
CHANGES TO MEDICAID CASES

EIS 3101 - CHANGES TO MEDICAID CASES
CHANGE OF ADDRESS
REISSUED 10/01/12 - CHANGE NO. 01-13

I. COMPLETING THE DSS-8125

- A. Use the following instructions to change the address of any active Medicaid case. If a numeric field requires less digits than spaces available, precede with zeroes.
1. Enter the CASEHEAD/PAYEE's name at the top of the form for filing purposes.
 2. Enter the COUNTY NAME.
 3. Enter the CASE ID from the current Case Profile.
 4. Enter your assigned WORKER NUMBER.
 5. Enter the COUNTY NUMBER from the current Case Profile.
 6. Ensure the DISTRICT NUMBER on the Case Profile is correct. If incorrect, enter the appropriate DISTRICT NUMBER.
 7. Enter the AID PROGRAM/CATEGORY.
 8. Enter ADDRESS LINE 1. See the Mailing Address Appendix, [EIS-4050](#), for correct abbreviations. Do not enter punctuation or symbols in an address. For I-AS and H-SF, enter in care of (c/o) the adoptive parent, foster parent, or county director's name on ADDRESS LINE 1. Always enter the apartment number or lot number on ADDRESS LINE 1 when the address is too long for one line.
 9. Enter ADDRESS LINE 2 if an additional line of address is needed. Do not enter just Rd or St if there is not room on ADDRESS LINE 1. Do not enter this field if ADDRESS LINE 1 has not been completed. Use ADDRESS LINE 2 to enter the location where the Postal Service must deliver the mail. For long-term care cases, enter the name of the facility on Address Line 1.

Examples:

Line 1 Shady MHP Lt 39
Line 2 900 Stuckey Road

Line 1 c/o John Jones
Line 2 Rt 6 Box 46A

Line 1 Britthaven
Line 2 3409 Bond St

Line 1 Apt 10
Line 2 1187 W Johnston St

Actual Address ~ 287 Colonial Village Drive
Line 1 287 Colonial Vlg
Line 2 Blank

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I. A. (CONT'D) (CHANGE OF ADDRESS)

10. If the recipient is in the custody of the North Carolina Department of Corrections, enter the address as:

Medicaid Coordinator
Division of Prisons
831 W Morgan St
Raleigh NC 27603

11. Enter the FACILITY code if you want the automated DMA-5016 mailed to an address other than the case address. (FACILITY code is not required if same facility as case address.) If FACILITY code is present, update or delete the code, if appropriate. Case must be LTC for FACILITY code to be entered. See [EIS 1063](#), Automated DMA-5016.
12. Enter the CITY, STATE, and ZIP CODE. See the Mailing Address Appendix for correct abbreviations.

B. DO NOT ENTER the following data fields on the DSS-8125:

1. Verification Indicator
2. Change Code
3. Notice Override
4. Application Data
5. Case Termination Data
6. All Payment Data
7. Medicaid Effective Date
8. Retro MA 1 and 2
9. Work Experience
10. Educational Level
11. Issue CRD
12. Disability Indicator (DIS)

NOTE: ALL OTHER FIELDS ARE OPTIONAL. A DETAILED EXPLANATION OF EACH FIELD IS INCLUDED IN ["OTHER CHANGED DATA"](#).

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IV. (CONT'D) (CHANGE OF ADDRESS)

II. SIGNATURES AND DATE

- A. Enter the DATE COMPLETED.
- B. Sign the DSS-8125 in the WORKER'S SIGNATURE field.
- C. 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 processes successfully, the following are received:

A. Case Profile

An updated Case Profile is produced the night the change processes and is mailed to the county the following workday.

- B. Automated DMA-5016-If the case is long term care, an automated DMA-5016 is produced the night the change processes and is mailed to the facility the next workday.

C. Caseworker Supervisor Report

All changes completed by an IMC are reported on the Caseworker Supervisor Report. The number of actions completed is determined from the WORKER NUMBER.

V. FOR ANY CHANGE NOT LISTED, SEE "OTHER CHANGED DATA"

CHANGES TO MEDICAID CASES

CHANGE IN LIVING ARRANGEMENT INCLUDING SUSPENSION
REVISED 02/01/11 - CHANGE NO. 03-11

I. COMPLETING THE DSS-8125

A. Use the following instructions to change the living arrangement of any active Medicaid case. If a numeric field requires less digits than spaces available, precede with zeroes.

1. Enter CASEHEAD/PAYEE at the top of the form for filing purposes.
2. Enter the COUNTY NAME.
3. Enter the CASE ID from the current Case Profile.
4. Enter your assigned WORKER NUMBER.
5. Enter the COUNTY NUMBER from the current Case Profile.
6. Ensure the DISTRICT NUMBER on the Case Profile is correct. If incorrect, enter the appropriate DISTRICT NUMBER.
7. Enter the appropriate AID PROGRAM/CATEGORY.
8. Enter the new address, if appropriate.
 - a. If PLA to LTC and you want the automated DMA-5016 to go to an address other than the case address, enter the FACILITY code. (FACILITY code is not required if same facility as case address.) See [EIS 1063](#), Automated DMA-5016.
 - b. If LTC to PLA, delete the FACILITY code, if present.
 - c. If the recipient is in the custody of the North Carolina Department of Corrections, enter the address as:

Medicaid Coordinator
Division of Prisons
831 W Morgan St
Raleigh NC 27603

9. Enter the appropriate CHANGE CODE if you are changing the DB/PML, DB/PML AMOUNT, MEDICAID CLASSIFICATION to or from "Q", changing the living arrangement related to suspension/non-suspension of Medicaid due to incarceration/release or admission/discharge from an institution for Mental Disease (IMD), and/or the MEDICAID STATUS. See the Codes Appendix to determine the appropriate code.

It is very important to enter the correct code. Unless overridden, an automated notice is produced based on the change code entered on the DSS-8125. The change code not only determines the text of the notice but also whether the notice is adequate or timely. See AUTOMATED NOTICES at the end of this section for more information regarding the automated notice.

CHANGES TO MEDICAID CASES

REVISED 02/01/11 - CHANGE NO. 03-11

I. A. (CONT'D) (CHANGE IN LIVING ARRANGEMENT INCLUDING SUSPENSION)

10. Enter "Y" in NOTICE OVERRIDE if you wish to override the automated notice when:
 - a. The change code used from the Codes Appendix is "other".
 - b. The change code listed in the Codes Appendix is marked with an asterisk (*).
 - c. You use the DB/PML screen to issue benefits.

NOTE: FOR CAP CASES, DO NOT ENTER NOTICE OVERRIDE OF "Y". COMPLETE A MANUAL NOTICE.
11. Enter the MEDICAID EFFECTIVE DATE if:
 - a. The MEDICAID CLASSIFICATION CODE changes.
 - b. The DB/PML and DB/PML AMOUNT changes.
 - c. The MEDICAID STATUS changes.
 - d. The individual's Medicaid is being changed to or from suspension due to incarceration/release or placement in/discharge from an Institution for Mental Disease (IMD). Enter the Medicaid Effective Date as the first day of the ongoing processing month.
12. Enter the new MEDICAID CLASSIFICATION CODE if appropriate. If entered, MEDICAID EFFECTIVE DATE is required.
13. Enter the MEDICAID STATUS if changed. If entered, MEDICAID EFFECTIVE DATE is required. (Medicaid Status not allowed for I-AS, or M-QB cases.) Refer to Deductible to Authorized and Authorized to Deductible for further instructions.
14. Enter the DB/PML CODE and AMOUNT if appropriate. If this is a long-term care (LTC) case, PML CODE and AMOUNT are required. If DB/PML code and amount are entered, MEDICAID EFFECTIVE DATE is required.
15. 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 the DSS-8125 when submitting to Data Entry for keying.

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REVISED 01/01/12 - CHANGE NO. 01-13

I. A. 15. (CONT'D) (CHANGE IN LIVING ARRANGEMENT INCLUDING SUSPENSION)

a. AUTHORIZED REPRESENTATIVE NAME AND ADDRESS

If an applicant had an authorized representative/CAP Manager or PACE Agency 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. See EIS-2250.

b. SECONDARY NOTICE CODE

Do not enter for changes.

c. NOTICE TEXT

This section may be used if no code exists for your situation and/or to provide additional information to the recipient if a change code of "02" or "50" is entered. You may not use Notice Text if a change code is not required. If you use Notice Text, you must include a manual citation.

16. Enter the NEW LIVING ARRANGEMENT CODE. If LTC, PML TYPE and AMOUNT are required if different from what is on current Case Profile. See the [Codes Appendix](#) to determine the appropriate living arrangement code.

B. DO NOT ENTER the following fields on the DSS-8125:

1. Application Data
2. Case Termination Data
3. Payment Data
4. Retro MA Data
5. Work Experience
6. Educational Level
7. Issue CRD
8. Disability Indicator (DIS)

NOTE: ALL OTHER FIELDS ARE OPTIONAL. A DETAILED EXPLANATION OF EACH FIELD IS INCLUDED IN ["OTHER CHANGED DATA"](#).

CHANGES TO MEDICAID CASES

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II. SIGNATURES AND DATE

- A. Enter the DATE COMPLETED.
- B. Sign the DSS-8125 in the WORKER'S SIGNATURE field.
- C. 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 processes successfully, the following are received:

A. Case Profile

An updated Case Profile is produced the night the DSS-8125 processes and is mailed to the county the following workday.

B. Automated DMA-5016

If long term care, an automated DMA-5016 is produced the night the change processes and is mailed to the facility the next workday.

C. Caseworker Supervisor Report

All changes completed by an IMC are reported on the Caseworker Supervisor Report. The number of actions completed is determined from the WORKER NUMBER.

V. FOR ANY CHANGES NOT LISTED, SEE "OTHER CHANGED DATA".

VI. AUTOMATED NOTICES

A. General Information

1. An automated notice ([DSS-8110A](#)) is produced for all changes the night the DSS-8125 processes in the system unless "Y" is entered for "NOTICE OVERRIDE". A sample of the [DSS-8110A](#) is located at the end of this section.
2. The CHANGE CODE entered on the DSS-8125 determines the text of the notice and whether the notice is adequate or timely.
3. The system calculates the 60th calendar day for the notice.

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VI. (CONT'D) (CHANGE IN LIVING ARRANGEMENT INCLUDING SUSPENSION)

4. 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 not mailed to the county.
5. 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 3556](#) for more information regarding the Notice Register Report.

B. Adequate Notice

1. "Adequate" is indicated at the top of the notice.
2. The system calculates the 60th calendar day for the notice.
3. The action indicated on the DSS-8125 takes place in EIS the same night the adequate notice is produced.

C. Timely Notice

1. "Timely" is indicated at the top of the notice.
2. To produce an automated timely notice, you must complete the DSS-8125 and have it keyed into EIS at the same time you would have completed the manual DSS-8110.
3. The system calculates the tenth county workday and the 60th calendar day for the notice.
4. The action takes place in EIS eleven county workdays from the date of the notice. If the eleventh county workday falls after the 4th workday from the end of the month, EIS adjusts the month of change to the next benefit month.

For example: A DSS-8125 indicating a change with an effective date of July 1, 1996 and a timely reason code for an automated notice is keyed June 12, 1996. The eleventh workday is June 28, 1996. The keying deadline is June 25, 1996. EIS changes the Medicaid Effective Date to August 1, 1996.

This action is reported on the Notice Register for that day. The information related to the automated notice is displayed with an asterisk (*) entered in the "CHANGE/TERMINATION DATE" column of the report.

CHANGES TO MEDICAID CASES

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VI. C. 5. (CONT'D) (CHANGE IN LIVING ARRANGEMENT INCLUDING SUSPENSION)

5. No further action is required by you for the action to occur.
6. An updated Case Profile is produced the night the action takes place in EIS.
7. Deleting the Action

Because the action does not actually process in EIS until the eleventh county workday, it is possible to stop the action. To do so, delete the action that is on hold in EIS. The deletion must occur no later than the eleventh county workday from the date of the notice.

Delete the pending action using one of the following methods.

- a. Submit a copy of the DSS-8125 you sent originally to request the change. Write "DELETE" in red across the top of the form; or
- b. Submit a county form developed for this purpose. This form must contain the form ID number of the original DSS-8125 and a message to Data Entry to delete the form.
- c. See [EIS 4900, DATA ENTRY APPENDIX E](#).

NOTE: FORM ID NUMBERS ARE LISTED ON THE NOTICE REGISTERS AND ARE AVAILABLE THROUGH INQUIRY IN XPTR FOR THREE DAYS AFTER THE DSS-8125 IS KEYED.

This action is reported on the Notice Register for that day. The information related to the automated notice is displayed with "DELETED" noted in the "COMMENTS" column of the register.

8. Rescinding the Action

There is another situation where an action pending in EIS is stopped.

If a subsequent DSS-8125 is keyed by the eleventh county workday from the date of the notice and the subsequent DSS-8125 causes a new notice to be produced, the pending action is stopped. In this situation, EIS "rescinds" the pending action and produces an automated notice for the new action.

Both actions are reported on the Notice Register for that day. The information related to the first automated notice is displayed with "RESCINDED" noted in the "COMMENTS" column of the register. The information related to the subsequent automated notice is also displayed with no entry in the "COMMENTS" column.

CHANGES TO MEDICAID CASES

REISSUED 02/01/11 - CHANGE NO. 03-11

IV. C. 9. c. (CONT'D) (CHANGE IN LIVING ARRANGEMENT INCLUDING SUSPENSION)

9. DSS-8125 and Timely Pending Action

- a. A DSS-8125 may not be placed on hold when there is a timely action pending.
- b. A DSS-8125 may be keyed, but if a change code or termination code is present, it will rescind the pending action.
- c. Demographic data may be keyed up until the day before a timely action is to process without rescinding the pending action.

Following are examples of demographic data:

- (1) County Number
- (2) County Case Number
- (3) District Number
- (4) Address
- (5) RSDI Claim Number

CHANGES TO MEDICAID CASES

CHANGE IN MEDICAID CLASSIFICATION
REVISED 08/01/98 - CHANGE NO. 03-99

MQB-E

The Medicaid classification of a MQB case can not be changed to "E" if the funding for this classification is exhausted for the calendar year. The case must be terminated, changed to another aid program/category, or changed to another Medicaid classification.

