

# 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.
<b>OTHERS:</b> 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); <b>Born in US to mother authorized for Medicaid for the delivery</b>	

## 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"> <li>Data match with the local Register of Deeds or State Vital Records or copy of certified birth certificate is acceptable.</li> <li>Must be recorded by the state, commonwealth, territory or local jurisdiction prior to individual's fifth birthday.</li> <li>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.</li> </ul>
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.
<b>OTHERS:</b> 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.
<b>OTHERS:</b> (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!).	
<b>Newborns and Children under 16 only:</b> 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.
<b>OTHERS:</b> 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.

**ATTACHMENT 2**  
**STATE RESIDENCY VERIFICATION**  
Updated 4/1/2017

To verify residency, the applicant may provide documentation that verifies the address he has listed on his application as his physical or mailing address. Documents from at least two of the following categories may be provided. This means a document or proof must be from two of the categories below.

**Example: An item from c. and d. would be acceptable. Two documents outlined in b. are not acceptable.**

- a. A valid North Carolina drivers' license or other identification card issued by the North Carolina Division of Motor Vehicles.
- b. A current North Carolina rent, lease, 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.
- c. A current North Carolina motor vehicle registration in the applicant's name and showing the applicant's current North Carolina address.
- d. A document verifying that the applicant is employed in North Carolina.
- e. One or more documents proving that the applicant's home in the applicant's prior state of residence has ended, such as closing of a bank account, termination of employment, or sale of a home.
- f. The tax records of the applicant or the applicant's legal spouse, showing a current North Carolina address.
- g. A document showing that the applicant has registered with a public or private employment service in North Carolina.
- h. A document showing that the applicant has enrolled his children in a public or private school or a child care facility located in North Carolina.
- i. A document showing that the applicant is receiving public assistance (such as Food Stamps) or other services which require proof of residence in North Carolina. Work First and Energy Assistance do not currently require proof of NC residency.
- j. Records from a health department or other health care provider located in North Carolina which shows the applicant's current North Carolina address.
- k. A written declaration from an individual 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, for an indefinite period of time, or residing in North Carolina in order to seek employment or with a job commitment.
- l. A current North Carolina voter registration card.

- m. A document from the U.S. Department of Veteran's Affairs, U.S. Military 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 has a job commitment.
- n. Official North Carolina school records, signed by school officials, or diplomas issued by North Carolina schools (including secondary schools, colleges, universities, community colleges), 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.

If an applicant does not have two documents, he/she must sign a DMA-5153, North Carolina Residency Applicant Declaration, declaring that he/she cannot provide said documents. Other evidence that verifies residence must be considered.

A lawfully present non-citizen for whom residency cannot otherwise be verified can meet the N.C. residency requirement by providing a DMA-5152, North Carolina Residency Declaration, from his/her employer, clergy, or other person with personal knowledge of intent to reside in N.C. or that the applicant entered N.C. to seek employment or with a job commitment.

The county retains the right to deny eligibility and/or declare that the documents provided are unacceptable if it is believed that the documentation is false or is found to be unsatisfactory. The county can require that supporting documentation be provided. The county has the authority to determine what is considered satisfactory proof.

## ATTACHMENT 3

### Conversions – Updated 4/1/2017

Total the 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

<b>Medicaid for Aged, Blind and Disabled M-AABD Eligibility Manual Section MA-2250 IX.</b>	<b>Non-MAGI Family and Children's Medicaid/ Family &amp; Children's Eligibility Manual Section MA-3300 XIII.</b>
<ul style="list-style-type: none"> <li>• <b>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)</b></li> <li>• <b>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)</b></li> <li>• <b>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</b></li> <li>• <b>Earned Income Deduction – Exclude \$65.00 and ½ of remainder ( do not give deduction if budgeting for Long Term Care)</b></li> <li>• <b>Work Expense Exclusion for the Blind – exclude income attributable to earning the income</b></li> <li>• <b>Impairment Related Work Expense for the Disabled – exclude expenses which allow a disabled person to work.</b></li> </ul> <p><b>*Deem spousal or parental income to applicant if applicable. Record should contain budget sheet or computation – refer to MA-2260.</b></p>	<ul style="list-style-type: none"> <li>• <b>Deduct Earned Income Tax Credit payments from gross earned income</b></li> <li>• <b>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)</b></li> <li>• <b>Deduct Standard Work Related Expense of \$90.00 from earned income</b></li> <li>• <b>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</b></li> <li>• <b>Court Ordered Child Support/Alimony – subtract amount actually paid by the parent whose income is counted</b></li> <li>• <b>Subtract Parent's Income Deemed to a Work First Case</b></li> </ul> <p><b>* Parental or spousal income is counted in the budget process.</b></p>

