
APPROVING M-PW NEW APPLICATIONS OR REAPPLICATIONS

EIS 2256 - APPROVING M-PW NEW APPLICATIONS OR REAPPLICATIONS
REVISED 08/01/04 - CHANGE NO. 01-05

I. GENERAL INFORMATION

- A. Use the instructions in this section to complete the DSS-8125 Eligibility Information System Data Sheet. A sample of the DSS-8125 is located at the end of this volume. For keying instructions, see [EIS 4900](#).
- B. Use the most current DSS-8124I Application Turnaround to determine what information has previously been entered for the applicant. This information is retained by the system and brought forward at application approval. For this reason, most of the information entered on the DSS-8124 need not be re-entered when the application is approved.
- C. Use the NAME CHANGE screen to change or correct the following items before keying the DSS-8125 for approval:
1. Name
 2. Social Security Number
 3. Date of Birth
 4. Sex
 5. Race/Ethnicity/Language
- D. The following items must be corrected on the DSS-8124 or Application Turnaround before keying the DSS-8125 for approval:
1. County number
 2. Aid Program/Category
 3. Application Type
- If there is a change of payee, see [EIS 3101](#), Making Changes to Medicaid Applications. Other data may be changed or corrected on the DSS-8125 at approval.
- E. After the approval processes overnight, use the DB-PML function when authorization for all retroactive months cannot be entered on the DSS-8125. (More than two retroactive periods.)
- Refer to [EIS 3105](#), Deductible Balance/Patient Monthly Liability Transaction.
- F. There are two types of applications, one part and two part. A one part application can be for retroactive coverage only or ongoing coverage only. A two part application is for retroactive and ongoing coverage. The Application Type indicates whether an application is one part or two parts.

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I. (CONT'D)

- G. Each piece of a two part Medicaid application may be dispositioned (approved/denied/withdrawn) regardless of whether the other part is being dispositioned.
- H. New applications and reapplications are dispositioned exactly the same way unless you are approving a reapplication against an ongoing case. If this is true, old case termination data is required.
- I. When completing a numeric field, if the number is to be entered has fewer digits than spaces available, put zeroes before the number.
- J. M-PW applications may include presumptive eligibility. Ongoing disposition reason codes P1 or P6 indicate approval of presumptive eligibility.
- K. When both parts of a two-part application are dispositioned the same day and one part is denied or withdrawn, the denial or withdrawal must be keyed first. Otherwise, the DSS-8124 re-entry will delete the DSS-8125 approval.
- L. When each part of a two-part application is dispositioned on a different day and the retroactive part is dispositioned last, the current case data will not be updated. The Retroactive eligibility can be viewed by using the "IE" inquiry selection.
- M. A DMA-2041 is required when an applicant/recipient has health and/or accident insurance.

Refer to [EIS 3350](#), Instructions for Third Party Health and Accident Resources Information (DMA-2041).

II. COMPLETING THE DSS-8125

A. CASE IDENTIFYING INFORMATION

- 1. Enter the CASEHEAD/PAYEE NAME at the top of the form for filing purposes.
- 2. Enter the COUNTY NAME.
- 3. Do not enter the CASE ID. The CASE ID is brought forward from the application and may not be changed.
- 4. Enter your WORKER NUMBER.
- 5. Enter your COUNTY NUMBER.
- 6. Enter the COUNTY CASE NUMBER.
- 7. Enter the DISTRICT NUMBER.
- 8. Do not enter COUNTY REASSIGNMENT NEW COUNTY NUMBER or EFFECTIVE DATE.

