**It is mandatory that all DSS-8110 Notice of Modification, Termination, or Continuation of Public Assistance are generated in NC FAST.** All internal county copies of the DSS-8110 must be discarded and removed from your internal document management system. Do NOT download any copies of the 8110 to your internal document management system.

If the caseworker is unable to generate the correct reason and outcome on a case, an NC FAST Helpdesk ticket **MUST** be submitted, and **no action taken** on the case until NCF/DHB issues guidance to the county via the NC FAST Helpdesk ticket. NCF/DHB needs to review the case to determine if there is a system issue that is preventing the correct reason and outcome from being generated.

**The guidance in this desk reference tool is for the specific scenarios below ONLY** and a NC FAST Helpdesk ticket is **NOT REQUIRED.** This process should be followed until NC FAST is updated and the proper reason and outcomes are in NC FAST.

**\*\*\*THE CASEWORKER MUST UPLOAD A COPY OF THE MANUALLY GENERATED DSS-8110 TO**

**NC FAST the SAME DAY the notice is generated (no exception-failure to do so, will result in an audit finding)\*\*\***

This desk reference tool will be periodically updated, and counties will be notified when this process is no longer applicable.

The DSS-8110 (Medicaid) Notice is posted in the [Medicaid online forms library](https://policies.ncdhhs.gov/divisional-a-m/health-benefits-nc-medicaid/dhb-forms/). Do NOT use the 8110 from the *DSS* forms library as it is not used for Medicaid.

1. **APPROVED REASONS FOR MANUAL DSS-8110 OUTSIDE OF NC FAST**
   1. **ABD Begins Receiving Medicare**

**REASON**: **Medicare Begins**

***English:***

*Now that you are enrolled/receiving Medicare, Medicaid will not pay your prescriptions. Medicare is responsible for your prescriptions. State rules supporting this action are found in Section 2905 of the Aged, Blind, and Disabled Medicaid Manual or Section 3540 of the Family and Children's Medicaid Manual.*

***Spanish:***

*Ahora que se está inscrito o recibe Medicare, Medicaid no pagará sus recetas. Medicare es responsable por sus recetas. La Reglamentación estatal que soporta esta acción se encuentra en sección 2905 del Manual de Medicaid para Ancianos, Invidentes y Personas Deshabilitadas o Sección 3540 del Manual de Medicaid para la Familia y Niños.*

**OUTCOME: *Medicare Begins/Medicaid Continues***

***English:***

*Effective <effective date>, Medicaid will not pay for prescriptions for the individual(s) listed below. However, the Medicaid benefit (which covers all necessary medical services and will pay your Part A and B premiums) you were receiving continues for the following individual(s):*

*<participant1>*

*<participant2>*

***Spanish:***

*A partir de <effective date>, Medicaid no pagará los medicamentos recetados de la(s) persona(s) indicada(s) a continuación. Sin embargo, el beneficio de Medicaid (que cubre todos los servicios médicos necesarios y pagará sus primas de la Parte A y B) que estaba recibiendo continúa para la(s) siguiente(s) persona(s):*

*<participant1>*

*<participant2>*

* 1. **MQB-Q/B with MAF-D Eligibility**

**REASON: COC/No Change**

***English:***

*A new Medical Assistance application was received, or a change of circumstance was reported. The change reported resulted in no change to existing medical assistance benefits (Section 2320 of the Aged, Blind, and Disabled Manual).*

***Spanish*:**

*Se ha recibido una nueva solicitud de asistencia médica o se ha notificado un cambio de circunstancias. El cambio notificado no tiene como resultado ningún cambio en los beneficios de asistencia médica existentes (Sección 2320 del Manual para personas mayores, ciegas y discapacitadas).*

**OUTCOME: MQB-Q with MAF-D**

***English*:**

*Medicaid will continue to pay for Medicare premiums and cost sharing and will pay for limited Family Planning services for the following individual(s):*

*<participant1>*

*<participant2>*

***Spanish*:**

*Medicaid continuará pagando las primas y los costos compartidos de Medicare y pagará servicios limitados de Planificación Familiar para la(s) siguiente(s) persona(s):*

*<participant1>*

*<participant2>*

**OUTCOME*:* MQB-B with MAF-D**

***English:***

*Medicaid will continue to pay for Medicare premiums and will pay for limited Family Planning services for the following individual(s):*