When funding is exhausted, EIS stops accepting additional MQB-E cases, therefore pending timely forms that are waiting to process that are changes in Medicaid classification to "E" are put on hold. The following message appears on the **Error and Attention Report** for the forms put on hold: **"FORMS ON HOLD - FUNDING FOR MQB-E EXHAUSTED"**. Also, the following online message is displayed: "MQB-QI FUNDS EXHAUSTED. CAN ONLY DELETE/RESCIND FORM", if you redisplay the form in Function 8 and press <enter>. **You must either delete or rescind the forms that are put on hold. Since the case can not be changed to MQB with a Medicaid classification of "E", determine eligibility for another Medicaid classification or another aid program/category.**

I. COMPLETING THE DSS-8125

- A. Use the following instructions to change the Medicaid classification of any active Medicaid Case. If a numeric field requires less digits than spaces available, precede with zeroes.
1. Enter the CASEHEAD/PAYEE NAME at the top of the form for filing purposes.
 2. Enter the COUNTY NAME.
 3. Enter the CASE ID from the current Case Profile.
 4. Enter your assigned WORKER NUMBER.
 5. Enter the COUNTY NUMBER from the Case Profile.
 6. Ensure the DISTRICT NUMBER on the Case Profile is correct. If incorrect, enter the appropriate DISTRICT NUMBER.
 7. Enter the AID PROGRAM/CATEGORY.
 8. Enter the appropriate CHANGE CODE when you are:
 - a. Changing the Medicaid classification from "Q" to "B"/"E", or from "B" to "Q"/"E" or from "E" to "Q"/"B" for MQB eligibles.
 - b. Changing the Medicaid classification to or from "Q" for MAABD eligibles.

**NOTE: FOR CAP CASES, DO NOT ENTER CHANGE CODE.
COMPLETE A MANUAL NOTICE.**

If you are changing the Medicaid Class to "B", "C", "N", or "M" from "B", "C", "N", or "M", a change code is not required.

It is important to enter the correct code. See the [Codes Appendix](#) to determine the appropriate code. Unless overridden, an automated notice is produced based on the change code entered on the DSS-8125.

CHANGES TO MEDICAID CASES

REISSUED 08/01/98 - CHANGE NO. 03-99

I. A. 8. b. (CONT'D) (CHANGE IN MEDICAID CLASSIFICATION)

The change code not only determines the text of the notice but also whether the notice is adequate or timely. See AUTOMATED NOTICES at the end of this section for more information regarding the automated notice.

9. Enter **Y** in NOTICE OVERRIDE if you wish to override the automated notice. Always override the automated notice when:
 - a. The change code used from the Codes Appendix is "other".
 - b. The change code listed in the Codes Appendix is marked with an asterisk (*).
 - c. You use the DB/PML screen to issue benefits.

NOTE: FOR CAP CASES, DO NOT ENTER NOTICE OVERRIDE OF "Y". COMPLETE A MANUAL NOTICE.

10. 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 the DSS-8125 when submitting to Data Entry for keying.

a. 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.

b. SECONDARY NOTICE CODE

Do not use for changes.

c. NOTICE TEXT

This section may be used if no code exists for your situation and/or to provide additional information to the recipient. If this text is used, you must enter change code "02" or "50". If you use Notice Text, you must enter a manual citation.

11. Enter the new MEDICAID CLASSIFICATION.

12. Enter the MEDICAID EFFECTIVE DATE.

CHANGES TO MEDICAID CASES

REVISED 10/01/12 - CHANGE NO. 01-13

I. B. (CONT'D) (CHANGE IN MEDICAID CLASSIFICATION)

B. DO NOT ENTER the following fields on the DSS-8125:

1. Verification Indicator
2. Application Data
3. Case Termination Data
4. Payment Data
5. Retro MA Data
6. Work Experience
6. Educational Level
7. Issue CRD
8. Disability Indicator (DIS)

NOTE: ALL OTHER FIELDS ARE OPTIONAL. A DETAILED EXPLANATION OF EACH FIELD IS INCLUDED IN "OTHER CHANGED DATA".

II. SIGNATURES AND DATE

- A. Enter the DATE COMPLETED.
- B. Sign the DSS-8125 in the WORKER'S SIGNATURE field.
- C. 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 processes successfully, the following are received:

- A. Case Profile

An updated Case Profile is produced the night the DSS-8125 processes and is mailed to the county the following workday.
- B. Caseworker Supervisor Report

All changes completed by an IMC are reported on the Caseworker Supervisor Report. The number of actions completed is determined from the WORKER NUMBER.

V. FOR ANY CHANGES NOT LISTED, SEE "OTHER CHANGED DATA".

CHANGES TO MEDICAID CASES

REISSUED 10/01/012 - CHANGE NO. 01-13

(CHANGE IN MEDICAID CLASSIFICATION CONT'D)

VI. AUTOMATED NOTICES

A. General Information

1. An automated notice ([DSS-8110A](#)) is produced for all changes the night the DSS-8125 processes in the system unless "Y" is entered for "NOTICE OVERRIDE". A sample of the [DSS-8110A](#) is located at the end of this section.
2. The CHANGE CODE entered on the DSS-8125 determines the text of the notice and whether the notice is adequate or timely.
3. The system calculates the 60th calendar day for the notice.
4. 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 not mailed to the county.
5. 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 3556](#) for more information regarding the Notice Register Report.

B. Adequate Notice

1. "Adequate" is indicated at the top of the notice.
2. The system calculates the 60th calendar day for the notice.
3. The action indicated on the DSS-8125 takes place in EIS the same night the adequate notice is produced.

C. Timely Notice

1. "Timely" is indicated at the top of the notice.
2. To produce an automated timely notice, you must complete the DSS-8125 and have it keyed into EIS at the same time you would have completed the manual DSS-8110.
3. The system calculates the tenth county workday and the 60th calendar day for the notice.
4. The action takes place in EIS eleven county workdays from the date of the notice. If the eleventh county workday falls after the 4th workday from the end of the month, EIS adjusts the month of change to the next benefit month.

CHANGES TO MEDICAID CASES

REVISED 10/01/09 - CHANGE NO. 01-10

VI. C. 4. (CONT'D) (CHANGE IN MEDICAID CLASSIFICATION)

For example: A DSS-8125 indicating a change with an effective date of July 1, 1996 and a timely reason code for an automated notice is keyed June 12, 1996. The eleventh workday is June 28, 1996. The keying deadline is June 25, 1996. EIS changes the Medicaid Effective Date to August 1, 1996.

This action is reported on the Notice Register for that day. The information related to the automated notice is displayed with an asterisk (*) entered in the "CHANGE/TERMINATION DATE" column of the report.

5. No further action is required by you for the action to occur.
6. An updated Case Profile is produced the night the action takes place in EIS.
7. Deleting the Action

Because the action does not actually process in EIS until the eleventh county workday, it is possible to stop the action. To do so, you must have your Data Entry Operator delete the action that is on hold in EIS. The deletion must occur no later than the eleventh county workday from the date of the notice.

Delete the pending action using one of the following methods.

- a. Submit a copy of the DSS-8125 you sent originally to request the change. Write "DELETE" in red across the top of the form; or
- b. Submit a county form developed for this purpose. This form must contain the form ID number of the original DSS-8125 and a message to Data Entry to delete the form.
- c. See [EIS 4900, DATA ENTRY APPENDIX E](#).

NOTE: FORM ID NUMBERS ARE LISTED ON THE NOTICE REGISTERS AND ARE AVAILABLE THROUGH INQUIRY IN XPTR FOR THREE DAYS AFTER THE DSS-8125 IS KEYED.

This action is reported on the Notice Register for that day. The information related to the automated notice is displayed with "DELETED" noted in the "COMMENTS" column of the register.

CHANGES TO MEDICAID CASES

REISSUED 10/01/09 - CHANGE NO. 01-10

VI. C. (CONT'D) (CHANGE IN MEDICAID CLASSIFICATION)

8. Rescinding the Action

There is another situation where an action pending in EIS is stopped.

If a subsequent DSS-8125 is keyed by the eleventh county workday from the date of the notice and the subsequent DSS-8125 causes a new notice to be produced, the pending action is stopped. In this situation, EIS "rescinds" the pending action and produces an automated notice for the new action.

Both actions are reported on the Notice Register for that day. The information related to the first automated notice is displayed with "RESCINDED" noted in the "COMMENTS" column of the register. The information related to the subsequent automated notice is also displayed with no entry in the "COMMENTS" column.

9. DSS-8125 and Timely Pending Action

- a. A DSS-8125 may not be placed on hold when there is a timely action pending.
- b. A DSS-8125 may be keyed, but if a change code or termination code is present, it will rescind the pending action.
- c. Demographic data may be keyed up until the day before a timely action is to process without rescinding the pending action. Following are examples of demographic data:
 - (1) County Number
 - (2) County Case Number
 - (3) District Number
 - (4) Address
 - (5) RSDI Claim Number

CHANGES TO MEDICAID CASES

PAYEE NAME CHANGES AND CHANGES OF PAYEE
REISSUED 10/01/07 - CHANGE NO. 02-08

I. GENERAL INFORMATION

This section includes instructions for changing the name and/or demographic data for a casehead/payee, changing the casehead/payee from payee only to a recipient or from a recipient to a casehead/payee only as well as actually changing to a new casehead/payee.

All changes of casehead/payee require completion of a DSS-8124. This form must be signed by the new casehead/payee.

- A. If the new casehead/payee is to be included in the case, this must be processed as an add-an-individual application. Refer to the appropriate application section for instructions on completing the DSS-8124 and DSS-8125.
- B. If the new casehead/payee is not to be included in the case, file the signed DSS-8124 in the case record. This is not keyed. Use the following instructions to update the case.

NOTE: IF THIS CHANGE REQUIRES THAT AN INDIVIDUAL BE REMOVED FROM THE CASE, REFER TO "DELETION OF AN INDIVIDUAL" WITHIN THIS SECTION.

II. UPDATING THE NAME OF THE CASEHEAD/PAYEE

Use the NAME CHANGE function to update the name and/or demographic data of the casehead/payee. A DSS-8125 is not required. This does not include an actual change of payee. See [EIS 1056, Common Name Database](#).

III. CHANGE OF PAYEE

A. Changing from one casehead/payee only to a different casehead/payee only:

- 1. On the Name Search screen, enter the EIS Case ID beside "CASE ID". Press ENTER.
- 2. EIS displays the individuals associated with the Case ID.
- 3. Remove the payee designation for the old casehead/payee. (Delete the P.)
- 4. On the first available blank line, enter S, the casehead name, date of birth, race, sex and SSN (if available). Designate the individual as payee by entering P under the PAY column. Press ENTER to complete Name Search.
- 5. EIS displays potential matches on the EIS NAME/SSN SEARCH screen. Follow the usual procedures to match the individual or assign an Individual ID. (See [EIS 1056](#), Common Name Database.)

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REVISED 10/01/07 - CHANGE NO. 02-08

III. A. (CONT'D) CHANGING FROM ONE CASEHEAD/PAYEE ONLY TO A DIFFERENT CASEHEAD/PAYEE ONLY:

6. Enter a DSS-8125. Key Y to the right of "CASEHEAD PAYEE CHG". This indicates this is a new casehead/payee, not just a name change for the old payee. The "REL TO PAYEE" code must be entered for each individual on the case.
7. When the DSS-8125 processes, EIS displays the new casehead/payee name on the case.

B. Changing from one casehead/payee only to a different casehead/payee who is included:

1. On the Name Search screen, enter the EIS Case ID beside "CASE ID" Press ENTER.
2. EIS displays the individuals associated with the Case ID.
3. Remove the payee designation for the old casehead/payee. (Delete the P.)
4. On the first available blank line, enter S, the casehead name, date of birth, race, sex and SSN (if available). Designate the individual as payee by entering P under the PAY column. Press ENTER to complete Name Search.
5. EIS displays potential matches on the EIS NAME/SSN SEARCH screen. Follow the usual procedures to match the individual or assign an Individual ID. (See [EIS 1056](#), Common Name Database.)
6. Enter the DSS-8125 to change the payee. Enter Y for CASEHEAD/PAYEE. This indicates this is a new casehead/payee, not just a name change for the old payee. The "REL TO PAYEE" code must be entered for each individual on the case.
7. When the DSS-8125 processes, EIS displays the new casehead/payee name on the case.
8. Enter the DSS-8124 to add the new payee to the case. Enter Y to indicate the person on line 01 of the DSS-8124 is the casehead/payee.
9. When you are ready to approve the application for the new payee, enter the DSS-8125. DO NOT ENTER anything in CASEHEAD/PAYEE CHG.
10. When the DSS-8125 approval processes, EIS displays the new casehead/payee as a recipient on the case.

CHANGES TO MEDICAID CASES

REVISED 10/01/07 - CHANGE NO. 02-08

III.(CONT'D) (PAYEE NAME CHANGES AND CHANGES OF PAYEE)

C. Changing from one casehead/payee who is included to a different casehead/payee only.

1. On the Name Search screen, enter the EIS Case ID beside "CASE ID". Press ENTER.
2. EIS displays the individuals associated with the Case ID.
3. Remove the payee designation for the old casehead/payee. (Delete the P.)
4. On the first available blank line, enter S, the casehead name, date of birth, race, sex and SSN (if available). Designate the individual as payee by entering P under the PAY column. Press ENTER to complete Name Search.
5. EIS displays potential matches on the EIS NAME/SSN SEARCH screen. Follow the usual procedures to match the individual or assign an Individual ID. (See [EIS 1056](#), Common Name Database.)
6. Enter the DSS-8125 to change the payee. Enter Y for CASEHEAD/PAYEE CHG. This indicates this is a new casehead/payee, not just a name change for the old payee. The "REL TO PAYEE" code must be entered for each individual on the case. Enter the individual termination date to delete the previous payee from the case. (See ["DELETION OF AN INDIVIDUAL"](#) within this section.)
7. When the DSS-8125 processes, EIS displays the new casehead/payee name on the case. The previous casehead/payee is deleted as a recipient at the same time or when the timely action processes, depending on the change code.

D. Changing from one casehead/payee who is included to a different casehead/payee who is included:

1. On the Name Search screen, enter the EIS Case ID beside "CASE ID". Press ENTER.
2. EIS displays the individuals associated with the Case ID.
3. Remove the payee designation for the old casehead/payee. (Delete the P.)
4. On the first available blank line, enter S, the casehead name, date of birth, race, sex and SSN (if available). Designate the individual as payee by entering P under the PAY column. Press ENTER to complete Name Search.