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II. A. (CONT'D)

9. Enter "M" "PW" for AID PROGRAM/CATEGORY. If a change is needed, it must be re-entered on the Application Turnaround before the approval is keyed.
10. Do not enter CASEHEAD/PAYEE NAME.
11. Enter ADDRESS LINE 1 if different than indicated on the Application Turnaround.
12. Enter ADDRESS LINE 2 if different than indicated on the Application Turnaround, and if ADDRESS LINE 1 is entered.
13. Enter CITY, STATE, and ZIP CODE if different than indicated on the Application Turnaround. See the Mailing Address Appendix to determine the appropriate abbreviations.
14. Enter the casehead/payee's three-digit area code and seven-digit PHONE NUMBER if applicable.
15. Mark the VERIFICATION INDICATOR field to show whether all eligibility factors have been verified.

"Y" = YES "N" = NO
16. Enter SUBSTITUTE PAYEE CODE and NAME if a substitute payee has been appointed to the case. See the Codes Appendix to determine the appropriate substitute payee code.
17. Do not enter a CHANGE CODE.
18. Enter "Y" in NOTICE OVERRIDE if you wish to override the automated notice. Always override the automated notice when you use the DB/PML function to issue any benefits.

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II. (CONT'D)

B. APPLICATION DATA

1. Enter the APPLICATION NUMBER from the Application Turnaround.
2. If you are approving ongoing coverage, enter the ONGOING DISPOSITION REASON and DATE, as outlined below:
 - a. If the notice is overridden, the disposition date must be the same date that notice of approval is sent to the recipient.
 - b. Enter "P1" if approving presumptive eligibility and ongoing coverage. (May also include retroactive coverage.)
 - c. Enter "P5" if you are approving ongoing coverage and no presumptive eligibility.
 - d. Enter "P6" if you are approving presumptive eligibility only.
3. If approving retroactive coverage, enter the RETRO DISPOSITION REASON and DATE.
 - a. If the notice is overridden, the disposition date must be the same date that notice of approval is sent to the recipient.
 - b. The disposition date must be the application date or later.
 - c. The RETRO DISPOSITION REASON must be "P5" if you are approving only the three month prior period for regular M-PW coverage.
4. If you are approving ongoing and retroactive at the same time and the ongoing disposition reason is "P1" or "P5", then the retro disposition reason must be "P1" or "P5". (Ongoing and Retroactive must have the same Disposition Reason Code.)

It is very important to enter the correct disposition reason code. Unless overridden, an automated notice is produced based on the reason entered on the DSS-8125. The disposition reason code determines the text of the notice. See AUTOMATED NOTICES at the end of this section for more information regarding the automated notices.

C. CASE TERMINATION DATA

1. If the case is approved in terminated status, (Open/Shut) enter CASE TERMINATION REASON and DATE as outlined below:

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II. C. 1. (CONT'D)

- a. The CASE TERMINATION DATE:
 - (1) Can be any day of the month for presumptively eligible cases.
 - (2) Must be the last day of the CERTIFICATION THRU month for all cases not presumptively eligible.
 - b. The CASE TERMINATION REASON and DATE must be entered if you are approving the case for retroactive coverage only. The date must be the last day of the month before the month of application.
 - c. If you are approving retroactive coverage and ongoing coverage in terminated status (Open/Shut), the ONGOING DISPOSITION REASON must be "P1" or "P5". Enter CASE TERMINATION REASON and DATE. The date must be the last day of the CERTIFICATION THRU MONTH.
 - d. Refer to the Codes Appendix to determine the appropriate termination reason code.
2. Do not enter OLD CASE TERMINATION REASON and DATE unless the case against which you are applying is still active. If this is true, enter OLD CASE TERMINATION REASON and DATE.

D. DO NOT ENTER PAYMENT DATA

If retroactive only, go to RETRO MA 1 and 2 fields. Instructions are on page 8.

If ongoing or ongoing and retroactive together, complete the MEDICAID DATA using the following instructions.

E. MEDICAID DATA

For approving ongoing only or retroactive and ongoing at the same time.

1. Do not enter MEDICAID STATUS.
2. Enter the MEDICAID EFFECTIVE DATE.
 - a. If approving ONGOING COVERAGE ONLY, this date must be greater than or equal to the CERTIFICATION FROM DATE.
 - (1) If the DISPOSITION REASON is "P5", this date must be the first day of the month if the MEDICAID CLASS is not "F".

