Docusign Envelope ID: 61A4032F-1A2C-4FCF-A82E-C40A175E2B02

DHB-DSS 8110 DESK REFERENCE TOOL

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This desk reference tool will be periodically updated, and counties will be notified when this process is no longer applicable.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. Do NOT use the 8110 from the *DSS* forms library as it is not used for Medicaid.

I. APPROVED REASONS FOR MANUAL DSS-8110 OUTSIDE OF NC FAST

A. 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).

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<u>OUTCOME</u>: 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>

<u>OUTCOME</u>*:* 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>

<u>REASON:</u> 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).

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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>

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

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.

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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>

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

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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>

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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>

C. MAGI to LTC

REASON: LTC- MAGI

***English*:**

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Your level of care and living arrangement have changed. State rules supporting this action are found in Section 3305 of the Family and Children's Medicaid Manual.

Spanish:

Ha cambiado su nivel de cuidados y de vivienda. Las normas estatales que respaldan esta acción se encuentran en la Sección 3305 del Manual para familias y niños.

OUTCOME: LTC Begins- MAGI

English:

Effective <effective date>, Long Term Care Medicaid benefits will start for the following individual(s):
<participant1>
<participant2>

Spanish:

A partir de <effective date>, comenzarán los beneficios de Cuidado a Largo Plazo de Medicaid para las siguientes personas:
<participant1>
<participant2>

D. TOA Sanction and TOA Failure to Provide

REASON: Failure to Provide- TOA

English:

You have failed to provide information needed to determine continued eligibility for institutional services. Contact your worker at the phone number listed above. If you provide the information within 90 days, we will reopen your previous Medicaid for institutional services case (Section 2240 of the Aged, Blind, and Disabled Medicaid Manual).

Spanish:

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No ha proporcionado la información necesaria para determinar su elegibilidad continua para los servicios institucionales. Comuníquese con su trabajador social al número de teléfono indicado anteriormente. Si proporciona la información en un plazo de 90 días, reabriremos su caso anterior de Medicaid para servicios institucionales (Sección 2240 del Manual de Medicaid para personas mayores, ciegas y discapacitadas).

OUTCOME: Institutional Services End- FTP/TOA

English:

Effective <effective date>, Long Term Care Medicaid benefits will end for the following individual(s):
<participant1>
<participant2>

Spanish:

A partir del <fecha de entrada en vigor>, los beneficios de Medicaid para cuidados a largo plazo finalizarán para las siguientes personas:
<participante1>
<participante2>

OUTCOME: Institutional Services End- TOA Sanction

English:

Due to asset transfers, you are ineligible for Medicaid to pay for CAP/PACE/Long Term Care services. State rules supporting this action are found in Section 2240 of the Adult Medicaid Manual.

Spanish:

Debido a las transferencias de activos, usted no es elegible para que Medicaid pague por servicios de cuidado CAP/PACE/y de largo plazo. La Reglamentación estatal que soporta esta acción se encuentra en sección 2240 del Manual de Medicaid para Adultos.

OUTCOME: Institutional Services End- FTP/TOA

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English:

Effective <effective date>, Long Term Care Medicaid benefits will end for the following individual(s):
<participant1>
<participant2>

Spanish:

A partir del <fecha de entrada en vigor>, los beneficios de Medicaid para cuidados a largo plazo finalizarán para las siguientes personas:
<participante1>
<participante2>

E. Termination of Adult Child on Parent/Caretaker's Case

REASON: Ineligible Adult Child

English:

You no longer meet age requirements for Medicaid for children. You have not been determined disabled, 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 Sections 2525, 3110, and 3306 of the Family and Children's Medicaid Manual.

Spanish:

*Ya no cumple con los requisitos de edad para Medicaid para niños. No se le ha determinado discapacitado, no está embarazada y no es elegible para ningún otro programa de Medicaid completo o limitado debido a sus ingresos. Las normas estatales que respaldan esta acción se encuentran en las secciones 2525, 3110 y 3306 del M*anual de Medicaid para familias y niños.

OUTCOME: Termination

English:

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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>

F. 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:

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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>

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II. DSS-8110s THAT ARE GENERATED IN NC FAST

A. 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.

B. 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.

III. BENEFICIARY DECEASED – DSS-8110 PROCESS

Beneficiary Deceased and benefits will be ended in the past.

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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 DSS-8110, the individual will not show on the DSS-8110 wizard, and the worker will need to generate the DSS-8110 from the form's 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>