# ATTACHMENT 4A

## MAGI MEDICAID INCOME LIMITS

**\*\*\* MAGI groups do not have Reserve Limits – Only MAF-M group \*\*\***  
**Revised effective 4/1/2018**

<b><i>Family &amp; Children's MA</i></b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>Add'l</b>
196% MPW	1983	2689	3395	4100	4806	5511	6217	6923	7628	8334	706
195% MAF-D	1973	2675	3377	4079	4781	5483	6185	6887	7589	8291	702
194%-210% MIC-1<1	1963.01-2125	2662.01-2881	3360.01-3637	4058.01-4393	4757.01-5149	5455.01-5905	6154.01-6661	6852.01-7417	7550.01-8173	8249.01-8929	756
194% MIC-N <1	1963	2662	3360	4058	4757	5455	6154	6852	7550	8249	699
141%-210% MIC-1 (Age 1-5)	1427.01-2125	1935.01-2881	2442.01-3637	2950.01-4393	3457.01-5149	3965.01-5905	4473.01-6661	4980.01-7417	5488.01-8173	5995.01-8929	756
141% MIC-N (Age 1-5)	1427	1935	2442	2950	3457	3965	4473	4980	5488	5995	508
107%-133% MIC-1 (Age 6-18)	1083.01-1346	1468.01-1825	1853.01-2304	2239.01-2782	2624.01-3261	3009.01-3740	3394.01-4219	3779.01-4698	4165.01-5176	4550.01-5655	479
107% MIC-N (Age 6-18)	1083	1468	1853	2239	2624	3009	3394	3779	4165	4550	386
MAF-C/N	434	569	667	744	824	901	975	1036	1096	1169	78
185% TMA	1872	2538	3204	3870	4536	5202	5868	6534	7200	7866	666
<b><i>NC Health Choice</i></b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>Add'l</b>
133%-159% MIC-J (Age 6-18)	1346.01-1609	1825.01-2181	2304.01-2754	2782.01-3326	3261.01-3899	3740.01-4471	4219.01-5043	4698.01-5616	5176.01-6188	5655.01-6761	573
>159%-211% MIC-K (Age 6-18)	1609.01-2135	2181.01-2895	2754.01-3654	3326.01-4414	3899.01-5174	4471.01-5933	5043.01-6693	5616.01-7452	6188.01-8212	6761.01-8972	760
<b><i>MAGI disregard</i></b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>Add'l</b>
FPL 5% DISREGARD	50.58	68.58	86.58	104.58	122.58	140.58	158.58	176.58	194.58	212.58	18.00

Revised 4/1/18

**ATTACHMENT 4B**

## NON-MAGI MEDICAID INCOME/RESERVE LIMITS

**Revised effective 4/1/18**

[illegible]

# ATTACHMENT 4C

## MAGI MEDICAID INCOME LIMITS

\*\*\* MAGI groups do not have Reserve Limits – Only MAF-M group \*\*\*  
Revised effective 4/1/2019

