

Eligibility Review Document – Medicaid

CITIZENSHIP/IDENTITY Attachment 1 – Updated 4/1/2017

LEVEL 1

DOCUMENT	LIMITATIONS, EXPLANATIONS, COMMENTS
U.S. Passport	May be expired. Not sufficient if issued with limitation(s); however, may be used for ID.
OTHERS: Certificate of Naturalization (N-550 or N-570); Certificate of Citizenship (N-560 or N-561); American Indian Card (I-872); Tribal documentation issued by a Federally recognized Tribe such as Certificate of Degree of Indian Blood or other U.S. American Indian/Alaska Native tribal document (must have photo or other personal ID info); Born in US to mother authorized for Medicaid for the delivery	

LEVEL 1

SSA Citizen/Identity Match	A data match consistent with SSA information
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Note: Level 1 documents satisfy the documentation requirement for both citizenship and identity, with limitations noted.

LEVEL 2

DOCUMENT	LIMITATIONS, EXPLANATIONS, COMMENTS
U.S. Public Birth Record Shows birth in U.S., D.C., and U.S. territories	<ul style="list-style-type: none"> Data match with the local Register of Deeds or State Vital Records or copy of certified birth certificate is acceptable. Must be recorded by the state, commonwealth, territory, or local jurisdiction prior to individual's fifth birthday. If born in Puerto Rico, the Virgin Islands, or the Northern Mariana Islands, the individual may be collectively naturalized. See MA-3330/MA-2504 Figure 10 for more information.
DATA MATCH with database of other state or federal agency	Agency must be known to verify citizenship.
Final Adoption Decree	Must show name and U.S. place of birth (POB). If adoption not final and state will not issue birth certificate (b.c.) prior to final adoption, obtain statement from the State-approved adoption agency including child's name and U.S. place of birth, and that info is based on original b.c.
Proof of Civil Service Employment	Must show employment prior to 6/1/76.
Military Service Record	Must show a U.S. place of birth.
DOHS Systematic Alien Verification for Entitlement (SAVE) program	May be used to verify citizenship of naturalized citizens.
OTHERS: Certificate of Report of Birth (DS-1350); Consular Report of Birth Abroad of a Citizen of the U.S. (FS-240); Certificate of Birth Abroad (FS-545); Child adopted outside the U.S. (IR-3); Child coming to the U.S. to be adopted (IR-4); United States Citizen Identification Card (I-197 or I-179);	

LEVEL 3

DOCUMENT	LIMITATIONS, EXPLANATIONS, COMMENTS
Extract of hospital record on hospital letterhead	Must have been created at least 5 yrs. before initial MA DOA and indicate U.S. POB. "Souvenir" b.c. issued by hospital not acceptable.
Life/health/other insurance record	Must show U.S. POB and have been created at least 5 yrs. before initial MA DOA.
Early school records showing a U.S. place of birth	Must show name of child, date of school admission, DOB, POB, and name and POB of applicant's parents.
Religious records recorded in U.S. within 3 mos. of birth	Must show birth in the U.S. and either DOB or individual's age at time record was made. Entries in family bible are not recorded religious records.

LEVEL 4

DOCUMENT	LIMITATIONS, EXPLANATIONS, COMMENTS
Federal/State Census	For persons born between 1900 and 1950. Must show U.S. Citizen or POB and age. See MA-3330/2504 for info on how to obtain.
OTHERS: (Must have been created at least 5 years before initial MA DOA & show U.S. POB) U.S. State Vital Statistics official notification of birth registration; Delayed U.S. public birth record (delayed > 5 yr after DOB); Statement from attending Dr/midwife who witnessed birth; Admission documents (NHM/SNF, other institutions); Medical record (clinic, dr, hosp – not immunization records!);	
Newborns and Children under 16 only: Medical (clinic, doctor, or hospital) record created near the time of birth or at least five years prior to the Medicaid date of application.	
Written Affidavit	Last resort!! See MA-3330/2504 for specific requirements.

DOCUMENTATION OF IDENTITY – LEVEL 5

DOCUMENT	LIMITATIONS, EXPLANATIONS, COMMENTS
SOLQ or DATA MATCH w/other state agency	Data match must indicate that an identity has been verified. SOLQ returned with message "SSN verified".
For children under 16, school, clinic, doctor, hsp. records	School records Include nursery/daycare. All must show date of birth.
School, Military (incl dependent) ID or draft record	School ID must have photo.
Driver's license	Must have photograph or other identifying information such as name, age, sex, race, height, weight, eye color.
ID issued by local, state or federal government	Must contain same info as a driver's license.
Affidavit (for newborns, children <16 and disabled individuals in residential care facilities only)	All affidavits must be signed under penalty of perjury. If in a residential care facility, the facility director or administrator may attest to the disabled individual's identity.
OTHERS: U.S. Coast Guard Merchant Mariner card; Three or more corroborating documents such as high school and college diplomas, marriage certificates, divorce decrees, property deeds/titles, and employee id cards.	

