



# **LME/MCO TRAINING SPECIAL ASSISTANCE IN HOME & TCLI**

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# Training Goals

- Understand the role of the LME/MCO in the Special Assistance (SA) In-Home application process.
- Familiarize LME/MCO staff with the proper documents and contact needed by the DSS Office to process the SA in Home application for Transitions to Community Living Initiative (TCLI) individuals.
- Provide a road map to assist both the individual and the LME/MCO in securing the SA in Home benefit for eligible beneficiaries.
- Touch upon potential uses and non uses of the SA in Home payments.
- Ultimately reduce the amount of Community Living Assistance (CLA) funds spent by the proper coordination of the SA in Home application.

# TCLI Supported Housing Slots

TCLI Supported Housing slots are offered to:

- Adult Care Home (ACH) residents
- Individuals in Private Living Arrangements (PLA) who are at risk of entering an ACH but can be diverted and live independently with the proper supports
- Individuals discharged from State Psychiatric Hospitals who are homeless or have unstable housing
- There is no waiting list for SA in Home TCLI supported housing slots. If all slots are taken, the Department of Social Services (DSS) will need to request an additional slot from the Division of Aging and Adult Services (DAAS). **Do not wait or delay the SA In-Home application awaiting a slot number.**

## County DSS Office Notification

**The DSS office is notified of the individuals who are approved for a TCLI supported housing slot:**

DAAS provides a list to the adult services supervisor for all TCLI individuals approved for a supported housing slot. DAAS notifies the county DSS who is the current owner of the Medicaid (Medicaid admin county) and the county or counties in which the individual has stated they want to live.

**It is important that the LME/MCO COMMUNICATE with the admin county if the individual accepts housing outside of the original county or counties specified when requesting the slot assignment, as only those stated will know of the TCLI participation.**

## County DSS Office Notification - Continued

For TCLI individuals in supported housing slots, the LME/MCO and/or its contracted providers will coordinate the services the individual needs and conduct the SA In-Home economic assessment and provide ongoing support.

**DAAS has issued a guidance manual for the LME/MCO** (will be provided via email after this training).

The DSS office will provide the LME/MCO information on the maximum payment amount that the individual is eligible for. The LME/MCO will complete the economic assessment worksheet to determine the actual payment amount.

## SA In-Home Eligibility

SA In-Home eligibility for TCLI individuals is based on:

- Ensure that the TCLI individual is eligible for categorically needy (CN) Medicaid in a PLA setting. This determination is made in the county DSS - communication is important.
- Social Security Income (SSI) individuals automatically meet CN Medicaid eligibility requirements as well as the financial need for SA In-Home. It is the duty of the LME/MCO to determine the financial need for the health and safety of the individual in the PLA setting through the economic worksheet.
- There are more specific SA In-Home eligibility requirements found in policy SA 5200, including a current FL2 level of care and PLA requirement. **Please communicate with the DSS Office or DAAS if you have questions.**

## Use of Community Living Assistance Funds

CLA is intended to assist individuals approved for TCLI and is classified into two categories:

- **Ongoing CLA** – Individual is not qualified for SA In-Home when they no longer live in the ACH.
- **Temporary CLA** – Individual is changing the Medicaid county of origin (admin county), and the SA In-Home payments are likely to be delayed.

**Note:** The combination of the individual's income and CLA shall not exceed the maximum rate set by the legislature for SA in Home. CLA stops once SA In-Home is approved– **If there is an overlap of CLA and SA in Home the individual must pay back CLA funds.**

# Communication

**Early and frequent communication between the LME/MCO and the DSS Income Maintenance worker regarding SA In-Home is critical to avoid interruption and/or termination of benefits.**

The DSS office must receive an appropriate release of information form – must be signed by the individual or guardian, dated (start date and end date no longer than a year), and specify what information is to be released.

- The SA in Home (Appendix E Supplement 1) – This form is used by the DSS to communicate with the LME/MCO.
- The SA in Home (Appendix E Supplement 2) – This form provides a format for the LME/MCO to communicate with the DSS office.



