



North Carolina
Department of Health and Human Services
Division of Medical Assistance
Recipient Services MEU

801 Ruggles Drive – 2501 Mail Service Center - Raleigh, N.C. 27699-2501
(919) 855-4000

Michael F. Easley, Governor
Dempsey Benton, Secretary

William W. Lawrence, Jr., M.D., Acting Director

March 12, 2008

**Re: Revised DMA Forms per
OCR/Title VI Requirements**

Dear County Director of Social Services:

As part of an ongoing Title VI Compliance Review by the Office of Civil Rights (OCR), DMA was required to revise language in several forms to comply with federal requirements of Title VI of the Civil Rights Act. OCR concerns pertained to the wording regarding collection of Social Security numbers and citizenship/identity (C/I) data for individuals not applying for Medicaid. These individuals cannot be required to disclose this information as a condition of eligibility for the applicant(s).

Refer to policy in MA-2450, Enumeration Procedures, I. B. and D. of the Aged, Blind and Disabled Medicaid Manual and corresponding policy in MA-3355, Enumeration Procedures, I. B. and D. of the Family and Children's Medicaid Manual for enumeration requirements. Policy regarding citizenship and identity requirements for the applicant can be found in MA-2504, Citizen/Alien Requirements, of the Aged, Blind and Disabled Medicaid Manual and corresponding MA-3330, Citizen/Alien Requirements, of the Family and Children's Medicaid Manual.

Please note the following forms now comply with Title VI requirements to request Social Security numbers only for those individuals applying for assistance:

DMA-5000 – Application for Medicaid (Adult Categories Mail-in)

Revised 02/08

DMA-5008 - Verification/Eligibility Determination for Medical Assistance
Applications Adult Categories

Revised 12/07

DMA-5032 - Presumptive Eligibility Determination

Revised 11/07

DMA-5063 and DMA-5063ia - Health Check/NC Health Choice for Children
Application (English)

Revised 04/07

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DMA-5063SP - Health Check/NC Health Choice for Children Application
(Spanish)
Revised 04/07

DMA-5007 - Medical Assistance to the Aged, Blind and Disabled
Redetermination Document
Revised 12/07

DMA also amended the DMA-5000 effective February 2008 and the DMA-5008 effective January 2008 to incorporate suggested language provided by OCR as relates to providing proof of immigrant status for non-citizens so as not to discourage individuals from applying for emergency services only.

Please ensure that you are using the revised versions of these forms and that existing supplies of an older version are destroyed. Your assistance in this matter is most appreciated.

If you have any questions regarding this information, please contact your Medicaid Program Representative. For any issues that are not able to be handled through that venue, Mrs. Angela Floyd, Assistant Director for Recipient and Provider Services, will be your point of contact and can be reached at (919) 855-4000.

Sincerely,

William W. Lawrence, Jr., M.D.