



North Carolina Department of Health and Human Services  
**Division of Medical Assistance**

2501 Mail Service Center • Raleigh, N. C. 27699-2501 • Tel 919-855-4100 • Fax 919-733-6608

Beverly Eaves Perdue, Governor  
Lanier M. Cansler, Secretary

Craig L. Gray, MD, MBA, JD, Director

May 21, 2009

**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, immigration status, and citizenship/identity(C/I) data for individuals not applying for Medicaid, individuals applying for Medicaid for someone else, or individuals applying only for Emergency Services. These individuals cannot be required to disclose this information as a condition of eligibility for the applicant(s) or for persons applying for Emergency Medicaid Services only.

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 06/09  
DMA-5001 – Notice on the Use of Social Security Numbers  
Revised 06/09

May 21, 2009  
Page 2

DMA-5008 - Verification/Eligibility Determination for Medical Assistance  
Applications Adult Categories  
Revised 06-09  
DMA-5015 – Verification Checklist for adult Mail in Application  
Revised 06/09

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. You may print forms from the forms website. 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, Angela Floyd, Assistant Director for Recipient and Provider Services, will be your point of contact and can be reached at (919) 855-4000.

Sincerely,

Craig L. Gray, MD, MBA, JD

CLG: gl