

I. PURPOSE OF THE FORM

You must notify a recipient in writing prior to any change in benefits. The notice must explain clearly to the recipient what the change is, why it is being made and when it is effective. The notice also contains required information regarding the recipient's right to appeal the decision.

The [DSS-8110/DSS-8110S](#), Notice of Change in Benefits, may be used for both adequate and timely notices, even though that terminology does not appear on the form. Refer to the policy manual to determine if the proposed change requires adequate or timely notice.

II. GENERAL INSTRUCTIONS

- A. If the notice is handwritten, the writing must be legible.
- B. Use language that is clear and understandable. Avoid the use of program jargon or abbreviations that are unclear to those outside the agency.
- C. Write out all dates completely, including month, date and year. Do not use numbers for the month. For example, write November 15, 2005, rather than 11/15/05.
- D. Manually add the following sentence to the manual DSS-8110 that do 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.”

When approving for Medicaid Family Planning Services, manually add the following sentence to the DMA-5002 approval notice that does not contain information about Medicaid Family Planning Waiver Services: “Your partner may be potentially eligible also.”

- E. Keep a legible copy of each manual notice in the case record.

III. INSTRUCTIONS FOR COMPLETING THE [DSS-8110/DSS-8110S](#), NOTICE OF CHANGE IN BENEFITS

- A. Enter the name of your county, the date the notice is mailed, and the recipient or casehead/payee's name and mailing address.
- B. "What The Change Is:" Explain exactly what the change is using language that is easy to understand. Refer to the text for the automated codes for appropriate wording.

For Work First, you must always include a statement about what will happen to Medicaid (such as "Medicaid will continue," "Medicaid will also stop," or "Your Medicaid will be evaluated. You will receive a separate notice about Medicaid.")

(III.B)

Examples of text:

1. "The amount of your Work First check will change to \$236. Your Medicaid will continue."
2. "You are being removed from the Work First benefit. Your Medicaid is being evaluated. You will receive a separate notice about your Medicaid."
3. "Your Work First check and your Medicaid will stop."
4. "Your Medicaid will stop."
5. "You will not receive another Medicaid card until you meet your deductible for the following months: _____".

C. "Why The Change Will Be Made:" Explain clearly why the change is being made.

1. "Your family's countable income has increased."
2. "Your children no longer live with you."
3. "Your assets exceed the limit."
4. "Your medical expenses do not indicate that you will meet your deductible within your certification period."
5. "Your income increased."

D. "When The Change Will Happen:" Write in the date the change in benefits takes place. (This is not the date the caseworker takes action to make the change in EIS.)

The effective date for a change in benefits is the first day of the month. The effective date for a termination of benefits is the last day of the month.

E. If the recipient is on Medicare buy-in, write on this line whether payment of the Medicare premium will "continue" or "stop." If the recipient is not on Medicare, write in a notation to indicate "not applicable."

F. "State Regulations:" Cite the manual reference that supports the change. It is not necessary to cite what is in the section because you have already explained why the change is taking place.

G. "Hearing Rights:" Use this section to advise recipients that they have a right to a hearing if they disagree with the decision and whether they can receive continued benefits if they request a hearing.

DSS-8110

NOTICE OF CHANGE IN BENEFITS

Adequate Notice: Check the first block if the notice is an adequate notice. The recipient does not have a right to continued benefits.

(III.G)

Timely Notice: Check the second block if the notice is a timely notice. The recipient's benefits continue until the first hearing decision is rendered if the hearing is requested by the deadline, unless he waives this right. Enter the deadline date for requesting the hearing and continuing benefits, which is the 10th workday from the date the notice is mailed. Begin counting the 10 workdays on the day following the date the notice is mailed.

Enter the deadline date for the recipient to request a hearing, which is the 60th calendar day after the date the notice is mailed. Begin counting the 60 calendar days on the day following the date the notice is mailed. If the 60th day falls on a non-work day, the recipient has until the end of the next workday to request a hearing.

H. Enter the caseworker name (typed or written legibly), the phone number and the agency mailing address.

I. "FOR OFFICE USE ONLY"

Use this area to enter information to identify the recipient's:

- County case number,
- EIS case id number, and
- Aid program/category.