

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This desk reference tool will be periodically updated, and counties will be notified when this process is no longer applicable.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. Change FROM Full Medicaid TO Medically Needy with Spenddown

When a beneficiary moves from full, categorically needy Medicaid to medically needy Medicaid with a spenddown and they have not met the deductible, there is no active PDC to generate the DSS-8110 from. A DHB 5097/DHB-5097sp, Request for Information must be sent to the beneficiary and/or their authorized representative with the deductible amount prior to sending the DSS-8110.

REASON: Income Increase

English:

Your income exceeds the income limit, causing you to have a deductible. State rules supporting this action are found in Section 2340 and 2360 of the Aged, Blind, and Disabled Manual or Section 3315 of the Family and Children's Manual.

DHB-DSS 8110 DESK REFERENCE TOOL

Spanish:

Su ingreso ha aumentado a más del límite de ingresos para sus beneficios actuales. Las reglas estatales que soporta esta acción se encuentra en la Sección 2250 del Manual de Medicaid para personas Ancianos, Ciegas y Discapacitadas o en las Secciones 3300 y 3306 del Manual de Medicaid para Familias y Niños.

OUTCOME: New/Changed Deductible

English:

Effective <effective date>, the deductible amount will be \$<deductibleamount>. The following individual(s) will not be authorized for Medicaid again until they meet the deductible:

<participant1>

<participant2>

Spanish:

A partir de <effective date>, la cantidad deducible será de \$<deductibleamount>. Las siguientes personas no estarán autorizadas para recibir Medicaid otra vez hasta que cubran el deducible:

<participant1>

<participant2>

B. Change FROM Full Medicaid TO CAP with Spenddown

When a beneficiary moves from full, categorically needy Medicaid to medically needy Medicaid for CAP with a spenddown and they have not met the deductible, there is no active PDC to generate the DSS-8110 from. A DHB 5097/DHB-5097sp, Request for Information must be sent to the beneficiary and/or their authorized representative with the deductible amount prior to sending the DSS-8110.

REASON: CAP begins and new/changed deductible

English:

You have been approved to receive Community Alternatives Program (CAP) services. State rules supporting this action are found in Sections 2280, 2282, and 2283 of the Aged, Blind, and Disabled Medicaid Manual.

Your income exceeds the income limit, causing you to have a deductible. State rules supporting this action are found in Section 2340 and 2360 of the Aged, Blind, and Disabled Manual or Section 3315 of the Family and Children's Manual.

DHB-DSS 8110 DESK REFERENCE TOOL

Spanish:

Se le ha aprobado para recibir servicios del programa Community Alternatives Program (CAP). Las normas estatales que respaldan esta acción se encuentran en las secciones 2280, 2282 y 2283 del Manual de Medicaid para personas mayores, ciegas y discapacitadas.

Su ingreso excede el límite, lo cual causa un deducible en sus beneficios. La Reglamentación estatal que soporta esta acción se encuentra en sección 2340 y 2360 del Manual de Personas Ancianas, Ciegas y con Discapacidades, y en el Manual de Familia y Niños, Sección 3315.

OUTCOME: CAP Changed Deductible

English:

Effective <effective date>, the monthly deductible amount will be \$<deductibleamount> for Community Alternatives Program Medicaid. The following individual(s) will not be authorized for Medicaid again until they meet the deductible:

<participant1>

<participant2>

Spanish

A partir de <effective date>, el deducible mensual será \$<deductibleamount> para el Programa de Alternativas Comunitarias de Medicaid. La siguiente persona o personas, no serán autorizadas para Medicaid hasta que alcancen el deducible:

<participante1>

<participante2>

C. Change FROM MAF-D TO MQB-Q/B

1. Leave the MAF-D case open and start a new MQB PDC.
2. If coverage is required for the current and/or past months for MQB, send a DHB-8020 to claims to request an overlay.
3. Send a manual DSS-8110 with the following language:

REASON: Enrolled Part A or B Medicare

English:

You are enrolled in Part A or B Medicare. State rules supporting this action are

DHB-DSS 8110 DESK REFERENCE TOOL

found in sections 2130, 2140, or 2160 of the Aged, Blind, Disabled Medicaid Manual.