# Appendix E – Supplement 2

Division of Aging and Adult Services  
 Special Assistance In-Home Case Management Manual  
 AL 13-07 4-2013

Appendix E-Supplement 2

<b>SA/IH PROGRAM INTERAGENCY COMMUNICATION FORM</b> <b>For DHHS Approved Supported Housing Slots</b> <b>LME to DSS Eligibility</b>	
DATE: _____	
<b>PURPOSE OF COMMUNICATION</b> <input type="checkbox"/> Report Change in Situation Information (ACH transition to Private Living) <input type="checkbox"/> Request Gross Income verification <input type="checkbox"/> Request SA/IH Eligibility <input type="checkbox"/> Response to DSS SA/IH Eligibility Decision -- Amount of SA/IH payment recommendation Payment Amount Recommendation up to Maximum: \$ _____	
<input type="checkbox"/> Release of Information is attached	
FROM: <input type="checkbox"/> LME/MCO TRANSITION COORDINATOR NAME _____ TITLE _____ LME/MCO NAME _____ LME/MCO Mailing Address _____ LME/MCO CITY _____ LME/MCO ZIP _____	
TO: <input type="checkbox"/> _____ DSS County Name _____	
CASE NAME: _____ MID#: _____	
DETAILS OF CLIENT'S DISCHARGE FROM ACH (PROJECTED DATE AND PRIVATE LIVING ADDRESS CLIENT WILL/HAS MOVED TO:) _____ _____ _____ _____ _____ _____ _____ _____ _____	
LME/MCO TRANSITION COORDINATOR SIGNATURE	
LME/MCO TRANSITION COORDINATOR TITLE	

# Appendix E – Supplement 1

Division of Aging and Adult Services  
 Special Assistance In-Home Case Management Manual  
 AL13-07 4-2013

Appendix E-Supplement 1  
 Revised 6-14-13

<b>SA/IH PROGRAM INTERAGENCY COMMUNICATION FORM</b> <b>For DHHS Approved Supported Housing Slots</b> <b>IMC to LME Regarding Income Verification or SA/IH Eligibility</b>	
FROM: <input type="checkbox"/> SA IMC _____ (NAME)    DATE: _____ _____ County DSS    SA IMC Email _____ SA IMC Phone _____ Purpose of Communication: _____	
CASE NAME: _____ SA/IH AUTHORIZATION #: _____ SA/IH ELIGIBLE: <input type="checkbox"/> YES <input type="checkbox"/> NO                      FL-2 NEEDED: <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> <b>Verification of Income</b> GROSS INCOME AMOUNT: \$ _____ <b>NOTE Revised 6-14-13:</b> DSS can provide the gross amount of the income regardless of the method of verification with appropriate release of information. The source of income can be provided only when verified through a method other than an electronic data match. (Electronic data matches include matches from the Social Security Administration, Veterans' Administration, Employment Security Commission, etc.) RSDI \$ _____ SSI \$ _____ VA \$ _____ OTHER \$ _____	
<input type="checkbox"/> <b>Notification of Authorization of SA/IH</b> SA/IH ONGOING MONTH: _____ MAXIMUM ELIGIBLE AMOUNT \$ _____ SA/IH PARTIAL MONTH (for cases not previously SA eligible in an ACH): _____ MAXIMUM ELIGIBLE AMOUNT \$ _____ SA/IH SUPPLEMENT POTENTIALLY DUE CLIENT FOR THE PERIOD OF: _____ IN THE AMOUNT OF \$ _____ REASON FOR SUPPLEMENT: _____	
Other comments: _____	
SIGNATURE of DSS WORKER: _____                      DATE: _____ TITLE: _____	

## Initiating a Request

The LME/MCO, individual approved for TCLI, and/or a representative must initiate in writing a request for enrollment SA in Home:

- For an individual who has an active SA case when in the ACH **no face-to-face interview is required.**
- **A face to face interview is required** for an individual who did not have a SA case while living in the ACH.

***Please note:*** If the LME/MCO is not going to take the TCLI approved individual to the DSS office, please ensure that you make contact with the DSS agency so that they are aware of the housing slot number, TCLI eligibility, and that all the necessary paperwork is supplied to the DSS agency. This will avoid both delay and an incorrect eligibility determination.

## SA In-Home Requests and Processing TCLI Individuals

The LME/MCO must make direct contact with the admin county for SA and Medicaid as soon as it is determined that the individual may need this benefit.