Note: Documentation of citizenship from Types 2, 3 and 4 also require documentation of ID from Type 5. Type 4 should be used only rarely.

See MA-2506/3332 for detailed information regarding documenting citizenship/identity. Obtain copies of all documentation. Place in the Citizenship/Identity file.

STATE RESIDENCY
Attachment 2 - Updated 5/30/2023

When online verification is not available, the a/b may provide documentation that verifies their physical address. Send a DHB-5097/5097sp, Request for Information form requesting one of the following:

1. A valid North Carolina driver license or other identification card issued by the North Carolina Division of Motor Vehicles.
2. A current North Carolina rent or mortgage payment receipt, or current utility bill in the name of the applicant or the applicant's legal spouse showing a North Carolina address.
3. A valid North Carolina motor vehicle registration in the applicant's name and 5 showing the applicant's current address.
4. A document showing that the applicant is employed in this State.
5. One or more documents proving that the applicant's domicile in the applicant's prior state of domicile has ended, such as closing of a bank account, termination of employment, or sale of a home.
6. The tax records of the applicant or the applicant's legal spouse, showing a current North Carolina address.
7. A document showing that the applicant has registered with a public or private employment service in this State.
8. A document showing that the applicant has enrolled the applicant's children in a public or private school or childcare facility located in this State.
9. A document showing that the applicant is receiving public assistance or other services requiring proof of domicile, other than medical assistance, in this State.
10. Records from a health department or other health care provider located in this State showing the applicant's current North Carolina address.
11. A written declaration, completed DHB-5152, North Carolina Residency Declaration, Work First DSS-5276, North Carolina Residency Applicant Statement or DSS-5275 North Carolina Residency Declaration made under penalty of perjury from a person who has a social, family, or economic relationship with the applicant and who has personal knowledge of the applicant's intent to live in North Carolina permanently or for an indefinite period of time or that the applicant is residing in North Carolina to seek employment or with a job commitment.
12. Current North Carolina voter registration card.

STATE RESIDENCY VERIFICATION (Cont'd)

Attachment 2 - Updated 5/30/2023

13. A document from the U.S. Department of Veterans Affairs, U.S. Department of Defense, or the U.S. Department of Homeland Security verifying the applicant's intent to live in North Carolina permanently or for an indefinite period of time or that the applicant is residing in North Carolina to seek employment or with a job commitment.

14. Official North Carolina school records, signed by school officials, or diplomas issued by North Carolina schools, including secondary schools, community colleges, colleges, and universities verifying the applicant's intent to live in North Carolina permanently or for an indefinite period of time or that the applicant is residing in North Carolina to seek employment or with a job commitment.

- A written declaration from a person who has a social, family, or economic relationship with the applicant and who has personal knowledge of the applicant's intent to live in North Carolina permanently may be accepted as proof of state residency. DHB-5152, North Carolina Residency Declaration.
- A written declaration (DHB-5152) from the a/b when they self-attest they are homeless. If the a/b does not have a mailing address to receive mail, the caseworker may use the local agency's address and must document it in the NC FAST.

The county may deny eligibility on the 45th/90th day, if there is substantial evidence showing that the documentation is false. If reasonably necessary, the caseworker must send DHB-5097/5097sp to request additional documentation to verify residency.

CONVERSIONS

Attachment 3 – Updated 4/1/2017

Total gross income for each pay/benefit period. Divide by the number of pay periods. This is the average income. Convert the average income to a gross monthly amount.

- a. If received weekly, multiply by 4.3.
- b. If received bi-weekly, multiply by 2.15.
- c. If received semi-monthly, multiply by 2.
- d. If received monthly, use the monthly gross.
- e. If salaried, and contract renewed annually, divide annual income, etc., by 12.

EXAMPLE: Applicant receives income bi-weekly. On Sept. 7, he received \$300 gross and on 9-21, he received \$300 gross. \$300 plus \$300 = \$600. Divide \$600 by 2 (number of pay periods received and used). This equals \$300 (average income). Convert the \$300 by multiplying \$300 by 2.15 = \$645.00 (countable gross monthly income).

