

2050 - APPLICATION PROCESSING OVERVIEW

POLICY STATEMENT	The Medicaid application process begins with the agency's receipt of a signed application for assistance and ends with notification to the Assistance Unit (AU) of the eligibility determination.
BASIC CONSIDERATIONS	
Request for Information and Application	<p>An inquiry regarding public assistance programs can be made at any time, either in person, by mail, by telephone, or at another designated agency. Information regarding public assistance programs is to be provided to any individual without requiring that an application be filed.</p> <p>An application is to be provided to anyone who requests one.</p> <p>An application may be requested in person, by mail, telephone, facsimile, email or at any designated agency.</p>
Who May Apply	<p>Anyone may apply for Medicaid benefits, including the following individuals:</p> <ul style="list-style-type: none"> • the individual requesting assistance • a personal representative (PR) acting on behalf of the applicant. The PR can be a relative, friend, guardian or any person in a position to know the applicant's circumstances • the parent, specified relative or individual who provides/provide care and control of a child or deceased individual • an individual acting on behalf of an AU, including representative of a private law firm or cost recovery company (refer to Cost Recovery and Law Firms in this section) • a child requesting assistance for himself/herself • a DMA Medicaid provider for a newborn via DMA Form 4 Newborn Eligibility. <p>The A/R is the primary source of information for the individuals for whom assistance is requested. The A/R may authorize a PR to apply and interview on his/her behalf, however the A/R is considered the best source of information and must be interviewed to confirm that the information received is correct. This may be accomplished either by a face-to-face interview, by telephone contact or by mail, unless contact is precluded by physical or mental limitations of the A/R.</p>

**BASIC
CONSIDERATIONS****Who May
Apply
(cont.)**

The A/R may withdraw, at any time, authorization for a PR to act on his/her behalf. This request must be made in writing and signed by the A/R.

Note: An application may be filed on behalf of a deceased individual. Refer to Special Considerations in this Section.

**The Completed
Application**

A complete application consists of a signed application submitted with a name and information adequate to contact the applicant or PR. It is **NOT** necessary for the applicant to complete all questions, as missing or incomplete information may be obtained at the time of the interview.

Assist the AU as needed to complete the application form.

The application form may be completed by the applicant, a PR or an agency representative.

An application must be accepted without prior screening or interview.

An individual has the right to file an application on the day of initial request for benefits. The agency will not refuse anyone the right to same day filing. The agency must inform the individual of the right to file an application on the same day s/he or his/her representative contacts the agency in person or by telephone, mail, facsimile or email, expressing interest in obtaining assistance.

If an individual requests an application by mail, the right to same day filing is met if the application is mailed to the individual on the same day s/he makes the request to the agency.

“Right to Same Day Filing” affects the following:

- beginning date for processing standard
- determination of which three prior months may be considered for eligibility.

**BASIC
CONSIDERATIONS
(cont.)****Application
Date**

The date of application is the date the application form is received by the county office, whether in person, or by mail. When received via internet or facsimile, the date of application is the date the form was transmitted.

EXCEPTION: The application date is the day an application is received by a health department, disproportionate share hospital, public hospital or a federally funded, 330 health center, regardless of when the application is forwarded to the county office for processing.

**Application
Processing**

An application must be registered within 24 hours of receipt by the agency.

Eligibility for Medicaid must be determined under all Classes of Assistance (COA) before an application is denied. Refer to Continuing Medicaid Determination (CMD) in this Section.

Eligibility for Medicaid coverage for the three months prior to the month of application must be explored for every Medicaid application filed.

Completion of the application process is defined as notification to the applicant of the approval or denial of Medicaid benefits.

An individual may withdraw an application for Medicaid at any time during the application process. A withdrawn application must be registered and denied. The applicant must be notified of the disposition of the withdrawn application.