CHANGES TO MEDICAID CASES

REVISED 10/01/07 - CHANGE NO. 02-08

III. D. (CONT'D) CHANGING FROM ONE CASEHEAD/PAYEE WHO IS INCLUDED TO A DIFFERENT CASEHEAD/PAYEE WHO IS INCLUDED:

5. EIS displays potential matches on the EIS NAME/SSN SEARCH screen. Follow the usual procedures to match the individual or assign an Individual ID. (See [EIS 1056](#), Common Name Database.)
6. Enter the DSS-8125 to change the payee. Enter Y for CASEHEAD/PAYEE CHG. This indicates this is a new casehead/payee, not just a name change for the old payee. The "REL TO PAYEE" code must be entered for each individual on the case. Enter the individual termination date to delete the previous payee from the case. (See ["DELETION OF AN INDIVIDUAL"](#) within this section.)
7. When the DSS-8125 processes, EIS displays the new casehead/payee name on the case. The previous casehead/payee is deleted as a recipient at the same time or when the timely action processes, depending on the change code.
8. Enter the add-on DSS-8124 to add the new payee to the case. Enter Y to indicate the person on line 01 of the DSS-8124 is the casehead/payee.
9. When you are ready to approve the add-on application for the new payee, complete the DSS-8125. DO NOT ENTER anything for CASEHEAD/PAYEE CHG.
10. When the DSS-8125 approval processes, the new casehead/payee displays as a recipient on the case.

E. Adding a casehead/payee as a recipient who was previously casehead/payee only:

1. Since the casehead/payee is already in the group, you do not have to designate the payee in Name Search again.
2. Enter an add-on DSS-8124 to add the casehead/payee as a recipient. Enter Y to indicate the person on line 01 of the DSS-8124 is the casehead/payee.
3. When you are ready to approve the add-on application for the new payee, complete the DSS-8125. Enter N for CASEHEAD/PAYEE CHG, since you are not changing the payee.
4. When the DSS-8125 approval processes, the casehead/payee displays as a recipient on the case.

CHANGES TO MEDICAID CASES

REVISED 10/01/07 - CHANGE NO. 02-08

III.(CONT'D) (PAYEE NAME CHANGES AND CHANGES OF PAYEE)

F. Deleting a casehead/payee as a recipient who remains casehead/payee.

1. Enter a DSS-8125 to delete the casehead/payee as a recipient. Enter the individual termination date to delete the casehead/payee as a recipient. (See [DELETION OF AN INDIVIDUAL](#) in this section.)
2. When the DSS-8125 processes or at the end of the timely notice period (depending on the change code used), the individual no longer displays as an active recipient on the case. The casehead/payee name does not change.

G. Changing to a new casehead/payee only, while old casehead/payee remains as a recipient on the case.

1. On the Name Search screen, enter the EIS Case ID beside "CASE ID". Press ENTER.
2. EIS displays the individuals associated with the Case ID.
3. Remove the payee designation for the old casehead/payee. (Delete the P.)
4. On the first available blank line, enter S, the casehead name, date of birth, race, sex and SSN (if available). Designate the individual as payee by entering P under the PAY column. Press ENTER to complete Name Search.
5. EIS displays potential matches on the EIS NAME/SSN SEARCH screen. Follow the usual procedures to match the individual or assign an Individual ID. (See [EIS 1056](#), Common Name Database.)
6. Enter the DSS-8125 to change the payee. Enter Y for CASEHEAD/PAYEE CHG. This indicates this is a new casehead/payee, not just a name change for the old payee. The "REL TO PAYEE" code must be entered for each individual on the case.
7. When the DSS-8125 processes, EIS displays the new casehead/payee name on the case.

CHANGES TO MEDICAID CASES

REISSUED 10/01/07 - CHANGE NO. 02-08

(PAYEE NAME CHANGES AND CHANGES OF PAYEE)

IV. PAYEE DESIGNATION FOR MAF/MIC CASES THAT EXISTED PRIOR TO 7/1/96

On the Name Search screen, enter the EIS Case ID beside "CASE ID". Press ENTER.

- A. EIS displays the individuals associated with the Case ID.
- B. Use the first available blank line. Enter S, the casehead/payee name, date of birth, race, sex and SSN (if available). Enter P under the PAY column to designate this person as payee for the group. Press ENTER to complete Name Search.
- C. EIS displays potential matches on the EIS NAME/SSN SEARCH screen. Follow the usual procedures to match the individual or assign an Individual ID. (See [EIS 1056](#), Common Name Database.)
- D. Enter the DSS-8125.
 1. If the child was the casehead/payee on the case prior to July 1, 1996, and you are now designating the caretaker as casehead/payee, answer Y for CASEHEAD/PAYEE CHG, since you are changing payees.
 2. If the caretaker was casehead/payee on the case prior to July 1, 1996, enter N for CASEHEAD/PAYEE CHG.
- E. When the DSS-8125 processes, EIS displays the designated casehead/payee name on the case.

V. COMPLETING THE DSS-8125

- A. Use the following instructions to designate or change the casehead/payee of a Medicaid case. This includes the situations in III. and IV., above. If a numeric field requires less digits than spaces available, precede with zeroes.
 1. Write the CASEHEAD/PAYEE NAME at the top of the form for filing purposes, if using a paper form.
 2. Write the COUNTY NAME, if using a paper form.
 3. Enter the CASE ID from the current Case Profile.
 4. Enter your assigned WORKER NUMBER.
 5. Enter the COUNTY NUMBER from the Case Profile.
 6. Ensure the DISTRICT NUMBER on the Case Profile is correct. If incorrect, enter the appropriate DISTRICT NUMBER.
 7. Enter the AID PROGRAM/CATEGORY.

CHANGES TO MEDICAID CASES

REVISED 10/01/12 - CHANGE NO. 01-13

V. A. (CONT'D) COMPLETING THE DSS-8125

8. Enter Y or N for CASEHEAD/PAYEE CHG. See [III.](#) and [IV.](#) above. Enter Y if this is a new payee. Enter N if this is the same casehead/payee that is already on the active case.

B. DO NOT ENTER the following fields on the DSS-8125:

1. Verification Indicator
2. Change Code
3. Notice Override
4. Application Data
5. Case Termination Data
6. Payment Data
7. Medicaid Effective Date
8. Retro MA Data
9. Work Experience
10. Educational Level
11. Issue CRD
12. Disability Indicator (DIS)

NOTE: ALL OTHER FIELDS ARE OPTIONAL. A DETAILED EXPLANATION OF EACH FIELD IS INCLUDED IN ["OTHER CHANGED DATA"](#).

VI. SIGNATURES AND DATE-IF USING A PAPER FORM

- A. Write the DATE COMPLETED.
- B. Sign the DSS-8125 in the WORKER'S SIGNATURE field.
- C. The county director or his designee must sign the form in the DIRECTOR'S SIGNATURE field.

VII. KEY THE DSS-8125.

CHANGES TO MEDICAID CASES

REISSUE 10/01/12 - CHANGE NO. 01-13

VIII. (CONT'D) OUTPUTS

VIII. OUTPUTS

When the DSS-8125 processes successfully, the following are received:

A. Case Profile

An updated Case Profile is produced the night the DSS-8125 processes and is mailed to the county the following workday.

B. Caseworker Supervisor Report

All changes completed by an IMC are reported on the Caseworker Supervisor Report. The number of actions completed is determined from the WORKER NUMBER.

IX. FOR ANY CHANGES NOT LISTED, SEE "OTHER CHANGED DATA".

CHANGES TO MEDICAID CASES

DEDUCTIBLE TO AUTHORIZED
REISSUED 02/01/11 - CHANGE NO. 03-11

I. COMPLETING THE DSS-8125

A. Use the following instructions to change Medicaid status from deductible to authorized for any Medicaid case. If a numeric field requires less digits than spaces available, precede with zeroes.

1. Enter the CASEHEAD/PAYEE NAME at the top of the form for filing purposes.
2. Enter the COUNTY NAME.
3. Enter the CASE ID from the current Case Profile.
4. Enter your assigned WORKER NUMBER.
5. Enter the COUNTY NUMBER from the Case Profile.
6. Ensure the DISTRICT NUMBER on the Case Profile is correct. If incorrect, enter the appropriate DISTRICT NUMBER.
7. Enter the appropriate AID PROGRAM/CATEGORY.
8. Enter the appropriate CHANGE CODE if you are changing the MEDICAID STATUS. See the [Codes Appendix](#) to determine the appropriate code.

NOTE: FOR CAP CASES, DO NOT ENTER A CHANGE CODE. SEND A MANUAL NOTICE.

It is very important to enter the correct code. Unless overridden, an automated notice is produced based on the change code entered on the DSS-8125. The change code not only determines the text of the notice but also whether the notice is adequate or timely. See [AUTOMATED NOTICES](#) at the end of this section for more information regarding the automated notice.

9. Enter "Y" in NOTICE OVERRIDE if you wish to override the automated notice. Always override the automated notice when:
 - a. The change code used from the Codes Appendix is "other".
 - b. The change code listed in the Codes Appendix is marked with an asterisk (*).
 - c. You use the DB/PML screen to issue benefits.

CHANGES TO MEDICAID CASES

REVISED 02/01/11 - CHANGE NO. 03-11

I. A. 9. (CONT'D) (DEDUCTIBLE TO AUTHORIZED)

**NOTE: FOR CAP CASES, DO NOT ENTER NOTICE OVERRIDE OF "Y".
COMPLETE A MANUAL NOTICE.**

10. Enter MEDICAID STATUS "A". (Not allowed for I-AS, or M-QB cases.)
11. Enter the MEDICAID EFFECTIVE DATE.
12. Do not enter CERT FROM and CERT THRU unless you are changing the certification period.
13. Enter the DB/PML CODE. (Required for H-SF, M-AA, M-AB, M-AD, and M-AF cases. Not allowed for MAF-D cases.)
14. Enter the DB/PML AMOUNT. (Required for H-SF, M-AA, M-AB, M-AD, and M-AF cases. Not allowed for MAF-D cases.)
15. 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 the DSS-8125 when submitting to Data Entry for keying.

a. 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.

b. SECONDARY NOTICE CODE

Do not enter for changes.

c. NOTICE TEXT

This section may be used if no code exists for your situation and/or to provide additional information to the recipient. If this text is used, you must enter change code "02" or "50". If you enter Notice Text, you must enter a manual citation.

16. For a recipient who is incarcerated or in an Institution for Mental Disease (IMD), enter the appropriate suspended living arrangement code. EIS automatically enters the appropriate Carolina Access exempt number for suspension based on the living arrangement entered.

B. DO NOT ENTER the following fields on the DSS-8125:

1. Verification Indicator

CHANGES TO MEDICAID CASES

REVISED 10/01/12 - CHANGE NO. 01-13

I. B. (CONT'D) (DEDUCTIBLE TO AUTHORIZED)

2. Application Data
3. Case Termination Data
4. Payment Data
5. Retro MA Data
6. Work Experience
7. Educational Level
7. Issue CRD
8. Disability Indicator (DIS)

NOTE: ALL OTHER FIELDS ARE OPTIONAL. A DETAILED EXPLANATION OF EACH FIELD IS INCLUDED IN "OTHER CHANGED DATA".

II. SIGNATURES AND DATE

- A. Enter the DATE COMPLETED.
- B. Sign the DSS-8125 in the WORKER'S SIGNATURE field.
- C. 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 processes successfully, the following are received:

A. Case Profile

An updated Case Profile is produced the night the change processes and is mailed to the county the following workday.

B. Benefit Issuance

If the recipient had not already been issued an annual Medicaid card that year, a card will be generated on the 4th worknight from the end of the month and mailed the following workday.

C. Caseworker Supervisor Report

All changes completed by an IMC are reported on the Caseworker Supervisor Report. The number of actions completed is determined from the WORKER NUMBER.

V. FOR ANY CHANGES NOT LISTED, SEE "OTHER CHANGED DATA".

CHANGES TO MEDICAID CASES

REISSUED 10/01/12 - CHANGE NO. 01-13

VI. AUTOMATED NOTICES (DEDUCTIBLE TO AUTHORIZED)

A. General Information

1. An automated notice ([DSS-8110A](#)) is produced for all changes the night the DSS-8125 processes in the system unless "Y" is entered for "NOTICE OVERRIDE". A sample of the [DSS-8110A](#) is located at the end of this section.
2. The CHANGE CODE entered on the DSS-8125 determines the text of the notice and whether the notice is adequate or timely.
3. The system calculates the 60th calendar day for the notice.
4. The date of the automated notice is the next county workday after the DSS-8125 processes. This is the date the notice is mailed to the recipient. A copy of the notice is not mailed to the county.
5. 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 3556](#) for more information regarding the Notice Register Report.

B. Adequate Notice

1. "Adequate" is indicated at the top of the notice.
2. The system calculates the 60th calendar day for the notice.
3. The action indicated on the DSS-8125 takes place in EIS the same night the adequate notice is produced.

C. Timely Notice

1. "Timely" is indicated at the top of the notice.
2. To produce an automated timely notice, you must complete the DSS-8125 and have it keyed into EIS at the same time you would have completed the manual DSS-8110.
3. The system calculates the tenth county workday and the 60th calendar day for the notice.
1. The action takes place in EIS eleven county workdays from the date of the notice. If the eleventh county workday falls after the 4th workday from the end of the month, EIS adjusts the month of change to the next benefit month.

CHANGES TO MEDICAID CASES

REVISED 10/01/09 - CHANGE NO. 01-10

VI. C. 4. (CONT'D) (DEDUCTIBLE TO AUTHORIZED)

This action is reported on the Notice Register for that day. The information related to the automated notice is displayed with an asterisk (*) entered in the "CHANGE/TERMINATION DATE" column of the report.

5. No further action is required by you for the action to occur.
6. An updated Case Profile is produced the night the action takes place in EIS.
7. Deleting the Action

Because the action does not actually process in EIS until the eleventh county workday, it is possible to stop the action. To do so, you must delete the action that is on hold in EIS. The deletion must occur no later than the eleventh county workday from the date of the notice.

Delete the pending action using one of the following methods.