NOTE: Actual previous month's income is used in determining eligibility for Medicaid for Pregnant Women (MPW)

Income Exclusions and Deductions

Medicaid for Aged, Blind and Disabled M-AABD Eligibility Manual Section MA-2250 IX.	Non-MAGI Family and Children's Medicaid/ Family & Children's Eligibility Manual Section MA-3306.
<ul style="list-style-type: none"> • Unearned Income – Deduct \$20.00 General Income Deduction (do not give deduction if only income is VA pension or if budgeting for Long Term Care) • Self-Employment/Farm Income – Compute net self-employment by subtracting operational expenses from gross self-employment to determine net income (refer to M-AABD Manual Section MA-2250 VII. D. and E. for procedures) • Student Earned Income Deduction for Blind or Disabled child attending school and working - exclude \$400.00 per month but no more than \$1620.00 per year • Earned Income Deduction – Exclude \$65.00 and ½ of remainder (do not give deduction if budgeting for Long Term Care) • Work Expense Exclusion for the Blind – exclude income attributable to earning the income • Impairment Related Work Expense for the Disabled – exclude expenses which allow a disabled person to work. <p>*Deem spousal or parental income to applicant if applicable. Record should contain budget sheet or computation – refer to MA-2260.</p>	<ul style="list-style-type: none"> • Deduct Earned Income Tax Credit payments from gross earned income • For <u>MAF-C</u> only, deduct 27.5% Earned Income Deduction from gross earned income (if over limit, deduct Standard Work Related Expense and Child Care/Incapacitated Adult care costs, if more) • Deduct Standard Work Related Expense of \$90.00 from earned income • Deduct Child Care/Incapacitated Adult Care Costs up to: \$175.00 for each child age 2 or older, or, for incapacitated adult \$200.00 for each child under age 2 • Court Ordered Child Support/Alimony – subtract amount actually paid by the parent whose income is counted • Subtract Parent's Income Deemed to a Work First Case <p>* Parental or spousal income is counted in the budget process.</p>

INCOME LIMITS - Attachment 4a

MA-3321, MAGI MEDICAID INCOME LIMITS

*** MAGI groups do not have Reserve Limits – Only MAF-M (Refer to MA-2252) ***

Effective: April 1, 2023

	1	2	3	4	5	6	7	8	9	10	Add'l
196% MPW	2382	3221	4061	4900	5740	6580	7419	8259	9098	9938	840
195% MAF-D	2370	3205	4040	4875	5711	6546	7381	8216	9052	9887	836
194%- 211% MIC-1<1	2358.01- 2564	3189.01- 3468	4020.01- 4372	4850.01- 5275	5681.01- 6179	6512.01- 7083	7343.01- 7987	8174.01- 8891	9005.01- 9794	9836.01- 10,698	831.01- 904
194% MIC-N <1	2358	3189	4020	4850	5681	6512	7343	8174	9005	9836	831
141%- 211% MIC-1 (Age 1-5)	1714.01- 2564	2318.01- 3468	2922.01- 4372	3525.01- 5275	4129.01- 6179	4733.01- 7083	5337.01- 7987	5941.01- 8891	6545.01- 9794	7149.01- 10,698	604.01- 904
141% MIC-N (Age 1-5)	1714	2318	2922	3525	4129	4733	5337	5941	6545	7149	604
107%- 211% MIC-1 (Age 6-18)	1301.01- 2564	1759.01- 3468	2217.01- 4372	2675.01- 5275	3134.01- 6179	3592.01- 7083	4050.01- 7987	4509.01- 8891	4967.01- 9794	5425.01- 10,698	459.01- 904
107% MIC-N (Age 6-18)	1301	1759	2217	2675	3134	3592	4050	4509	4967	5425	459
MAF-C/N	434	569	667	744	824	901	975	1036	1096	1169	78
185% TMA	2248	3041	3833	4625	5418	6210	7003	7795	8588	9380	793
5% Disregard	60.75	82.17	103.58	125.00	146.42	167.83	189.25	210.67	232.08	253.50	21.42