Spanish:

Está inscrito en Medicare Parte A o B. La Reglamentación estatal que soporta esta acción se encuentra en secciones 2130, 2140, 2160 del Manual de Personas Ancianas, Ciegas y con Discapacidades.

OUTCOME: Qualified Beneficiaries Medicare – Q

English:

Effective <effective date>, Medicaid will continue to pay for limited Family Planning services and will pay Medicare premiums and cost sharing for the following individual(s):

<participant1>

<participant2>

Spanish:

A partir de <fecha de entrada en vigor>, Medicaid seguirá pagando los servicios limitados de Planificación Familiar y pagará las primas de Medicare y los gastos compartidos de la(s) siguiente(s) persona(s):

<participante1>

<participante2>

OUTCOME: Qualified Beneficiaries Medicare – B

English:

Effective <effective date>, Medicaid will continue to pay for limited Family Planning services and will pay Medicare Part B premiums for the following individual(s):

<participant1>

<participant2>

Spanish:

A partir de <fecha de entrada en vigor>, Medicaid seguirá pagando los servicios limitados de Planificación Familiar y pagará las primas de la Parte B de Medicare de la(s) siguiente(s) persona(s):

<participante1>

<participante2>

D. Change FROM MAF-D TO MQB-E

1. Terminate the MAF-D case and start a new MQB PDC. (Reminder: MQB-E beneficiaries cannot be dually eligible.)
2. Send a manual DSS-8110 with the following language:

REASON: Enrolled Part A or B Medicare

English:

You are enrolled in Part A or B Medicare. State rules supporting this action are found in sections 2130, 2140, or 2160 of the Aged, Blind, Disabled Medicaid Manual.

Spanish:

Está inscrito en Medicare Parte A o B. La Reglamentación estatal que soporta esta acción se encuentra en secciones 2130, 2140, 2160 del Manual de Personas Ancianas, Ciegas y con Discapacidades.

OUTCOME: Qualified Beneficiaries Medicare – QI1/E

English:

Effective <effective date>, Medicaid will pay Medicare Part B premiums for the following individual(s):

<participant1>

<participant2>

Spanish:

A partir de <effective date>, Medicaid pagará el Premium de Medicare Parte B de las siguientes personas:

<participant1>

<participant2>

E. Medicaid Expansion (MXP) TO MQB-Q/B/E

1. Close the MXP PDC with timely notice.
2. Key an administrative application for MQB.
3. Send a manual DSS-8110 TIMELY to terminate full Medicaid and approve MQB.

DHB-DSS 8110 DESK REFERENCE TOOL

REASON: Enrolled Part A or B Medicare

English:

You are enrolled in Part A or B Medicare. State rules supporting this action are found in 2130, 2140, or 2160 of the Aged, Blind, Disabled Medicaid Manual and section 3236 of the Family and Children's Medicaid Manual.

Spanish:

Está inscrito en Medicare Parte A o B. Las Reglamentación estatal que soporta esta acción se encuentra en sección 2130, 2140, 2160 del Manual de Personas Ancianas, Ciegas y con Discapacidades y en el Manual de Familia y Niños, Sección 3236.

OUTCOME: Full Medicaid Ends, MQB – Q

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/QI1/E Begins

English:

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

<participant1>

<participant2>

Spanish:

A partir de <effective date>, los beneficios de Medicaid terminarán. El estado continuará pagando los Premiums del Medicare Parte B para las siguientes

personas:
<participant1>
<participant2>

F. Change from Health Coverage for Workers with Disabilities (HCWD) to MQB-B

REASON: Employment Ended

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- Full Medicaid Ends, MQB-B Continues

English:

Effective <effective date>, Medicaid benefits will stop. The state will continue to pay only Medicare Part B premiums for the following individual(s):
<participant1>
<participant2>

Spanish:

A partir de <effective date>, los beneficios de Medicaid terminarán. El estado continuará pagando los Premiums del Medicare Parte B para las siguientes personas:
<participant1>
<participant2>

G. Change from Health Coverage for Workers with Disabilities (HCWD) to MQB-Q

REASON: Employment Ended

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- 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>

H. Change from Health Coverage for Workers with Disabilities (HCWD) to Family Planning

REASON: Employment Ended

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

DHB-DSS 8110 DESK REFERENCE TOOL

for any other full 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 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: 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>

I. Change from Health Coverage for Workers with Disabilities (HCWD) to Full Medicaid, Pregnancy, or MAGI Adult Group

REASON: Employment Ended

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

DHB-DSS 8110 DESK REFERENCE TOOL

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

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 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>

J. e14 Children/Critical Age 19- Failed to Provide

REASON: Failed to Provide Info/Proof- Family 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 (Section 3315 of the Family and Children's Medicaid Manual).

