

# CHANGE NOTICE FOR MANUAL NO. 02-06, NOTICE AND HEARINGS PROCESS

DATE: DECEMBER 19, 2005

Manual: Aged, Blind, and Disabled Medicaid

Change No: 02-06

To: County Directors of Social Services

Effective: January 1, 2006

## I. MA-2420, NOTICE AND HEARINGS PROCESS

- A. The [DMA-5002](#)/DMA-5002S, Approval Notice, replaces the manual DSS-8108/DSS-8108S, Notice of Benefits, for the Aged, Blind and Disabled categories including State/County Special Assistance. This form was developed by the following persons as a workgroup from the Economic Services Committee - Alvinia Parker, Elva Quinn, Joe Knott, Bill Horne, Helen Williams, Denise Knight, Paul Bruck, Betsy Jones, Brooke Grady, and Janet Bryan. There is a new separate manual approval notice for Family and Children and it is the [DMA-5003](#). The **automated** [DSS-8108A/DSS-8108S](#), Notice of Benefits, remains the same.

When an application is approved or benefits are continued and you use a manual notice, send the [DMA-5002](#)/DMA-5002S. You may also use the automated [DSS-8108A/DSS-8108S](#), Notice of Benefits, for applications approved or benefits continued.

The [DMA-5002](#)/DMA-5002S, Approval Notice, will be on the DMA forms website. The Spanish version will be placed on the forms website once translation of the form into Spanish is complete. We will notify you by terminal message when the Spanish form is available.

The following sentence for Family Planning Services has been included on the [DMA-5002](#)/DMA-5002S, Approval Notice effective 1/1/06: "Your partner may be potentially eligible also." For forms with effective date prior to 1/1/06, you must add the above sentence.

- B. References to the manual [DSS-8108/DSS-8108S](#), Notice of Benefits have been deleted.

- C. Forms [DSS-8109](#)/DSS-8109S, Your Application for Benefits Is Being Denied or Withdrawn, and DSS-8110/DSS-8110S, Your Benefits Are Changing, have been renamed to reflect the name of the forms located on the DSS forms website.

The form names are DSS-8109/DSS-8109S, Notice of Benefits Denied or Withdrawn, and [DSS-8110/DSS-8110S](#), Notice of Change in Benefits.

- D. For Medicare recipients, caseworkers must manually add the following sentence to the manual approval notices that do not contain information about Medicare Part D: "If you receive Medicare, Medicare is responsible for your prescriptions."
- E. Caseworkers must manually add the following sentence to the manual adequate/timely notice that does not contain information about Medicare Part D: "Now that you are enrolled/receiving Medicare, Medicaid will not pay your prescriptions. Medicare is responsible for your prescriptions."

## II. IMPLEMENTATION

This policy is effective January 1, 2006. Apply this change to pending applications and redeterminations effective January 1, 2006.

## III. MAINTENANCE OF MANUAL

- A. Remove: **MA-2420, Notice and Hearings Process, pages 1 through 10, and Figure 1A, 1B, 2A, pages 1-4, and 3A, pages 1-5.**
- B. Insert: [MA-2420](#), Notice and Hearings Process, pages 1 through 10, and [Figure 1A](#), pages 1-5, [Figure 2A](#), pages 1-4, and [Figure 3A](#), pages 1-5 effective January 1, 2006.

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

L. Allen Dobson, Jr., M.D., Assistant Secretary  
for Health Policy and Medical Assistance

(This material was researched and written by Sandi Morrow, Policy Consultant, Medicaid Eligibility Unit.)