1. Match Criteria

In order to make the decision, the SDX matches with EIS on four criteria:

- a. Social Security Number
- b. First Name
- c. Last Name
- d. Date of Birth

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(III.A.)

## 2. Partial Match

When SSI is approved for an individual, the information on the SDX is matched to EIS to determine if the SSI individual is already in EIS. The purpose of matching is to prevent duplicate EIS individual ID's and benefits. If the individual is not in EIS, EIS creates a new case. If the individual is found in EIS, EIS creates a new case for the individual and closes or deletes him from the existing case, or in some cases modifies the existing case. Refer to EIS 4200, Part 3 for information. Also follow instructions in MA-1100, SSI Medicaid/County DSS Responsibility for county dss responsibility when an active Medicaid recipient or applicant in EIS is approved for SSI.

When the Social Security Number of an individual on the SDX matches with an individual in EIS but one of the other criteria does not match or the social security number is found more than once in EIS, EIS creates an exception report called the "SDX Exception List" which is online in EIS. The county dss must determine if the individuals are the same. It is very important to work the exception report weekly. See EIS 4200, Part 2 for instructions to resolve the discrepancies. **UNTIL THE DISCREPANCY IS RESOLVED, EIS CANNOT PROCESS THE SSI MEDICAID CASE AND/OR ISSUE MEDICAID.**

**B. SSI Approval with Pending Family and Children's Medicaid Application**

1. Each individual in a pending application in EIS who begins to receive SSI is identified to the county dss on the report: SSI IND IN EIS PENDING APP. This report is generated in NCXPTR at the time of the SDX weekly update. The application remains on the report until it is dispositioned. Refer to EIS 4200 for additional information on the report.
2. When SSI is approved, EIS automatically creates an SSI Medicaid case for the individual and authorizes MAABD effective the first month SSI is approved.
  - a. The pending application is not altered in any way.
  - b. The county dss must approve, deny, or withdraw this application.
  - c. Continue to follow application processing requirements in MA-3215, Processing the Application.
3. Single Person Application
  - a. Process the application for the period of time covered by the application (ongoing and retroactive) prior to SSI Medicaid authorization.

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- b. If the individual has a deductible, recalculate the ongoing deductible based on the number of months beginning with the month of application through the last month prior to SSI Medicaid authorization.
  - c. Use the DMA-5097, Request for Information, or the DMA-5099/DMA-5099S, Medicaid Application Pending for a Deductible, to notify the individual of the revised deductible.
  - d. If the application is approved for the period prior to SSI authorization, approve open/shut.
  - e. If the individual is ineligible for Medicaid prior to SSI Medicaid authorization, deny the application per MA-3215, Processing the Application.
4. Multiple Person Application (MAF, MIC, AAF)
    - a. Continue to process the application for the remaining individuals in the application.
    - b. Delete the SSI individual from the assistance unit, the budget unit and needs unit effective the month of SSI Medicaid authorization.
    - c. Adjust the maintenance allowance for the remaining applicants effective the month the SSI individual is deleted.
    - d. Recalculate the deductible, if applicable, for the months in the certification period prior to SSI authorization and for the ongoing case.

**C. SSI Approval With Active Case in EIS (other than HSF or AAF)**

1. Each SSI approval who is in an active case in EIS is identified to the county dss on the SSI MED CREATED/MODIFIED Report. This report is generated in XPTR each time EIS is modified as a result of an SSI approval. Refer to EIS 4200 for additional information on the report.
2. Single Person Case
  - a. When an authorized individual in any aid program/category except HSF or AAF is approved for SSI, no further action is required.
  - b. When an individual in deductible status is approved for SSI, take the following steps:

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- (1) Recompute the six month deductible based only on the income and the number of months in the certification period prior to SSI Medicaid authorization.
  - (2) Notify the individual of the revised deductible.
  - (3) If the revised deductible is met, authorize for the period of time prior to SSI Medicaid authorization.
3. Multiple Person Case (MAF, MIC)
- a. React to the non-SSI case within 30 days.
  - b. Delete the SSI individual from the budget unit/needs unit effective the month of SSI Medicaid authorization.
  - c. Recalculate the six month deductible, if applicable, based on the number of months the SSI individual was in the certification period.
  - d. Notify the ongoing MAF case of the amount of the new deductible.
  - e. If the change causes the case to have a deductible, send a timely notice.
  - f. Refer to MA-3410, Terminations and Deletions, for instructions on deleting an assistance unit member.