- a. Submit a copy of the DSS-8125 you sent originally to request the change. Write "DELETE" in red across the top of the form; or
- b. Submit a county form developed for this purpose. This form must contain the form ID number of the original DSS-8125 and a message to Data Entry to delete the form.
- c. See [EIS 4900, DATA ENTRY APPENDIX E](#).

NOTE: FORM ID NUMBERS ARE LISTED ON THE NOTICE REGISTERS AND ARE AVAILABLE THROUGH INQUIRY IN XPTR FOR THREE DAYS AFTER THE DSS-8125 IS KEYED.

This action is reported on the Notice Register for that day. The information related to the automated notice is displayed with "DELETED" noted in the "COMMENTS" column of the register.

CHANGES TO MEDICAID CASES

REISSUED 10/01/09 - CHANGE NO. 01-10

VI. C. (CONT'D) (DEDUCTIBLE TO AUTHORIZED)

8. Rescinding the Action

There is another situation where an action pending in EIS is stopped.

If a subsequent DSS-8125 is keyed by the eleventh county workday from the date of the notice and the subsequent DSS-8125 causes a new notice to be produced, the pending action is stopped. In this situation, EIS "rescinds" the pending action and produces an automated notice for the new action.

Both actions are reported on the Notice Register for that day. The information related to the first automated notice is displayed with "RESCINDED" noted in the "COMMENTS" column of the register. The information related to the subsequent automated notice is also displayed with no entry in the "COMMENTS" column.

9. DSS-8125 and Timely Pending Action

- a. A DSS-8125 may not be placed on hold when there is a timely action pending.
- b. A DSS-8125 may be keyed, but if a change code or termination code is present, it will rescind the pending action.
- c. Demographic data may be keyed up until the day before a timely action is to process without rescinding the pending action. Following are examples of demographic data:

- (1) County Number
- (2) County Case Number
- (3) District Number
- (4) Address
- (5) RSDI Claim Number

CHANGES TO MEDICAID CASES

DELETION OF AN INDIVIDUAL
REVISED 10/01/96 - CHANGE NO. 02-96

I. COMPLETING THE DSS-8125

- A. Use the following instructions to delete an individual from any active Medicaid case. If a numeric field requires less digits than spaces available, precede with zeroes.

NOTE: DO NOT DELETE AN INDIVIDUAL FROM MAF IN DEDUCTIBLE STATUS. Terminate the case and complete a reapplication.

1. Enter the CASEHEAD/PAYEE NAME at the top of the form for filing purposes.
2. Enter the COUNTY NAME.
3. Enter the CASE ID from the current Case Profile.
4. Enter your assigned WORKER NUMBER.
5. Enter the COUNTY NUMBER from the Case Profile.
6. Ensure the DISTRICT NUMBER on the Case Profile is correct. If incorrect, enter the appropriate DISTRICT NUMBER.
7. Enter the appropriate AID PROGRAM/CATEGORY.
8. Enter the appropriate CHANGE CODE if you are deleting an individual. See the [Codes Appendix](#) to determine the appropriate code. You must use a change code for Deleting An Individual, an override code, or Change Code "02" or "50" with Notice Text. If you use Notice Text, you must enter a manual citation.

It is very important to enter the correct code. Unless overridden, an automated notice is produced based on the change code entered on the DSS-8125. The change code not only determines the text of the notice but also whether the notice is adequate or timely. See [AUTOMATED NOTICES](#) at the end of this section for more information regarding the automated notice.

9. Enter "Y" in NOTICE OVERRIDE if you wish to override the automated notice. Always override the automated notice when:
 - a. The change code used from the Codes Appendix is "other".
 - b. The change code listed in the Codes Appendix is marked with an asterisk (*).
 - c. You use the DB/PML screen to issue benefits.

CHANGES TO MEDICAID CASES

REVISED 10/01/96 - CHANGE NO. 02-96

I. A. (CONT'D) (DELETION OF AN INDIVIDUAL)

10. Enter the new MAINTENANCE AMOUNT.
11. Enter the INDIVIDUAL TERMINATION DATE for the individual you are deleting. This must be the last day of the month prior to the current processing month.

NOTE: IF THIS IS THE ONLY INDIVIDUAL ON THE CASE, DO NOT DELETE. SEE TERMINATING A CASE, SECTION 3200.

12. Enter DATE OF DEATH, if appropriate. If DATE OF DEATH is entered, CHANGE CODE must be "61".
13. 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 the DSS-8125 when submitting to Data Entry for keying.

a. 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.

b. SECONDARY NOTICE CODE

Do not enter for changes.

c. NOTICE TEXT

This section may be used if there is no code for your situation and/or to provide additional information to the recipient. If this text is used, you must enter a change code "02" or "50". If you enter Notice Text, you must enter a manual citation.

B. DO NOT ENTER the following fields on the DSS-8125:

1. Verification Indicator
2. Application Data
3. Case Termination Data
4. Payment Data
5. Medicaid Effective Date

CHANGES TO MEDICAID CASES

REVISED 10/01/12 - CHANGE NO. 01-13

I. B. (CONT'D) (DELETION OF AN INDIVIDUAL)

6. Retro MA Data
7. Work Experience
8. Educational Level
9. Issue CRD
10. Disability Indicator (DIS)

NOTE: ALL OTHER FIELDS ARE OPTIONAL. A DETAILED EXPLANATION OF EACH FIELD IS INCLUDED IN "OTHER CHANGED DATA".

II. SIGNATURES AND DATE

- A. Enter the DATE COMPLETED.
- B. Sign the DSS-8125 in the WORKER'S SIGNATURE field.
- C. 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 processes successfully, the following are received:

A. Case Profile

An updated Case Profile is produced the night the change processes and is mailed to the county the following workday.

B. Caseworker Supervisor Report

All changes completed by an IMC are reported on the Caseworker Supervisor Report. The number of actions completed is determined from the WORKER NUMBER.

V. FOR ANY CHANGES NOT LISTED, SEE "OTHER CHANGED DATA".

CHANGES TO MEDICAID CASES

REISSUED 10/01/12 - CHANGE NO. 01-13

VI. AUTOMATED NOTICES (DELETION OF INDIVIDUAL)

A. General Information

1. An automated notice ([DSS-8110A](#)) is produced for all changes the night the DSS-8125 processes in the system unless "Y" is entered for "NOTICE OVERRIDE". A sample of the [DSS-8110A](#) is located at the end of this section.
2. The CHANGE CODE entered on the DSS-8125 determines the text of the notice and whether the notice is adequate or timely.
3. The system calculates the 60th calendar day for the notice.
4. The date of the automated notice is the next county workday after the DSS-8125 processes. This is the date the notice is mailed to the recipient. A copy of the notice is not mailed to the county.
5. 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 3556](#) for more information regarding the Notice Register Report.

B. System Generated Deletions and Notices

MIC and NC Health Choice children are automatically deleted by EIS on the fourth work night from the end of the month in which the recipient turns age 19. Timely notices are generated by EIS and mailed on the first day of the month in which the recipient turns age 19.

C. Adequate Notice

1. "Adequate" is indicated at the top of the notice.
2. The system calculates the 60th calendar day for the notice.
3. The action indicated on the DSS-8125 takes place in EIS the same night the adequate notice is produced.

D. Timely Notice

1. "Timely" is indicated at the top of the notice.
2. To produce an automated timely notice, you must complete the DSS-8125 and have it keyed into EIS at the same time you would have completed the manual DSS-8110.
3. The system calculates the tenth county workday and the 60th calendar day for the notice.

CHANGES TO MEDICAID CASES

REVISED 10/01/09 - CHANGE NO. 01-10

VI. (CONT'D) (DELETION OF INDIVIDUAL)

4. The action takes place in EIS eleven county workdays from the date of the notice. If the eleventh county workday falls after the 4th workday from the end of the month, EIS adjusts the month of change to the next benefit month.

This action is reported on the Notice Register for that day. The information related to the automated notice is displayed with an asterisk (*) entered in the "CHANGE/TERMINATION DATE" column of the report.

5. No further action is required by you for the action to occur.
6. An updated Case Profile is produced the night the action takes place in EIS.
7. Deleting the Action

Because the action does not actually process in EIS until the eleventh county workday, it is possible to stop the action. To do so, you must delete the action that is on hold in EIS. The deletion must occur no later than the eleventh county workday from the date of the notice.

Delete the pending action using one of the following methods.

- a. Submit a copy of the DSS-8125 you sent originally to request the change. Write "DELETE" in red across the top of the form; or
- b. Submit a county form developed for this purpose. This form must contain the form ID number of the original DSS-8125 and a message to Data Entry to delete the form.
- c. See [EIS 4900, DATA ENTRY APPENDIX E](#).

NOTE: FORM ID NUMBERS ARE LISTED ON THE NOTICE REGISTERS AND ARE AVAILABLE THROUGH INQUIRY IN XPTR FOR THREE DAYS AFTER THE DSS-8125 IS KEYED.

This action is reported on the Notice Register for that day. The information related to the automated notice is displayed with "DELETED" noted in the "COMMENTS" column of the register.

CHANGES TO MEDICAID CASES

REISSUED 10/01/12 - CHANGE NO. 01-13

VI. C. (CONT'D) (DELETION OF INDIVIDUAL)

8. Rescinding the Action

There is another situation where an action pending in EIS is stopped.

If a subsequent DSS-8125 is keyed by the eleventh county workday from the date of the notice and the subsequent DSS-8125 causes a new notice to be produced, the pending action is stopped. In this situation, EIS "rescinds" the pending action and produces an automated notice for the new action.

Both actions are reported on the Notice Register for that day. The information related to the first automated notice is displayed with "RESCINDED" noted in the "COMMENTS" column of the register. The information related to the subsequent automated notice is also displayed with no entry in the "COMMENTS" column.

9. DSS-8125 and Timely Pending Action

- a. A DSS-8125 may not be placed on hold when there is a timely action pending.
- b. A DSS-8125 may be keyed, but if a change code or termination code is present, it will rescind the pending action.
- c. Demographic data may be keyed up until the day before a timely action is to process without rescinding the pending action. Following are examples of demographic data:
 - (1) County Number
 - (2) County Case Number
 - (3) District Number
 - (4) Address, including FACILITY code.
 - (5) RSDI Claim Number

CHANGES TO MEDICAID CASES

AUTHORIZED TO DEDUCTIBLE INCLUDING INCOME CHANGE
REISSUED 02/01/11 - CHANGE NO. 03-11

I. COMPLETING THE DSS-8125

A. Use the following instructions to change Medicaid status from A to D for any active Medicaid case. If a numeric field requires less digits than spaces available, precede with zeroes.

1. Enter the CASEHEAD/PAYEE NAME at the top of the form for filing purposes.
2. Enter the COUNTY NAME.
3. Enter the CASE ID from the current Case Profile.
4. Enter your assigned WORKER NUMBER.
5. Enter the COUNTY NUMBER from the Case Profile.
6. Ensure the DISTRICT NUMBER on the Case Profile is correct. If incorrect, enter the appropriate DISTRICT NUMBER.
7. Enter the appropriate AID PROGRAM/CATEGORY.
8. Enter the appropriate CHANGE CODE if you are changing the MEDICAID STATUS. See the Codes Appendix to determine the appropriate code.

NOTE: FOR CAP CASES, DO NOT ENTER A CHANGE CODE. SEND A MANUAL NOTICE.

It is very important to enter the correct code. Unless overridden, an automated notice is produced based on the change code entered on the DSS-8125. The change code not only determines the text of the notice but also whether the notice is adequate or timely. See AUTOMATED NOTICES at the end of this section for more information regarding the automated notice.

9. Enter "Y" in NOTICE OVERRIDE if you wish to override the automated notice. Always override the automated notice when:
 - a. The change code used from the Codes Appendix is "other".
 - b. The change code listed in the Codes Appendix is marked with an asterisk (*).
 - c. You use the DB/PML screen to issue benefits.

CHANGES TO MEDICAID CASES

REVISED 02/01/11 - CHANGE NO. 03-11

I. A. (CONT'D) (AUTHORIZED TO DEDUCTIBLE (INCLUDING INCOME CHANGE))

NOTE: FOR CAP CASES, DO NOT ENTER A NOTICE OVERRIDE OF "Y".
COMPLETE A MANUAL NOTICE.

10. Enter the MEDICAID EFFECTIVE DATE if the case changes from AUTHORIZED TO DEDUCTIBLE STATUS within the current certification period (Medicaid Status).
11. Enter the new MEDICAID CLASSIFICATION CODE if applicable.
12. Enter the MEDICAID STATUS. (Not allowed for I-AS or M-QB cases.)
13. Enter the DEDUCTIBLE AMOUNT to the right of Medicaid Classification. This DEDUCTIBLE AMOUNT prints on the automated notice.
14. Enter the NEW INCOME.
 - a. Enter Earned Income (Case Level) if appropriate. All fields must be in dollars and cents.
 - (1) Enter the amount of GROSS EARNED INCOME.
 - (2) Enter the amount of WORK EXPENSES.
 - (3) Enter CHILD/ADULT CARE if appropriate.
 - (4) Enter the amount of DISREGARD.
 - (5) Enter the amount of NET EARNED INCOME.
 - b. Enter Unearned Income if appropriate. All fields must be in dollars and cents.
 - (1) Enter the SSI AMOUNT for long term care cases only.
 - (2) Enter the RSDI AMOUNT. If entered, RSDI CLAIM NUMBER is required.
 - (3) Enter the TOTAL NET UNEARNED INCOME.
 - c. Enter TOTAL COUNTABLE MONTHLY INCOME, if income changes.

CHANGES TO MEDICAID CASES

REVISED 10/01/12 - CHANGE NO. 01-13

I. A. (CONT'D) (AUTHORIZED TO DEDUCTIBLE (INCLUDING INCOME CHANGE))

15. 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 the DSS-8125 when submitting to Data Entry for keying.

a. 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.

b. SECONDARY NOTICE CODE

Do not enter for changes.

c. NOTICE TEXT

This section may be used if there is no code for your situation and/or to provide additional information to the recipient. If this text is used, you must enter change code "02" or "50". If you use Notice Text, you must enter a manual citation.

B. DO NOT ENTER the following fields on the DSS-8125:

1. Verification Indicator
2. Application Data
3. Case Termination Data
4. Payment Data
5. Retro MA Data
6. Work Experience
7. Educational Level
8. Issue CRD
9. Disability Indicator (DIS)

NOTE: ALL OTHER FIELDS ARE OPTIONAL. A DETAILED EXPLANATION OF EACH FIELD IS INCLUDED IN "OTHER CHANGED DATA".