*<participant1>*

*<participant2>*

***Spanish*:**

*Medicaid continuará pagando las primas de Medicare y pagará servicios limitados de Planificación Familiar para la(s) siguiente(s) persona(s):*

*<participante1>*

*<participante2>*

**REASON:Recert/No Change**

***English*:**

*A Medical Assistance Renewal was completed, and eligibility requirements were met (Section 2320 of the Aged, Blind, and Disabled Manual).*

***Spanish:***

*El proceso de renovación de asistencia médica fue completado y se cubrieron los requisitos de elegibilidad (Sección 2320 del Manual de Personas Ancianas, Ciegas y con Discapacidades).*

**OUTCOME: MQB-Q with MAF-D**

***English*:**

*Medicaid will continue to pay for Medicare premiums and cost sharing and will pay for limited Family Planning services for the following individual(s):*

*<participant1>*

*<participant2>*

***Spanish:***

*Medicaid continuará pagando las primas y los costos compartidos de Medicare y pagará servicios limitados de Planificación Familiar para la(s) siguiente(s) persona(s):*

*<participant1>*

*<participant2>*

**OUTCOME*:* MQB-B with MAF-D**

***English:***

*Medicaid will continue to pay for Medicare premiums and will pay for limited Family Planning services for the following individual(s):*

*<participant1>*

*<participant2>*

***Spanish:***

*Medicaid continuará pagando las primas de Medicare y pagará servicios limitados de Planificación Familiar para la(s) siguiente(s) persona(s):*

*<participante1>*

*<participante2>*

* 1. **Change from Health Coverage for Workers with Disabilities (HCWD) as a Result of No Longer Employed:**

1. **REASON:** **Employment Ended/Ineligible for Medicaid**

***English:***

*You are no longer employed and no longer eligible for Health Coverage for Workers with Disability Medicaid. You are not pregnant, and you are not eligible for any other full or limited Medicaid program due to income. State rules supporting this action are found in Section 2180 of the Aged, Blind, Disabled Medicaid Manual.*

***Spanish:***

*Ya no tiene empleo y ya no reúne los requisitos para la Cobertura médica para trabajadores discapacitados de Medicaid. No está embarazada y no reúne los requisitos para ningún otro programa de Medicaid completo o limitado debido a sus ingresos. Las normas estatales que respaldan esta acción se encuentran en la Sección 2180 del Manual de Medicaid para personas mayores, ciegas o discapacitadas.*

**OUTCOME***:* **Termination**

***English***:

*Effective <effective date>, All Medicaid benefits will stop for the following individual(s):*

*<participant1>*

*<participant2>*

***Spanish:***

*A partir de <effective date>, todos los beneficios de Medicaid van a ser terminados para:*

*<participant1>*

*<participant2>*

1. **REASON: Employment Ended/Medicaid Continues**

***English:***

*You are no longer employed and no longer eligible for Health Coverage for Workers with Disability Medicaid. You are being moved to a different Medicaid category. State rules supporting this action are found in Section 2180 of the Aged, Blind, Disabled Medicaid Manual.*

***Spanish:***

*Ya no tiene empleo y ya no reúne los requisitos para la Cobertura médica para trabajadores discapacitados de Medicaid. Se le cambiará a otra categoría de Medicaid. Las normas estatales que respaldan esta acción se encuentran en la Sección 2180 del Manual de Medicaid para personas mayores, ciegas o discapacitadas.*

**OUTCOME:** **Full Medicaid Ends, MQB-Q Continues**

***English:***

*Effective <effective date>, full Medicaid benefits will stop. Medicaid will continue to pay only Medicare premiums, deductibles and coinsurance for the following individual(s):*   
*<participant1>*   
*<participant2>*

***Spanish:***

*A partir de <effective date>, los beneficios del Medicaid Completo se detendrán (stop), Medicaid continuará pagando solamente las primas (premiums) de Medicare, deducibles y co-seguros (coinsurance) de la siguiente persona o personas:*   
*<participant1>*   
*<participant2>*

**OUTCOME: Full Medicaid Ends, MQB-B Continues**

***English:***

*Effective, Medicaid benefits will stop. The state will continue to pay only Medicare Part B premiums for the following individual(s):*

***Spanish***:

*A partir de, los beneficios de Medicaid terminarán. El estado continuará pagando los Premiums del Medicare Parte B para las siguientes personas:*

