
Application/Redetermination Process

- The AG is closed after proper notice and is reopened with a new POC. The new POC must not cover any period of time in which the AG was in a POE.
- The AG must be supplied with proper notice about the spenddown and the procedures which now apply.

If the eligible spouse had a spenddown which was met and is currently in an active AG, the following actions are taken:

- Add the previously ineligible spouse to the AG for the current POC. The AG is not closed prior to the end of the current POC due to increased countable income.
- When the AG reapplies for a new POC, all income is counted and appropriate spenddown procedures apply.

If the spouse is determined ineligible, the Worker sends the recipient a denial notice.

Appropriate RAPIDS Screens must be updated and a recording made in RAPIDS case comments about the denial.

B. DEATH OF THE ONLY INDIVIDUAL PRIOR TO APPLICATION OR APPROVAL

Death of an individual does not interfere with approval of a Medicaid application. However, special procedures are required when the only member of a Medicaid AG dies prior to making an application. If an application is made prior to an individual's death, the application is processed as usual and approved, if eligible. This item outlines the special procedures that the Worker must follow in the application process and at approval.

1. Who Must Be Interviewed And Sign The Application

An interview is not required but when an interview is conducted, the interview requirements in Section 1.2 are applicable.

Another individual makes the application on behalf of the deceased person. It is preferable that the person be a relative, but any other individual who is interested may make the application on behalf of the deceased person.

The Worker must obtain as much information as possible about the deceased person's income and assets, but routine verification is not required.

1. Approvals

The application is approved for Medicaid to cover the prior period. The medical card is mailed to the local office and is rewritten for the correct POE and mailed to the client. For a spenddown case, verified medical expenses, old unpaid bills prior to the POC, or paid and unpaid bills incurred during the POC, are used as spenddown expenses.

A manually written medical card for the correct POE is mailed to the client.

2. Denials

When the Worker determines that the case does not meet spenddown in the prior period, the application is denied and the client notified using the **DFA-NL-A**.

3. Closures

Advance notice requirements apply. When the 13-day advance notice of closure is not required, the procedure is as follows:

If a card will be generated, **it must be sent to** the address of the county office. **The Worker must ensure the client receives the closure notice.**

A closure is transmitted immediately following the approval or spenddown transaction.

When the card is received in the county office, the Worker must destroy it and manually issue a medical card to reflect the prior POE. The Supervisor initials the card and either mails it or gives it to the client. It is the client's responsibility, or that of the individual who is acting on his behalf, to take the card to medical providers.

F. CHANGING COVERAGE GROUPS AND REDETERMINATION PERIOD

When one coverage group is closed and another opened, the AG may be assigned a new certification period.