

Ryan White Part B and HIV Medication Assistance Program (HMAP) Medicaid Application Documentation

All RW Part B and HMAP applicants/clients who have an income at/below 140% FPL and are not enrolled in a Medicare Part D Plan or Medicare Advantage Plan are required to apply for Medicaid before applying for or renewing RW Part B and/or HMAP. This form can be used to document that an applicant/client applied for Medicaid if they are unable to provide any other proof of a Medicaid Application. This form must be complete, legible, and signed within 30 days of submission of the application.

Client Name: _____

Client Date of Birth: _____

Client ID: _____

Case Manager Name: _____

Case Manager Agency: _____

Date of Medicaid Application Submission: _____

Medicaid Application Reference Number: _____

Who Assisted with the Medicaid Application? (select one)

DSS NC Navigators Case Manager Other: _____

Why is no other documentation available? _____

I attest that the client referenced above has applied for NC Medicaid within the past six months. I acknowledge that I am required to notify HMAP via NC REEDS immediately upon notification of Medicaid approval and if the client is approved for full NC Medicaid coverage, their HMAP enrollment will be terminated.

Case Manager Signature: _____ Date: _____