
COMPLETING AN APPLICATION FORM FOR NEW APPLICATIONS, REAPPLICATIONS,
AND ADD-INDIVIDUAL-APPLICATIONS FOR M-AF, M-IC, M-PW, AND, M-RF

EIS 2012 - COMPLETING AN APPLICATION FORM FOR NEW APPLICATIONS, REAPPLICATIONS, AND
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REVISED 10/01/05 - CHANGE NO. 02-06

I. GENERAL INFORMATION

The DSS-8124 is the computer input screen used to enter M-AF, M-IC, M-PW or M-RF applications into EIS. The information required to enter on the screen is listed in II. below.

NOTE: FOR KEYING INSTRUCTIONS, SEE EIS 4900.

II. COMPLETING THE INPUT SCREEN

A. Use the following instructions to complete the computer input screen. If a numeric field requires less digits than spaces available, precede with zeroes.

1. Form ID is system assigned.
2. The TYPE APP is brought forward from the Application Process Menu.
 - a. "1" (New Application) or "4" (New Application with Retroactive Benefits); or
 - b. "2" (Reapplication) or "5" (Reapplication with Retroactive Benefits); or
 - c. "7" (Administrative New Application - MAF and MIC Only) - Use this application type to create a case for automatic newborn coverage; or
 - d. "3" (Administrative Add-an-Individual) - Use this application type to add an automatic newborn(s) who is not a member of an active MAF or MIC case. Do not use this application type for a MRF add-an-individual; or
 - e. "6" (Add-an-Individual) - Use this application type to:
 - (1) Add an individual(s) (other than automatic newborn and MAF-D, Family Planning) to MAF and MIC.
 - (2) Add an individual(s) to MRF.

NOTE: If there is an existing MIC case for the individual(s) and it is determined they become eligible for NC Health Choice, the existing MIC case is terminated or the individual is deleted. A reapplication against the existing MIC case is allowed in EIS. A transfer from MIC to NC Health Choice is not allowed.

3. Enter your assigned WORKER NUMBER.
4. Enter your COUNTY NUMBER.

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5. Enter the COUNTY CASE NUMBER.
6. Enter the DISTRICT NUMBER.
7. ADDRESS - Refer to [EIS 4050](#), Mailing Address Appendix, for complete instructions to enter address correctly. Failure to enter the address properly can result in delay of delivery of notices and cards to the recipient.

For a long term care application, refer to [EIS 4050](#), Mailing Address Appendix, for complete instructions to enter the facility address correctly.

NOTE: When an automated DMA-5016 is printed, Address Line 2 is printed on the first address line on the DMA-5016 and Address Line 1 is printed on the next address line.
8. Enter "Y" for ADMIN if the application is ADMINISTRATIVE.
9. The Family Planning indicator must be "Y" or "N" for all MAF applications. If a "Y" is entered, the application date cannot be earlier than October 1, 2005.
10. Do not use the TRANSITIONAL field. It does not apply to MAF, MIC, MPW or MRF.
11. CASE ID
 - a. New Application - Do not complete. A Case ID is assigned by the system for each new application at the time the application is initially entered and accepted into the system. This becomes the permanent Case ID for the case.
 - b. Reapplication
 - (1) Case - Enter the Case ID from the most recent Case Profile or from Name Search Inquiry.
 - (2) Withdrawn or Denied Application - Enter the application number, including the "G", of the withdrawn or denied application from Name Search Inquiry.
 - c. Add-an-Individual
 - (1) Case

Individuals may be added to a case when the application type is either "3" or "6".
 - (a) Enter the Case ID of the case to which the individual(s) is being added.

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II. A. 11. c (CONT'D)

(b) Obtain the Case ID from the current Case Profile or from Name Search Inquiry.

(2) Pending Application

When there is an application pending with application type "1", "2", "4", "5", or "7", a separate application may be completed as type "6" for additional individuals; however, this application cannot be approved until the first application has been approved to establish the case.

