

SUBCHAPTER 23C – APPLICATION FOR MEDICAID BENEFITS

SECTION .0100 - APPLICATION PROCESS

10A NCAC 23C .0101 ACCEPTANCE OF APPLICATION

- (a) A client shall be allowed to apply without delay. Without delay is the same day the client appears at the county department of social services expressing a financial or medical need.
- (b) The county department of social services shall not act to discourage any individual from applying for Medicaid. It shall be considered discouragement if any employee of the county department of social services:
- (1) requires or suggests the individual wait to apply until he applies for other benefits or until an application for other benefits has been approved or denied; or
 - (2) incorrectly states or suggests the individual is ineligible for Medicaid; or
 - (3) gives incorrect or incomplete information about Medicaid programs; or
 - (4) requires the individual provide or obtain any information needed to establish eligibility prior to signing an application; or
 - (5) discourages a client from applying and this is proven by facts to the satisfaction of the county agency or a hearing officer; or
 - (6) suggests that the individual make an appointment to apply when he appears at the agency; or
 - (7) suggests that the individual complete a mail-in application when he appears at the agency; or
 - (8) fails to explain the date of application when he appears at the agency and requests a mail-in application; or
 - (9) fails to explain and offer Medicaid to individuals requesting Work First Employment Services.
- (c) The client shall be informed verbally and in writing, that:
- (1) he can apply without delay;
 - (2) a decision shall be made concerning his eligibility within 45 calendar days from the date of application for Medicaid, except for M-AD. For M-AD the application processing standard shall be 90 calendar days from the date of application; and
 - (3) he shall receive a written decision concerning his eligibility.
- (d) The client shall apply in his county of residence.
- (e) The date of the application shall be:
- (1) The date the client or his representative signs the state application form for Medicaid, including Work First, under penalty of perjury at the county department of social services; or
 - (2) The date a signed complete state mail-in application form is received by the county department of social services in the county of residence. Complete is defined as information that is legible, signed, submitted to correct county of residence, and has identifying information for the person applying, including name, mailing address, date of birth and gender.
- (f) If an individual requests assistance by mail, the letter shall be considered a request for information. Within three workdays following receipt of the request, the county agency shall mail follow-up information to the individual. The county agency shall advise the individual to come to the agency to apply and be interviewed, or if he is unable to come in person, to contact the agency so other arrangements can be made to take his application.
- (g) If an individual requests assistance by telephone, he shall be advised to come to the county agency to sign an application and be interviewed; or, if he is unable to come to the agency in person other arrangements shall be made to take his application.
- (h) If an individual sends in a complete state mail-in application form, the county department of social services shall use this application to determine eligibility for Medicaid. A mail-in application form may be picked up at a local county department of social services or other locations as determined by the State and county.
- (i) An individual or his representative must request a determination for retroactive SSI Medicaid no later than 60 days from the date of the SSI Medicaid disposition notice or 90 days if good cause is established. Good cause exists when:
- (1) the applicant does not receive the SSI Medicaid notice;
 - (2) the applicant or his representative dies;
 - (3) the applicant is incapacitated, incompetent, or unconscious and there is no representative acting on his behalf;
 - (4) the applicant or spouse, child, parent, or representative of applicant is hospitalized for an extended period of time; or
 - (5) the applicant's representative fails to meet the required time frame.

History Note: Authority G.S. 108A-54; 42 C.F.R. 435.906; 42 C.F.R. 435.907; 42 C.F.R. 435.911; Alexander v. Flaherty, U.S.D.C., W.D.N.C., File No. C-C-74-183, Consent Order filed 15 December 1989; Alexander v. Flaherty Consent Order filed February 14, 1992; Alexander v. Bruton Consent Order dismissed Effective February 1, 2002;
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Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. July 23, 2016.