CHANGES TO MEDICAID CASES

REISSUED 10/01/12 - CHANGE NO. 01-13

I. A. (CONT'D) (AUTHORIZED TO DEDUCTIBLE (INCLUDING INCOME CHANGE))

II. SIGNATURES AND DATE

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

III. KEY THE DSS-8125.

IV. OUTPUTS

When the DSS-8125 processes successfully, the following are received:

A. Case Profile

An updated Case Profile is produced the night the change processes and is mailed to the county the following workday.

B. Caseworker Supervisor Report

All changes completed by an IMC are reported on the Caseworker Supervisor Report. The number of actions completed is determined from the WORKER NUMBER.

V. FOR ANY CHANGES NOT LISTED, SEE "OTHER CHANGED DATA".

VI. AUTOMATED NOTICES

A. General Information

1. An automated notice (DSS-8110A) is produced for all changes the night the DSS-8125 processes in the system unless "Y" is entered for "NOTICE OVERRIDE". A sample of the DSS-8110A is located at the end of this section.
2. The CHANGE CODE entered on the DSS-8125 determines the text of the notice and whether the notice is adequate or timely.
3. The system calculates the 60th calendar day for the notice.
4. The date of the automated notice is the next county workday after the DSS-8125 processes. This is the date the notice is mailed to the recipient. A copy of the notice is not mailed to the county.
5. 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

CHANGES TO MEDICAID CASES

REVISED 10/01/09 - CHANGE NO. 01-10

VI. A. 5. (CONT'D) (AUTHORIZED TO DEDUCTIBLE (INCLUDING INCOME CHANGE))

produced for that day. See EIS 3556 for more information regarding the Notice Register Report.

B. Adequate Notice

1. "Adequate" is indicated at the top of the notice.
2. The system calculates the 60th calendar day for the notice.
3. The action indicated on the DSS-8125 takes place in EIS the same night the adequate notice is produced.

C. Timely Notice

1. "Timely" is indicated at the top of the notice.
2. To produce an automated timely notice, you must complete the DSS-8125 and have it keyed into EIS at the same time you would have completed the manual DSS-8110.
3. The system calculates the tenth county workday and the 60th calendar day for the notice.
4. The action takes place in EIS eleven county workdays from the date of the notice. If the eleventh county workday falls after the 4th workday from the end of the month, EIS adjusts the month of change to the next benefit month.

This action is reported on the Notice Register for that day. The information related to the automated notice is displayed with an asterisk (*) entered in the "CHANGE/TERMINATION DATE" column of the report.

5. No further action is required by you for the action to occur.
6. An updated Case Profile is produced the night the action takes place in EIS.
7. Deleting the Action

Because the action does not actually process in EIS until the eleventh county workday, it is possible to stop the action. To do so, you must delete the action that is on

CHANGES TO MEDICAID CASES

REISSUED 10/01/09 - CHANGE NO. 01-10

VI.C.7.(CONT'D) (AUTHORIZED TO DEDUCTIBLE (INCLUDING INCOME CHANGE))

hold in EIS. The deletion must occur no later than the eleventh county workday from the date of the notice.

Delete the pending action using one of the following methods.

- a. Submit a copy of the DSS-8125 you sent originally to request the change. Write "DELETE" in red across the top of the form; or
- b. Submit a county form developed for this purpose. This form must contain the form ID number of the original DSS-8125 and a message to Data Entry to delete the form.
- c. See [EIS 4900, DATA ENTRY APPENDIX E](#).

NOTE: FORM ID NUMBERS ARE LISTED ON THE NOTICE REGISTERS AND ARE AVAILABLE THROUGH INQUIRY IN RMDS FOR THREE DAYS AFTER THE DSS-8125 IS KEYED.

This action is reported on the Notice Register for that day. The information related to the automated notice is displayed with "DELETED" noted in the "COMMENTS" column of the register.

8. Rescinding the Action

There is another situation where an action pending in EIS is stopped.

If a subsequent DSS-8125 is keyed by the eleventh county workday from the date of the notice and the subsequent DSS-8125 causes a new notice to be produced, the pending action is stopped. In this situation, EIS "rescinds" the pending action and produces an automated notice for the new action.

Both actions are reported on the Notice Register for that day. The information related to the first automated notice is displayed with "RESCINDED" noted in the "COMMENTS" column of the register. The information related to the subsequent automated notice is also displayed with no entry in the "COMMENTS" column.

9. DSS-8125 and Timely Pending Action

- a. A DSS-8125 may not be placed on hold when there is a timely action pending.
- b. A DSS-8125 may be keyed, but if a change code or termination code is present, it will rescind the pending action.

CHANGES TO MEDICAID CASES

REISSUED 11/01/10 - CHANGE NO. 02-11

VI.C.9. (CONT'D)(AUTHORIZED TO DEDUCTIBLE (INCLUDING INCOME CHANGE))

c. Demographic data may be keyed up until the day before a timely action is to process without rescinding the pending action. Following are examples of demographic data:

- (1) County Number
- (2) County Case Number
- (3) District Number
- (4) Address
- (5) RSDI Claim Number

CHANGES TO MEDICAID CASES

SPECIAL COVERAGE GROUPS - COMMUNITY ALTERNATIVE PROGRAM
REVISED 02/01/11 - CHANGE NO. 03-11

NOTE: CAP coverage is not terminated by EIS when an individual moves to a new county.

NOTE: When placing the Medicaid of a recipient of CAP services in suspension due to incarceration or placement in an Institution for Mental Disease (IMD), terminate CAP at the end of the current processing month. See instructions below for completing the DSS-8125 to end date the CAP coverage.

I. COMPLETING THE DSS-8125

- A. CAP coverage can only be posted, changed or ended using an 8125.** CAP cannot be posted at the same time as any other change. Use the following instructions to add, change or terminate CAP coverage for any active Medicaid case. If a numeric field requires less digits than spaces available, precede with zeroes.

NOTE: DO NOT ENTER A CHANGE CODE OR NOTICE OVERRIDE WHEN YOU ARE ADDING, CHANGING OR TERMINATING CAP COVERAGE. YOU MUST SEND A MANUAL NOTICE.

1. Enter the CASEHEAD/PAYEE NAME at the top of the form for filing purposes.
2. Enter the COUNTY NAME.
3. Enter the CASE ID from the current Case Profile.
4. Enter your assigned WORKER NUMBER.
5. Enter the COUNTY NUMBER from the Case Profile.
6. Ensure the DISTRICT NUMBER on the Case Profile is correct. If incorrect, enter the appropriate DISTRICT NUMBER.
7. Enter the appropriate AID PROGRAM/CATEGORY.
8. Enter the SPECIAL REVIEW CODE and DATE if appropriate. See the Codes Appendix to determine the appropriate code.
9. Enter the SPECIAL COVERAGE GROUP CODE. The appropriate CAP LEVELS are:

CHANGES TO MEDICAID CASES

REVISED 10/01/12 - CHANGE NO. 01-13

I.A.9.(CONT'D)-(SPECIAL COVERAGE GROUPS - COMMUNITY ALTERNATIVE PROGRAM)

- a. **CAP/C**-CAP for Children-The child must be **21** years old or younger. EIS automatically terminates CAP for children's coverage as of the last day of the month before the child's **22nd** birthday.

Applicable to IAS, HSF, and MABD.

These codes are effective 11-1-95.

HC-Hospital level of care

SC-SNF level of care

IC-ICF level of care is obsolete effective 8/01/2010

CC-CAP for children prior to 11-1-95

- b. **CAP/DA**-CAP for Disabled Adults

Applicable to MAABD

CS-SNF level of care

CI-ICF level of care

SD-CAP Choice SNF level of care
Cabarrus and Duplin counties effective 1/1/2005,
Forsyth and Surry counties effective 8/1/2007,
Statewide effective 1/1/2011.

ID-CAP Choice ICF level of care
Cabarrus and Duplin counties effective 1/1/2005,
Forsyth and Surry counties effective 8/1/2007,
Statewide effective 1/1/2011.

- c. **CAP-MR/DD**-CAP for Persons with Mental Retardation/Developmental Disabilities

Applicable to MAABD, IAS, HSF, SAAD

CM-ICF-MR level of care (Comprehensive Waiver)**is obsolete in a Manage Care Organizaion(MCO)county.**

C2-ICF-MR level of care (Supports Waiver)**is obsolete in a Manage Care Organizaion(MCO)county.**

IN-ICF-MR level of care(Innovation Waiver)**only allowable in a Manage Care Organizaion(MCO)county.**

CHANGES TO MEDICAID CASES

REISSUED 10/01/12 - CHANGE NO. 01-13

I. (CONT'D)-(SPECIAL COVERAGE GROUPS - COMMUNITY ALTERNATIVE PROGRAM)

10. Enter the SPECIAL COVERAGE GROUP BEGIN DATE. Enter the date coverage begins. Must be MMDDYY and can be any day of the month. The date must NOT be before the application date. CAP cannot be posted to a period of time that is authorized in an aid program that is not eligible for CAP, i.e. MQB.
11. When CAP ends, enter the SPECIAL COVERAGE GROUP CODE, the BEGIN DATE, and the END DATE. The END DATE must be after the BEGIN DATE and must be the last day of the month. The date must not be earlier than the last day of the month prior to the ongoing month.

B. CHANGING CAP COVERAGE

1. When CAP coverage changes from one coverage group to another coverage group:

You must end CAP coverage in one coverage group to change to another coverage group, for instance, changing from CAP/DA to CAP/MR.

- a. To end CAP coverage in the old coverage group, enter the old SPECIAL COVERAGE GROUP CODE, BEGIN DATE, and END DATE. The END DATE must be after the BEGIN DATE and must be the last day of the month prior to the ongoing month.
- b. Enter the new SPECIAL COVERAGE GROUP CODE and BEGIN DATE. The BEGIN DATE cannot be earlier than the first day of the ongoing month.

2. Changes in CAP coverage within a coverage group:

You must end CAP coverage at one level of care to change to another level of care, for instance, changing from CAP/DA-ICF level of care to CAP/DA-SNF level of care.

- a. When CAP coverage changes from a lower level of coverage to a higher level enter the old SPECIAL COVERAGE GROUP CODE, BEGIN DATE, and END DATE. The END DATE must be after the BEGIN DATE and must be the last day of the month prior to the on-going month. Enter the new SPECIAL COVERAGE CODE and BEGIN DATE. The BEGIN DATE can be any day of the month and can be earlier than the ongoing month since greater coverage overlays lesser coverage in EIS Individual Eligibility History (IE).

CHANGES TO MEDICAID CASES

REVISED 10/01/12 - CHANGE NO. 01-13

I. (CONT'D)-(SPECIAL COVERAGE GROUPS - COMMUNITY ALTERNATIVE PROGRAM)

- b. When CAP coverage changes from a higher level of coverage to a lower level, enter the old SPECIAL COVERAGE GROUP CODE, BEGIN DATE, and END DATE. The END DATE must be after the BEGIN DATE, and must be the last day of the month prior to the ongoing month. Enter the new SPECIAL COVERAGE CODE and BEGIN DATE. The BEGIN DATE cannot be earlier than the first day of the ongoing month.
- c. No changes permitted retroactively between the Comprehensive Waiver (CM-ICF-MR level of care) and the Supports Waiver (C2-ICF-MR level of care).

C. DO NOT ENTER the following fields on the DSS-8125:

- 1. Verification Indicator
- 2. Application Data
- 3. Termination Data
- 4. Payment Date
- 5. Medicaid Effective Date
- 6. Retro MA Data
- 7. Work Experience
- 9. Educational Level
- 10. Issue CRD
- 11. Disability Indicator (DIS)

NOTE: ALL OTHER FIELDS ARE OPTIONAL. A DETAILED EXPLANATION OF EACH FIELD IS INCLUDED IN "OTHER CHANGED DATA".

II. SIGNATURES AND DATE

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

III. KEY THE DSS-8125.

 CHANGES TO MEDICAID CASES

REISSUED 10/01/12 - CHANGE NO. 01-13

I. (CONT'D)-(SPECIAL COVERAGE GROUPS - COMMUNITY ALTERNATIVE PROGRAM)

IV. OUTPUTS

When the DSS-8125 processes successfully, the following are received:

A. Case Profile

An updated Case Profile is produced the night the change processes and is mailed to the county the following workday for non-SSI cases and SSI/SAAD and SSI/AAF cases. The Case Profile reflects the ongoing processing month.

B. Caseworker Supervisor Report

All changes completed by an IMC are reported on the Caseworker Supervisor Report. The number of actions completed is determined from the WORKER NUMBER.

V. FOR ANY CHANGES NOT LISTED, SEE "OTHER CHANGED DATA"

EXAMPLE #1

POST CAP AT APPLICATION APPROVAL

Ms. Jones is active MQB. She has an MAA application dated 8-10-95 pending to meet her CAP deductible. Her CAP Plan of Care/FL-2 is approved effective 9-15-95.

EIS INDIVIDUAL ELIGIBILITY HISTORY displays:

EIS INDIVIDUAL ELIGIBILITY HISTORY FOR 999999999Q												
HIST FROM	AUTH FROM	HIST THRU	PGM CAT	MED CLS	SSI ST	CO	PAY TP	PRVDR NUM	CASE ID	DB / CD	PML AMT	SPEC COV
08/01/95	08/01/95	07/31/96	MQB	Q	N	19	9		88888888			
07/01/95	07/01/95	07/31/95	MAA	Q	N	19	9		88888888	P	0523.00	
01/01/95	01/01/95	06/30/95	MAA	Q	N	19	9		88888888	P	0537.00	
07/01/94	07/01/94	12/31/94	MAA	Q	N	19	9		88888888	P	0521.00	
06/01/94	06/01/94	06/30/94	MAA	N	N	19	9		88888888	P	0521.00	
SELECTION			KEY		999999999Q							
604-INQUIRY IS COMPLETE												

On 10-10-95, she presents medical bills to meet the CAP deductible effective September 18. She meets the October deductible effective October 3.

Close the MQB case effective 10-31-95. The next day, approve the MAA application in deductible status effective 11-01-95. Post the CAP SPECIAL COVERAGE CODE and BEGIN DATE on the 8125 entered for the application approval.