(a) Enter the application number of the pending application to which the individual(s) is being added.

(b) Obtain the application number from the Application Turnaround or from Name Search Inquiry.

(c) Enter the pending application number, including the letter "G", beside "Type 6" on the DSS-8124.

12. INDS ON APP - Enter the total number of individuals on the application. Include the casehead/payee in this count. When adding children to a case, the casehead payee is not included in the count.
- a. The system does not allow more than one individual on a M-PW application.
 - b. For MAF-BCCM (Breast and Cervical Cancer Medicaid), the system allows only one individual on the application and that individual must be female.
 - c. Use an additional DSS-8124 if all individuals on a M-AF, M-IC, or M-RF application cannot be entered on one form.
 - (1) Renumber the second DSS-8124 so that the line numbers are consecutive to those on the first page.
 - (2) Key the DSS-8124s or staple the forms together, with line number 01 on top, and submit to Data Entry.
 - d. The system does not allow more than 19 individuals on a M-AF, M-IC, or M-RF application. If you have an application with 20 or more individuals:
 - (1) Create a second (separate) application, and disposition it as a separate case.
 - (2) Enter the casehead/payee on Line 01 and mark "NO" for INCLUDED IN THE CASE on your second application.

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II. A. 12. d. (CONT'D)

(3) Continue with the remainder of individuals on the second application.

13. HOW APP RECEIVED? - Enter one of the following codes to indicate the source from which the MIC, MPW, or MAF application was received:

- a. "D" - County Department of Social Services.
- b. "H" - Public Health Department.
- c. "M" - By mail.
- d. "P" - Division of Prisons

If the aid program/category is MAF or MPW, the How App Received? field is not valid for applications dated prior to 10/1/05.

14. Enter a FOOD STAMP NUMBER for all cases receiving Food Stamps.

15. Enter the CITY, STATE, and ZIP CODE. See the Mailing Address Appendix to determine the appropriate state abbreviation.

16. Enter the appropriate AID PROGRAM/CATEGORY code.

M-AF	Medicaid Aid to Families and Children
M-IC	Medicaid Infants and Children
M-PW	Medicaid Pregnant Woman
M-RF	Medicaid Refugee Assistance

17. Do not use the MQB-QI1 field. It does not apply to MAF, MIC, MPW, or MRF.

18. Enter the HLTH CH? field only for MIC applications using one of the following codes:

- a. "Y" if the MIC application is for NC Health Choice.
- b. "N" if the MIC application is not for NC Health Choice.

If the aid program/category is MIC, you must enter "Y" or "N" in this field before application disposition. If a "Y" is entered, the application date cannot be earlier than October 1, 1998.

19. Enter the FAM PLAN? field only for MAF applications using one of the following codes:

- a. "Y" if the MAF application is for Family Planning Medicaid.
- b. "N" if the MAF application is not for Family Planning Medicaid.

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II. A. 19. b. (CONT'D)

If the aid program/category is MAF, you must enter "Y" or "N" in this field before application disposition. If a "Y" is entered, the application date cannot be earlier than October 1, 2005.

20. Enter "Y" or "N" for C/H INCLUDED.
- a. For new applications and reapplications, mark "Yes" or "No" to indicate if the individual on line 01 is to be INCLUDED IN THE CASE.
 - b. For Type "3" and "6" applications, mark "Yes" or "No" to indicate whether the individual on line 01 of the Add-on Application is the Casehead/Payee.

21. Enter the LINE NUMBER beginning with 01.

22. Enter the INDIVIDUAL ID for each person to be included on the application.

NOTE: IF THE ID ENTERED IS UNKNOWN TO THE SYSTEM OR IF THE NUMBER DOES NOT MATCH THAT INDIVIDUAL, THE APPLICATION DOES NOT PROCESS.