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II. E. 2. a. (CONT'D)

- (2) If the DISPOSITION REASON is "P6", this date must equal the application date.
 - (3) If the MEDICAID CLASS is "F", this date must be equal to the CERTIFICATION FROM DATE.
- b. If approving retroactive coverage with ongoing:
- (1) This date may be up to three months prior to the month of application if coverage is continuous.
 - (2) This date must be greater than or equal to the CERTIFICATION FROM DATE if the MEDICAID EFFECTIVE DATE is not prior to the month of application.
 - (3) This date must be equal to the CERTIFICATION FROM DATE if the CERTIFICATION FROM DATE is before the month of application.
 - (4) This date must not be before 10/01/87.
- c. Enter the CERTIFICATION FROM DATE.
- (1) If the ONGOING and RETRO DISPOSITION REASON is "P1" or "P5", this date may be up to three months prior to the month of application.
 - (2) If the ONGOING DISPOSITION REASON is "P1", or "P5", and the MEDICAID CLASS is not "F", this date must be the first day of the month.
 - (3) If the RETRO DISPOSITION REASON is not entered, this date must be greater than or the same as the month of application.
 - (4) If the ONGOING DISPOSITION is not entered, DO NOT ENTER.
 - (5) If the ONGOING DISPOSITION REASON is "P6", this date must be the same as the date of application and can be any day of the month.
- d. Enter the CERTIFICATION THRU DATE.
- (1) If the MEDICAID CLASS is "F", this date can be any day of the month.

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II. E. 1. d. (CONT'D)

- (2) If the ONGOING DISPOSITION REASON is "P1" or "P5" and the MEDICAID CLASS is not "F", this date must be the last day of the month.
- (3) If the RETRO DISPOSITION REASON is entered and the ONGOING DISPOSITION is not entered, DO NOT ENTER.
- (4) If ONGOING DISPOSITION and DATE is entered and the CASE TERMINATION DATE is not entered, this date must be the last day of the month and must be the SPECIAL REVIEW DATE plus 1 month or the SPECIAL REVIEW DATE plus 2 months.
- (5) If approving an alien case for emergency services only, this date must be the day the emergency services end as authorized by the DIVISION OF MEDICAL ASSISTANCE.
- (6) If the ONGOING DISPOSITION REASON is "P6", this date can be less than or equal to the last day of the month of application. If this date is less than the last day of the month of application, the CASE TERMINATION DATE is required and must be the same as the CERTIFICATION THRU DATE.

e. Enter MEDICAID CLASS.

- (1) If the ONGOING DISPOSITION REASON is "P1", "P5", or "P6", the class may be "I", "N", or "F".
- (2) If the ONGOING DISPOSITION REASON is not entered, DO NOT ENTER.

f. Do not enter DB/PML type or DB/PML AMOUNT.

If ongoing only, no retroactive coverage, - skip Retro MA 1 and 2; go to page 10, EARNED INCOME.

If retroactive only or retroactive and ongoing continue below:

F. RETRO MA 1 AND 2

Complete RETRO MEDICAID 1 and 2 to authorize Medicaid before the month of application if the MEDICAID EFFECTIVE DATE does not cover all retroactive months to be authorized. If you are completing both RETRO MA 1 and 2, the earliest retroactive period must be entered in RETRO MA 1. For example, if the recipient is eligible for retroactive months 4/96 and 6/96, 4/96 must be entered in RETRO MA 1.

