

**OTHER ELIGIBILITY REQUIREMENTS
STATE RESIDENCE AND RESPONSIBILITY FOR ASSISTANCE**

ASSISTANCE TO PERSONS WHO CHANGE RESIDENCY

delay the transition of coverage pending receipt of further information regarding items that may change as a result of the individual's reported relocation (i.e. a change of job, which may result in a change in earned income).

Cases for which the district has not completed the eligibility determination, (i.e. a pregnant woman authorized for Presumptive Eligibility) must have such determination of eligibility completed prior to the transition of the case to the new district of residence.

Similarly, if the case is in the process of being renewed, the district must complete the renewal before transitioning the case to the new district of residence.

NOTE: For procedures for renewing children age 18 and up to 21 who are receiving Medicaid as final discharges from foster care (Chaffee provisions) that have moved, see: **OTHER ELIGIBILITY REQUIREMENTS APPLICATION, CERTIFICATION AND RENEWAL RENEWAL.**

Not All Case Members Moving- The eligibility of the moving household members must be determined. If determined ineligible, they must be closed, and the case is not transitioned. If eligibility continues, a new case must be opened for them and transitioned to the new district of residence. Eligibility for the remaining household members must be re-determined and appropriate action taken.

Returned Agency Correspondence Out of District Moves- Returned correspondence, including the Medicaid/FHP renewal that is returned to the district by the U.S. Postal Service with a change of address must be re-mailed to the new address with a copy of Attachment VII of 08 OHIP/LCM-1 which will provide the individual the opportunity to confirm the new address. Individuals who respond in the prescribed time frame (minimally 10 days) to the follow-up correspondence shall be considered to have reported their re-location and new address and will have their case transitioned after continued eligibility is determined. Individuals who do not respond to the follow-up correspondence will have their case discontinued having failed to renew or comply with a request for additional information.

Returned Agency Correspondence In District Moves- Correspondence returned by the U.S. Postal Service (USPS) for a recipient, including the Medicaid /FHP renewal, with a change of address, the district must

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make an effort to confirm the new address. In order to get confirmation from the recipient of the new address, Attachment I of GIS 09 MA/004 must be included when the returned mail is forwarded to the individual. However, if the individual fails to return Attachment I of GIS 09 MA/004 verifying the new address after an established period of time (a minimum of ten days should be given) and the mail is not returned by the USPS, the LDSS will conclude that the recipient is living at the new address and must update WMS to reflect the new address.

If the district receives correspondence returned by the USPS without a forwarding address, but staff learns of an updated address within the county, e.g., associated with the recipient's food stamp case, the returned mail and Attachment I of GIS 09 MA/004 must be forwarded to the individual at the updated address. However, if the individual fails to return Attachment I of GIS 09 MA/004 verifying the new address after the established period of time and the mail is not returned by the USPS, the LDSS will conclude that the recipient lives at the address and must update WMS to reflect the new address. In accordance with the managed care contract, if a Managed Care Contractor informs the local district of a new address, this is sufficient information to update the address in WMS.

Children in Continuous Coverage Status- A child who has lost eligibility, but is in a period of continuous coverage, who moves to another district will not have his/her coverage transitioned to the new district of residence. Continuous coverage will be provided by the former district of residence.