23. Enter the following in the CTZ (Citizenship) field to document citizenship for each individual listed on the DSS-8124. There must be an entry for each individual listed on the DSS-8124.

- a. "Y" Individual is applying for assistance and states he is a U.S. citizen.
- b. "N" Individual is applying for assistance and states he is not a U.S. Citizen.
- c. "X" Casehead is not applying for benefits or individual who states he is a U.S. Citizen and does not have a social security number.

24. Enter the APPLICATION DATE.

- a. If the MIC application is for NC Health Choice, this date cannot be before 10/01/98.
- b. If the MAF application is for Family Planning, this date cannot be before 10/01/05.

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II. A. (CONT'D)

25. APPLICANT'S/REPRESENTATIVE'S SIGNATURE

- a. The applicant or his representative must read and understand the statements on the back of the application before he signs the form. If he cannot read or does not understand, explain the statements to him in a manner that he can understand.
- b. The applicant or his representative must sign his name the day he applies. If he cannot sign his name, have him make his mark, "X," on the form. Two persons must witness his mark. The worker's signature serves as one of the witnesses.

DISPOSITION FIELDS ARE NOT USED IN APPLICATION REGISTRATION. REFER TO THE DENIAL (EIS 2150) AND WITHDRAWAL (EIS 2200) SECTIONS FOR INSTRUCTIONS ON HOW TO DENY OR WITHDRAW THE APPLICATION AT REGISTRATION.

26. When necessary, a WITNESS SIGNATURE may be entered.
27. Sign the application in the CASEWORKER SIGNATURE field.
28. The county director or his designee must sign and date the form in the DIRECTOR'S SIGNATURE and DATE field.

B. Key the DSS-8124.

III. OUTPUTS

An Application Turnaround is produced overnight when the application is entered and accepted into the system and mailed to the county the next workday.

NOTE: The name on the 8124I must match Social Security Records. Use the name on the SDX, BENDEX, SOLQ, TPQ, Social Security Card, or Medicare Card. If a discrepancy exists, use the name from the online verification.

IV. ADMINISTRATIVE APPLICATIONS

- A. Administrative DSS-8124's do not have to be signed by the applicant. They are used to:
 1. Establish separate cases for which there is a signed application on file for all individuals listed.
 2. Re-establish a case closed in error by processing the DSS-8124 as a reapplication.
 3. Establish automatic coverage for a newborn.
 4. Register a Presumptive Eligibility referral.

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II. A. (CONT'D)

5. Change the casehead/payee.
6. Enter other cases or individuals as required by policy.

B. To complete an administrative DSS-8124:

1. Enter Application Type "2" (Reapplication), "5" (Reapplication with Retroactive Benefits), or "6" (Add-An-Individual). For automatic newborn coverage, enter Application Type "7" (Application), when a new case is established for a newborn(s) or Application Type "3" (Add-An-Individual) if the newborn is being added to an existing case. For Presumptive Eligibility, enter Application Type "1" (New Application).
2. Re-enter the individual(s) and data as listed on the original DSS-8124.
3. Use the application date from the original application.
4. For M-PW Presumptive Eligibility only cases, use the date the pregnant woman signed the DMA-5032, Presumptive Eligibility Determination, as the application date.

V. **DUAL ELIGIBILITY - MEDICALLY NEEDED (MAF-M OR MAD-M) AND FAMILY PLANNING (MAF-D)**

When an applicant is potentially eligible for Medically Needed (MAF-M or MAD-M) and Family Planning Medicaid:

A. Complete a DSS-8124:

1. Key the DSS-8124 for Medically Needed (MAF-M or MAD-M) by following instructions in I. and II. above. This should be a new application.
2. Pend the application until the individual meets his/her deductible.

B. Complete a second new DSS-8124:

1. Key a second application for Family Planning (MAF-D).
2. Approve the second application. When the individual's deductible is met, terminate the Family Planning (MAF-D) case and approve the pending application for full Medicaid.