After this contact, the LME/MCO must send the interagency communications form (Appendix E Supplement 2). Please ensure that the box is checked **“request SA in Home eligibility.”**

After the initial contact, the LME/MCO will continue the use of the interagency communications form (Appendix E Supplement 2) to request the following:

- SA In-Home determination
- Confirm completed economic assessment indicating both partial (if any) and ongoing payments
- Report the PLA address within five days
- Report any changes in living arrangement
- Report any county changes
- Report any changes that may affect Medicaid CN status or SA In-Home eligibility

## SA In-Home Requests and Processing TCLI Individuals - Continued

It is important for the LME/MCO to understand that all documents and direct contact must be made with the admin DSS office in order for the SA In-Home application to be processed.

All DSS offices have been instructed to accept the (Appendix E Supplement 2) without direct contact, but to reach out to LME/MCO to verify receipt of this request.

***Please note:*** The individual may have a contractual agreement to provide a 14 day written notice to the facility prior to moving out of the ACH. The individual owes the facility a per diem amount through the notice period.

## **SA In-Home Requests and Processing TCLI Individuals - Continued**

**For active special assistance cases while in the ACH:** Once Appendix E Supplement 2 is received, the DSS will conduct an ex parte review and immediately determine CN Medicaid in a PLA setting.

Once determination is complete, the DSS will notify the LME/MCO within five business days from the date the written request regarding the individual's presumptive continued eligibility for CN Medicaid in the PLA setting. The DSS will communicate using Appendix E Supplement 1

The DSS will use DMA-5097 and Appendix E Supplement 1 to request all information needed to determine SA In-Home eligibility.

# DMA-5097

## Request for Information

To: \_\_\_\_\_ County Case No. \_\_\_\_\_  
 Address: \_\_\_\_\_ District No. \_\_\_\_\_  
 \_\_\_\_\_ Worker's Name \_\_\_\_\_  
 Date: \_\_\_\_\_ Telephone Number \_\_\_\_\_

We need additional information to process your Medicaid/Special Assistance application/re-enrollment. Provide this information by \_\_\_\_\_ to ensure that your application/re-enrollment is processed promptly. If you need more time, contact us.

If you cannot get the items checked below, there are other items we can use. Continue reading for other items we can accept.

- 1. Medical bills from \_\_\_\_\_ to present and any old unpaid medical bills.
- 2. Medical verification of pregnancy \_\_\_\_\_
- 3. FL-2 completed by doctor \_\_\_\_\_
- 4. Proof of income for \_\_\_\_\_ for the month(s) of \_\_\_\_\_
- 5. Proof of self-employment income and expenses from \_\_\_\_\_ or income tax return for the year \_\_\_\_\_
- 6. Bank account numbers or statement(s) showing balance for the months of \_\_\_\_\_
- 7. Bank Consent form/Release of Information forms signed by \_\_\_\_\_
- 8. Life insurance policies or the name of the insurance companies and policy numbers for \_\_\_\_\_
- 9. Proof of beneficiary of the annuity \_\_\_\_\_
- 10. Proof that North Carolina Medicaid Program is named as a Remainder Beneficiary for an annuity \_\_\_\_\_
- 11. Name and contact information for issuer of an annuity \_\_\_\_\_
- 12. Social Security Number for \_\_\_\_\_
- 13. Documentation of alien status for \_\_\_\_\_
- 14. Apply for Unemployment Benefits for \_\_\_\_\_
- 15. Apply for Social Security Disability for \_\_\_\_\_
- 16. DMA-5028, Consent for Release of Information, signed by \_\_\_\_\_
- 17. Health Insurance card or the name of the company and policy number \_\_\_\_\_
- 18. Proof of Citizenship and Identity for \_\_\_\_\_
- 19. Proof of State Residence for \_\_\_\_\_
- 20. Proof of homesite equity \_\_\_\_\_
- 21. Documentation to rebut a transfer of assets sanction or to prove a transfer of assets sanction will cause an undue hardship or both. (See attachment) \_\_\_\_\_
- 22. Other \_\_\_\_\_

Do you need help or more time to get the information to complete your application/re-enrollment?

1. Call your Medicaid caseworker \_\_\_\_\_ at \_\_\_\_\_ OR
2. Sign and return the bottom portion of this form to DSS.
  - I need help getting the information to complete my application / re-enrollment.
  - I need more time to get the information.