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II. F. (CONT'D)

1. RETRO MA 1 is required if the RETRO DISPOSITION REASON is entered and the ONGOING DISPOSITION REASON is not entered and the MEDICAID EFFECTIVE DATE is greater than or the same as the first day of the month of application.
 - a. Enter "M" "PW" in the AID PROGRAM/CATEGORY.
 - b. Enter AUTHORIZATION FROM and AUTHORIZATION THRU dates.
 - (1) AUTH FROM DATE:
 - (a) Must be before the month of application.
 - (b) Must be before the MEDICAID EFFECTIVE DATE if the MEDICAID EFFECTIVE DATE is entered.
 - (c) Must be the first day of the month if the RETRO DISPOSITION REASON is "P5", and the RETRO MED CLASS is not "F".
 - (d) May be up to three months before the month of application.
 - (2) AUTH THRU DATE:
 - (a) Must be the last day of the month if the RETRO DISPOSITION REASON is "P5" and the RETRO MED CLASS is not "F".
 - (b) Must not be before the RETRO MA AUTH FROM.
 - (c) Must be before the month of application.
 - (d) Must be before the MEDICAID EFFECTIVE DATE if the MEDICAID EFFECTIVE is entered.
 - c. Enter the MEDICAID CLASS for the retroactive period. Must be "I", "N", or "F".
 - d. Do not enter DB/PML TYPE.
 - e. Do not enter DB/PML AMOUNT.

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II. F. (CONT'D)

2. RETRO MA 2

Do not enter RETRO MA 2 fields unless RETRO MA 1 has been completed, and there is a break in the retroactive coverage.

- a. Enter "M" "PW" in AID PROGRAM/CATEGORY.
- b. Enter the AUTHORIZATION FROM and AUTHORIZATION THRU dates.
 - (1) AUTH FROM DATE:
 - (a) Must be before the application month.
 - (b) Must be before MEDICAID EFFECTIVE DATE (approving ongoing and retroactive at the same time).
 - (c) Must be the first day of the month, if RETRO DISPOSITION CODE is "P5" and the RETRO MEDICAID CLASS is not "F".
 - (d) May be up to three (3) months before the application month.
 - (2) AUTH THRU DATE:
 - (a) Must be before the application month.
 - (b) Must be before the MEDICAID EFFECTIVE DATE (approving ongoing and retroactive at the same time)
 - (c) Must be the last day of the month, if RETRO DISPOSITION CODE is "P5" and the RETRO MEDICAID CLASS is not "F".
 - (d) Cannot be before FROM DATE.
 - (3) Enter the MEDICAID CLASS for the retroactive period. Must be "I", "N", or "F".
 - (4) Do not enter DB/PML TYPE.
 - (5) Do not enter DB/PML AMOUNT.

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II. (CONT'D)

FROM THIS POINT FORWARD THE COMPLETION INSTRUCTIONS ARE THE SAME FOR ANY TYPE OF APPLICATION.

G. EARNED INCOME (IF ZERO, LEAVE BLANK)

1. Enter the GROSS EARNED INCOME. The amount must be dollars and cents. The amount must be entered if WORK EXPENSES, CHILD/ADULT CARE, DISREGARD, or NET EARNED INCOME are entered.
2. Enter the WORK EXPENSES. The amount must be dollars and cents.
3. Enter CHILD/ADULT CARE if applicable. The amount must be dollars and cents.
4. ENTER THE DISREGARD. The amount must be dollars and cents.
5. ENTER THE NET EARNED INCOME. The amount must be dollars and cents.
6. Do not enter GRANT RECOUPMENT CODE, AMOUNT, or END DATE.

H. UNEARNED INCOME (IF ZERO, LEAVE BLANK)

All fields must be in dollar and cents amounts.

1. Enter the RSDI AMOUNT. If entered, RSDI CLAIM NUMBER is required.
2. Enter the TOTAL NET UNEARNED INCOME.

I. Enter the OTHER UNEARNED INCOME.

1. The amount must be dollars and cents.
2. The amount must be included in the TOTAL NET UNEARNED INCOME.

J. Enter the TOTAL NET UNEARNED INCOME.

1. The amount must be dollars and cents.
2. The amount must be the same as the RSDI AMOUNT plus OTHER UNEARNED, if RSDI and OTHER UNEARNED INCOME is entered.
3. TOTAL COUNTABLE MONTHLY INCOME must also be entered.