EIS INDIVIDUAL ELIGIBILITY HISTORY displays:

CHANGES TO MEDICAID CASES

REISSUED 10/01/12 - CHANGE NO. 01-13

I. (CONT'D)-(SPECIAL COVERAGE GROUPS - COMMUNITY ALTERNATIVE PROGRAM)

EIS INDIVIDUAL ELIGIBILITY HISTORY FOR 999999999Q												
HIST FROM	AUTH FROM	HIST THRU	PGM CAT	MED CLS	SSI ST	CO	PAY TP	PRVDR NUM	CASE ID	DB / CD	PML AMT	SPEC COV
11/01/95	00/00/00	01/31/96	MAA	M	N	19	9		55555555			
08/01/95	08/01/95	07/31/96	MQB	Q	N	19	9		88888888			CI
07/01/95	07/01/95	07/31/95	MAA	Q	N	19	9		88888888	P	0523.00	
01/01/95	01/01/95	06/30/95	MAA	Q	N	19	9		88888888	P	0537.00	
07/01/94	07/01/94	12/31/94	MAA	Q	N	19	9		88888888	P	0521.00	
06/01/94	06/01/94	06/30/94	MAA	N	N	19	9		88888888	P	0521.00	
SELECTION			KEY		999999999Q							
604-INQUIRY IS COMPLETE												

On the DB/PML screen, authorize MAA 9-18-95 through 9-30-95 and 10-3-95 through 10-31-95 using the EIS Case ID in IE for that period of time. (Issue Card = N)

EIS INDIVIDUAL ELIGIBILITY HISTORY displays:

EIS INDIVIDUAL ELIGIBILITY HISTORY FOR 999999999Q												
HIST FROM	AUTH FROM	HIST THRU	PGM CAT	MED CLS	SSI ST	CO	PAY TP	PRVDR NUM	CASE ID	DB / CD	PML AMT	SPEC COV
11/01/95	00/00/00	01/31/96	MAA	M	N	19	9		55555555			CI
10/03/95	10/03/95	10/31/95	MAA	M	N	19	9		88888888	D	0035.19	
10/01/95	10/01/95	10/02/95	MQB	Q	N	19	9		88888888			
09/18/95	09/18/95	09/30/95	MAA	M	N	19	9		88888888	D	0012.34	
08/01/95	08/01/95	09/17/95	MQB	Q	N	19	9		88888888			
07/01/95	07/01/95	07/31/95	MAA	Q	N	19	9		88888888	P	0523.00	
01/01/95	01/01/95	06/30/95	MAA	Q	N	19	9		88888888	P	0537.00	
07/01/94	07/01/94	12/31/94	MAA	Q	N	19	9		88888888	P	0521.00	
06/01/94	06/01/94	06/30/94	MAA	N	N	19	9		88888888	P	0521.00	
SELECTION			KEY		999999999Q							
604-INQUIRY IS COMPLETE												

On the same day eligibility is authorized on the DB/PML screen, enter an 8125 to post CAP for the same period of time using the EIS Case ID displayed in IE for that period of time. In SPECIAL COVERAGE #1 field, enter the CAP SPECIAL COVERAGE CODE and BEGIN DATE (09/18/95) and END DATE (09/30/95). In SPECIAL COVERAGE #2 field, enter the CAP SPECIAL COVERAGE CODE and BEGIN DATE (10/03/95) and END DATE (10/31/95).

When the 8125 processes overnight, EIS INDIVIDUAL ELIGIBILITY HISTORY displays:

CHANGES TO MEDICAID CASES

REISSUED 10/01/12 - CHANGE NO. 01-13

I. (CONT'D)-(SPECIAL COVERAGE GROUPS - COMMUNITY ALTERNATIVE PROGRAM)

EIS INDIVIDUAL ELIGIBILITY HISTORY FOR 999999999Q												
HIST FROM	AUTH FROM	HIST THRU	PGM CAT	MED CLS	SSI ST	CO	PAY TP	PRVDR NUM	CASE ID	DB / CD	PML AMT	SPEC COV
11/01/95	00/00/00	01/31/96	MAA	M	N	19	9		55555555			CI
10/03/95	10/03/95	10/31/95	MAA	M	N	19	9		88888888	D	0035.19	CI
10/01/95	10/01/95	10/02/95	MQB	Q	N	19	9		88888888			
09/18/95	09/18/95	09/30/95	MAA	M	N	19	9		88888888	D	0012.34	CI
08/01/95	08/01/95	09/17/95	MQB	Q	N	19	9		88888888			
07/01/95	07/01/95	07/31/95	MAA	Q	N	19	9		88888888	P	0523.00	
01/01/95	01/01/95	06/30/95	MAA	Q	N	19	9		88888888	P	0537.00	
07/01/94	07/01/94	12/31/94	MAA	Q	N	19	9		88888888	P	0521.00	
06/01/94	06/01/94	06/30/94	MAA	N	N	19	9		88888888	P	0521.00	
SELECTION			KEY		999999999Q							
604-INQUIRY IS COMPLETE												

In November, bills are received to meet the CAP deductible November 4. Use the DB/PML screen to authorize 11-4-95 through 11-30-95 using the EIS Case ID displayed in IE for that period of time.

EIS INDIVIDUAL ELIGIBILITY HISTORY displays:

EIS INDIVIDUAL ELIGIBILITY HISTORY FOR 999999999Q												
HIST FROM	AUTH FROM	HIST THRU	PGM CAT	MED CLS	SSI ST	CO	PAY TP	PRVDR NUM	CASE ID	DB / CD	PML AMT	SPEC COV
12/01/95	00/00/00	01/31/96	MAA	M	N	19	9		55555555			CI
11/04/95	11/04/95	11/30/95	MAA	M	N	19	9		55555555	D	0022.34	CI
11/01/95	00/00/00	11/03/95	MAA	M	N	19	9		55555555			CI
10/03/95	10/03/95	10/31/95	MAA	M	N	19	9		88888888	D	0035.19	
10/01/95	10/01/95	10/02/95	MQB	Q	N	19	9		88888888			
09/18/95	09/18/95	09/30/95	MAA	M	N	19	9		88888888	D	0012.34	
08/01/95	08/01/95	09/17/95	MQB	Q	N	19	9		88888888			
07/01/95	07/01/95	07/31/95	MAA	Q	N	19	9		88888888	P	0523.00	
01/01/95	01/01/95	06/30/95	MAA	Q	N	19	9		88888888	P	0537.00	
07/01/94	07/01/94	12/31/94	MAA	Q	N	19	9		88888888	P	0521.00	
06/01/94	06/01/94	06/30/94	MAA	N	N	19	9		88888888	P	0521.00	
SELECTION			KEY		999999999Q							
604-INQUIRY IS COMPLETE												

 CHANGES TO MEDICAID CASES

REVISED 10/01/12 - CHANGE NO. 01-13

(CONT'D) - SPECIAL COVERAGE GROUPS - COMMUNITY ALTERNATIVE PROGRAM)

EXAMPLE #2

POST CAP AT CHANGE IN SITUATION INCLUDING AID PROGRAM TRANSFER:

Ms. Jones is active MQB. Her CAP Plan of Care/FL-2 is approved effective 9-15-95.

EIS INDIVIDUAL ELIGIBILITY HISTORY displays:

EIS INDIVIDUAL ELIGIBILITY HISTORY FOR 999999999Q												
HIST FROM	AUTH FROM	HIST THRU	PGM CAT	MED CLS	SSI ST	CO	PAY TP	PRVDR NUM	CASE ID	DB / CD	PML AMT	SPEC COV
08/01/95	08/01/95	07/31/96	MQB	Q	N	19	9		88888888			
07/01/95	07/01/95	07/31/95	MAA	Q	N	19	9		88888888	P	0523.00	
01/01/95	01/01/95	06/30/95	MAA	Q	N	19	9		88888888	P	0537.00	
07/01/94	07/01/94	12/31/94	MAA	Q	N	19	9		88888888	P	0521.00	
06/01/94	06/01/94	06/30/94	MAA	N	N	19	9		88888888	P	0521.00	
SELECTION			KEY		999999999Q							
604-INQUIRY IS COMPLETE												

On 10-10-95, she presents medical bills to meet the CAP deductible effective September 18. She meets the October deductible effective October 3. Transfer the MQB case to MAA effective 11-01-95 in deductible status.

EIS INDIVIDUAL ELIGIBILITY HISTORY displays:

EIS INDIVIDUAL ELIGIBILITY HISTORY FOR 999999999Q												
HIST FROM	AUTH FROM	HIST THRU	PGM CAT	MED CLS	SSI ST	CO	PAY TP	PRVDR NUM	CASE ID	DB / CD	PML AMT	SPEC COV
11/01/95	00/00/00	01/31/96	MAA	M	N	19	9		88888888			
08/01/95	08/01/95	07/31/96	MQB	Q	N	19	9		88888888			
07/01/95	07/01/95	07/31/95	MAA	Q	N	19	9		88888888	P	0523.00	
01/01/95	01/01/95	06/30/95	MAA	Q	N	19	9		88888888	P	0537.00	
07/01/94	07/01/94	12/31/94	MAA	Q	N	19	9		88888888	P	0521.00	
06/01/94	06/01/94	06/30/94	MAA	N	N	19	9		88888888	P	0521.00	
SELECTION			KEY		999999999Q							
604-INQUIRY IS COMPLETE												

CHANGES TO MEDICAID CASES

REVISED 10/01/96 - CHANGE NO. 02-96

EXAMPLE #2 (CONT'D)
 (SPECIAL COVERAGE GROUPS - COMMUNITY ALTERNATIVE PROGRAM)

On the DB/PML screen authorize MAA 9-18-95 through 9-30-95 and 10-3-95 through 10-31-95.

EIS INDIVIDUAL ELIGIBILITY HISTORY displays:

EIS INDIVIDUAL ELIGIBILITY HISTORY FOR 999999999Q												
HIST FROM	AUTH FROM	HIST THRU	PGM CAT	MED CLS	SSI ST	CO	PAY TP	PRVDR NUM	CASE ID	DB / CD	PML AMT	SPEC COV
11/01/95	00/00/00	01/31/96	MAA	M	N	19	9		55555555			
10/03/95	10/03/95	10/31/95	MAA	M	N	19	9		88888888	D	0035.19	
10/01/95	10/01/95	10/02/95	MQB	Q	N	19	9		88888888			
09/18/95	09/18/95	09/30/95	MAA	M	N	19	9		88888888	D	0012.34	
08/01/95	08/01/95	09/17/95	MQB	Q	N	19	9		88888888			
07/01/95	07/01/95	07/31/95	MAA	Q	N	19	9		88888888	P	0523.00	
01/01/95	01/01/95	06/30/95	MAA	Q	N	19	9		88888888	P	0537.00	
07/01/94	07/01/94	12/31/94	MAA	Q	N	19	9		88888888	P	0521.00	
06/01/94	06/01/94	06/30/94	MAA	N	N	19	9		88888888	P	0521.00	
SELECTION			KEY			999999999Q						
604-INQUIRY IS COMPLETE												

On the same day eligibility is authorized on the DB/PML screen, enter an 8125 to post CAP for the same period of time using the EIS Case ID displayed in IE for that period of time. In SPECIAL COVERAGE #1 field, enter the CAP SPECIAL COVERAGE CODE and BEGIN DATE (09/18/95) and END DATE (09/30/95). In SPECIAL COVERAGE #2 field, enter the CAP SPECIAL COVERAGE CODE and BEGIN DATE (10/03/95) and END DATE (10/31/95). In SPECIAL COVERAGE #3 field, enter the CAP SPECIAL COVERAGE CODE and BEGIN DATE (11/01/95). Do not enter an END DATE in SPECIAL COVERAGE field #3.

When the 8125 processes overnight, EIS INDIVIDUAL ELIGIBILITY HISTORY displays:

EIS INDIVIDUAL ELIGIBILITY HISTORY FOR 999999999Q												
HIST FROM	AUTH FROM	HIST THRU	PGM CAT	MED CLS	SSI ST	CO	PAY TP	PRVDR NUM	CASE ID	DB / CD	PML AMT	SPEC COV
11/01/95	00/00/00	01/31/96	MAA	M	N	19	9		55555555			CI
10/03/95	10/03/95	10/31/95	MAA	M	N	19	9		88888888	D	0035.19	CI
10/01/95	10/01/95	10/02/95	MQB	Q	N	19	9		88888888			
09/18/95	09/18/95	09/30/95	MAA	M	N	19	9		88888888	D	0012.34	CI
08/01/95	08/01/95	09/17/95	MQB	Q	N	19	9		88888888			
07/01/95	07/01/95	07/31/95	MAA	Q	N	19	9		88888888	P	0523.00	
01/01/95	01/01/95	06/30/95	MAA	Q	N	19	9		88888888	P	0537.00	
07/01/94	07/01/94	12/31/94	MAA	Q	N	19	9		88888888	P	0521.00	
06/01/94	06/01/94	06/30/94	MAA	N	N	19	9		88888888	P	0521.00	
SELECTION			KEY			999999999Q						
604-INQUIRY IS COMPLETE												

 CHANGES TO MEDICAID CASES

REVISED 10/01/96 - CHANGE NO. 02-96

EXAMPLE #2 (CONT'D)
(SPECIAL COVERAGE GROUPS - COMMUNITY ALTERNATIVE PROGRAM)

In November, bills are received to meet the CAP deductible November 4. Use the DB/PML screen to authorize 11-4-95 through 11-30-95 using the EIS Case ID displayed in IE for that period of time.

