

CHANGE NOTICE FOR MANUAL NO.12-03, Notices

DATE: AUGUST 26, 2002

Manual: Family and Children's Medicaid MA-3430

Change No: 12-03

To: County Directors of Social Services

Effective: October 1, 2002

I. BACKGROUND

As part of an ongoing effort to increase access to services, the Centers for Medicare and Medicaid Services (CMS) is encouraging states to use written forms and materials that are easily understandable to the public. The Division of Medical Assistance is leading a work group to begin redesigning forms to make them more "consumer friendly" and to make more information available in Spanish. This work group includes county staff from Edgecombe, Johnston, Mecklenburg, Robeson and Sampson Counties, along with state staff from DSS to represent all assistance programs. The first two forms the work group reviewed were the DSS-8109, Notice of Denial and the DSS-8110, Notice Of Termination Or Modification Of Public Assistance.

II. CONTENT OF CHANGE

A. DSS-8109/DSS-8109S, "Your Application for Benefits Is Being Denied or Withdrawn"

The work group has revised and renamed the manual DSS-8109, Notice Of Denial, to the DSS-8109/DSS-8109S, Your Application For Benefits Is Being Denied Or Withdrawn. The format of the automated DSS-8109A will be revised later as funding becomes available to make EIS changes.

1. The revised manual DSS-8109/DSS-8109S is the written notice for application withdrawals and replaces the DSS-8191W, Notice Of Withdrawal.
 - a. Due to enhancements in EIS, the DSS-8109A is now available as an automated notice for application withdrawals in all aid program/categories.
 - b. Unless overridden, EIS will automatically send the DSS-8109A, Notice Of Withdrawal, whenever an application is withdrawn.
2. The revised manual DSS-8109/DSS-8109S, Your Application For Benefits Is Being Denied or Withdrawn, and the instructions for completion are included as figures in the revised notice and hearings section.

B. DSS-8110/DSS-8110S, "Your Benefits Are Changing"

The work group has revised and renamed the manual DSS-8110, Notice Of Termination Or Modification Of Public Assistance (Timely) to the DSS-8110/DSS-8110S, Your Benefits Are Changing. The format of the automated DSS-8110A will be revised later as funding becomes available to make EIS changes.

1. Wording on the automated DSS-8110A is being revised to incorporate the policy change regarding continued benefits. This is the only revision to the automated notice at this time.

When a recipient's benefits are terminated or reduced, he has the right to continued benefits if he requests a hearing during the 10-day timely notice period. If the hearing is requested timely, benefits can continue until the first appeal decision for all appeals that do not involve disability. For appeals involving disability, the recipient has the right to continued benefits until the state hearing decision or until all rights to a SSA appeal have been exhausted.

2. The DSS-8158, Notice of Termination or Modification of Public Assistance (Adequate) is now obsolete. Use the manual DSS-8110 for both adequate and timely notification.
3. The revised manual DSS-8110/DSS-8110S, Your Benefits Are Changing, and the instructions for completion are included as figures in the revised notice and hearings section.

C. Other Changes

1. The manual DSS-8108/DSS-8108S, DSS-8109/DSS-8109S, and DSS-8110/DSS-8110S have been revised in Spanish. However, the Spanish versions cannot be automated until enhancements are made to EIS. You will be notified via terminal message when the Spanish forms are returned from print.
2. The entire notices section is reorganized for clarity. Many EIS instructions that are found in the EIS Manual have been deleted or cross-referenced. The instructions in the Adult Medicaid Manual and the Family & Children's Medicaid Manual are now the same with the exception of references to continuing benefits for disability related hearings.
3. The DSS-8108/DSS-8108S, Notice of Benefits, has been added as a figure to MA-3430.
4. Any time an overpayment is established, the recipient must receive a notice and has a right to appeal. The right to appeal overpayments is added and is cross-referenced to MA-3535, Recipient Fraud and Abuse Policy and Procedures.

III. IMPLEMENTATION

Apply these changes to all applications taken on or after October 1, 2002. Apply to all re-enrollments begun on or after October 1, 2002.

Use your existing supply of the manual DSS-8110 (English version) before ordering the new form. The new printed version of the DSS-8110 will not be issued until the current supply is exhausted. Make the following pen and ink changes to the existing form to comply with current policy regarding the continuation of Medicaid benefits.

A. In the paragraph that follows, “If this notice says ‘TIMELY’ in the upper right corner;,” make the following changes:

1. In the second line, line out the following phrase: “. . . you can choose to continue to receive benefits at the present level.” and replace it with the following: “. . . your benefits will continue. . . .”
2. In the last line following the word “made;” write the following: “. . . unless you waive this right. Continuation of benefits does not apply to North Carolina Health Choice.”

The paragraph should now read:

“If the change is for Work First Assistance, Refugee Assistance, Medicaid, or Special Assistance; and if you ask for a hearing on or before the date the change will be made, your benefits will continue until the first hearing decision is made, unless you waive this right. Continuation of benefits Does Not apply to North Carolina Health Choice.”

B. In the third paragraph that begins, “If you choose to have . . . ,” make the following changes:

1. In the first line, line out the following phrase: “If you choose to have your Work First Assistance, or Refugee Assistance” and replace it with “If you do not waive the right to have your benefits”
2. In the second line, line out the word “must;” and replace it with “may have to.”
3. Beginning in the second line with “If you choose to have . . . ,” delete the remainder of the paragraph.

The paragraph should now read:

“If you do not waive the right to have your benefits continued and the hearing shows that the changes were correct, you may have to repay the benefits you received while waiting for the hearing decision.”

IV. MAINTENANCE OF MANUAL

Remove: MA-3430

Insert: MA-3430, Figures 1A, 1B, 2A, 2B, 3A, 3B and 4, effective 10/01/02.

Online Manual: Entire section revised.

Remove: MA-5000, Figures and Instructions for the DSS-8108, DSS-8110, DSS-8158 and DSS-8191W.

Insert: Nothing to insert.

If you have any questions regarding this information, please contact your Medicaid Program Representative.

Nina Yeager
Director

[This policy material was researched and written by Vanessa Broadhurst, Policy Consultant, Medicaid Eligibility Unit.]

[MA-3430](#)

[MA-3430, Fig. 1A, DSS-8108](#)

[MA-3430, Fig. 1B, DSS-8108 \(Spanish\)](#)

[MA-3430, Fig. 2A, DSS-8109](#)

[MA-3430, Fig. 2B, DSS-8109 \(Spanish\)](#)

[MA-3430, Fig. 2 Instructions](#)

[MA-3430, Fig. 3A, DSS8-8110](#)

[MA-3430, Fig. 3B, DSS-8110 \(Spanish\)](#)

[MA-3430, Fig 3 Instructions](#)

[MA-3430, Fig 4, DSS-1473](#)