

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This desk reference tool will be updated, and counties notified when this process is no longer applicable.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. No Valid Citizenship/Immigration Status-slated for May 2024 Release

The individual no longer has a valid citizenship/immigration status, and the caseworker needs to terminate the case TIMELY. Use the DSS-8110 TIMELY template with the Title “Termination”. The caseworker should use the following verbiage:

REASON: Citizenship/Immigration

English:

You no longer meet citizenship/immigration requirements. State rules supporting this action are found in sections 2504, 2505, and 2506 of the Aged, Blind, Disabled Medicaid Manual or sections 3330, 3331, and 3332 of the Family and Children's Medicaid Manual.

Spanish:

Ya no cumple los requisitos de ciudadanía/inmigración. Las normas estatales que respaldan esta acción se encuentran en las secciones 2504, 2505 y 2506 del Manual de Medicaid para los adultos mayores, ciegos y discapacitados o en las secciones 3330, 3331 y 3332 del Manual de Medicaid para familias y niños.

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OUTCOME: Termination

English:

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

Spanish:

*A partir de <effective date>, todos los beneficios de Medicaid van a ser terminados para:
<participant1>
<participant2>*

B. Program of All-Inclusive Care for the Elderly (PACE)/Community Alternatives Program (CAP)/Long-Term Care (LTC) FROM Private Living Arrangement (PLA)-Not yet slated for a release.

REASON: PACE Begins

English:

You have been enrolled in the Program of All-Inclusive Care for the Elderly (PACE) program. State rules supporting this action are found in Section 2275 of the Aged, Blind, and Disabled Medicaid Manual.

Spanish:

*Se le ha inscrito en el programa Program of All-Inclusive Care for the Elderly (PACE). Las normas estatales que respaldan esta acción se encuentran en la Sección 2275 del Manual de Medicaid para personas **mayores, ciegas y discapacitadas**.*

OUTCOME: PACE

English:

*Effective <effective date>, PACE benefits will start. The patient monthly liability will be \$<pml amount>. You must pay your liability to the nursing home, or your PACE center each month. You meet all eligibility requirements for the following individual(s):
<participant1>
<participant2>*

Spanish:

*A partir de <effective date> comenzaran los beneficios de PACE. La responsabilidad financiera del paciente será \$<pml amount>. Usted debe pagar la parte que le corresponde al lugar que le proporciona los cuidados (nursing home) o a su centro PACE cada mes. Usted ha cubierto los requisitos de elegibilidad para las siguientes personas:
<participant1>*

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<participant2>

REASON: CAP Begins

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.

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.

OUTCOME: CAP

English:

Effective <effective date>, Community Alternatives Program Medicaid benefits will start for the following individual(s):

<participant1>

Spanish:

A partir de <effective date>, comenzarán los beneficios del Programa Alternativas en la Comunidad (Community Alternatives) de Medicaid para las siguientes personas:

<participant1>

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: LTC

English:

Effective <effective date>, Long Term Care Medicaid benefits will start. The patient monthly liability will be \$<pmlamount> for the following individual(s):

<participant1>

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<participant2>

Spanish:

A partir de <effective date>, comenzarán los beneficios de Cuidado a Largo Plazo de Medicaid. El costo mensual en la responsabilidad (liability) del paciente será \$<pmlamount> para las siguientes personas:

<participant1>

<participant2>

- C. Change FROM Full Medicaid TO Medically Needy with Spenddown-when they switch from full to spenddown and have not met the deductible, there is not an active PDC to generate the 8110 from. A DHB 5097 must be sent with the deductible amount prior to sending the 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.

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>

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- D. Change FROM Full Medicaid TO CAP with Spend Down- when they switch from full to spenddown and have not met the deductible, there is not an active PDC to generate the 8110 from. A DHB 5097 must be sent with the deductible amount prior to sending the 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.

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:

<participantI>

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:

<participantI>

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

F. Change FROM MAF-D TO MQB

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:

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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 – Q

English:

Effective <effective date>, Medicaid will pay Medicare premiums and cost sharing for the following individual(s):

<participant1>

<participant2>

Spanish:

A partir de <effective date>, Medicaid pagará los premiums de Medicare y gastos compartidos de las siguientes personas:

<participant1>

<participant2>

OUTCOME: Qualified Beneficiaries Medicare – B

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>

OUTCOME: Qualified Beneficiaries Medicare – QI1/E

English:

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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>

G. Medicaid Expansion (MXP) TO MQB

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.

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>

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<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>

II. 90-DAY REOPEN ADEQUATE DSS-8110 PROCESS

A. Cases Reopened Due to Failure to Provide

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).

B. Scenario:

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 evaluate the ongoing eligibility.

The individual(s) are eligible/ineligible for **equal/greater** benefits, **reduced** benefits, or **termination**.

1. The caseworker must update the relevant evidence that was provided by the individual(s) and delete the “Failure to Provide Product Exclusion” evidence.
2. Apply changes.

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3. Accept the applicable changed decision showing the individual(s) determination of eligibility/ineligibility.

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>
<participant2>*

Spanish:

*A partir de <effective date>, todos los beneficios de Medicaid van a ser terminados para:
<participant1>
<participant2>*