

**OTHER ELIGIBILITY REQUIREMENTS
APPLICATION, CERTIFICATION AND RENEWAL****REAPPLICATION**

Description: A reapplication for Medicaid is an application made by a former recipient whose eligibility was terminated or an applicant whose previous application was denied by the district.

Policy: A reapplication for Medicaid must be as complete and accurate as a new application for Medicaid.

When an applicant is denied and reapplies within 30 days, a new written application on the "State prescribed" form is not required. In this situation, the date of application is the date that a written request for reapplication is received.

References:

SSL Sect	366 366-a
Dept. Reg.	360-2.2 350.4(a)(5)
ADMs	04 OMM/ADM-6 93 ADM-29

Interpretation: When a reapplication is made, any previous application or record available in the local district is used for reference and documentation of eligibility factors not subject to change (e.g., date of birth). This includes verified information available through the Welfare Management Systems (WMS) in an active or closed case record. If documentation is available in the record, it can be used to verify or supplement data the applicant has available. In every case, the reapplication must be as complete and accurate as an original application, factors relating to eligibility verified and documented. If the reapplication is made within 30 days of a previous case closing, attestation rules apply.

In all instances where there is a previous record or application, a cross-reference is made to verify accuracy and consistency with the current reapplication. When inconsistencies are apparent, the worker pursues the factual data to resolve such inconsistencies.