**OUTCOME:** **Family Planning**

***English:***

*Effective <effective date>, Full Medicaid benefits end and Family Planning benefits begin (which covers Family Planning related services only) for the following individual(s):*

*<participant1>*   
*<participant2>*

***Spanish:***

*Efectiva <effective date>, Terminan los beneficios completos de Medicaid y comienzan los beneficios de Planificación Familiar (que cubre solo los servicios relacionados con la Planificación Familiar) para las siguientes personas:*   
*<participant1>*  
*<participant2>*

**OUTCOME:** **Full Medicaid or Pregnancy**

***English:***

*Effective <effective date>, Full Medicaid benefits (which covers all necessary medical services; if you have Medicare, Medicaid will pay your Part A and/or B premiums) will start for the* *following individuals(s):*   
*<participant1>*   
*<participant2>*

***Spanish:***

*A partir de <effective date>, los beneficios completos de Medicaid (que cubren todos los servicios médicos necesarios. Si usted tiene Medicare, Medicaid pagará sus primas de la Parte A y/o B), comenzarán para la siguiente persona o personas:*  
*<participant1>*  
*<participant2>*

**OUTCOME:** **MAGI Adult**

***English****:*

*Effective <effective date>, Full Medicaid benefits (which covers all necessary medical services) will start for the following individuals(s):*   
*<participant1>*   
*<participant2>*

***Spanish****:*

*A partir de <effective date>, los beneficios completos de Medicaid (que cubren todos los servicios médicos necesarios), comenzarán para la siguiente persona o personas:*  
 *<participant1>*  
 *<participant2>*

* 1. **Redzone for COC- LTC**

**REASON: LTC Begins**

***English:***

*Your level of care and living arrangement have changed. State rules supporting this action are found in Section 2270 of the Aged, Blind, and Disabled Medicaid Manual.*

***Spanish:***

*Ha cambiado su nivel de cuidados y de vivienda. Las normas estatales que respaldan esta acción se encuentran en la Sección 2270 del Manual de Medicaid para personas mayores, ciegas y discapacitadas.*

**OUTCOME: Red Zone 1 Month**

***English:***

*Effective <effective date>, the patient monthly liability will be $<pmlamount> for the month you entered skilled nursing care. On <effective date + 1 month>, Long Term Care Medicaid benefits will start. The patient monthly liability will be $<pmlamount> for the following individual(s):*

*<participant1>*

*<participant2>*

***Spanish:***

*A partir de <effective date>, la responsabilidad mensual del paciente será de $<pmlamount> durante el mes en que ingresó en cuidados de enfermería especializada.  A partir de <effective date + 1 month>, comenzarán los beneficios de Medicaid para cuidados a largo plazo. La responsabilidad mensual del paciente será de $<pmlamount> para la(s) siguiente(s) persona(s):*

*<participant1>*

*<participant2>*

**OUTCOME: Red Zone 2 Months**

***English:***

*Effective <effective date>, the patient monthly liability will be $<pmlamount> for the month you entered skilled nursing care and the following month. On <effective date + 2 months>, Long Term Care Medicaid benefits will start. The patient monthly liability will be $<pmlamount> for the following individual(s):*

*<participant1>*

*<participant2>*

***Spanish:***

*A partir de <effective date>, la responsabilidad mensual del paciente será de $<pmlamount> durante el mes en que ingresó en cuidados de enfermería especializada y el mes siguiente.  A partir de <effective date + 2 months>, comenzarán los beneficios de Medicaid para cuidados a largo plazo. La responsabilidad mensual del paciente será de $<pmlamount> para la(s) siguiente(s) persona(s):*

*<participant1>*

*<participant2>*

* 1. **Change from Non-MAGI to MAGI**

**REASON: Failed to Provide Info/Proof Non-MAGI MA**

***English:***

*You have failed to provide information needed to determine eligibility. Contact your worker at the phone number listed above.  If you provide the information within 90 days, we will reopen your previous Medicaid case (Sections 2301 and 2352 of the Adult Medicaid Manual).*

***Spanish:***

*No ha proporcionado la información necesaria para determinar si cumple los requisitos. Póngase en contacto con su trabajador social a través del número de teléfono indicado arriba.  Si facilita la información en un plazo de 90 días, reabriremos su caso anterior de Medicaid (artículos 2301 y 2352 del Manual de Medicaid para Adultos).*

