

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.

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

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-3300 XIII.
<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>

ATTACHMENT 4a

MAGI MEDICAID/NCHC INCOME LIMITS

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

Effective **April 1, 2021**

<i>Family & Children's MA</i>	1	2	3	4	5	6	7	8	9	10	Add'l
196% MPW	2104	2846	3587	4329	5070	5812	6553	7285	8027	8768	742
195% MAF-D	2093	2831	3569	4307	5044	5782	6520	7248	7986	8723	738
194%-210% MIC-1<1	2083.01-2254	2817.01-3049	3551.01-3843	4285.01-4638	5019.01-5432	5753.01-6227	6487.01-7021	7211.01-7805	7945.01-8600	8679.01-9394	795
194% MIC-N <1	2083	2817	3551	4285	5019	5753	6487	7211	7945	8679	734
141%-210% MIC-1 (Age 1-5)	1514.01-2254	2047.01-3049	2581.01-3843	3114.01-4638	3648.01-5432	4181.01-6227	4715.01-7021	5241.01-7805	5774.01-8600	6308.01-9394	795
141% MIC-N (Age 1-5)	1514	2047	2581	3114	3648	4181	4715	5241	5774	6308	534
107%-133% MIC-1 (Age 6-18)	1149.01-1428	1554.01-1931	1959.01-2434	2363.01-2938	2768.01-3441	3173.01-3944	3578.01-4447	3977.01-4944	4382.01-5447	4787.01-5950	504
107% MIC-N (Age 6-18)	1149	1554	1959	2363	2768	3173	3578	3977	4382	4787	405
MAF-C/N	434	569	667	744	824	901	975	1036	1096	1169	78
185% TMA	1986	2686	3386	4086	4786	5486	6186	6876	7576	8276	700
<i>NC Health Choice</i>	1	2	3	4	5	6	7	8	9	10	Add'l
133%-159% MIC-J (Age 6-18)	1428.01-1707	1931.01-2309	2434.01-2910	2938.01-3512	3441.01-4113	3944.01-4715	4447.01-5316	4944.01-5910	5447.01-6512	5950.01-7113	602
>159%-211% MIC-K (Age 6-18)	1707.01-2265	2309.01-3064	2910.01-3862	3512.01-4660	4113.01-5458	4715.01-6257	5316.01-7055	5910.01-7843	6512.01-8641	7113.01-9439	799
<i>MAGI disregard</i>	1	2	3	4	5	6	7	8	9	10	Add'l
FPL 5% DISREGARD	53.67	72..58	91.50+	110.42	129.33	148.25	167.17	185.83	204.75	223.67	18.92

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MA-3321 MAGI Medicaid/NCHC Income Limits

ATTACHMENT 4b
NON-MAGI MEDICAID INCOME/RESERVE LIMITS
Effective April 1, 2021

<i>Medically Needy</i>	1	2	3	4	5	6	7	8	Add'l
MAF-M	242	317	367	400	433	467	500	525	
	9	10	11	12	13	14			
Reserve Limit: \$3000	542	575	600	633	667	700			33
<i>Adult Medicaid</i>	1	2							
MAABD-N	1074	1452							
MAABD-N 1/3 reduced	716	968							
MAABD-M	242	317							
MAABD-M 1/3 reduced	161	211							
HCWD 150% (unearned)	1610	2178							
HCWD 150% 1/3 reduced (unearned)	1074	1452							
HCWD 200%	2147	2904							
HCWD 200% 1/3 reduced	1432	1936							
MQB-Q 100%	1074	1452	1830	2209	2587	2965	3344	3717	379
MQB-Q 1/3 reduced	716	968	1221	1473	1725	1977	2230	2478	253
MQB-B 100% - 120%	1074.01-1288	1452.01-1742	1830.01-2196	2209.01-2650	2587.01-3104	2965.01-3558	3344.01-4012	3717.01-4460	*****
MQB-B 1/3 reduced	716.01-859	968.01-1162	1221.01-1465	1473.01-1767	1725.01-2070	1977.01-2373	2230.01-2675	2478.01-2974	*****
MQB-E 120% - 135%	1288.01-1449	1742.01-1960	2196.01-2471	2650.01-2982	3104.01-3492	3558.01-4003	4012.01-4514	4460.01-5018	*****
MQB-E 1/3 reduced	859.01-967	1162.01-1307	1465.01-1648	1767.01-1988	2070.01-2329	2373.01-2669	2675.01-3010	2974.01-3346	*****
MWD 200%	2147	2904							
MWD 1/3 reduced	1432	1936							
Reserve: MAABD	2000	3000							
Reserve: MQB-Q/B/E	7970	11960							
Reserve: HCWD	26076	26076							
Reserve: MWD	4000	6000							
***** For each add'l add 379 to previous minimum and 454 to 120% ***** For each add'l add 253 to previous minimum and 303 to 120% ***** For each add'l add 454 to previous minimum and 511 to 135% ***** For each add'l add 303 to previous minimum and 341 to 135% ***** HCWD 150% has an unearned income limit ***** HCWD Above 200% premium must be paid									