**D. SSI Approval with Active HSF Case in EIS**

Special provisions were made to allow SSI children in county custody to remain in HSF. This allows the county dss to continue to update certain data elements in EIS. This is necessary because children in dss custody may have an address and county number on the SDX other than the Medicaid county of residence. Also, this allows the State to identify children in dss custody for federal reporting purposes.

1. When an authorized HSF recipient is approved for SSI, the SSI status is set to “y”. The case remains in HSF. This situation is not identified on the SDX/EIS Updates Report.
2. If the HSF case was in deductible status, the case is automatically authorized. Individuals in HSF who go from deductible status to authorized are identified in the SDX/EIS Updates Report. Follow instructions in C., above to recompute the deductible for the time prior to SSI Medicaid authorization, if applicable.

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**E. SSI Approval for Individual in Transitional Medicaid Case**

Because of EIS system constraints an individual receiving transitional benefits (single person AAF payment type 5) who becomes eligible for SSI remains authorized as a transitional case.

1. When a single person Transitional Medicaid case is approved for SSI the case remains AAF (payment type 5).
2. EIS sets the SSI status to “Y.” The individual will receive automatic Medicaid.

**IV. COUNTY DSS RESPONSIBILITY FOR ONGOING SSI RECIPIENTS**

**A. SSI Child in County Custody (HSF)**

1. The county dss continues to be responsible for county custody and placement.
2. The county dss retains the capability to update address, county, district number, and county case number.
3. Only the SDX can update the following fields in EIS:
  - a. SSI Status
  - b. Certification Thru
  - c. RSDI Claim Number
  - d. First Name, Middle Initial, Last Name
  - e. SSN
  - f. Date of Birth
  - g. Sex

**NOTE:** The county DSS may discover information on the SDX is incorrect. The information may not affect SSI eligibility, but it is causing a problem with Medicaid claims, buy-in or some other factor that affects Medicaid eligibility. Use the DMA-5049 to report this information immediately to SSA. Use “Other” to specify the problem. In the unusual situation that SSA does not react to changes reported by the client or dss and it is causing a hardship for a recipient or provider, contact DMA, Medicaid Eligibility Unit. A policy consultant will work with you on a case by case basis.

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4. When an SSI child who is in HSF is no longer in county custody, he must be taken out of HSF.
  - a. As long as he receives SSI his Medicaid cannot be terminated.
  - b. Enter a DSS-8125 to transfer the HSF case to MAABD. Refer to EIS 4200 for instructions.
5. When an SSI recipient who is receiving Medicaid under MAABD enters county custody, the county dss can transfer the child to HSF.
  - a. As long as he receives SSI his Medicaid cannot be terminated.
  - b. Enter a DSS-8125 to transfer the MAABD case to HSF. Refer to EIS 4200 for instructions.

**B. SSI Recipient in Single Person Transitional Case (AAF type 5)**

1. The county dss retains the capability to update address, county, district number, and county case number.
2. Only the SDX can update the following fields in EIS:
  - a. SSI Status
  - b. RSDI Claim Number
  - c. First Name, Middle Initial, Last Name
  - d. SSN
  - e. Date of Birth
  - f. Sex
3. At the end of the transitional certification period, the individual must be transferred to MAABD.
  - a. Enter a DSS-8125 to transfer the AAF case to MAABD.
  - b. Refer to EIS 4200 for instructions.

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4. An individual authorized for SSI Medicaid under MAABD cannot be transferred to Transitional Medicaid.

**C. Reporting Changes**

1. The county dss retains the capability to update certain fields in EIS for SSI recipients in HSF or AAF (payment type 5). Therefore, these recipients must report changes that affect Medicaid to the county dss. When changes are reported, treat this as change in situation. Update the allowable fields in EIS.
2. When an SSI recipient reports health insurance information to the dss, complete a DMA-2041. Enter this information in EIS. If the recipient does not have enough information to enable you to complete the DMA-2041, instruct him to obtain the additional information and advise him to contact you with the information as soon as possible.
3. When an SSI recipient also receives **Food and Nutrition Services** or other services, advise the recipient to report changes to the appropriate dss office.
4. When the dss learns of a change in an SSI Medicaid recipient's situation that might affect his eligibility for SSI and Medicaid, and the client does not/cannot report the change to SSA, use the DMA-5049, Referral to the Local Social Security Office, to report information to the local SSA office. Use this referral only when SSA is not aware of the change in situation. Examples of when to use the DMA-5049:
  - a. DSS learns SSI recipient dies,
  - b. SSI recipient enters a public institution, nursing facility, or rest home,
  - c. DSS learns information that affects the SSI payment,
  - d. DSS suspects fraud.