Applicant's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Address \_\_\_\_\_

# DMA-5097 Continued

## OTHER ITEMS WE CAN ACCEPT TO PROCESS YOUR MEDICAID APPLICATION/RE-ENROLLMENT

If you are unable to get the items checked or the items described below, please contact your caseworker immediately. Your caseworker will help you.

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### **MEDICAL BILLS**

If you do not have all of your medical bills, you can provide:

1. Receipts from medical providers.
2. Statements from medical providers.
3. Cancelled checks to medical providers.
4. Names, addresses, phone numbers of medical providers.
5. Private health insurance receipts, premium books, name of agent.
6. "Explanation of Benefits" letters (EOB) from Medicare and/or private health insurance.
7. To show proof of over-the-counter drugs, provide a dated receipt and box top showing the name and price of the item purchased.
8. To show proof of medical transportation costs, provide a receipt or statement from the person if someone else took you to the doctor, drug store, or other medical facility.

### **WAGES**

If you don't have wage stubs provide one of the following:

1. A statement or form completed by your employer.
2. Personal business records for self-employment.

### **PROOF OF OTHER INCOME**

Such as Veteran's benefits, Railroad Retirement, other retirement income, rental income, farm income

1. Copy of check.
2. Award letter or other document from the source of income.
3. A statement from the source of the income or from person in charge of dispensing income(trust funds, etc).
4. Records of payment received from roomers/boarders.
5. Records from the person paying you room/board.
6. Tax records.
7. Records of farm income.
8. Landlord's records of rental income.
9. Records of self-employment or rental income.
10. A signed statement from your bank, real estate agent, or person renting from you stating how much money you get.

### **PROOF OF CHILD CARE OR ADULT CARE**

If you are applying for certain Family and Children's Medicaid programs there is a \$200 per month limit for child care for a child under age two and \$175 per month limit for care for a child age two or older and for an adult. You can provide:

1. Statement or receipt from person or the facility providing care. Statement or form indicating whether you are charged a flat fee or an hourly rate.
2. Your record of payment made for child or adult who is your dependent.

### **PROOF OF OPERATIONAL EXPENSES**

If you don't have receipts to prove expenses for rental property or self-employment, provide one of the following:

1. Personal records of expenses such as ledger sheets, check stubs, or tax records.
2. Associations, ASCS Office, and purchase of farm products.
3. Written statements from people who sell you supplies.
4. Written statements from people who provide you with services so that you can earn money.
5. Written statement from real estate agent.

### **HEALTH INSURANCE**

If you don't have your health insurance card, you may provide the name of the insurance company and the policy number.



## **SA In-Home Requests and Processing TCLI Individuals - Continued**

**The LME/MCO must notify the DSS within five calendar days that the individual has moved to the PLA setting and provide the address using the Appendix E Supplement 1.**

**Once all eligibility information has been received and it is confirmed that the individual is in a PLA, the DSS will complete a DSS-8110 “your benefits are changing notice” which will be sent to the beneficiary, authorized representative and LME/MCO.**

**Both the DSS and LME/MCO need to determine the correct county for SA In-Home and Medicaid in the PLA setting, and ensure that the active cases are transferred correctly. The LME/MCO should see this update in NCTracks the day after the transfer has been reported as being completed.**

# DSS-8110

North Carolina \_\_\_\_\_ County Department of Social Services

**\* YOUR BENEFITS ARE CHANGING \***

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 \_\_\_\_\_

Individuals who are ineligible for Medicaid or NC Health Choice or individuals who are eligible for a Medicaid program that is not considered minimal essential coverage, may be eligible for assistance in purchasing insurance on the Federal Marketplace. Application information is sent to the Federal Marketplace via secure electronic transfer for those who may be eligible for assistance and will be contacted by someone at the Federal Marketplace if further information is needed. For more information, visit [Healthcare.gov](http://Healthcare.gov) or call **1-800-318-2596**

**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 **1-866-219-5262** 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 \_\_\_\_\_

DSS-8110 (rev.03-15)  
Economic and Family Services

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

# DSS-8110

## **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 certain counties, 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 DHHS Customer Support toll free at 1-800-662-7030. TDD/Voice for the hearing impaired is also available through the number. The hours are 8:00am-5:00pm, Monday-Friday, excluding State holidays.

## **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.

## **Beware of Fraud**

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.

