

OTHER ELIGIBILITY REQUIREMENTS

APPLICATION, CERTIFICATION AND RENEWAL

Description: The initial authorization and granting of Medicaid is based upon a written application, made on a "State-prescribed" form. The continuance of Medicaid is premised on a renewal of the recipient's eligibility for Medicaid. Department Regulations and the recipient's individual circumstances determine the frequency of recertification.

Policy: Medicaid is granted initially upon the determination of eligibility, based on a written application, made on a "State prescribed" form" An application may be made by the applicant, his/her authorized representative, or when the applicant is incompetent or incapable, by someone acting responsibly on his/her behalf, such as an adult family member, or a person or agency acting on behalf of the applicant. Continuance of Medicaid is granted upon the renewal and redetermination of the recipient's eligibility. Documentation contained in the case record is evaluated during recertification and/or reapplication.

A separate Medicaid eligibility determination is made when a Temporary Assistance (TA) case is denied or closed and the household applied for or was in receipt of Medicaid. The only exception is when the reason to deny, suspend, reduce or terminate Temporary Assistance is also a proper basis for denial, reduction or termination of Medicaid. A separate Medicaid eligibility determination is also made when a SSI recipient loses eligibility for SSI. Medicaid is continued until a separate eligibility determination can be made.

References:

SSL Sect.	366 366-a
Dept. Reg.	350.1 350.3 350.4 360-2.2 360-2.3 360-6.2
ADMs	10 OHIP/ADM-4 04 OMM/ADM-6 97 OMM/ADM-2 82 ADM-5 80 ADM-19
INF	98 OMM/INF-02

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Interpretation: An applicant for Temporary Assistance applies separately for Medicaid by indicating that s/he wants a Medicaid eligibility determination as well. An SSI recipient is granted Medicaid based upon his/her certification for SSI. When a Temporary Assistance or SSI case is closed, Medicaid is continued until a separate Medicaid determination is made. The only exception to this is when the reason to suspend or terminate Temporary Assistance is also a proper basis for the termination of Medicaid. In this case, a separate statement appears in the Notice of Intent advising the client of the action to be taken on his/her Medicaid case, the reasons for the action, the effective date of the action and the supporting regulations. The re-determination for Medicaid is completed by the end of the calendar month following the month in which Temporary Assistance is terminated. Similarly, for every SSI cash recipient whose case is closed, unless the closing is due to the death of the recipient or because the recipient moved out of state, a separate eligibility determination is made for Medicaid.

If an individual wishes to apply for Medicaid only, a separate application for Medicaid is filed and financial eligibility established using the standards of income and resources, as appropriate, governing the Medicaid Program. To continue and re-authorize assistance, a periodic re-determination of eligibility is completed. This section deals with the application and certification as follows:

- New application;
- Reapplication; and
- Renewal.