**OUTCOME: MAGI Adult Group**

***English:***

*Effective <effective date>, Full Medicaid benefits (which covers all necessary medical services) will start for the following individuals(s):*

*<participant1>*

*<participant2>*

***Spanish:***

*A partir de <fecha de entrada en vigor>, comenzarán los beneficios completos de Medicaid (que cubre todos los servicios médicos necesarios) para las siguientes personas:*

*<participante1>*

*<participante2>*

**OUTCOME: Family Planning**

***English:***

*Effective <effective date>, Full Medicaid benefits end and Family Planning benefits begin (which covers Family Planning related services only) for the following individual(s):*

*<participant1>*

*<participant2*>

***Spanish:***

*A partir de <effective date>, los beneficios completos de Medicaid (que cubren todos los servicios médicos necesarios. Si usted tiene Medicare, Medicaid pagará sus primas de la Parte A y/o B), comenzarán para la siguiente persona o personas:*

*<participant1>*

*<participant2>*

**OUTCOME: Full Medicaid Continues**

***English:***

*Effective <effective date>, The Medicaid benefit (which covers all necessary medical services; if you have Medicare, Medicaid will pay your Part A and B premiums) you were receiving continues for the following individual(s):*  
 *<participant 1>*   
*<participant 2>*

***Spanish:***

*A partir de <effective date>, El Beneficio de Medicaid (que cubre todos los servicios médicos necesarios; si usted tiene Medicare, Medicaid pagará los premiums de la Parte A y B) continuará para las siguientes personas:*  
 *<participant1>*   
*<participant2>*

1. **DSS-8110s THAT ARE GENERATED IN NC FAST**
2. **Cases closed due to failure to provide – Verification Received (after termination) During the 90-day reconsideration period:**

**Beneficiary remains ineligible**

* + - 1. The “Failure to Provide Product Exclusion” evidence must be deleted. The original eligibility determination record will maintain the original termination reason of not eligible for “Failure to provide” information.
      2. The caseworker must update all relevant evidence types,
      3. Apply changes,
      4. Accept with ADEQUATE notice to generate the adequate DSS-8110, for all eligibility determination results, including termination and reduction of benefits.

\*\*\*The new DSS-8110 is always an **ADEQUATE** notice (individual(s) already received a timely notice for failure to provide) \*\*\*

**Example:** The recertification was closed for “failure to provide necessary” information (**TIMELY** notice was provided). During the 90-day reconsideration period, **all** information needed was provided and the caseworker reopens the case to evaluate for ongoing eligibility. The individual is evaluated for **all** Medicaid programs and based on the information provided and verified, the individual is ineligible for all Medicaid programs. The caseworker should follow the steps outlined in II.A., above and mail an ADEQUATE notice with the appropriate reason for ineligibility.

1. **Program Changes Between MAGI and Non-MAGI**

New guidance from the DHB advises that when there is a program change from to equal or greater benefit, an Adequate DSS-8110 notification should be sent. Case workers should **no longer send a DHB-5002/DHB-5003**.

**Example**: An individual is moving from MXP to MAD. Send an adequate DSS-8110 that states full Medicaid continues. Do not generate and mail the DHB-5002 notification letter.

1. **BENEFICIARY DECEASED – DSS-8110 PROCESS**

**Beneficiary Deceased and benefits will be ended in the past.**

If the worker accepts the changed decision the same day they enter the date of death, they are able to generate the DSS-8110 on the case with the reason and outcome below and the beneficiary will be on the notice. If the worker waits until the month after they have accepted the changed decision to generate the 8110, the individual will not show on the 8110 and the worker will need to generate the DSS-8110 from the forms library.

**REASON**: **Deceased**

***English***:

*The individual(s) is deceased. State rules supporting this action are found in Section 2352 of the Aged, Blind, and Disabled Manual or Section 3410 of the Family and Children’s Manual.*

***Spanish****:*

*La persona ha fallecido. La Reglamentación estatal que soporta esta acción se encuentra en sección 2352 del Manual de Personas Ancianas, Ciegas y con Discapacidades y en el Manual de Familia y Niños, Sección 3410.*

**OUTCOME**: **Termination**

***English***:

*Effective <effective date>, All Medicaid benefits will stop for the following individual(s):*

*<participant1>*

*<participant2>*

***Spanish***:

*A partir de <effective date>, todos los beneficios de Medicaid van a ser terminados para:*

*<participant1>*

*<participant2>*