Revised 4/1/2023

INCOME LIMITS - Attachment 4b

MA-3321, MAGI MEDICAID & **MEDICAID EXPANSION** INCOME LIMITS

*** MAGI groups do not have Reserve Limits – Only MAF-M (Refer to MA-2252) ***

Effective: December 1, 2023

	1	2	3	4	5	6	7	8	9	10	Add'l
133% MXPNN	1616	2186	2756	3325	3895	4465	5035	5604	6174	6744	570
196% MPW	2382	3221	4061	4900	5740	6580	7419	8259	9098	9938	840
195% MAF-D	2370	3205	4040	4875	5711	6546	7381	8216	9052	9887	836
194%- 211% MIC-1<1	2358.01- 2564	3189.01- 3468	4020.01- 4372	4850.01- 5275	5681.01- 6179	6512.01- 7083	7343.01- 7987	8174.01- 8891	9005.01- 9794	9836.01- 10,698	831.01- 904
194% MIC-N <1	2358	3189	4020	4850	5681	6512	7343	8174	9005	9836	831
141%- 211% MIC-1 (Age 1-5)	1714.01- 2564	2318.01- 3468	2922.01- 4372	3525.01- 5275	4129.01- 6179	4733.01- 7083	5337.01- 7987	5941.01- 8891	6545.01- 9794	7149.01- 10,698	604.01- 904
141% MIC-N (Age 1-5)	1714	2318	2922	3525	4129	4733	5337	5941	6545	7149	604
107%- 211% MIC-1 (Age 6-18)	1301.01- 2564	1759.01- 3468	2217.01- 4372	2675.01- 5275	3134.01- 6179	3592.01- 7083	4050.01- 7987	4509.01- 8891	4967.01- 9794	5425.01- 10,698	459.01- 904
107% MIC-N (Age 6-18)	1301	1759	2217	2675	3134	3592	4050	4509	4967	5425	459
MAF-C/N	434	569	667	744	824	901	975	1036	1096	1169	78
185% TMA	2248	3041	3833	4625	5418	6210	7003	7795	8588	9380	793
5% Disregard	60.75	82.17	103.58	125.00	146.42	167.83	189.25	210.67	232.08	253.50	21.42

Revised

INCOME LIMITS – Attachment 4c

MA-2252, NON- MAGI MEDICAID INCOME/RESERVE LIMITS

Effective: April 1, 2023

<i>Medically Needy</i>	1	2	3	4	5	6	7	8	Add'l
MAF-M Reserve Limit: \$3000	242	317	367	400	433	467	500	525	
	9	10	11	12	13	14			
	542	575	600	633	667	700			33
<i>Adult Medicaid</i>	1	2							
MAABD-N	1215	1644							
MAABD-N 1/3 reduced	811	1096							
MAABD-M	242	317							
MAABD-M 1/3 reduced	161	211							
HCWD 150% (unearned)	1823	2465							
HCWD 150% 1/3 reduced	1216	1644							
HCWD 200%	2430	3287	<i>Above 200% - Premium must be paid.</i>						
HCWD 200% 1/3 reduced	1621	2192							
MQB-Q 100%	1215	1644	2072	2500	2929	3357	3785	4214	429
MQB-Q 1/3 reduced	811	1096	1382	1667	1953	2238	2524	2810	286
MQB-B 100% - 120%	1215.01- 1458	1644.01- 1972	2072.01- 2486	2500.01- 3000	2929.01- 3514	3357.01- 4028	3785.01- 4542	4214.01- 5056	<i>Add 429 to previous minimum and 514 to 120%</i>
MQB-B 1/3 reduced	811.01- 973	1096.01- 1315	1382.01- 1658	1667.01- 2001	1953.01- 2343	2238.01- 2686	2524.01- 3029	2810.01- 3371	<i>Add 286 to previous minimum and 343 to 120%</i>
MQB-E 120% - 135%	1458.01- 1641	1972.01- 2219	2486.01- 2797	3000.01- 3375	3514.01- 3954	4028.01- 4532	4542.01- 5110	5056.01- 5688	<i>Add 514 to previous minimum and 579 to 135%</i>
MQB-E 1/3 reduced	973.01- 1094	1315.01- 1480	1658.01- 1865	2001.01- 2251	2343.01- 2636	2686.01- 3022	3029.01- 3407	3371.01- 3793	<i>Add 343 to previous minimum and 386 to 135%</i>
MWD 200%	2430	3287							
MWD 1/3 reduced	1621	2192							
TBI 300%	3645	4930							
Reserve: MAABD	2000	3000							
Reserve: MQB-Q/B/E	9090	13630							
Reserve: HCWD	29724	29724							
Reserve: MWD	4000	6000							