**D. Retroactive Medicaid**

SSI applicants/recipients are eligible for retroactive Medicaid for the 1, 2, or 3 month period prior to the SSI month of application. The SSI date of application is protected for any Medicaid coverage group. (Individuals can continue to apply for retroactive Medicaid based on the Medicaid date of application at the dss. Refer to MA-3200, Initial Contact, for rules for accepting and processing non-SSI retroactive Medicaid applications.)

The a/r must apply for retroactive Medicaid within 60 days (90 days with good cause) from the date of the SSI Medicaid approval or denial notice in order to protect the SSI retroactive period.

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The vast majority of SSI recipients will receive retroactive Medicaid under MAABD. Refer to [MA-1100](#) of the Aged, Blind and Disabled Manual. In limited situations an individual can receive retroactive SSI Medicaid under a Family and Children's aid program/category.

1. Do not evaluate under a Family and Children's aid program/category unless the individual does not meet the eligibility requirements for MAABD.
2. The application date entered on the DSS-8124 is the SSI date of application. Mark the application "Administrative". The SSI date of application is located on screen two of the on-line SDX.
3. Enter the exact first and last name, Social Security number, and birth date as listed on the SDX.

**IMPORTANT: EIS DATA MUST MATCH SDX DATA TO PREVENT FUTURE DISCREPANCIES.**

4. Use the EIS individual ID number assigned to this individual.
5. If eligible in the retro period, approve the application as open/shut.
6. Follow procedures in [MA-3530](#), Corrective Actions and Responsibility for Errors, to request an override when the 365 day limit for filing claims has expired or less than 45 days remain before the time limit expires.
7. If the individual is not eligible in the retro period, deny the application per [MA-3215](#), Processing the Application.

**V. SSI TERMINATIONS**

When SSI terminates, you must complete a redetermination of eligibility for Medicaid. The individual remains authorized after SSI is terminated while the redetermination is completed. When the SSI termination processes in EIS, the termination appears on the SSI TERMINATION REPORT. The SSI indicator changes to "N." The case remains open with a Medicaid through date of 12/31/9999. Within 5 workdays the county dss must initiate an ex parte review to determine whether the recipient qualifies for Medicaid under any other coverage group. Send to the client the [DMA-5180, SSI Check Terminated: Information Needed To Determine Medicaid Eligibility](#), only if there is nothing found through the ex parte process to assist you in determining ongoing eligibility in another program.

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**A. Automated Recipient Notice**

— When the SDX indicates a recipient is being terminated from SSI, EIS will generate an automated EIS notice to the recipient. See the [DMA-5100](#), SSI Exparte notice.

The notice advises the recipient:

1. To contact the local SSA if he wants to appeal the SSI termination.
2. The county dss must determine whether he may continue to be eligible for Medicaid as a non-SSI recipient.
3. The county dss will contact him if further information is needed.
4. When the determination is completed, a written notice will be sent to inform the recipient of the Medicaid decision.

**B. Medicaid Redetermination (“Ex parte”)**

The term ex parte means to make a determination from the existing record (SDX).

1. Initiate the ex parte within 5 workdays of the date the termination appears on the SSI TERMINATION REPORT.
2. The county must complete the redetermination within 4 months of the month the case appears on the SSI TERMINATION REPORT and notify the recipient about his ongoing eligibility for Medicaid.
3. Use the DMA-5063 as the redetermination base document. The SSI recipient's signature is not required for an ex parte determination.
4. If the recipient lives in another county, the county in which the SSI TERMINATION REPORT appears must contact the county of residence immediately and tell them of the SSI termination. Within 5 workdays the first county must send a copy of the SSI TERMINATION REPORT to the county of residence who must complete the ex parte redetermination.
5. Review all possible sources of information available to the agency, including information verified by other programs. Use as a resource the [DMA-5138, Ex Parte Review Checklist \(Non-MIC/NCHC Re-Enrollments\)](#). Medicaid eligibility is determined according to the rules of the appropriate Medicaid coverage group. The county must accept current verifications from other programs as accurate. Refer to [MA-3410](#), Terminations and Deletions, for definition of what is considered current. Information on the SDX is no longer current as the SSI case is no longer active.