<i>Family &amp; Children's MA</i>	1	2	3	4	5	6	7	8	9	10	Add'l
196% MPW	2041	2762	3484	4206	4928	5650	6372	7094	7816	8538	722
195% MAF-D	2030	2748	3467	4185	4903	5621	6340	7058	7776	8494	719
194%-210% MIC-1<1	2020.01-2186	2734.01-2960	3449.01-3733	4163.01-4507	4878.01-5280	5593.01-6054	6307.01-6827	7022.01-7601	7736.01-8374	8451.01-9148	774
194% MIC-N <1	2020	2734	3449	4163	4878	5593	6307	7022	7736	8451	715
141%-210% MIC-1 (Age 1-5)	1468.01-2186	1987.01-2960	2507.01-3733	3026.01-4507	3545.01-5280	4065.01-6054	4584.01-6827	5104.01-7601	5623.01-8374	6142.01-9148	774
141% MIC-N (Age 1-5)	1468	1987	2507	3026	3545	4065	4584	5104	5623	6142	520
107%-133% MIC-1 (Age 6-18)	1114.01-1385	1508.01-1875	1902.01-2365	2297.01-2854	2691.01-3344	3085.01-3834	3479.01-4324	3873.01-4814	4267.01-5304	4661.01-5794	490
107% MIC-N (Age 6-18)	1114	1508	1902	2297	2691	3085	3479	3873	4267	4661	395
MAF-C/N	434	569	667	744	824	901	975	1036	1096	1169	78
185% TMA	1926	2607	3289	3970	4652	5333	6015	6696	7378	8060	682
<i>NC Health Choice</i>	1	2	3	4	5	6	7	8	9	10	Add'l
133%-159% MIC-J (Age 6-18)	1385.01-1655	1875.01-2241	2365.01-2827	2854.01-3412	3344.01-3998	3834.01-4584	4324.01-5169	4814.01-5755	5304.01-6341	5794.01-6926	586
>159%-211% MIC-K (Age 6-18)	1655.01-2197	2241.01-2974	2827.01-3751	3412.01-4528	3998.01-5305	4584.01-6083	5169.01-6860	5755.01-7637	6341.01-8414	6926.01-9191	778
<i>MAGI disregard</i>	1	2	3	4	5	6	7	8	9	10	Add'l
FPL 5% DISREGARD	52.04	70.46	88.88	107.29	125.71	144.13	162.54	180.96	199.38	217.79	18.42

Revised 4/1/19

MA-3321 MAGI Medicaid/NCHC Income Limits

**ATTACHMENT 4D**  
**NON-MAGI MEDICAID INCOME/RESERVE LIMITS**  
Revised effective 4/1/19

<i>Medically Needy</i>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>Add'l</b>
MAF-M	242	317	367	400	433	467	500	525	
	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>			
	542	575	600	633	667	700			33
<i>Adult Medicaid</i>	<b>1</b>	<b>2</b>							
MAABD-N	1041	1410							
MAABD-N 1/3 reduced	694	940							
MAABD-M	242	317							
MAABD-M 1/3 reduced	161	211							
HCWD 150% (unearned)	1562	2114							
HCWD 150% 1/3 reduced (unearned)	1041	1410							
HCWD 200%	2082	2819							
HCWD 200% 1/3 reduced	1388	1879							
MQB-Q	1041	1410	1778	2146	2515	2883	3251	3620	369
MQB-Q 1/3 reduced	694	940	1186	1431	1677	1922	2168	2413	246
MQB-B	1041.01-1249	1410.01-1691	1778.01-2133	2146.01-2575	2515.01-3017	2883.01-3459	3251.01-3901	3620.01-4343	*****
MQB-B 1/3 reduced	694.01-833	940.01-1128	1186.01-1423	1431.01-1717	1677.01-2012	1922.01-2307	2168.01-2601	2413.01-2896	*****
MQB-E	1249.01-1406	1691.01-1903	2133.01-2400	2575.01-2897	3017.01-3395	3459.01-3892	3901.01-4389	4343.01-4886	*****
MQB-E 1/3 reduced	833.01-937	1128.01-1269	1423.01-1600	1717.01-1932	2012.01-2263	2307.01-2595	2601.01-2926	2896.01-3258	*****
MWD	2082	2819							
MWD 1/3 reduced	1388	1879							
Reserve: MAABD	2000	3000							
Reserve: MQB-Q/B/E	7730	11600							
Reserve: HCWD	25284	25284							
Reserve: MWD	4000	6000							
***** For each add'l add 369 to previous minimum and 442 to 120%									
***** For each add'l add 246 to previous minimum and 295 to 120%									
***** For each add'l add 442 to previous minimum and 498 to 135%									
***** For each add'l add 295 to previous minimum and 332 to 135%									
***** HCWD 150% has an unearned income limit									
***** HCWD Above 200% premium must be paid									

Revised 4/1/19

MA-2252 Non-MAGI Medicaid Income and Reserve Limits



## ATTACHMENT 5

## RECORD OF MEDICAL EXPENSE APPLIED TO THE DEDUCTIBLE

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]