

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