## **Medicare Medicaid Recipients**

Prescription drug coverage for Medicare individuals who also have Medicaid is only covered through a Prescription Drug Plan (PDP). You must be enrolled in a PDP to receive prescription drug coverage. PDP co-payments differ from Medicaid co-payments. For questions about a PDP, co-payment, or assistance with enrolling, you may call 1-800-MEDICARE.

## **Notice to Work First Family Assistance Clients Whose Benefits Have Stopped:**

Unless you ask the Child Support Enforcement Agency to stop the child support services, you will continue to receive them. If you choose to stop services, but later reapply for services within thirty (30) days, you will not be charged an application fee. Contact your county department of social services for the name and telephone number of the Child Support Enforcement Agency in your county

## SA In-Home Requests and Processing TCLI Individuals - Continued

For TCLI individuals who do not have an active SA case, the individual must conduct a **face-to-face application and interview**.

Once CN Medicaid has been established and before the SA In-Home application can be approved, the LME/MCO will need to provide the DSS office with Appendix E Supplement 2 to confirm the economic assessment has been completed and the maximum SA In-Home payment.

If the TCLI individual is eligible, a DSS 8108 (notice of benefits) will be sent to the individual, authorized representative and LME/MCO.

If the TCLI individual is not eligible, a DSS 8109 (notice of denial) will be sent to the individual, authorized representative and LME/MCO.

# DSS-8108

## NOTICE OF BENEFITS

North Carolina  
County Social/Human Services Agency

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_  
ICS or PDC#: \_\_\_\_\_

### APPLICATION APPROVALS

On \_\_\_\_\_, you applied for: \_\_\_\_\_.

Your application for \_\_\_\_\_ is **approved** for:

Payment Amount:	Payment Month:
_____	_____
_____	_____

The State rules used to approve this application are in \_\_\_\_\_ of the \_\_\_\_\_.

\_\_\_\_\_ benefits from \_\_\_\_\_ to \_\_\_\_\_ are **denied** because you did not meet the following rule(s): \_\_\_\_\_. The State rules used to make this decision are in \_\_\_\_\_ which says: \_\_\_\_\_.

- Medicaid is **approved** starting \_\_\_\_\_ and ending \_\_\_\_\_.
  - Your Medicaid covers all necessary medical services. If you get Medicare from the Social Security Administration, Medicaid will pay your Medicare A and B premiums, deductible, and coinsurance beginning: \_\_\_\_\_.
  - Your Medicaid pays only your Medicare A and B premiums, deductible, and coinsurance for Medicare approved services.
  - Your Medicaid only pays for services related to pregnancy and for conditions that may complicate the pregnancy.
  - Your coverage is limited to Family Planning assistance.
  - Retroactive Medicaid coverage is approved for the month(s) of \_\_\_\_\_.
  - Your patient monthly liability for long-term care is:

Patient Monthly Liability:	Effective Date:
_____	_____
_____	_____

The State rules used to approve this application are in \_\_\_\_\_ of the \_\_\_\_\_.

Medicaid benefits from \_\_\_\_\_ to \_\_\_\_\_ are **denied** because you did not meet the following rule(s): \_\_\_\_\_. The State rules used to make this decision are in \_\_\_\_\_ which says that: \_\_\_\_\_.

Individuals who are ineligible for Medicaid or NC Health Choice or individuals who are eligible for a Medicaid program that is not considered minimal essential coverage, may be eligible for assistance in purchasing insurance at the Federal Marketplace. Application information is sent to the Federal Marketplace via secure electronic transfer for those who may be eligible for assistance and will be contacted by someone at the Federal Marketplace, if further information is needed. For more information visit [Healthcare.gov](http://Healthcare.gov) or call 1-800-318-2596.

### CONTINUING ELIGIBILITY

Your \_\_\_\_\_ continues. The State rules used to make this decision are in \_\_\_\_\_ of the \_\_\_\_\_.

Signature: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
DSS-8108 (rev. 08/17)  
Economic and Family Services  
DMA/Eligibility Services

**PLEASE READ YOUR HEARING RIGHTS ON THE BACK OF THIS NOTICE.**

# DSS-8108

**YOUR RIGHT TO A HEARING:** If you think we're wrong, you have until \_\_\_\_\_, which is 60 days from the date of this notice, to ask for 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 certain counties, 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.** Contact your nearest Legal Aid or the Legal Aid Helpline at 1-866-219-5262, toll free.

