

OTHER ELIGIBILITY REQUIREMENTS APPLICATION, CERTIFICATION AND RENEWAL

NEW APPLICATION

The applicant is advised of his/her right to have an agency conference or to request a fair hearing, as appropriate. The applicant is also notified of other services for which s/he may be eligible.

Verification:

All factors relating to the eligibility determination are verified. These include, but are not limited to: identity; citizenship or alien status; family composition; residence; age; income from all sources; all resources of SSI-related applicants including savings and life insurance; and medical, accident and/or health insurance.

However, Medicaid and Family Health Plus applicants whose eligibility is determined without regard to resources may attest to the amount of interest income generated by resources.

Interest income is estimated by establishing the average interest rate(s) and applying them to the resource information obtained from RFI or other third party sources. If upon review, the district finds an inconsistency between the information reported by the individual and the estimate calculated by the district, and the interest income information obtained by the district makes the individual ineligible for Medicaid or FHPlus, documentation of the interest income must be obtained from the individual. For individuals who qualify for Medicaid with a spenddown, the difference in the amount of interest income reported by the recipient must be greater than \$1.00 per month before requiring further follow-up.

Districts must continue to review RFI reports to identify resources belonging to individuals who do not have a resource test to determine when a resource identified by RFI is significant enough to generate interest that would/could affect the individual's eligibility. In such instances, the district must request documentation of the interest income and re-calculate eligibility as appropriate.

The LDSS must contact the applicant to get additional information that is required to make an eligibility determination. Options for obtaining information include: calling the applicant to get information over the phone and notating and initialing it on the application and recording a note in the case record as to the date of the telephone conversation with the Applicant; if information is missing from the various sections of the application a photocopy of the incomplete pages may be mailed to the applicant to complete and return to the agency.

If the applicant is unable to provide the district with acceptable proof of

OTHER ELIGIBILITY REQUIREMENTS APPLICATION, CERTIFICATION AND RENEWAL

NEW APPLICATION

his/her eligibility, collateral sources are used to secure verification. By signing the application, the applicant agrees to an investigation confirming any information s/he provided. However, it may be necessary, due to district procedures or requirements of outside agencies, to have a separate consent form signed by the applicant before collateral sources are contacted and information verified.

NOTE: If an SSI-related Medicaid applicant attests to his/her resources, the local social services district may continue to independently verify the accuracy of the information provided by the applicant. However, the Medicaid eligibility determination cannot be delayed pending this verification.

If the applicant claims paid or unpaid medical bills for the three-month period prior to the month of application, eligibility for that period must also be established. This three-month period is retroactive from the month in which the person applied. There is no three-month retroactive period for Family Health Plus or the Family Planning Benefit Program (FPBP). When an applicant eligible for Family Health Plus or FPBP has medical bills within the three months prior to application, the bills can only be paid if there is an agency error or delay or the A/R is financially eligible for Medicaid during the three-month retroactive period and has met his/her spenddown.

NOTE: A person does not have to be living to have unpaid medical expenses covered by Medicaid. A representative may apply on behalf of the deceased person. Medical expenses may be paid for a deceased person, provided the person was eligible at the time the medical service was rendered.

OTHER ELIGIBILITY REQUIREMENTS APPLICATION, CERTIFICATION AND RENEWAL

NEW APPLICATION

When providing application assistance to an applicant who has brought his/her application to the local department of social services, the LDSS may offer to screen the application, but may not require that the application be screened. If during the screening the LDSS finds that the case will be ineligible/denied based on income, the district must continue to process the application, request income documentation and render a decision with proper notice.

Documentation: Sufficient to establish an audit trail:

Photocopies may be used. A primary source for eligibility documentation is any previous case record.

When citing documents, the date, issuing authority, file number and such pertinent data as necessary to determine authenticity must be recorded in the applicant's file.

Applicants must show original or certified copies of documents that document identity and citizenship. These documents may be presented at the LDSS to an FE, designated staff at an outreach site including deputized workers, or to designated staff at an entity in the community with which the LDSS has established a Memorandum of Understanding (MOU) for purposes of verifying that original documents have been seen. (It is not necessary for the LDSS to enter into a separate agreement from those that currently exist with entities such as community based organizations (CBOs) or plan FEs, family planning providers, presumptive eligibility qualified entities or Article 28 prenatal care providers.) Such community organizations will not validate the authenticity of the documents, nor will they determine if the identity and/or citizenship documentation requirement has been satisfied.

Local departments of social services must allow applicants at least 10 days to provide requested documentation. If an applicant is requested to provide documentation necessary to make an eligibility determination and does not do so within the required time period and does not ask for more time or assistance in obtaining documentation, his/her application may be denied.