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6. When necessary information is unavailable or is not current, the county must request the needed information from the recipient.
  - a. Necessary information may be requested by telephone or in writing using the DMA-5097, Request for Information. Allow the recipient 12 calendar days from the date of the request to provide the information.

**Example** If the DMA-5097 is mailed on Wednesday, January 10, to request current wage information, the deadline for providing the information is Monday, January 22.

If the recipient needs more time, allow another 12 calendar days.

- b. If the recipient does not provide the requested information by the deadline, send timely notice proposing termination for failure to provide necessary information.
7. Federal regulations allow up to 4 months, if needed, to complete eligibility redeterminations for persons losing SSI.
  - a. Federal financial participation is available for Medicaid during the redetermination. The redetermination and notice of decision must be completed within the four month period.
  - b. The four month period begins the month the case appears on the SSI TERMINATION REPORT. (Ex: The case appears on the SSI TERMINATION REPORT in July. July, August, September and October are continuation months. The redetermination and notice of decision must be effective no later than October 31.)
  - c. Counties may be liable for chargebacks of Medicaid expenditures for ineligible cases if Medicaid must be extended longer than 4 months to complete a redetermination and/or send timely notice of termination.

### C. Redetermination Results

When all necessary information has been obtained and/or requested, determine whether the recipient is eligible for Medicaid under any category. One of several eligibility outcomes is possible:

- Recipient is eligible for full Medicaid without a deductible; or
- Recipient will be eligible for full Medicaid if he meets a deductible; or
- Recipient is eligible as Breast and Cervical Cancer Medicaid, MQB, Q, B, E or Family Planning Waiver; or

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- Recipient is eligible for Work First (Follow inclusion rules when adding recipient to Work First case.); or
  - Recipient is ineligible for any Medicaid coverage; or
  - Recipient did not provide necessary information so is ineligible.
1. If eligibility is established in any aid program/category the certification period begins with the current processing month in EIS.  
  
Example: Review completed September 27. The current processing EIS month is November. The appropriate certification period begins November 1.
  2. If the recipient is eligible for Medicaid but must meet a deductible, determine if the recipient can meet the deductible.  
  
He can if:
    - a. His deductible amount is \$300 or less, or
    - b. His predicted expenses are within \$300 of meeting the deductible.
  3. If it is determined that the recipient can meet his MAABD deductible:
    - a. Put the case in deductible status.
    - b. Follow deductible policy in MA-3315, Medicaid Deductible, to apply medical expenses to the deductible.
    - c. Indicate the deductible amount on the automated notice.
    - d. EIS will generate an automated timely notice.
    - e. If the recipient wants to receive Family Planning Waiver while meeting a deductible, enter a DSS-8124 to open a FPW case. When the a/r meets the deductible, send an adequate notice to terminate the FPW case.
  4. If it is determined that the recipient can meet a MAF deductible:
    - a. Terminate the MAABD case.
    - b. EIS will generate an automated notice.
    - c. Enter an administrative DSS-8124 re-application for an MAF case.

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- d. Pend the application to meet the deductible. (MAF cases cannot be approved in EIS in deductible status. If the recipient wants to receive Family Planning Waiver (FPW) while meeting a deductible, enter another DSS-8124 to open a Family Planning Waiver case. When the a/r meets the deductible, send an adequate notice to terminate the Family Planning Waiver case.
  - e. If the caretaker has applied for or receives Medicaid in any aid program/category except MPW or asks to receive Child Support services and agrees to cooperate, you must refer the case to IV-D. Research ACTS to determine if there already is a referral. If there is not and the information for referral is available, make the referral. If the information for referral is unavailable, refer to IV-D at next redetermination.
5. Terminate the case (MAABD or MAF) if it is determined that the individual's deductible is greater than \$300 or his predicted medical expenses are not within \$300 of meeting the deductible.
  6. If it is determined that the recipient is eligible as MIC:
    - a. Terminate the MAABD case.
    - b. Enter an administrative DSS-8124 to open an MIC case.
    - c. EIS will generate an automated notice.
    - d. If the caretaker has applied for or receives Medicaid in any aid program/category except MPW or asks to receive Child Support services and agrees to cooperate, you must refer the case to IV-D. Research ACTS to determine if there already is a referral. If there is not and the information for referral is available, make the referral. If the information for referral is unavailable, refer to IV-D at next redetermination.
  7. MAF Caretaker Evaluation

To receive as a caretaker the individual must meet the requirements in the Family and Children's manual section MA-3235, Caretaker Relative Eligibility.