EIS INDIVIDUAL ELIGIBILITY HISTORY displays:

EIS INDIVIDUAL ELIGIBILITY HISTORY FOR 999999999Q												
HIST FROM	AUTH FROM	HIST THRU	PGM CAT	MED CLS	SSI ST	CO	PAY TP	PRVDR NUM	CASE ID	DB / CD	PML AMT	SPEC COV
11/01/95	00/00/00	01/31/96	MAA	M	N	19	9		55555555			CI
10/03/95	10/03/95	10/31/95	MAA	M	N	19	9		88888888	D	0035.19	CI
10/01/95	10/01/95	10/02/95	MQB	Q	N	19	9		88888888			
09/18/95	09/18/95	09/30/95	MAA	M	N	19	9		88888888	D	0012.34	CI
08/01/95	08/01/95	09/17/95	MQB	Q	N	19	9		88888888			
07/01/95	07/01/95	07/31/95	MAA	Q	N	19	9		88888888	P	0523.00	
01/01/95	01/01/95	06/30/95	MAA	Q	N	19	9		88888888	P	0537.00	
07/01/94	07/01/94	12/31/94	MAA	Q	N	19	9		88888888	P	0521.00	
06/01/94	06/01/94	06/30/94	MAA	N	N	19	9		88888888	P	0521.00	

SELECTION KEY 999999999Q
 604-INQUIRY IS COMPLETE

CHANGES TO MEDICAID CASES

CHANGE TO A TERMINATED CASE
REISSUED 10/01/05 - CHANGE NO. 02-06

I. THE FOLLOWING INFORMATION CAN BE CORRECTED ON A CASE THAT IS ALREADY TERMINATED IN EIS.

A. The following information can be corrected on the NAME CHANGE screen in NAME SEARCH function:

1. Name
2. Date of Birth
3. Race
4. Sex
5. SSN

B. The following information can be corrected on the DSS-8125:

1. RSDI - Claim Number
2. CAP Coverage
3. Date of Death

II. COMPLETING THE DSS-8125

A. Use the following instructions to make a change to a case that is already terminated in EIS.

1. Enter the CASEHEAD/PAYEE NAME at the top of the form for filing purposes.
2. Enter the COUNTY NAME.
3. Enter the CASE ID.
4. Enter your assigned WORKER NUMBER.
5. Enter the COUNTY NUMBER.
6. Enter the AID PROGRAM/CATEGORY.
7. Enter the original TERMINATION REASON and DATE.

CHANGES TO MEDICAID CASES

REISSUED 10/01/05 - CHANGE NO. 02-06

(CONT'D) - CHANGE TO A TERMINATED CASE

8. Enter the special coverage CAP Code BEGIN and END DATE when updating a CAP Code.
 9. Enter the individual data you wish to correct.
- B. DO NOT enter any information other than what is listed above.

II. THESE ACTIONS APPEAR ON THE CASEWORKER SUPERVISOR REPORT UNDER THE HEADING "MAIN/TERM." THE NUMBER OF ACTIONS COMPLETED IS DETERMINED FROM THE WORKER NUMBER.

CHANGES TO MEDICAID CASES

CHANGE IN MEDICARE STATUS
REVISED 01/01/09 - CHANGE NO. 02-09

AUTOMATED NOTICES

When you enter a DSS-8125 with Medicare A and/or B keyed as 'Y' and the notice is not overridden, EIS mails an automated notice stating that Medicaid prescription drug coverage ends. When the SDX indicates an SSI recipient has acquired Medicare, EIS mails an automated notice stating that Medicaid prescription drug coverage ends.

When the MMA file updates EIS and Medicare changes, EIS mails an automated notice regarding Medicaid prescription drug coverage.

I. MEDICARE D NOTICE OF ACTION GENERATED FROM MMA FILE INFORMATION OR SDX UPDATE

EIS produces an automated notice when the MMA response file or the SDX indicates a recipient has become Medicare eligible. This notice serves to notify the Medicaid/Medicare (excluding MQB) recipient that Medicaid no longer covers prescription drugs.

Note: The notice is a special laser printed notice, not a DSS-8110. See [Section 2312, Figure 1](#), of the Adult Medicaid Manual.

- A. A notice is printed when the Medicare D Entitlement indicator on the Medicare D Entitlement screen changes from a blank or "N" to a "Y".
- B. The notice is produced automatically the night the response file data is entered in EIS or the night the SDX update is processed in EIS. The action processes in EIS with the Medicaid Drug Coverage indicator changing effective the ongoing month.

Example:

MMA response file data is loaded to EIS on 1/30/06. The timely notice is generated that night and the Medicaid Drug Coverage indicator changes that night with the change effective 3/2006. The notice states that Medicaid will no longer pay for prescription drugs effective 3/1/06.

- C. EIS adds the following text to the notice:

"Now that you are enrolled/receiving Medicare, Medicaid will not pay your prescriptions. Medicare is responsible for your prescriptions." In addition, the notice provides information regarding enrollment with a Prescription Drug Plan (PDP) and possible changes in copayments.

- D. The Medicare D Entitlement (MD) screen in EIS indicates the mail date of the notice. The notice information is also available on the Notice Register Report in X/PTR.

CHANGES TO MEDICAID CASES

REVISED 01/01/09 - CHANGE NO. 02-09

(CONT'D) (CHANGE IN MEDICARE STATUS)

II. ADEQUATE ACTION NOTICES (DSS-8110 OR MMA FILE NOTICE)

When a worker keys a DSS-8125 with an 'N' for Medicare A and/or B on an active case, a manual notice is required to notify the recipient that Medicaid drug coverage is restarting since the recipient no longer has Medicare.

A. Medicare Stopped or Recipient Does Not Have Medicare

EIS produces an automated adequate notice when the MMA response file verifies the recipient (excluding MQB) no longer has Medicare. This notice serves to notify the individual that Medicaid will begin to cover prescription drugs.

1. The notice includes the following text:

"Now that you are no longer enrolled/receiving Medicare, Medicaid will pay your prescriptions."

2. The Medicare D Entitlement (MD) screen indicates the mail date of the adequate action notice. The notice information is also available on the Notice Register Report in X/PTR. The effective date of the notice is the ongoing month.

3. EIS processes the action the night the MMA response file is processed and also updates the Medicare Entitlement and Medicaid Drug Coverage indicator that night.

4. EIS does not react to worker changes in Medicare from "Y" to "N" on the DSS-8125. If a caseworker needs to correct a "Y" they keyed in error, they must contact the Claims Analysis Unit to make the correction. (See [EIS 1200](#) State Office Contacts.)

B. Medicare started

EIS produces an automated adequate notice when the change code indicates that a recipient has Medicare. This notice serves to notify the Medicaid recipient that Medicaid no longer covers prescription drugs.

1. The notice includes the following text:

"Now that you are enrolled/receiving Medicare, Medicaid will not pay your prescriptions. Medicare is responsible for your prescriptions."

CHANGES TO MEDICAID CASES

REVISED 01/01/09 - CHANGE NO. 02-09

II. B. (CONT'D) (CHANGE IN MEDICARE STATUS)

2. The Medicare D Entitlement (MD) screen indicates the mail date of the adequate action notice. The notice information is also available on the Notice Register Report in X/PTR. The effective date of the notice is the ongoing month.
3. EIS processes the action the night the form is keyed or the night the MMA response file is processed and also updates the Medicare Entitlement and Medicaid Drug Coverage indicator that night.
4. EIS does not react to worker changes in Medicare from "Y" to "N" on the DSS-8125. If a caseworker needs to correct a "Y" keyed in error, contact the Claims Analysis Unit to make the correction. (See [EIS 1200](#) State Office Contacts.)

CHANGES TO MEDICAID CASES

OTHER CHANGED DATA
REISSUED 01/01/06 - CHANGE NO. 03-06

I. USE THE DSS-8125 TO COMPLETE ANY CHANGES TO AN ACTIVE MEDICAID CASE. THE FIELDS LISTED BELOW ARE REQUIRED ENTRIES FOR ANY CHANGE. IF A NUMERIC FIELD REQUIRES LESS DIGITS THAN SPACES AVAILABLE, PRECEDE WITH ZEROES.

- A. Case ID.
- B. County Number.
- C. Aid Program/Category.

II. THE FOLLOWING FIELDS MAY BE CHANGED OR UPDATED AS NEEDED UNLESS OTHERWISE INDICATED. IF A NUMERIC FIELD REQUIRES LESS DIGITS THAN SPACES AVAILABLE, PRECEDE WITH ZEROES.

A. CASE LEVEL DATA

- 1. CASE ID: Enter the eight digit Case ID from the Current Case Profile. This number does not change.
- 2. WORKER NUMBER: This is a three digit alpha/numeric field. Enter or correct your worker number.
- 3. COUNTY NUMBER: Enter your two digit county number from the Current Case Profile.
- 4. COUNTY CASE NUMBER: This is a six digit alpha/numeric field. Enter or correct the case number from the Case Profile.
- 5. DISTRICT NUMBER: This is a three digit alpha/numeric field. Enter or correct the district number from the Case Profile.
- 6. COUNTY REASSIGNMENT NEW COUNTY NUMBER AND DATE: Do not enter. See "County Transfers for Active Cases", [EIS 3500](#).
- 7. AID PROGRAM/CATEGORY: The aid program/category must be the same as the current aid program/category. If you are changing the aid program/category, see "Aid Program/Category Transfer", [EIS 3451](#).
- 8. CASEHEAD/PAYEE NAME: See ["PAYEE NAME CHANGES AND CHANGES OF PAYEE"](#).
- 9. CASEHEAD PAYEE CHG: See ["PAYEE NAME CHANGES AND CHANGES OF PAYEE"](#).
- 10. ADDRESS: See ["CHANGE OF ADDRESS"](#).
- 11. PHONE NUMBER: This is a numeric field. Enter the three-digit area code and seven-digit phone number of the casehead/payee initially or to correct the phone number on the Case Profile.

CHANGES TO MEDICAID CASES

REISSUED 07/01/10 - CHANGE NO. 01-11

II. A. (CONT'D) (OTHER CHANGED DATA)

12. VERIFICATION INDICATOR: Do not enter for changes.
13. SUBSTITUTE PAYEE: Enter the substitute payee code, first name, middle initial, last name, and suffix as appropriate. See the Codes Appendix to determine the appropriate substitute payee code.
14. CHANGE CODE: Enter the change reason code if any of the following fields were entered:
 - a. Deductible Amount
 - b. Medicaid Classification
 - c. DB/PML Type
 - d. DB/PML Amount
 - e. Medicaid Status
 - f. Individual Termination Date
 - g. Medicare B. You must enter Notice Override of "Y".

It is very important to enter the correct code. Unless overridden, an automated notice is produced based on the change code entered on the DSS-8125. The change code not only determines the text of the notice but also whether the notice is adequate or timely. See AUTOMATED NOTICES at the end of this section for more information regarding the automated notice.

NOTE: EXCEPTION: YOU MAY UTILIZE CHANGE NOTICE CODES 02 AND 50 WHICH DO NOT REQUIRE NOTICE OVERRIDE

15. NOTICE OVERRIDE: Enter "Y" in NOTICE OVERRIDE if you wish to override the automated notice. Always override the automated notice when:
 - a. The change code used from the Codes Appendix is "other".
 - b. The change code listed in the Codes Appendix is marked with an asterisk (*).
 - c. You use the DB/PML screen to issue benefits.
 - d. You are adding, changing, or terminating CAP coverage.

NOTE: FOR CAP CASES, DO NOT ENTER A CHANGE CODE OR NOTICE OVERRIDE OF "Y". COMPLETE A MANUAL NOTICE

CHANGES TO MEDICAID CASES

REISSUED 07/01/10 CHANGE NO. 01-11

II. A. (CONT'D) (OTHER CHANGED DATA)

16. APPLICATION DATA fields: Do not enter. See the appropriate Approving An Application, Reapplication, and Add-An-Individual Section.
17. CASE TERMINATION DATA fields: Do not enter. See "Terminating a Case", [EIS 3200](#).

B. PAYMENT DATA: Do not enter.

C. MEDICAID DATA

1. MEDICAID STATUS: If a change in Medicaid status is made, you must update the MEDICAID EFFECTIVE DATE.
2. MEDICAID EFFECTIVE DATE: This is a six digit field. Update Medicaid effective date when:
 - a. Adding an Individual
 - b. Aid Program/Category Transfers
 - c. Deductible Balance (DB) Changes
 - d. Patient Monthly Liability (PML) Changes
 - e. Medicaid Classification Changes
 - f. Medicaid Status Changes
 - g. Redeterminations
3. MEDICAID CERTIFICATION FROM AND THRU DATES. Do not change the FROM DATE. You may change the THRU DATE to align the certification period with that of another case. For Redeterminations, see [EIS 3051](#).

You may shorten the certification period for any Medicaid program. Do not reenter the **FROM DATE**. ENTER the revised **THRU DATE**.

MPW is the only aid program/category for which the certification period can be extended. Do not reenter the **FROM DATE**. Enter the revised **THRU DATE**.

CHANGES TO MEDICAID CASES

REVISED 07/01/10 - CHANGE NO. 01-11

II. C. 3. (CONT'D) (OTHER CHANGED DATA)

NOTE: FOR MPW CASES, IF THE THRU DATE IS CHANGED, THE SPECIAL REVIEW FIELD MUST BE CHANGED ALSO.

4. MEDICAID CLASSIFICATION: This is a one digit field. See Codes Appendix to determine the correct Medicaid classification code. If the Medicaid classification changes, you must update the Medicaid effective date. Medicaid classifications "F" and "0" are not allowed as changes to active cases.
5. DB/PML AMOUNT: If the amount changes, you must update the MEDICAID EFFECTIVE DATE.
6. RETRO MA 1 and 2: Do not enter. See the appropriate "Approving An Application" Section.

D. EARNED INCOME

1. GROSS EARNED INCOME: This is a six digit, numeric, dollars and cents field.
2. DISREGARD: This is a six digit, numeric, dollars and cents field.
3. WORK EXPENSES: This is a six digit, numeric, dollars and cents field.
4. NET EARNED INCOME: This is a six digit, numeric, dollars and cents field.
5. CHILD/ADULT CARE: This is a six digit, numeric, dollars and cents field.
6. GRANT RECOUPMENT CODE, AMOUNT, and END DATE. Do not enter.

E. UNEARNED INCOME

1. SSI AMOUNT. This is a six digit, numeric, dollars and cents field. If entered, SSI STATUS must be "Y". (Can only be entered for SSI Medicaid in LTC.)
2. OTHER UNEARNED INCOME: This is a six digit, numeric, dollars and cents field. If entered, the amount must be included in the TOTAL NET UNEARNED INCOME.
3. RSDI AMOUNT: This is a six digit, numeric, whole dollar amount field. The RSDI CLAIM NUMBER must be entered. The amount must be included in the TOTAL NET UNEARNED INCOME.
4. TOTAL NET UNEARNED INCOME: This is a six digit, numeric, dollars and cents field. If entered, the amount must equal RSDI plus OTHER UNEARNED INCOME.

