

2706 - MEDICAID RENEWALS

POLICY STATEMENT	Medicaid Assistance Units (AUs) must comply with periodic renewals of continued eligibility.
BASIC CONSIDERATIONS	<p>Medicaid renewals must be completed:</p> <ul style="list-style-type: none"> • Annually for ABD Classes of Assistance (COA) • Annually for Chafee Independence Program Medicaid <p>EXCEPTION: ABD Medically Needy renewals must be completed semi-annually.</p> <ul style="list-style-type: none"> • Semi-annually, by the end of the sixth month following the month in which the application is approved and every six months thereafter, for ABD Medically Needy and for Family Medicaid COAs. <p>EXCEPTION: Semi-annual renewals are not required for the following Family Medicaid COAs:</p> <ul style="list-style-type: none"> - RSM PgW - Newborn Medicaid - TMA - 4MCS <p>Refer to Chart 2706.1, Family Medicaid Renewals to determine which Family COAs require renewals.</p> <p>At the discretion of the eligibility worker (EW), renewals may also be completed at other times because of changes reported by, or affecting the AU.</p> <p>The renewal process must be completed by the last day of the month the renewal is due.</p> <p>NOTE: If an AR does not submit the renewal form or return the requested verification but does respond within 90 days, eligibility can be reconsidered with out a new application.</p> <p>The following points of eligibility must be reviewed, if applicable:</p> <ul style="list-style-type: none"> • resources • income • dependent care expenses • third party resources • application for other benefits • living arrangements • any other points of eligibility subject to change • possibility of transfer of assets by A/R or spouse transferring annuity or homeplace.

**BASIC
CONSIDERATIONS
(cont.)**

Renewals are completed by one of the following methods:

- alternate renewal
- standard renewal

NOTE: A face-to-face (FTF) renewal is **not** required for any Medicaid COA. At the EW's discretion or the request of the A/R or PR, a FTF renewal may be scheduled; however, a Medicaid case may **not** be closed for failure to appear for a FTF renewal.

**Alternate
Renewal**

An alternate renewal is completed by mail, telephone, FAX, email, or through the COMPASS online renewal process.

An alternate renewal notice must contain the following information:

- that a renewal is necessary to continue eligibility
- an alternate renewal form (system or manually issued)
- the date the alternate renewal form is due
- the consequences of failing to comply with the renewal
- the AU's responsibility to provide all required verification
- the AU's right to request a fair hearing
- the address of the office completing the renewal
- the name and telephone number of the EW

A Medicaid AU that fails to return the alternate renewal form, or that returns an incomplete form, may be contacted by phone to complete the renewal requirements. If missing information is obtained by telephone or other contact, the renewal is considered complete. Document case to this effect.

**Standard
Renewal**

A standard renewal is an in-depth FTF interview in which all points of eligibility are examined with an appropriate AU or BG member or a personal representative (PR)

A standard renewal is not required for any Medicaid COA. A Medicaid case may **not** be terminated for failure to appear for a standard renewal.

A standard renewal appointment notice must include the following:

- that a renewal is necessary to continue eligibility
- that a FTF renewal is **not** required for continued eligibility and that an alternate renewal may substitute for a FTF renewal
- the date, time and location of the interview
- the AU's responsibility to provide all required information
- the AU's right to request a fair hearing
- the name and telephone number of the EW

**BASIC
CONSIDERATIONS
(cont.)**
**Unearned Income
Verification
Requirements**

At renewal, the A/R's statement of unearned income will be accepted as verification if the source and amount is stated to have remained the same or changed less than \$50 since last verified from the source. Income types include but are not limited to direct child support, extended Unemployment Compensation Benefits that are not on DOL, RSDI and SSI that are not updated or not on BENDEX/SDX files, contributions, Veteran's Assistance (VA) benefits, Workmen's Compensation, Alimony, Pensions and Retirement and In Kind Support and Maintenance (ISM).

The amount should be verified by a third party source when the A/R's statement is questionable. All electronic methods of verification (Clearinghouse, \$TARS, etc.) will be utilized prior to accepting the client's statement of income. Please refer to [Appendix J for coding and documentation requirements.](#)

PROCEDURES
Alternate Renewal

Follow the steps below to process an Alternate Renewal.

Step 1 Mail the alternate renewal form to the AU no less than 10 days prior to the date the completed form is due to be returned.

Step 2 Mail any other required forms.

