

2701 - NOTIFICATION

POLICY STATEMENT

Written notice to the AU is required when any of the following occur:

- approval or denial of an application for benefits
- change in patient liability/cost share
- addition or deletion of an individual in an AU
- denial, reduction or termination of an individual's benefits because of a sanction, IPV disqualification or ineligibility
- termination/reduction of benefits to the AU or to an AU member.

BASIC
CONSIDERATIONS

Written notifications must include the following:

- the proposed action
- the reason for the action
- period of eligibility
- notification of appeal rights and information regarding the filing of an appeal
- the availability of free legal representation, including telephone number
- the telephone number and name of a person to contact for additional information
- the specific Medicaid regulation must be cited for denials.

Written notice is program specific and is generated by the system. When system-generated notice explanation is inadequate, additional documentation on the notice is required. Generic denial reasons may be used as a secondary or tertiary denial/termination reason, but **never** as the sole reason for denial/termination.

Written notice can be mailed to the AU or hand delivered to the AU during an interview.

Adequate notice is a written communication provided to the AU no later than the date the action is taken.

Timely notice is a written communication provided to the AU with at least a 14 day waiting period before the date the proposed action is effective.

PROCEDURES**Adequate
Notice**

Provide adequate notice in the following circumstances:

- mass changes in benefits initiated by the State or federal government including the following:
 - TANF, RSDI and SSI adjustments
 - financial standards and benefits levels
 - deductions
- death of all members of the AU reported through reliable information
- a decrease in PL/CS
- an increase in PL/CS if fourteen days remain in the month in which the change is to be effective (notice and change are effective the same month)
- denial of an application
- a clear written statement from the A/R requesting termination of benefits for the entire AU
- a written request by the AU for voluntary termination
- the AU reports information in writing and ineligibility can be determined without verification
- benefits were approved for a specific time period and the AU was informed in writing of the proposed termination, or change in benefits at approval
- the AU moves out of state.

Timely Notice

Implement the proposed change effective the month following the expiration of the 14 day timely notice period. (Exception may be increases/decreases in PL/CS. See bullets above and below.)

If the AU provides information within the 14 day timely notice period that alters the proposed change, stop the action and reevaluate the circumstances.

PROCEDURES
(cont.)**Timely
Notice
(cont.)**

Allow the system to automatically track the 14 day timely notice period if the action is entered in the system.

Manually track the 14 day timely notice if a manual notice is sent.

The AU may request a fair hearing and continuation of benefits. Refer to [Appendix B](#), Hearings for policy regarding continuation of benefits.

Provide timely notice in the following circumstances:

- changes in AU circumstances causes termination/reduction of benefits
- increase in patient liability/cost share if 14 days do not remain in the month in which the notice would be sent
NOTE: Do not make the change for the current month; make change effective the ongoing month when adequate notice can be given.
- mail returned and/or whereabouts unknown