CHANGES TO MEDICAID CASES

REVISED 07/01/10 - CHANGE NO. 01-11

II. (CONT'D) (OTHER CHANGED DATA)

G. NEEDS DATA

1. MAINTENANCE AMOUNT: This is a six digit, numeric, dollars and cents field.
2. AMBULATION CAPACITY: Do not enter.
3. DOMICILIARY RATE: Do not enter.
4. TOTAL COUNTABLE MONTHLY INCOME: This is a six digit, numeric, dollars and cents field. This field is required if TOTAL NET UNEARNED INCOME or NET EARNED INCOME are present.

G. SPECIAL DATA

1. FOOD STAMP NUMBER: This is a seven digit alpha/numeric field.
2. STEPPARENT INDICATOR: A one-digit numeric field. Optional for MAF, MIC, and MRF. Not allowed for any other Medicaid Program.
3. GRANDFATHER STATUS: This field may not be changed.
4. SSI STATUS: System-controlled field-May not be changed.
5. VA PAYMENT: Mark "Yes" or "No". If yes, include payment in OTHER UNEARNED INCOME.
6. SPECIAL REVIEW TYPE: This is an alpha/numeric code. See the [Codes Appendix](#) to determine the appropriate special review code. If entered, SPECIAL REVIEW DATE is required.
7. SPECIAL REVIEW DATE: This is a four digit numeric field and must be MMY. The date must not be before the current processing month.
8. JOBS/WORK REQUIREMENT SAVINGS REASON: Do not enter.
9. JOBS/WORK REQUIREMENT SAVINGS AMOUNT: Do not enter.

CHANGES TO MEDICAID CASES

REISSUED 02/01/11 - CHANGE NO. 03-11

II. G. (CONT'D) (OTHER CHANGED DATA)

10. SPECIAL USE CODE: This is a two digit alpha code. See the [Codes Appendix](#) to determine the appropriate special use code. If entered, SPECIAL USE DATA is required.
 11. SPECIAL USE DATA: This is a twelve digit numeric field. If entered, SPECIAL USE CODE is required.
- H. SPECIAL COVERAGE GROUP DATA (1, 2, and 3)
1. CODE: This is a two digit alpha field. See the [Codes Appendix](#) to determine the appropriate special coverage group code. If entered, BEGIN DATE is required.
 2. BEGIN DATE: This is a six digit numeric field. The data must contain MMDDYY and must be the first day of the month. This field is required if SPECIAL COVERAGE CODE is entered.
 3. END DATE: This is a six digit numeric field. The data must contain MMDDYY and must be after the Begin Date. It must be the last day of the month. If entered, SPECIAL COVERAGE CODE and BEGIN DATE are required.
- I. SUB PROGRAM GROUP DATA (1, 2, AND 3)
1. CODE: This is a two digit field alpha/numeric. See the [Codes Appendix](#) to determine the appropriate sub program group code. If entered, BEGIN DATE is required.
 2. BEGIN DATE: This is a six digit numeric field. The data must contain MMDDYY and must be the first day of the month. This field is required if SUB PROGRAM CODE is entered.
 3. END DATE: This is a six digit numeric field. The data must contain MMDDYY and must be after the Begin Date. It must be the last day of the month. If entered, SUB PROGRAM CODE and BEGIN DATE are required.
- J. FEDERAL POVERTY LEVEL
1. CODE: This is a two digit field alpha/numeric that is entered right after you enter your sub program codes. See the [Codes Appendix](#) to determine the appropriate federal poverty level codes. A code is required for Health Coverage for Working Disabled (HCWD) sub programs.
 2. BEGIN DATE: This is a six digit numeric field. The data must contain MMDDYY and must be the first day of the month. This field is required if SUB PROGRAM CODE and FEDERAL POVERTY LEVEL is entered.
 3. END DATE: This is a six digit numeric field. The data must contain MMDDYY and must be after the Begin Date. It must be the last day of the month. If entered, SUB PROGRAM CODE, FEDERAL POVERTY LEVEL and BEGIN DATE are required.

CHANGES TO MEDICAID CASES

REVISED 02/01/11 - CHANGE NO. 03-11

II. (CONT'D) (OTHER CHANGED DATA)

K. SPECIAL NEEDS: Do not enter.

L. 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 the DSS-8125 when submitting to Data Entry for keying.

1. AUTHORIZED REPRESENTATIVE NAME AND ADDRESS

If an applicant had an authorized representative/CAP Manager or PACE Agency 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. See EIS-2250.

NOTE: Entry of this field only does not generate an automated notice.

2. SECONDARY NOTICE CODE

Do not enter for a change.

3. NOTICE TEXT

This section may be used if there is no code for your situation and/or to provide additional information to the recipient. If this text is used, enter change code "02" or "50". If you enter Notice Text, enter a manual citation.

M. SPOUSE INDICATOR

This is a one digit alpha field, "Y" (YES) or "N" (NO). For appropriate code see the Codes Appendix. For MAABD and MQB aid program/categories ONLY.

N. INDIVIDUAL DATA

1. INDIVIDUAL ID: The individual ID number for each individual included in the case is brought forward. You may not key in this field.

2. INDIVIDUAL NAME: The names of all the individuals included on the case. You may not key in this field. Correct the name on the NAME CHANGE screen.

3. SOCIAL SECURITY NUMBER: This is a nine digit numeric field. You may not key in this field. Correct the social security number on the NAME CHANGE screen.

4. INDIVIDUAL TERMINATION DATE: See "DELETION OF AN INDIVIDUAL".

CHANGES TO MEDICAID CASES

REISSUED 05/01/09 - CHANGE NO. 03-09

II.N. (CONT'D) (OTHER CHANGED DATA)

5. CASE STATUS: Do not enter.
6. DATE OF BIRTH: This is an eight digit numeric field (MMDDYYYY). You may not key in this field. Correct the date of birth on the NAME CHANGE screen.
7. RACE: This is a one digit alpha field. You may not key in this field. Correct the race on the NAME CHANGE screen.
8. SEX: This is a one digit alpha field, "M" (MALE) or "F" (FEMALE). You may not key in this field. Correct the sex on the NAME CHANGE screen.
9. RSDI CLAIM NUMBER: This is a twelve digit alpha/numeric field. This field is required if RSDI AMOUNT is entered and/or if either Medicare field is marked "Y".
10. MEDICARE A: Mark "Y" or "N". If "Y" is entered, the RSDI CLAIM NUMBER is required.
Note: If Medicare A is "Y" or "Z", Medicaid Class "D", Family Planning, is not allowed.
11. MEDICARE B: Mark "Y" or "N". If "Y" is entered, the RSDI CLAIM NUMBER is required.
Note: If Medicare B is "Y" or "Z", Medicaid Class "D", Family Planning is not allowed.
12. FAMILY STATUS: Do not enter.
13. LIVING ARRANGEMENT: See "Change in Living Arrangement".
14. SPECIAL REPORT: This is a one digit alpha field. See the Codes Appendix to determine the appropriate special report code.
15. JOBS/WORK REGISTRATION/EXEMPTION: Do not enter.
16. SPECIAL USE CODE: This is a two digit alpha field. See the Codes Appendix to determine the appropriate special use code. If entered, SPECIAL USE DATA is required.
17. SPECIAL USE DATA: This is a twelve digit numeric field. If entered, SPECIAL USE CODE is required. The data must contain MMDDYY. See the [Codes Appendix](#) to determine the appropriate special use data.
18. REFUGEE STATUS CODE: This is a two digit alpha field. See the Codes Appendix to determine the appropriate refugee status code. The U.S. ENTRY DATE is required. If a Refugee Status Code is entered, an Alien ID and a Citizenship/ID code is required.

CHANGES TO MEDICAID CASES

REISSUED 05/01/09 - CHANGE NO. 03-09

II.N. (CONT'D) (OTHER CHANGED DATA)

19. U.S. ENTRY DATE: This is a six digit numeric field. The data must contain MMCCYY. A REFUGEE STATUS CODE is required. The date must be the same for each individual with a refugee status code. The date must not be greater than 12 months prior to the month of application for the case (MRF only).
20. DATE OF DEATH: This is a six digit numeric field. The format is MMDDYY. The date must be before or the same as the current date. If entered, the change code must be "52". If this is the only individual on the case, see "Terminating a Case", [EIS 3200](#).
21. CITIZEN/ID: This is a two digit numeric field followed by an eight digit date field. The format for the date is MMDDCCYY. If a Citizenship/ID code of 60, 61, 62, 63, 64 65, or 66 is entered, a Refugee Status Code/Date, and an Alien ID code is required. See [EIS 4000](#) for codes and date criteria.
22. Alien ID: This is a numeric field that has the capacity to enter up to 9 digits. The alpha "A" is not entered. In the future, to allow for expansion, this field will allow up to 13 numeric digits. If an Alien ID is entered, a Refugee Status Code/Date and a Citizenship/ID code of 60, 61, 62 63,64, 65, or 66 is required. If a Citizenship/ID code of 51 is entered for a Lawful Permanent Resident (LPR), a Refugee Status Code/Date and Alien ID are not required.
23. REL TO PAYEE: This is a one digit alpha code. (The field space is two digits to allow for future codes.) See [EIS 4000](#) for codes.
24. SPECIAL NEEDS: This is a one digit numeric field. See [EIS 4000](#) for codes.
25. E&T: Do not enter.
26. JOBS/WORK REQUIREMENT SAVINGS REASON: Do not enter.
27. JOBS/WORK REQUIREMENT SAVINGS AMOUNT. Do not enter.
28. ED. EMPL: Do not enter.
29. WORK EXPERIENCE: Do not enter.
30. GROSS EARNED INCOME: Do not enter.
31. WORK EXPENSES: Do not enter.

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II.N. (CONT'D) (OTHER CHANGED DATA)

32. CHILD/ADULT CARE: Do not enter.
33. NET EARNED INCOME: Do not enter.
34. EDUCATIONAL LEVEL: Do not enter.
35. EPICS CLAIM INDICATOR: Do not enter.

III. SIGNATURES AND DATE

1. Enter the DATE COMPLETED.
2. WORKER'S SIGNATURE: Write your name in this field.
3. DIRECTOR'S SIGNATURE: The county director or his designee must sign the form in this field.

IV. KEY THE DSS-8125.

V. OUTPUTS

A. Case Profile

An updated Case Profile is produced the night the change processes and is mailed to the county the following workday.

B. Caseworker Supervisor Report

All changes completed by an IMC are reported on the Caseworker Supervisor Report. The number of actions completed is determined from the WORKER NUMBER.

VI. AUTOMATED NOTICES

A. General Information

1. An automated notice (DSS-8110A) is produced for all changes the night the DSS-8125 processes in the system unless "Y" is entered for "NOTICE OVERRIDE". A sample of the DSS-8110A is located at the end of this section.
2. The CHANGE CODE entered on the DSS-8125 determines the text of the notice and whether the notice is adequate or timely.
3. The system calculates the 60th calendar day for the notice.
4. The date of the automated notice is the next county workday after the DSS-8125 processes. This is the date the notice is mailed to the recipient. A copy of the notice is not mailed to the county.

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VI.A (CONT'D) (OTHER CHANGED DATA)

5. 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 3556](#) for more information regarding the Notice Register Report.

B. Adequate Notice

1. "Adequate" is indicated at the top of the notice.
2. The system calculates the 60th calendar day for the notice.
3. The action indicated on the DSS-8125 takes place in EIS the same night the adequate notice is produced.

C. Timely Notice

1. "Timely" is indicated at the top of the notice.
2. To produce an automated timely notice, you must complete the DSS-8125 and have it keyed into EIS at the same time you would have completed the manual DSS-8110.
3. The system calculates the tenth county workday and the 60th calendar day for the notice.
4. The action takes place in EIS eleven county workdays from the date of the notice. If the eleventh county workday falls after pull, EIS adjusts the month of change to the next benefit month.

For example: A DSS-8125 indicating a change with an effective date of July 1, 1996, and a timely reason code for an automated notice is keyed June 12, 1996. The eleventh workday is June 28, 1996. The pull deadline is June 25, 1996. EIS changes the Medicaid Effective Date to August 1, 1996.

This action is reported on the Notice Register for that day. The information related to the automated notice is displayed with an asterisk (*) entered in the "CHANGE/TERMINATION DATE" column of the report.

5. No further action is required by you for the action to occur.

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6. An updated Case Profile is produced the night the action takes place in EIS.

7. Deleting the Action

Because the action does not actually process in EIS until the eleventh county workday, it is possible to stop the action. To do so, delete the action that is on hold in EIS. The deletion must occur no later than the eleventh county workday from the date of the notice.

Delete the pending action using one of the following methods.

- a. Submit a copy of the DSS-8125 you sent originally to request the change. Write "DELETE" in red across the top of the form; or
- b. Submit a county form developed for this purpose. This form must contain the form ID number of the original DSS-8125 and a message to Data Entry to delete the form.
- c. See [EIS 4900, DATA ENTRY APPENDIX E](#).

NOTE: FORM ID NUMBERS ARE LISTED ON THE NOTICE REGISTERS AND ARE AVAILABLE THROUGH INQUIRY IN XPTR FOR THREE DAYS AFTER THE DSS-8125 IS KEYED

This action is reported on the Notice Register for that day. The information related to the automated notice is displayed with "DELETED" noted in the "COMMENTS" column of the register.

8. Rescinding the Action

There is another situation where an action pending in EIS is stopped.

If a subsequent DSS-8125 is keyed by the eleventh county workday from the date of the notice and the subsequent DSS-8125 causes a new notice to be produced, the pending action is stopped. In this situation, EIS "rescinds" the pending action and produces an automated notice for the new action.

Both actions are reported on the Notice Register for that day. The information related to the first automated notice is displayed with "RESCINDED" noted in the "COMMENTS" column of the register. The information related to the subsequent automated notice also is displayed with no entry in the "COMMENTS" column.

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9. DSS-8125 and Timely Pending Action
 - a. A DSS-8125 may not be placed on hold when there is a timely action pending.
 - b. A DSS-8125 may be keyed, but if a change code or termination code is present, it will rescind the pending action.
 - c. Demographic data may be keyed up until the day before a timely action is to process without rescinding the pending action. Following are examples of demographic data:
 - (1) County Number
 - (2) County Case Number
 - (3) District Number
 - (4) Address
 - (5) RSDI Claim Number