

OTHER ELIGIBILITY REQUIREMENTS APPLICATION, CERTIFICATION AND RENEWAL

NEW APPLICATION

The applicant must be provided material describing the program and informing the applicant or representative of: (1) the eligibility requirements for Medicaid including the different Medicaid coverage options for persons who have a resource test; (2) the responsibility of the applicant to report all facts necessary for a proper determination of eligibility; (3) the joint responsibility of the district and the applicant to explore all facts concerning eligibility and the applicant's responsibility for securing, wherever possible, records or documents supporting his/her statements; (4) the types of verification needed; (5) the fact that any investigation essential to determine eligibility will be made; (6) the fact that the A/R may be reimbursed for paid Medicaid covered medical care and services received during the three months prior to the month of application and up until the actual date of application, if otherwise eligible; (7) the fact that after the date of application the A/R must use providers who accept Medicaid and who are Medicaid approved; and (8) the applicant's responsibility to immediately notify the district of all changes in his/her circumstances. This material/information is found in: LDSS-4148A, "What You Should Know About Your Rights and Responsibilities"; LDSS-4148B, "What You Should Know About Social Services Programs" (including OHIP-0054 and as appropriate Informational Notice to Institutionalized Individuals with Real Property); LDSS-4148C, "What You Should Know if You Have an Emergency", also known as Books 1, 2 and 3. Local social services districts may either include this information with the application package that is either mailed or handed to the applicant(s), or the LDSS may send the booklets to the applicant(s) after they receive an application. However, the LDSS may not wait until eligibility is determined to send the information. If an LDSS chooses to provide the booklets in the application package, and the LDSS receives an application printed from the internet, the information must be sent to the applicant.

NOTE: As a condition of eligibility, certain referrals to other LDSS units such as referrals to the Child Support Enforcement Unit (CSEU) are necessary. Although there is no face-to-face interview requirement, such required referrals have not been waived or eliminated.

As a result of mandatory managed care, most applicants for Medicaid must choose a managed care plan. Although choosing a Medicaid managed care plan is not a condition of eligibility, failure to do so will result in the applicant being assigned to one, also known as auto-assignment.