OTHER ELIGIBILITY REQUIREMENTS
APPLICATION, CERTIFICATION AND RENEWAL

RENEWAL

Description:

A recertification/renewal for Medicaid is a review of current eligibility factors to determine whether to continue, change or discontinue Medicaid based upon the eligibility of the recipient.

All active Medicaid cases, including those receiving both Medicaid and Temporary Assistance, are recertified periodically. The recipient must submit a written renewal (recertification) to continue Medicaid. The re-authorization period may not exceed one year.

Policy:

Each month, the district/State produces reports of cases due for renewal, generally at least 60 days prior to the date coverage expires. Based on the district's entry of the appropriate code in the Client Notices System (CNS), a renewal package is produced and mailed to the recipient, or districts may opt to have the State automatically generate the renewal package through a one-time entry in the AFA field on WMS. This process is described in a WMS/CNS Coordinator Letter dated November 1, 2004.

The renewal package advises the recipient that coverage is expiring and explains the need for the recipient to provide current information and, in some cases, documentation to the local district. The deadline for returning the renewal form and the return address are included. It is the responsibility of the recipient to return the renewal form and the required documentation to the local district by the deadline provided.

NOTE: The renewal form for community cases, except for FPBP cases, contains pre-printed information from the Welfare Management System (WMS). It provides space for the recipient to amend the pre-printed information and provide new information, when appropriate.

Medicaid renewal for children ages 18 to 21 who are final-discharged from foster care (Chaffee Children) is done on the Chafee Medicaid renewal form.

As a passive renewal, if the renewal is not returned via United States Postal Service (USPS) eligibility must be authorized for another year, but never past the 21st birthday.

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If the renewal form is returned by the USPS with a forwarding address label that is within the district, the renewal for must be resent to this address. If the form is not returned as undeliverable, coverage must be re-authorized for another 12 month period, not to exceed the child's 21st birthday.

If the renewal form is returned by the USPS with a forwarding address label that is outside the district, the renewal form must be resent to the address provided by the USPS. If the renewal is returned by the child confirming the address, the case should be renewed for a 12-month period and then transferred in accordance with 08 OHIP/LCM-1. If the renewal is not returned by the client, the case may be closed.

OTHER ELIGIBILITY REQUIREMENTS

RENEWAL

Individuals who receive Medicaid based on their eligibility for SSI are renewed (recertified) for Medicaid by virtue of their renewal (recertification) for SSI. SSI recipients need not be reauthorized yearly. Their authorization may be open-ended until December 31, 2049. Local districts use the SDX to confirm that an SSI recipient continues to be eligible for SSI and, therefore, Medicaid.

References:

SSL Sect.	366 366-a
Dept. Reg.	360.1 360-2.2(e) 360-6.2
ADMs	09 OHIP/ADM-1 08 OHIP/ADM-4 04 OMM/ADM-6 03 OMM/ADM-2
GIS	04 MA/021

Interpretation: The period covered by a recertification may vary by category and circumstances but may not extend beyond one year. Most recipients are certified for one year; however, when a recipient is unemployed or receives variable or seasonal income, s/he may require more frequent (recertification).

Verification/ Documentation: Renewing community Medicaid recipients who are not seeking coverage of long-term-care services, recipients who are exempt from a resource test, all FHPlus recipients, recipients of the Medicare Savings Program (MSP) and the Family Planning Benefit Program (FPBP) may attest to the amount of their income, child/adult care expenses and to their residence, even if their address has changed since their last eligibility determination. Participants in the Medicaid Buy-In Program for Working People with Disabilities (MBI-WPD) and the Medicaid Cancer Treatment Program: Breast, Cervical, Colorectal and Prostate may attest to income, child/adult care expenses and residence if they are not seeking coverage for long-term care services.