Spanish

Usted no ha proporcionado la información necesaria para determinar la elegibilidad. Comuníquese con su trabajador en el número de teléfono que se indica arriba. Si usted proporciona la información dentro de los 90 días, nosotros reabriremos su caso de Medicaid anterior (Sección 3315 del Manual de Medicaid para Familias y Niños).

REASON: Failed to Provide Info/Proof- Adult MA

English:

DHB-DSS 8110 DESK REFERENCE TOOL

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:

Usted no ha proporcionado la información necesaria para determinar la elegibilidad. Comuníquese con su trabajador en el número de teléfono que se indica arriba. Si usted proporciona la información dentro de los 90 días, nosotros reabriremos su caso de Medicaid anterior (Secciones 2301 y 2352 del Manual de Medicaid para Adultos).

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>

K. Change Reported for Medically Needy; Bills/Resources Not Provided

REASON: Failed to Provide Info/Proof Family 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 (Section 3315 of the Family and Children's Medicaid Manual).

Spanish:

Usted no ha proporcionado la información necesaria para determinar la elegibilidad. Comuníquese con su trabajador en el número de teléfono que se indica arriba. Si usted proporciona la información dentro de los 90 días, nosotros

DHB-DSS 8110 DESK REFERENCE TOOL

reabriremos su caso de Medicaid anterior (Sección 3315 del Manual de Medicaid para Familias y Niños).

REASON: Failed to Provide Info/Proof Adult 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:

Usted no ha proporcionado la información necesaria para determinar la elegibilidad. Comuníquese con su trabajador en el número de teléfono que se indica arriba. Si usted proporciona la información dentro de los 90 días, nosotros reabriremos su caso de Medicaid anterior (Secciones 2301 y 2352 del Manual de Medicaid para Adultos).

OUTCOME: Family Planning Continues

English:

Effective <effective date>, This is to notify you that your eligibility for Medicaid has been continued. Your coverage is limited to Family Planning Services for the following individual(s):

<participant 1>

<participant 2>

Spanish:

A partir de <effective date>, este aviso es para dejarle saber que su elegibilidad para Medicaid continúa. Su cobertura ahora está limitada a Servicios de Planificación Familiar para las siguientes personas:

<participant1>

<participant2>

L. Failure to Cooperate with Disability (DDS Assessment)

REASON: Cooperate/Non-Disability

English:

You no longer meet disability rules or did not cooperate in determining continued disability (Sections 2000 and 2525 of the Aged, Blind, and Disabled Manual).

Spanish:

Usted no satisface los requerimientos de discapacidad o no colaboró en la determinación de incapacidad continua (Secciones 2000 y 2525 del Manual de Personas Ancianas, Ciegas y con Discapacidades).

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>

OUTCOME: MAGI Adult Group Continues

English:

Effective <effective date>, The Medicaid benefit (which covers all necessary medical services) 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) continuará para las siguientes personas:

<participant1>

<participant2>

OUTCOME: Family Planning Continues

English:

Effective <effective date>, This is to notify you that your eligibility for Medicaid has been continued. Your coverage is limited to Family Planning Services for the

DHB-DSS 8110 DESK REFERENCE TOOL

following individual(s):

<participant 1>

<participant 2>

Spanish:

A partir de <effective date>, este aviso es para dejarle saber que su elegibilidad para Medicaid continúa. Su cobertura ahora está limitada a Servicios de Planificación Familiar para las siguientes personas:

<participant1>

<participant2>

M. Cases closed due to failure to provide. Verification Received During the 90-day reopen (after receiving timely notice):

Change from Full Medicaid to a Limited Medicaid Program (i.e., MAF-D)

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. Key Medical Forced eligibility, refer to NC FAST Job Aids:
 - MAGI – Medical Forced Eligibility
 - Forced Eligibility for Income Support Medical Assistance, Special Assistance & Cash Assistance
4. Apply changes.
5. 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) ***

REASON: Income Increase

English:

Your income has increased to more than the income limit for your current benefits.

