

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 Public Assistance 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 Public 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 **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** Public 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 Public 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 Public 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 Public 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 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.