

**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.

<b>References:</b>	SSL Sect.	366 366-a
	Dept. Reg.	360.1 360-2.2(e) 360-6.2
	ADMs	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 renewal (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.

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### RENEWAL

**NOTE:** The policy outlined in 03 OMM/ADM-2 that permitted the recipient's report of a change in circumstances as a renewal is rescinded.

In lieu of income documentation, local social services districts must verify the accuracy of the income information provided by the recipient by comparing it to information to which they have access, such as RFI (Resource File Integration), the Work Number Website, the currently stored budget, or actual income documentation from a current Food Stamp or HEAP case. When using RFI, districts must only consider information from the most recent calendar quarter (the calendar quarter immediately preceding the current calendar quarter) as current. At any point after initial application, only Bendex and UIB may be regarded as primary sources of verification to close a case.

Recipients are not required to document and verify items that remain constant, such as age and identity. However, some of the information printed on the renewal form such as a person moving into the household, health insurance premiums and new health insurance whether the premium is paid by the individual or the local social services district, and the employment of MBI-WPD participants must be documented.

**NOTE:** If a recipient is paying a health insurance premium and fails to document it, if s/he is eligible without the deduction of the premium, the case is to be processed without the deduction. If the recipient needs the deduction to remain eligible OR the local department of social services is reimbursing the recipient for the premium, the case should be pended and the documentation requirements form (LDSS 2642) sent, allowing 10 days for the recipient to submit proof of the payment or premium.

Recipients who are, or expect to be participating in the excess income program must submit proof of their income (and child/adult care and third party health insurance) so that their spenddown amount can be calculated as precisely as possible.

Medicaid recipients who are not seeking coverage of long-term care services are not required to document resources (See **RESOURCES** RESOURCE DOCUMENTATION REQUIREMENTS).

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Medicaid recipients who are receiving or seeking community-based-long term care services and nursing facility services are required to document their income, current resources and new residence. However, if these individuals fail to submit documentation of income, new residence, resources or other required information, districts must send a documentation requirements form (LDSS-2642) requesting the missing documentation. If the recipient does not return the requested documentation within ten days, districts must not discontinue coverage, but must authorize Community Coverage without Long-Term Care, if the individual remains otherwise eligible.

**NOTE:** Documentation of income and residence at initial application is still required for all applicants.

All SSI cash recipients who enter a nursing facility and appear on the SDX with a "Pay Status Code" of EO1 (eligible - no payment) are sent a letter by the district informing them of their continued eligibility for Medicaid. In addition, the income of these individuals is reviewed to determine the amount, if any, of their net available monthly income (NAMI) to be contributed toward the cost of care.