

# CHANGE NOTICE FOR MANUAL

DATE: September 12, 2002

**Manual:** State/County Special Assistance for Adults

**CHANGE NO:** 04-02

**To:** County Directors of Social Services

**Effective:** October 1, 2002

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## 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 DMA and DSS to represent all assistance programs. The first two forms the work group reviewed were the DSS-8109, Notice of Denial and Withdrawal and the DSS-8110, Notice of Termination or Modification of Public Assistance.

In the process of reviewing adverse action notices, it was learned that the Special Assistance policy regarding continuation of benefits during appeal was out of compliance with federal requirements. Federal law requires that when a recipient's benefits are modified or terminated and he requests an appeal within the ten day timely notice period, his benefits must be continued until the first hearing, unless he waives that right. Current policy states that the recipient may choose to have his benefits continued, and it has become a standard practice to continue benefits only when the recipient specifically requests it.

## II. CONTENT OF CHANGES

### A. Continuation of Benefits During Appeal

SA-3340, Hearings, is revised to require that for changes and terminations requiring timely notice, benefits continue until the first hearing unless the recipient waives this right. Advise the recipient that if the change or termination is upheld in the hearing, he will be responsible for repayment of the benefits. The recipient has the right to waive continued benefits.

If the hearing is related to a non-disability issue, benefits continue until the local hearing decision is rendered. If the hearing is related to a disability issue, benefits continue until the State hearing decision is rendered.

**B. Revised DSS-8109, "Your Application for Benefits Is Being Denied or Withdrawn"**

The manual DSS-8109, Notice of Denial, has been revised and renamed the DSS-8109/8109S, 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. Appendix A of the Special Assistance Manual is revised to indicate the most recent revision date. The hyperlink in the online manual is linked to the revised DSS-8109.

**C. Revised DSS-8110, "Your Benefits Are Changing"**

The manual DSS-8110, Notice of Termination or Modification of Public Assistance (Timely) has been revised and renamed the DSS-8110/8110S, Your Benefits Are Changing. The format of the automated DSS-8110 will be revised later as funding becomes available to make EIS changes. Appendix A of the Special Assistance Manual is revised to indicate the most recent revision date. The hyperlink in the online manual is linked to the revised DSS-8110.

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.

The DSS-8158 is now obsolete (Notice of Termination or Modification of Public Assistance - Adequate). Use the manual DSS-8110/8110S for both adequate and timely notice.

The DSS/8108, DSS-8109 and DSS-8110 will be available 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.

**D. Other Changes**

1. SA-3330, Notices is reorganized for clarity and consistency with instructions in the Medicaid manuals. Many EIS instructions in SA-3330 that are also found in the EIS manual have been deleted or cross-referenced. There are no policy changes in this section.

2. SA-3300, Administration of Checks and Payments, is revised to state that the recipient is subject to an overpayment if he receives continued benefits during the hearing process and the hearing officer upholds the change/termination. The address for sending refunds of overpayment to the State office is also corrected.

Appendix A is revised to include additional form changes. The DSS-1295 is replaced with the DMA-5094, Notice of Your Right to Apply for Benefits. The DSS-8146M is replaced with the DMA-5097, Request for Information. Copies of all revised forms are attached to this change notice.

### III. IMPLEMENTATION

Apply these changes to all applications taken on or after October 1, 2002. Apply to all redeterminations started on or after October 1, 2002.

Use your existing supply of the DSS-8110 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.”

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, you benefits will continue at the present level until the first hearing decision is made, unless you waive this right.”

**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 . . . .”

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:	SA-3300, pages 5-6 and 9-10
Insert:	SA-3300, pages 5-6 and 9-10, effective 10/1/02
Online Manual	: Revised VIII.A.5. and VIII.C.4.a.(3)
Remove:	SA-3330
Insert:	SA-3330, effective 10/1/02
Online Manual	Entire section revised
Remove:	SA-3340, pages 1-2
Insert:	SA-3340, , pages 1-2a, effective 10/1/02
Online Manual	Revised II.I.
Remove:	Appendix A
Insert:	Appendix A, effective 10/1/02

If you have any questions regarding this information, please contact your Adult Programs Representative, or call Jackie Franklin, SA Program Consultant, at 919-733-3677.

John T. Tanner, Chief  
Adult and Family Services Section