Revised 04/01/2023

INCOME LIMITS - Attachment 4d

MA-3321, MAGI MEDICAID & MEDICAID EXPANSION INCOME LIMITS

*** MAGI & MXP groups do not have Reserve Limits – Only MAF-M (Refer to MA-2252) ***

Effective: **APRIL 1, 2024**

	1	2	3	4	5	6	7	8	9	10	Add'l
133% MXPNN	1670	2266	2862	3458	4055	4651	5247	5844	6440	7036	597
196% MPW	2460	3339	4218	5096	5975	6854	7733	8611	9490	10,369	879
195% MAF-D	2448	3322	4196	5070	5945	6819	7693	8567	9442	10,316	875
194%- 211% MIC-1<1	2435.01- 2649	3305.01- 3595	4175.01- 4541	5044.01- 5486	5914.01- 6432	6784.01- 7378	7654.01- 8324	8524.01- 9270	9393.01- 10,216	10,263.01- 11,162	870.01- 946
194% MIC-N <1	2435	3305	4175	5044	5914	6784	7654	8524	9393	10,263	870
141%- 211% MIC-1 (Age 1-5)	1770.01- 2649	2402.01- 3595	3034.01- 4541	3666.01- 5486	4299.01- 6432	4931.01- 7378	5563.01- 8324	6195.01- 9270	6827.01- 10,216	7459.01- 11,162	633.01- 946
141% MIC-N (Age 1-5)	1770	2402	3034	3666	4299	4931	5563	6195	6827	7459	633
107%- 211% MIC-1 (Age 6-18)	1343.01- 2649	1823.01- 3595	2303.01- 4541	2782.0- 5486	3262.01- 6432	3742.01- 7378	4222.01- 8324	4701.01- 9270	5181.01- 10,216	5661.01- 11,162	480.01- 946
107% MIC-N (Age 6-18)	1343	1823	2303	2782	3262	3742	4222	4701	5181	5661	480
MAF-C/N	434	569	667	744	824	901	975	1036	1096	1169	78
185% TMA	2322	3152	3981	4810	5640	6469	7299	8128	8958	9788	830
5% Disregard	62.75	85.17	107.58	130.00	152.42	174.83	197.25	219.67	242.08	264.50	22.42

Revised 02/06/2024

INCOME LIMITS – Attachment 4e

MA-2252, NON- MAGI MEDICAID INCOME/RESERVE LIMITS

Effective: April 1, 2024

<i>Medically Needy</i>	1	2	3	4	5	6	7	8	Add'l
MAF-M Reserve Limit: \$3000	242	317	367	400	433	467	500	525	
	9	10	11	12	13	14			
	542	575	600	633	667	700			33
<i>Adult Medicaid</i>	1	2							
MAABD-N	1255	1704							
MAABD-N 1/3 reduced	837	1136							
MAABD-M	242	317							
MAABD-M 1/3 reduced	161	211							
HCWD 150% (unearned)	1883	2555							
HCWD 150% 1/3 reduced	1256	1704							
HCWD 200%	2510	3407	<i>Above 200% - Premium must be paid.</i>						
HCWD 200% 1/3 reduced	1674	2272							
MQB-Q 100%	1255	1704	2152	2600	3049	3497	3945	4394	449
MQB-Q 1/3 reduced	837	1136	1435	1734	2033	2332	2631	2930	299
MQB-B 100% - 120%	1255.01- 1506	1704.01- 2044	2152.01- 2582	2600.01- 3120	3049.01- 3658	3497.01- 4196	3945.01- 4734	4394.01- 5272	<i>Add <u>449</u> to previous minimum and <u>538</u> to 120%</i>
MQB-B 1/3 reduced	837.01- 1005	1136.01- 1363	1435.01- 1722	1734.01- 2081	2033.01- 2439	2332.01- 2798	2631.01- 3157	2930.01- 3515	<i>Add <u>299</u> to previous minimum and <u>359</u> to 120%</i>
MQB-E 120% - 135%	1506.01- 1695	2044.01- 2300	2582.01- 2905	3120.01- 3510	3658.01- 4116	4196.01- 4721	4734.01- 5326	5272.01- 5931	<i>Add <u>538</u> to previous minimum and <u>5606</u> to 135%</i>
MQB-E 1/3 reduced	1005.01- 1130	1363.01- 1534	1722.01- 1937	2081.01- 2341	2439.01- 2744	2798.01- 3148	3157.01- 3551	3515.01- 3955	<i>Add <u>359</u> to previous minimum and <u>404</u> to 135%</i>
MWD 200%	2510	3407							
MWD 1/3 reduced	1674	2272							
TBI 300%	3765	5110							
Reserve: MAABD	2000	3000							
Reserve: MQB-Q/B/E	10590	16630							
Reserve: HCWD	30828	30828							
Reserve: MWD	4000	6000							

Revised 02/06/2024

RECORD OF MEDICAL EXPENSE APPLIED TO THE DEDUCTIBLE

Attachment 5

1. CASEHEAD:

2. CASE ID:

3. CO. CASE NO.:

4. CERTIFICATION PERIOD: FROM _____ THRU _____

Record medical expenses in the order in which they are incurred:

[illegible]