

**\* NOTICE OF CHANGE IN BENEFITS \***

Date Mailed \_\_\_\_\_

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
\_\_\_\_\_

**A change is about to take place in your benefits. Please read all pages of this form carefully.**

**What The Change Is:** \_\_\_\_\_

\_\_\_\_\_

**If this block is checked, you will receive a separate notice about your Medicaid.**

**Why The Change Will Be Made:** \_\_\_\_\_

\_\_\_\_\_

**When The Change Will Happen:** \_\_\_\_\_

**Medicaid Payment of Your Medicare Premium Will** \_\_\_\_\_

**If you receive Medicare, Medicare is responsible for your prescriptions.**

**The State Regulations Requiring This Change Are Found In** \_\_\_\_\_

**HEARING RIGHTS:** If you disagree with this decision, you have a right to a hearing to review this decision. Call your worker at the number below within 60 days to ask for a hearing. The 60<sup>th</sup> day is \_\_\_\_\_. If you do not ask for a hearing by this date, you cannot have a hearing unless you have a good reason for missing this deadline. You may reapply for benefits at any time. To protect your rights, you may BOTH reapply AND ask for a hearing.

**FREE LEGAL HELP:** Free Legal Aid may be available to help you. Contact your nearest Legal Aid or Legal Services office, or call **1-877-694-2464** toll free.

In some cases, you may choose to get your benefits until your hearing. If you want a hearing, read the instructions included on this form.

*If this block is checked, your benefits will be changed without further notice. You may request a hearing by the date above.*

*If this block is checked, and if you contact your caseworker by \_\_\_\_\_ to ask for a hearing, your benefits will continue at the present level until the first hearing decision, unless you waive this right. If your benefits continue and the hearing shows the changes were correct, you may have to repay the benefits you received while waiting for the hearing decision. Continuation of benefits DOES NOT apply to North Carolina Health Choice.*

\_\_\_\_\_  
Caseworker Name and Phone Number  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
\_\_\_\_\_

**FOR OFFICE USE ONLY:**  
County Case # \_\_\_\_\_  
Case ID # \_\_\_\_\_  
Aid Program/Category \_\_\_\_\_

**PLEASE CONTINUE READING FOR IMPORTANT INFORMATION REGARDING YOUR RIGHTS TO A HEARING.**



## Calling your worker may fix the problem!

### Did you miss an appointment or fail to return a form or other information?

You can:

1. Call your caseworker to reschedule your appointment or see what you can do.
2. Return the form or other information immediately. Be sure you answer every question. Be sure you provide any proof of income.
3. If your case has already been closed, call your caseworker to see what you can do.

### Did you not do something your caseworker asked you to do?

You can call your caseworker to explain why and try to solve the problem.

### Did your caseworker make a mistake or has your situation changed?

Call your caseworker right away.



## Is there still a problem? You can ask for a hearing.

If you think we are wrong or you have new information, you have the right to a hearing. You must ask for this hearing within 60 days (or 90 days if you have a good reason for delay). This hearing is a meeting to review your case and give you the correct benefits if it was wrong.

Call or write your caseworker to ask for a hearing. A local hearing will be held within 5 days of your request unless you ask for it to be postponed. The hearing can be postponed, for good reasons, for as much as 10 calendar days. Then, if you think the decision in the local hearing is wrong, call or write your caseworker **WITHIN 15 DAYS** to ask for a second hearing. The second hearing is before a state hearing official.

If you ask for a hearing on Work First and you live in an electing county, the second hearing is before a county official.

If you are requesting a hearing about disability, call or write your caseworker to ask for a hearing. There is no local hearing. A state hearing officer holds the disability hearing.

### Did you know you have the right to be represented?

You may have someone speak for you at your hearing, such as a relative or a paralegal or attorney obtained at your expense. **Free legal services may be available in your community.** Refer to the phone number on the other side of this notice.

**If you have additional questions or concerns,** contact your caseworker for information, or call the CARE-LINE, Information and Referral Service, toll free at 1-800-662-7030. If you live in the Raleigh area, call 919-855-4400. TDD/Voice for the hearing impaired is also available through the CARE-LINE number. Their hours of operation are 8 am to 5 pm, Monday through Friday.

### Did you know you have the right to see your record?

If you ask, your caseworker will show you (or the person speaking for you) your benefits record before your hearing. If you ask, you may also see other information to be used at the hearing. You can get free copies of this information. You may see this information again at your hearing.

### Do you understand your rights?

Do you understand how to get a hearing? If you have any questions, please contact your caseworker as soon as possible.



**Don't forget to report all changes to your county department of social services within 10 calendar days (5 calendar days for Special Assistance).**

**If you don't know whether a change is important, ask your caseworker. If you do not truthfully report information and changes, you may be guilty of a misdemeanor or felony.**

**I. PURPOSE OF THE FORM**

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

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

**II. GENERAL INSTRUCTIONS**

- A. If the notice is handwritten, the writing must be legible.
- B. Use language that is clear and understandable. Avoid the use of program jargon or abbreviations that are unclear to those outside the agency.
- C. Write out all dates completely, including month, date and year. Do not use numbers for the month. For example, write November 15, 2005, rather than 11/15/05.
- D. Manually add the following sentence to the manual DSS-8110 that do not contain information about Medicare Part D: "Now that you are enrolled/receiving Medicare, Medicaid will not pay your prescriptions. Medicare is responsible for your prescriptions."

When approving for Medicaid Family Planning Services, manually add the following sentence to the DMA-5003 approval notice that does not contain information about Medicaid Family Planning Waiver Services: "Your partner may be potentially eligible also."

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

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

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

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

(III.B)

Examples of text:

1. "The amount of your Work First check will change to \$236. Your Medicaid will continue."
  2. "You are being removed from the Work First benefit. Your Medicaid is being evaluated. You will receive a separate notice about your Medicaid."
  3. "Your Work First check and your Medicaid will stop."
  4. "Your Medicaid will stop."
  5. "You will not receive another Medicaid card until you meet your deductible for the following months: \_\_\_\_\_".
- C. "Why The Change Will Be Made:" Explain clearly why the change is being made.
1. "Your family's countable income has increased."
  2. "Your children no longer live with you."
  3. "Your assets exceed the limit."
  4. "Your medical expenses do not indicate that you will meet your deductible within your certification period."
  5. "Your income increased."
- D. "When The Change Will Happen:" Write in the date the change in benefits takes place. (This is not the date the caseworker takes action to make the change in EIS.)
- The effective date for a change in benefits is the first day of the month. The effective date for a termination of benefits is the last day of the month.
- E. If the recipient is on Medicare buy-in, write on this line whether payment of the Medicare premium will "continue" or "stop." If the recipient is not on Medicare, write in a notation to indicate "not applicable."
- F. "State Regulations:" Cite the manual reference that supports the change. It is not necessary to cite what is in the section because you have already explained why the change is taking place.
- G. "Hearing Rights:" Use this section to advise recipients that they have a right to a hearing if they disagree with the decision and whether they can receive continued benefits if they request a hearing.

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

(III.G)

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

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

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

I. "FOR OFFICE USE ONLY"

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

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