Step 3 Review the returned renewal form **or COMPASS renewal** for all points of eligibility.
Contact the AU if the renewal form is not returned, if it is incomplete, or if additional information or verification is required. Contact may be made by telephone or by mail. A system-generated notice that a renewal form was not returned is considered sufficient contact.

NOTE: The renewal may be processed without a signature or completed renewal form if all other required information is obtained by other measures. If a renewal form is not received **or if the renewal is not completed on COMPASS**, a 297A, 297M and DMA285 must be sent to the A/R. The signed DMA 285 must be returned or any adult receiving in a Family Medicaid case will be penalized, and for ABD, the case will be closed.

Step 4 Complete Clearinghouse requirements.

Step 5 Document the information obtained during the renewal process.

PROCEDURES (cont'd)	
Step 6	Upon completion of the renewal and, if applicable, the receipt of any additional information or verification requested, finalize the renewal.
Step 7	Notify the AU of the renewal disposition.
Standard Renewal	<p>Follow the steps below to process a Standard Renewal:</p> <p>NOTE: A standard renewal is not required for ANY Medicaid COA. A Medicaid case may not be terminated for failure to appear for a standard renewal.</p> <p>Step 1 Mail to the AU an appointment notice to schedule the standard renewal. The interview must be scheduled for a date that allows sufficient processing time of the renewal by the due date. An appointment notice must be mailed to the AU no less than 10 days prior to the scheduled appointment.</p> <p>EXCEPTION: The 10-day requirement does not apply to appointments scheduled verbally, either in person or by telephone; however, the appointment notice must be mailed.</p> <p>Step 2 Conduct a FTF interview with the appropriate AU/BG member or PR. Review all points of eligibility.</p> <p>Step 3 Request additional information or verification, if appropriate.</p> <p>Step 4 Complete any forms necessary.</p> <p>Step 5 Complete Clearinghouse requirements.</p> <p>Step 6 Document the information obtained during the renewal process.</p> <p>Step 7 Upon completion of the interview and, if applicable, the receipt of any additional information or verification requested, finalize the renewal.</p> <p>Step 8 Notify the AU of the renewal disposition.</p>

Use the following chart to determine which Family Medicaid COAs require renewals.

Chart 2706.1 – Family Medicaid Renewals		
CLASS OF ASSISTANCE	SPECIAL REVIEWS	SIX MONTH RENEWALS
LIM	as needed	Yes
TMA	quarterly renewals	No
4MCS	as needed	No
Newborn	No	No
RSM-Child	as needed	Yes
RSM-Pregnant Women	month prior to the expected date of delivery and each month thereafter until termination of pregnancy	No
FM-MN	as needed	Yes
CWFC	as needed	Yes
Adoption Assistance	yearly renewals	No
Women's Health Medicaid (WHM) and Planning for Healthy Babies (P4HB)	yearly renewals	No
PeachCare for Kids [®]	yearly renewals	No

Use the following chart to process a Medicaid Renewal. Refer to Chart 2706.1, Family Medicaid Renewals for COAs that do not require renewal.

Chart 2706.2 - Procedures for Disposition of the Medicaid Renewal	
IF	THEN
the AU complies with all requirements	Continue eligibility, if appropriate.
the AU misses a scheduled appointment	contact the AU to obtain required information. This contact may be made by mail and/or by telephone. NOTE: A standard (FTF) renewal is not required for ANY Medicaid COA. A Medicaid case may not be terminated for failure to appear for a standard renewal.
the agency did not provide written notice of the appointment 10 days prior to the appointment date and the appointment is missed	contact the AU to obtain required information. This contact may be made by mail and/or by telephone. NOTE: A standard (FTF) renewal is not required for ANY Medicaid COA. A Medicaid case may not be terminated for failure to appear for a standard renewal.
the AU fails to provide requested verification	determine if Medicaid eligibility for any other COA can be established without the requested verification. If so, continue eligibility under the new COA. If no, send timely notice and close the Medicaid case following expiration of the timely notice period.
the AU fails to return the Alternate Renewal Form or complete the renewal on COMPASS	contact the AU to obtain required information. A system-generated notice that a renewal was not returned is considered sufficient contact. NOTE: The renewal may be processed without a signature or completed renewal form if all other required information is obtained by other measures.
the case is transferred from another county	complete an alternate renewal within 30 days of accepting transfer.
The AU provides the renewal form or requested verification with in 90 days	Process as renewal and reinstate the case.