K. NEEDS

1. Enter the POVERTY INCOME LEVEL as MAINTENANCE AMOUNT. The amount must be in dollars and cents and the same as or more than TOTAL COUNTABLE MONTHLY INCOME.
2. Do not enter AMBULATION CAPACITY.
3. Do not enter DOMICILIARY RATE.

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II. K. (CONT'D)

4. Enter TOTAL COUNTABLE MONTHLY INCOME. If entered, amount must be dollars and cents.

L. SPECIAL DATA

1. Do not enter FOOD STAMP NUMBER.
2. Do not enter STEPPARENT INDICATOR.
3. Do not enter GRANDFATHER STATUS CODE and DATE.
4. Mark "YES" or "NO" for VA PAYMENT.
5. Enter SPECIAL REVIEW TYPE "B" if ONGOING DISPOSITION REASON CODE IS "P1", or "P5".
6. Enter SPECIAL REVIEW DATE if ONGOING DISPOSITION REASON CODE is "P1", or "P5".
7. Do not enter JOBS/WORK REQUIREMENT SAVINGS REASON and AMOUNT.
8. Enter SPECIAL USE CODE "PT" or "PL" for all DISPOSITION REASON CODES EXCEPT "P5".

PT = Provider Timely

PL = Provider Late

9. Enter the provider number in the SPECIAL USE DATA field for all DISPOSITION REASON CODES except "P5".

M. DO NOT ENTER SPECIAL COVERAGE GROUPS (INCLUDING SPECIAL NEEDS)

N. SUPPLEMENTAL NOTICE INFORMATION

The following three data elements have been added to the DSS-8125 Data Entry screen. A recommended form in which to enter the information can be found at the end of this section. This form should be attached to your DSS-8125 when submitting to Data Entry for keying.

1. AUTHORIZED REPRESENTATIVE NAME AND ADDRESS

If an applicant had an authorized representative acting in his behalf, the authorized representative's name and address may be entered for the purpose of mailing an automated notice to the authorized representative in addition to the applicant.

2. SECONDARY NOTICE CODE

This code may be used in addition to the disposition code at approval time only. You may use it in situations when additional information is needed. Refer to Secondary Notice Codes in the Codes Appendix.

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II. N. (CONT'D)

3. NOTICE TEXT

This section may be used to provide additional information to the applicant, when a Secondary Notice Code is not applicable.

NOTE: If you are approving both parts of a two-part application at the same time and you use two different disposition codes, you cannot enter the Secondary Notice Code or the Notice Text.

O. INDIVIDUAL DATA

The casehead name and the individual data for the individual(s) included on the case will be brought forward from the case or the application and cannot be changed. When a DSS-8125 is keyed, EIS reads the common name database to retrieve the individual assigned to the case id with a casehead/payee status of "P". If any of the individual(s) data is incorrect, use the NAME CHANGE screen to make the appropriate correction(s).

Enter the following data:

1. Do not enter INDIVIDUAL TERM DATE.
2. Do not enter CASE STATUS. The system enters an "R".
3. Enter the RSDI CLAIM NUMBER if the individual receives Social Security benefits or has Medicare coverage.
4. Enter "Y" or "N" in MEDICARE A to indicate whether the individual has Medicare A. If "Y" is entered, the RSDI CLAIM NUMBER must also be entered.
5. Enter "Y" or "N" in MEDICARE B to indicate whether the individual has Medicare B. If "Y" is entered, the RSDI CLAIM NUMBER must also be entered.
6. Do not enter FAMILY STATUS. The system enters a "P".
7. Enter LIVING ARRANGEMENT CODE. See the Codes Appendix to determine the appropriate living arrangement code.
8. Enter SPECIAL REPORT CODE, if needed. See the Codes Appendix to determine the appropriate special report code.
9. Do not enter JOBS/WORK REGISTRATION/EXEMPTION.
10. Enter SPECIAL USE CODE and DATA if needed. See the Codes Appendix to determine the appropriate special use code and dates. Do not enter if CASE TERMINATION REASON and DATE are entered.

