# CHANGE NOTICE FOR MANUAL NO. 03-19, FAMILY AND CHILDREN'S MEDICAID TABLE OF CONTENTS AND TWELVE MONTHS TRANSITIONAL MEDICAID

## DATE: FEBRUARY 11, 2019

Manual: Family and Children's Medicaid

Change No: 03-19

To: County Directors of Social Services

### I. BACKGROUND AND CONTENT OF CHANGE

The Division of Health Benefits (DHB) has revised and updated Medicaid policy in order to provide clarity and/or corrections to previously published policy. The revision is spelled out in section II below.

### **II. POLICY UPDATE**

Family and Children's Medicaid Table of Contents link on the online manual has been updated with the current listed policies.

MA-3405.II.A.2, Twelve Months Transitional Medicaid has been updated with the additional eligibility:

• MAF-C does NOT include months the case received assistance which must be recouped.

### III. EFFECTIVE DATE AND IMPLEMENTATION

The table of contents and policy are currently established.

If you have any questions regarding information in this change notice, please contact your Medicaid Operational Support Team Representative.

Deputy Secretary, NC Medicaid