DHB-DSS 8110 DESK REFERENCE TOOL

State rules supporting this action are found in Section 2250 of the Aged, Blind, Disabled Medicaid Manual or Sections 3300 and 3306 of the Family and Children's Medicaid Manual.

Spanish:

Su ingreso ha aumentado a más del límite de ingresos para sus beneficios actuales. Las reglas estatales que soporta esta acción se encuentra en la Sección 2250 del Manual de Medicaid para personas Ancianos, Ciegas y Discapacitadas o en las Secciones 3300 y 3306 del Manual de Medicaid para Familias y Niños.

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>

N. HCWD Employment ends/MQB continues

REASON: Employment Ended

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 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 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- 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:

O. 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

English:

Effective <effective date>, the patient monthly liability will be \$0 for the month you entered skilled nursing care. The next 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 <fecha de entrada en vigor>, la responsabilidad mensual del paciente será de \$0 durante el mes en que ingresó en cuidados de enfermería especializada. El mes siguiente, 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):
<participante1>
<participante2>*

P. CHANGE FROM MAD TO MXP

REASON: Failed to Provide Info/Proof Adult 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>*

Q. CAP ENDS, FULL MEDICAID CONTINUES

REASON: Resources increase, full Medicaid continues

DHB-DSS 8110 DESK REFERENCE TOOL

English:

Your resources have increased and did not impact your current benefits. State rules supporting this action are found in Section 2230 of the Aged, Blind, and Disabled Medicaid Manual or Section 3320 of the Family and Children's Medicaid Manual.

Spanish:

Sus recursos han aumentado y no han afectado a sus beneficios actuales. Las normas estatales que respaldan esta acción se encuentran en la Sección 2230 del Manual de Medicaid para personas mayores, ciegas y discapacitadas o en la Sección 3320 del Manual de Medicaid para familias y niños.

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):

<participant1>

<participant2>

Spanish:

A partir de <fecha de entrada en vigor>, El beneficio de Medicaid (que cubre todos los servicios médicos necesarios; Si tiene Medicare, Medicaid pagará sus primas de la Parte A y B) que estaba recibiendo continúa para la(s) siguiente(s) persona(s):

<participante1>

<participante2>

REASON: CAP ended, full Medicaid or MXP continues

English:

You are no longer receiving Community Alternatives Program (CAP) services and continue to be eligible for Full Medicaid. State rules supporting this action are found in Section 2280 of the Aged, Blind, and Disabled Medicaid Manual or Section 3260 of the Family and Children's Medicaid Manual.

Spanish:

Ha dejado de recibir los servicios del programa Community Alternatives Program (CAP) y sigue teniendo derecho a Medicaid completo. Las normas estatales que respaldan esta acción se encuentran en la Sección 2280 del Manual de Medicaid

para personas mayores, ciegas y discapacitadas o en la Sección 3260 del Manual de Medicaid para familias y niños.

OUTCOME: MXP begins

English:

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

<participant1>

<participant2>

Spanish:

A partir de <fecha de entrada en vigor>, los beneficios completos de Medicaid (que cubren todos los servicios médicos necesarios) comenzarán para la(s) siguiente(s) persona(s):

<participante1>

<participante2>

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

A. Cases closed due to failure to provide – Verification Received During the 90-day reopen (after receiving timely notice):

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 reopen period, **all** information needed was provided and the caseworker reopens the case to

DHB-DSS 8110 DESK REFERENCE TOOL

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.

B. Program Changes Between MAGI and Non-MAGI

New guidance from the DHB advises that when there is a program change from an equal or greater benefit, and 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.

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>*

DHB-DSS 8110 DESK REFERENCE TOOL

<participant2>

Spanish:

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

<participant1>

<participant2>