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8. If the recipient is eligible as MQB only, transfer the case to MQB. EIS will generate an automated notice.
9. Terminate the MAABD if recipient is ineligible for Medicaid under any category, following timely notice procedures.
10. Terminate the MAABD case if information that was unavailable to the agency was requested and the recipient did not respond. Timely notice procedures apply.
11. SSI Open/Shuts

Sometimes SSI is approved for a finite period in the past. If the individual comes to the dss with an approval letter for a prior period, determine if the individual is on the SSI TERMINATION REPORT.

- a. Take an application if the individual is not on the SSI TERMINATION REPORT. Follow application procedures in MA-3200, Initial Contact, through MA-3215, Processing the Application.
- b. See EIS 4200 Part Four instructions for SSI Open/Shut cases.

**VI. RELATED MEDICAID ISSUES**

**A. Budgeting**

Do not include SSI recipients in the budget unit or the needs unit when determining Medicaid eligibility for non-SSI recipients. Refer to MA-3305, MAF, MIC, HSF Budgeting, and MA-3310, MPW Budgeting.

**B. Automatic Newborn Coverage**

A child born to an SSI Medicaid recipient is eligible for automatic newborn coverage. When the mother contacts dss, obtain information regarding the child's date of birth, name, and sex. Follow procedures in MA-3230, ELIGIBILITY REGULATIONS INDIVIDUAL UNDER AGE 21, Newborn Coverage, to authorize the child for MIC.

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**C. Returned Cards**

1. Undeliverable Medicaid cards will be returned to the county dss. It is recommended that the cards be filed in one place. If a recipient reports he did not receive his Medicaid card, research the file. The card can be given to him personally or mailed to him. Follow procedures in MA-3505, Medicaid Identification Card.
2. Advise the recipient that Medicaid cards are not forwarded. Instruct the individual to report any change in address to SSA to ensure the Medicaid address is corrected.
3. Retain cards for 3 months. If the cards have not been claimed, they may be shredded. Refer to shredding instructions in MA-3505, Medicaid Identification Card.

**D. Replacement Cards**

If an SSI Medicaid recipient reports he lost his Medicaid card or did not receive it, the county dss can order a replacement Medicaid card. Follow procedures in MA-3505, Medicaid Identification Card, to order the card.

**E. Transportation Services**

SSI Medicaid recipients are eligible for Medicaid transportation services. The Medicaid approval notice instructs the SSI recipient to contact the county dss if he needs transportation to medical care.

An SSI recipient may apply for transportation in person or by phone. When an SSI Medicaid recipient requests transportation assistance, follow instructions in MA-3550, Medicaid Transportation.

**F. Community Care of North Carolina/Carolina ACCESS (CCNC/CA)**

SSI Medicaid recipients who live in **Community Care of North Carolina/Carolina ACCESS (CCNC/CA)** counties are required to participate in **CCNC/CA** unless they also receive Medicare. There will be no change in **CCNC/CA** participation or procedures for SSI recipients who receive Medicaid under HSF or AAF (payment type 5).

**G. IV-D Referral**

1. Caretakers for SSI children must cooperate with IV-D to establish medical support agreements when the following applies:
  - a. The caretaker is applying for or receiving Medicaid for herself in any aid program/category except MPW (see MA-3365, Child Support, III.,A.), and
  - b. The child meets the criteria listed in MA-3365, Child Support, II. B.

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2. Caretakers of SSI children who are not applying for or receiving Medicaid for themselves may choose to cooperate with Child Support. The approval notice for SSI Medicaid instructs the recipient to contact IV-D if there is a child
3. EIS will notify IV-D of the new SSI Medicaid case when a child lacking parental support due to the absence of one or both parents:
  - a. Is approved for SSI Medicaid, and
  - b. Previously had an automated referral to IV-D completed.

This continues the link between IV-D and EIS which allows automatic updates between the two systems.

4. Individuals in a pending application or active case in EIS who are already referred to IV-D when approved for SSI may continue to use IV-D services. EIS will continue to send automatic updates to IV-D for these cases if the SSI Medicaid case is created with the same EIS Individual ID. New SSI Medicaid approvals, including individuals who have never been active in EIS, may also use IV-D services.