

## 2052 – CONTINUING MEDICAID DETERMINATION

<b>POLICY STATEMENT</b>	Eligibility must be reviewed under all Medicaid Classes of Assistance (COAs) before denying a Medicaid application or an individual in a Medicaid Assistance Unit (AU) and prior to termination of ongoing Medicaid eligibility for an entire AU or individual in an AU. Individuals who have been terminated SSI will have their Medicaid eligibility redetermined by DFCS before DMA terminates their SSI Medicaid.
<b>BASIC CONSIDERATIONS</b>	<p>Do <b>not</b> deny or terminate Medicaid eligibility before completing a Continuing Medicaid Determination (CMD) to consider Medicaid eligibility under all other COAs.</p> <p>Complete a CMD on all SSI terminations which appear on DMA generated reports. Refer to Chapter 2700, Case Management, for processing instructions on specific DMA reports.</p> <p>Process the CMD according to which COA is most advantageous to the applicant(s)/recipient(s) (A/Rs).</p>
<b>ABD Medicaid</b>	<p>For ABD Medicaid, consider eligibility under all COAs in the following order:</p> <ul style="list-style-type: none"><li>• FBR COAs</li><li>• LA-D/Medicaid CAP COAs</li><li>• QMB/SLMB/QDWI, QI-1, QI-2</li><li>• AMN</li></ul> <p><b>NOTE:</b> QMB, SLMB QI-1 or QI-2 may be approved while the A/R is waiting to meet an ABD Medically Needy spenddown.</p> <p>QI-1 and QI-2 recipients cannot be dually eligible ongoing with another COA.</p>

**BASIC  
CONSIDERATIONS  
(cont.)**
**Family Medicaid**

For Family Medicaid, consider eligibility in the following order:

- Newborn
- LIM
- Other Family Medicaid COAs based on LIM eligibility criteria  
TMA, 4MCS
- RSM
- PeachCare for Kids
- Family Medicaid Medically Needy.

**NOTE:** If all verification requirements are met for RSM PgW and/or RSM Child, eligibility may be approved for either of these COAs while eligibility is being determined under LIM.

**NOTE:** Medicaid eligibility for a child in foster care is determined first under the IV-E FC program. If ineligible under the IV-E FC program, Medicaid eligibility is determined under CWFC Medicaid.

**CMD Application  
Requirements**

A new application is **not** required at CMD when eligibility for a COA is terminated and previously eligible AU members are subsequently approved for another COA.

**EXCEPTION:** A new application **is** required if the previously eligible AU received a Q-track Medicaid COA (QMB, SLMB, QI-1 or QI-2) based on an application filed using form DCH 700.

A new application **is** required when any individual is added to an existing AU or when a new individual is included in the approval of a new COA as part of the CMD process.

**EXCEPTION:** A new application is **never** required when approving Newborn Medicaid COA.

**CMD Interview  
Requirements**

An interview is required only when a new application is required as part of the CMD process. It may be necessary, however to contact the AU by telephone, by mail or in person if the new COA requires information not included at the time of application for the terminated COA.

**PROCEDURES****ABD and Family  
Medicaid**

Follow the steps below to complete a CMD for an ABD or Family Medicaid denial or termination:

- STEP 1** Consider eligibility under all COAs (both ABD and Family Medicaid) prior to denial or termination of Medicaid.
- STEP 2** Approve Medicaid under the COA that will provide the most medical coverage if the A/R meets all eligibility requirements for the COA.
- STEP 3** Deny or terminate Medicaid if the A/R does not meet the requirements for any Medicaid COA.
- STEP 4** Notify the A/R of their Medicaid eligibility status via a system generated notice as follows:
- Send **adequate** notice when completing the CMD on application or changing COAs for a current Medicaid recipient
  - Send **timely** notice if the CMD results in termination Medicaid eligibility or the reduction of Medicaid benefits for a current recipient.

**SSI Terminations**

Federal Law mandates that a CMD be completed on all SSI terminations before Medicaid can be terminated by DMA. As part of this CMD process, DMA will determine if continued eligibility exists and move the A/R to the new Medicaid coverage group. Reports listing the names of individuals who are converted to a new coverage group will be generated and mailed to local DFCS offices. Refer to Section 2752, Continuing Medicaid Determination Reports, for specific instructions on how to complete the CMD process for an A/R terminated from SSI.