**If you have additional questions or concerns,** contact your caseworker for information, or call DHHS Customer Service Center, toll free at 1-800-662-7030. TDD/Voice for the hearing impaired is also available through the number. The hours are 8:00am-5:00pm, Monday – Friday, excluding State holidays.

**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.

**Beware of Fraud!**



**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.**

**Notice to Work First Family Assistance Clients Whose Benefits Have Stopped:**

Unless you ask the Child Support Services office to stop the child support services, you will continue to receive them. If you choose to stop services, but later reapply for services within thirty (30) days, you will not be charged an application fee. Contact your county social/human services agency for the telephone number of the Child Support Services office.

# DSS-8109

North Carolina \_\_\_\_\_ County Department of Social Services

**\*YOUR APPLICATION FOR BENEFITS IS BEING DENIED OR WITHDRAWN\***

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

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

**We are taking action on your application. Please read all pages of this form carefully for important information.**

Your application for \_\_\_\_\_ is \_\_\_\_\_  
because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If this block is checked, you will get a separate letter about your Medicaid benefits.

The state regulations requiring this action are found in \_\_\_\_\_

**Individuals who are ineligible for Medicaid or NC Health Choice or individuals who are eligible for a Medicaid program that is not considered minimal essential coverage, may be eligible for assistance in purchasing insurance on the Federal Marketplace. Application information is sent to the Federal Marketplace via secure electronic transfer for those who may be eligible for assistance and will be contacted by someone at the Federal Marketplace if further information is needed. For more information, visit [Healthcare.gov](http://Healthcare.gov) or call **1-800-318-2596**.**

**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 **1-866-219-5262** toll free.

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

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

**PLEASE CONTINUE READING FOR IMPORTANT INFORMATION ABOUT YOUR RIGHT TO A HEARING.**

DSS-8109 (rev.03/15)  
Economic and Family Services

# DSS-8109



**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 certain counties, 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 DHHS Customer Support toll free at 1-800-662-7030. TDD/Voice for the hearing impaired is also available through the number. The hours are 8:00am- 5:00pm, Monday – Friday, excluding State holidays.

**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.

**Beware of Fraud!**  
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.



**Notice to Work First Family Assistance Clients Whose Benefits Have Stopped:**

Unless you ask the Child Support Enforcement Agency to stop the child support services, you will continue to receive them. If you choose to stop services, but later reapply for services within thirty (30) days, you will not be charged an application fee. Contact your county department of social services for the name and telephone number of the Child Support Enforcement Agency in your county.



# Uses for the SA In-Home Payment

**Please contact DAAS on any other items. This is not an inclusive list.**

- Medications
- Personal hygiene items
- Adult day health /Adult day care
- Food and nutritional supplements
- Yard maintenance
- Smoke detectors
- Mental health treatment and services
- Home alarms
- Utility payments
- Additional PCS hours
- Essential clothing
- Pre-need burial insurance
- Dental needs
- Eye care
- Rental or mortgage payments
- Essential furnishings
- Cleaning services
- Appliance purchase or repair
- Medical supplies
- Co-payments for medical appointments
- Home repairs or modifications necessary to maintain safety
- Property taxes
- Incontinence supplies
- Household items
- Extermination for removal of pests and vermin
- Essential technology for communication (lifeline, telephone alert)
- Over-the-counter medications recommended by primary care provider
- Durable medical equipment not covered by insurance
- Annual inspections (heating, cooling, safety)
- Chronic disease management / monitoring
- Corporate/Company payee fees for administering benefits
- Vehicle insurance and repairs when used as primary transportation
- Essential transportation

# Prohibited Uses for the SA In-Home Payment

**Please contact DAAS on any other items. This is not an inclusive list.**

- Cable bills
- Internet
- Cigarettes / alcohol
- Spending money
- Automobile purchases
- Purchases for others (gifts, bail bonds, etc.)
- Life insurance not designated for burial expenses
- Purchase of entertainment items, such as televisions, stereos and tablets
- Non-essential home repairs or modifications
- Debt repayment

There may be exceptions if there is a clear documentation from the medical or mental health provider that said the item has a therapeutic benefit for the individual.

If it is discovered that the SA In-Home payment has been authorized for prohibited items or services, the LME/MCO has 30 days to notify the county DSS worker and make an adjustment to the payment using the Appendix E Supplement 2 form.

# Questions / Comments