Revised 4/1/2021

MA-2252 Non-MAGI Medicaid Income/Reserve Limits

ATTACHMENT 4c

NON- MAGI MEDICAID INCOME/RESERVE LIMITS

Effective **April 1, 2022**

<i>Medically Needy</i>	1	2	3	4	5	6	7	8	Add'l
MAF-M	242	317	367	400	433	467	500	525	
	9	10	11	12	13	14			
Reserve Limit: \$3000	542	575	600	633	667	700			33
<i>Adult Medicaid</i>	1	2							
MAABD-N	1133	1526							
MAABD-N 1/3 reduced	756	1018							
MAABD-M	242	317							
MAABD-M 1/3 reduced	161	211							
HCWD 150% (unearned)	1699	2289							
HCWD 150% 1/3 reduced (unearned)	1133	1526							
HCWD 200%	2265	3052							
HCWD 200% 1/3 reduced	1511	2035							
MQB-Q 100%	1133	1526	1920	2313	2706	3100	3493	3886	394
MQB-Q 1/3 reduced	756	1018	1280	1542	1804	2067	2329	2591	263
MQB-B 100% - 120%	1133.01-1359	1526.01-1831	1920.01-2303	2313.01-2775	2706.01-3247	3100.01-3719	3493.01-4191	3886.01-4663	*****
MQB-B 1/3 reduced	756.01-907	1018.01-1221	1280.01-1536	1542.01-1851	1804.01-2165	2067.01-2480	2329.01-2795	2591.01-3109	*****
MQB-E 120% - 135%	1359.01-1529	1831.01-2060	2301.01-2591	2275.01-3122	3247.01-3653	3719.01-4184	4191.01-4715	4663.01-5246	*****
MQB-E 1/3 reduced	907.01-1020	1221.01-1374	1536.01-1728	1851.01-2082	2165.01-2436	2480.01-2790	2795.01-3144	3109.01-3498	*****
MWD 200%	2265	3052							
MWD 1/3 reduced	1511	2035							
Reserve: MAABD	2000	3000							
Reserve: MQB-Q/B/E	8400	12600							
Reserve: HCWD	27480	27480							
Reserve: MWD	4000	6000							
***** For each add'l add 349 to previous minimum and 472 to 120% ***** For each add'l add 263 to previous minimum and 315 to 120% ***** For each add'l add 472 to previous minimum and 531 to 135% ***** For each add'l add 315 to previous minimum and 355 to 135% ***** HCWD 150% has an unearned income limit ***** HCWD Above 200% premium must be paid									

Revised 4/1/2022

MA-2252 Non-MAGI Medicaid Income/Reserve Limits

ATTACHMENT 4d

NON- MAGI MEDICAID INCOME/RESERVE LIMITS

Effective **April 1, 2022**

<i>Medically Needy</i>	1	2	3	4	5	6	7	8	Add'l
MAF-M	242	317	367	400	433	467	500	525	
	9	10	11	12	13	14			
Reserve Limit: \$3000	542	575	600	633	667	700			33
<i>Adult Medicaid</i>	1	2							
MAABD-N	1133	1526							
MAABD-N 1/3 reduced	756	1018							
MAABD-M	242	317							
MAABD-M 1/3 reduced	161	211							
HCWD 150% (unearned)	1699	2289							
HCWD 150% 1/3 reduced (unearned)	1133	1526							
HCWD 200%	2265	3052							
HCWD 200% 1/3 reduced	1511	2035							
MQB-Q 100%	1133	1526	1920	2313	2706	3100	3493	3886	394
MQB-Q 1/3 reduced	756	1018	1280	1542	1804	2067	2329	2591	263
MQB-B 100% - 120%	1133.01-1359	1526.01-1831	1920.01-2303	2313.01-2775	2706.01-3247	3100.01-3719	3493.01-4191	3886.01-4663	*****
MQB-B 1/3 reduced	756.01-907	1018.01-1221	1280.01-1536	1542.01-1851	1804.01-2165	2067.01-2480	2329.01-2795	2591.01-3109	*****
MQB-E 120% - 135%	1359.01-1529	1831.01-2060	2301.01-2591	2275.01-3122	3247.01-3653	3719.01-4184	4191.01-4715	4663.01-5246	*****
MQB-E 1/3 reduced	907.01-1020	1221.01-1374	1536.01-1728	1851.01-2082	2165.01-2436	2480.01-2790	2795.01-3144	3109.01-3498	*****
MWD 200%	2265	3052							
MWD 1/3 reduced	1511	2035							
Reserve: MAABD	2000	3000							
Reserve: MQB-Q/B/E	8400	12600							
Reserve: HCWD	27480	27480							
Reserve: MWD	4000	6000							
***** For each add'l add 349 to previous minimum and 472 to 120% ***** For each add'l add 263 to previous minimum and 315 to 120% ***** For each add'l add 472 to previous minimum and 531 to 135% ***** For each add'l add 315 to previous minimum and 355 to 135% ***** HCWD 150% has an unearned income limit ***** HCWD Above 200% premium must be paid									

Revised 4/1/2022

MA-2252 Non-MAGI Medicaid Income/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]