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11. Enter the REFUGEE STATUS CODE and U.S. ENTRY DATE (in MMCCYY format), if applicable. See the [Codes Appendix](#) to determine the appropriate Refugee Status Code.
12. Enter DATE of DEATH if the individual is deceased.
 - a. If DATE OF DEATH is entered, CASE TERMINATION REASON and DATE are required.
 - b. The DATE of DEATH:
 - (1) Must be before or the same as CASE TERMINATION DATE.
 - (2) Must be before or the same as the current date.
 - (3) Cannot be more than three (3) months before the application month.
13. Enter the two digit CITIZEN/ID code and the date (in MMDDCCYY format), if applicable. Enter Citizen/ID codes for refugee, asylee, Cuban/Haitian status, Amerasian, trafficking victim or special immigrant. See the [Codes Appendix](#) to determine the appropriate Citizen/ID code and what the date reflects.
14. Enter Alien ID number, if applicable. Key only the numeric parts of the Alien ID number. Do not enter the alpha "A".
15. Enter the RELATIONSHIP TO PAYEE code. See [Codes Appendix](#) to determine the appropriate code.
16. Do not enter JOBS/WORK REQUIREMENT SAVINGS REASON and AMOUNT.
17. Do not enter WORK EXPERIENCE.
18. Do not enter GROSS EARNED INCOME.
19. Do not enter WORK EXPENSES.
20. Do not enter CHILD/ADULT CARE.
21. Do not enter NET EARNED INCOME.
22. Do not enter EDUCATIONAL LEVEL.
23. Enter type and date of EDUCATION provided. Refer to [EIS 4100](#), Community Care of North Carolina, for more information.
24. Enter "Y" or "N" for ISSUE CARD. If the individual has an annual Medicaid card from a prior time, enter "N". A new card will not be issued. If the individual states they do not have an annual Medicaid card, enter "Y". A new card will be produced the night the approval processes and mailed the following workday.

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25. Enter COMMUNITY CARE OF NORTH CAROLINA (CCNC) provider or exempt number. Refer to [EIS 4100](#), Community Care of North Carolina, for more information.

P. SIGNATURES AND DATE

1. Enter the DATE COMPLETED.
2. Sign the DSS-8125 in the WORKER'S SIGNATURE field.
3. The county director or his designee must sign the form in the DIRECTOR'S SIGNATURE field.

III. KEY THE DSS-8125.

IV. OUTPUTS

When the DSS-8125 has processed successfully, the following are received:

A. CASE PROFILES

A case profile is produced the night the approval processes and is mailed to the county the following workday.

B. APPLICATION TURNAROUND DOCUMENT

If one part of a two part application is approved, an Application Turnaround Document is received for the second part of the application still pending.

C. CASEWORKER SUPERVISOR REPORT

Application approval is reported on the Caseworker Supervisor Report. The number of application approvals completed is determined from the WORKER NUMBER.

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V. AUTOMATED NOTICES

- A. An automated notice ([DSS-8108A](#)) is produced for each MPW approval the night the DSS-8125 processes in the system unless "Y" is entered for "NOTICE OVERRIDE".
- B. The DISPOSITION REASON CODE, the SECONDARY NOTICE CODE, and the NOTICE TEXT entered on the DSS-8125 determines the text of the notice.
- C. The system calculates the 60th calendar day for the notice.
- D. The date of the automated notice is the next state workday after the DSS-8125 processes. This is the date the notice is mailed to the recipient. A copy of the notice is mailed to the authorized representative if Authorized Representative Name and Address are entered on the DSS-8125. A copy of the notice is not mailed to the county.
- E. A Notice Register Report is produced each night and is mailed to the county the following workday. This report lists vital information related to all automated notices produced for that day. See [EIS 2304](#) for more information regarding the Notice Register Report.