March 22, 2010

Dear County Director of Social Services:

Re: Medicaid Consumer Guides

Attention: Medicaid Supervisors and Medicaid Eligibility Staff

The purpose of this letter is to notify counties that DMA is implementing a new procedure for counties to order Medicaid handbooks. The handbooks that are available include the Adult Medicaid Consumer Guide, the Family and Children Consumer Guide and the MQB Consumer Guide. An initial supply of handbooks will be sent out to all counties. Do not order handbooks until after you have received the initial supply of handbooks and need additional supply.

To request Medicaid handbooks the county must complete a new form, the DMA-2000X. (See copy attached or DMA-2000X in the on-line forms list.) The county must complete the top portion of the DMA-2000X to include the county name, contact person, phone number, a complete physical address and the number of boxes being ordered. Orders are for boxes only. Fax the form to DMA, the Administrative Support Staff, Medicaid Eligibility Unit, at 919-715-0801. DMA will complete the bottom portion of the DMA-2000X, and forward it to the mailing contracting agent. Orders are normally ready for shipment 24 hours after the mailing contracting agent receives the order.

If you have any questions regarding this information, please contact the Division of Medical Assistance, Medicaid Eligibility Unit at (919)855-4000.

Sincerely,

Craigan L Gray, MD, MBA, JD, Director
County DSS request for DMA NC Consumer Guides
Complete top portion of form and fax to:
Division of Medical Assistance-MEU
919-715-0801

County Name:______________________          Ship to address:_______________________________
Contact:___________________________          (No PO Box)      _______________________________
Phone:____________________________                                      _______________________________

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Quantity per box</th>
<th># of boxes Ordered</th>
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</thead>
<tbody>
<tr>
<td>F</td>
<td>Family and Children’s Handbook</td>
<td>60</td>
<td></td>
</tr>
<tr>
<td>A</td>
<td>Aged/Blind/Disabled Handbook</td>
<td>90</td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>Medicare Savings Handbook</td>
<td>90</td>
<td></td>
</tr>
</tbody>
</table>

*Any questions regarding your order, please contact administrative support at 919-855-4000

This Section to be completed by DMA

TO: C.E.S.
FROM: DMA-Administrative Support (855-4000)

Please send the following to the ship to address above:

<table>
<thead>
<tr>
<th>ITEM</th>
<th>No. of cases to be shipped</th>
</tr>
</thead>
<tbody>
<tr>
<td>F</td>
<td></td>
</tr>
<tr>
<td>A</td>
<td></td>
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<tr>
<td>M</td>
<td></td>
</tr>
</tbody>
</table>

DMA Authorization ____________________________ Date ____________________________

DMA emails the completed form to:

CES
Email address