

CLIENT NAME

CASE NUMBER



NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

Medical Report — Work Requirement Exclusions and Exemptions

Food and Nutrition Services (SNAP) · Medicaid

CLIENT NAME

CASE NUMBER

WORKER

CLIENT ADDRESS

COUNTY DSS

DATE NOTICE SENT

SECTION A — COMPLETED BY THE COUNTY

This form is being used to determine eligibility for

☐ Food and Nutrition Services (SNAP) ☐ Medicaid ☐ Both programs

RETURN TO THE COUNTY BY

SECTION B — COMPLETED BY THE CLIENT

I give permission for any health care provider, professional, program, or facility — including one that reviewed my records without examining me — to share information about my health condition with the county department of social services and the North Carolina Department of Health and Human Services (NCDHHS), so they can decide whether I qualify for Food and Nutrition Services or Medicaid. This permission ends when my eligibility decision is complete. I can cancel it in writing at any time, except for information already shared.

CHECK THE BOX BELOW ONLY IF THE REPORT WILL INCLUDE SUBSTANCE USE DISORDER INFORMATION.

☐ I also give specific permission for the program or professional named on this form to share information about my substance use disorder diagnosis or treatment. Federal law (42 CFR Part 2) requires this specific consent.

SIGNATURE

DATE

SECTION C — COMPLETED BY THE CERTIFYING PROFESSIONAL OR PROGRAM REPRESENTATIVE

1 Pregnancy SNAP AND MEDICAID

Is the client pregnant? ☐ Yes ☐ No ☐ Unknown

IF YES, EXPECTED DUE DATE

CLIENT NAME

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2 Substance use disorder treatment program SNAP AND MEDICAID

Is the client participating in a drug or alcohol treatment or rehabilitation program? ☐ Yes ☐ No

IF YES, NAME OF PROGRAM

DATE PARTICIPATION BEGAN

SECTION C — CONTINUED

3 Effect of a health condition on the ability to work REQUIRED FOR SNAP AND MEDICAID

- ☐ Because of a physical or mental condition (including a substance use disorder) this client is not able to work 20 hours or more per week.

4 Type of condition REQUIRED FOR MEDICAID ONLY

Check every type of condition that applies to this client. Each category is defined in the instructions.

- ☐ Substance use disorder (including individuals in stable recovery for less than 5 years)
- ☐ Disabling mental disorder (does not require a disability determination by the State)
- ☐ Physical, intellectual, or developmental disability that significantly impairs one or more activities of daily living
- ☐ Serious or complex medical condition

5 Expected duration SNAP AND MEDICAID

How long will the condition limit this client's ability to work or participate?

- ☐ Permanent or indefinite
- ☐ More than 12 months
- ☐ More than 6 months
- ☐ 6 months or less
- ☐ Unable to determine

IF 6 MONTHS OR LESS, EXPECTED DURATION

Certification

NAME (PLEASE PRINT)

TITLE, PROFESSION, OR CREDENTIAL

ORGANIZATION

PHONE OR EMAIL

SIGNATURE

DATE SIGNED

Instructions

For DSS-8209, Medical Report — Work Requirement Exemptions

INSTRUCTIONS FOR THE COUNTY

For SNAP, do not request this form when unfitness is obvious. When unfitness for work is obvious during the interview, no medical statement is required and none should be requested. Document the basis in the case record.

This form is never mandatory for SNAP. Accept any statement from a qualified source that either states the client is unable to work 20 hours per week or more, or describes a condition with that effect. The statement may also be verbal and attested by telephone, so long as it is documented in NC FAST.

Give the client a copy. Whenever the form is used to obtain a medical statement, the client receives a copy.

INSTRUCTIONS FOR THE CLIENT

You do not have to use this form for Food and Nutrition Services. Your provider can write a short statement instead, or call the worker.

If you cannot get this form completed, or need more time, tell your worker. There may be another way to show that you qualify — in some situations no medical statement is needed at all.

Return the form to your county DSS. You or your provider can return it in person, by mail, by email, or by fax to your county office, or online through your ePASS account (epass.nc.gov).

Keep a copy for your records.

You have appeal rights. If your benefits are denied, reduced, or stopped, you may ask for a hearing. Your notice will explain how, and by when.

INSTRUCTIONS FOR THE CERTIFYING PROFESSIONAL OR PROGRAM REPRESENTATIVE

Who may sign

Any of these professionals may sign. For Question 2 only, any representative of the treatment program may sign — no clinical credential is needed.

- Physician (MD or DO)
- Physician assistant (PA)
- Nurse (RN or LPN)
- Nurse practitioner (NP)
- Designated representative of a physician's office
- Licensed or certified psychologist
- Social worker
- Physical therapist (PT)
- Occupational therapist (OT)
- Speech-language pathologist (SLP)
- Licensed Professional Counselor (LPC)
- Licensed Marriage and Family Therapist (LMFT)
- Licensed Clinical Mental Health Counselor (LCMHC)
- Certified Addiction and Drug Counselor (CADC)
- Certified Substance Abuse Counselor (CSAC)
- Certified Community Health Worker (CCHW)

Definitions

Question 4 uses the condition categories in the federal Medicaid community engagement rule, 42 CFR 435.554(c)(5)(i). Question 4 is required for Medicaid. (Link to CCP to be added)

Substance use disorder. The client does not need to be in treatment. Stable recovery — 5 years or more — does not qualify.

Disabling mental disorder. The federal rule does not define this term further; apply clinical judgment.

Physical, intellectual, or developmental disability affecting daily living. A disability that significantly impairs one or more activities of daily living — bathing, dressing, getting in and out of a bed or chair, walking, using the toilet, or eating.

Serious or complex medical condition. A medical condition marked by any one of these:

- Life threatening, or seriously disabling without being life threatening
- Significant pain or discomfort that can seriously interrupt life activities
- A major caregiver commitment for a substantial period, frequent monitoring, or management to tight physiological parameters
- Multiple organ systems, multiple specialties, treatment with a risk of serious complications, severe consequences for someone else, or adjustment in non-medical environments