

2706 - MEDICAID REVIEWS

POLICY STATEMENT	Medicaid Assistance Units (AUs) must comply with periodic reviews of continued eligibility.
BASIC CONSIDERATIONS	<p>Medicaid reviews 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 reviews 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 reviews 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 Reviews to determine which Family COAs require reviews.</p> <p>At the discretion of the eligibility worker (EW), reviews may also be completed at other times because of changes reported by, or affecting the AU.</p> <p>The review process must be completed by the last day of the month the review is due.</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.)**

Reviews are completed by one of the following methods:

- alternate review
- standard review

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

**Alternate
Review**

An alternate review is completed by mail and/or by telephone.

An alternate review notice must contain the following information:

- that a review is necessary to continue eligibility
- an alternate review form (system or manually issued)
- the date the alternate review form is due
- the consequences of failing to comply with the review
- 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 review
- the name and telephone number of the EW

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

**Standard
Review**

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

A standard review appointment notice must include the following:

- that a review is necessary to continue eligibility
- that a FTF review is **not** required for continued eligibility and that an alternate review may substitute for a FTF review
- 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

PROCEDURES

Alternate Review	Follow the steps below to process an Alternate Review.
Step 1	Mail the alternate review 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	<p>Review the returned review form for all points of eligibility. Contact the AU if the review form is not returned, if it is incomplete or unsigned, or if additional information or verification is required. Contact may be made by telephone or by mail. A system-generated notice that a review form was not returned is considered sufficient contact.</p> <p>NOTE: The review may be processed without a signature or completed review form if all other required information is obtained by other measures. If a review form is not received, a 297A 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.</p>
Step 4	<p>Complete Clearinghouse and Databroker requirements.</p> <p>NOTE: Databroker searches are not required for RSM PGW and RSM Child cases. Refer to Appendix M.</p>
Step 5	Document the information obtained during the review process.
Step 6	Upon completion of the review and, if applicable, the receipt of any additional information or verification requested, finalize the review.
Step 7	Notify the AU of the review disposition.
Standard Review	Follow the steps below to process a Standard Review:
Step 1	<p>NOTE: A standard review is not required for ANY Medicaid COA. A Medicaid case may not be terminated for failure to appear for a standard review.</p> <p>Mail to the AU an appointment notice to schedule the standard review. An appointment notice must be mailed to the AU no less than 10 days prior to the scheduled appointment.</p>

PROCEDURES**Standard Review
(cont.)**

EXCEPTION: The 10-day requirement does not apply to appointments scheduled verbally, either in person or by telephone.

The interview must be scheduled for a date that allows sufficient processing time of the review by the due date.

Step 2 Conduct a FTF interview with the appropriate AU/BG member or PR. Review all points of eligibility.

Step 3 Request additional information or verification, if appropriate.

Step 4 Complete any forms necessary.

Step 5 Complete Clearinghouse and Databroker requirements.

NOTE: Databroker searches are not required for RSM PGW and RSM Child cases. Refer to [Appendix M](#).

Step 6 Document the information obtained during the review process.

Step 7 Upon completion of the interview and, if applicable, the receipt of any additional information or verification requested, finalize the review.

Step 8 Notify the AU of the review disposition.

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

Chart 2706.1 – Family Medicaid Reviews		
CLASS OF ASSISTANCE	SPECIAL REVIEWS	SIX MONTH REVIEWS
LIM	as needed	yes
TMA	quarterly reviews	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

Use the following chart to process a Medicaid Review. Refer to Chart 2706.1, Family Medicaid Reviews for COAs that do not require review.

Chart 2706.2 - Procedures for Disposition of the Medicaid Review	
IF	THEN
the AU complies with all requirements	continue eligibility, if appropriate.
the AU misses a scheduled appointment	<p>contact the AU to obtain required information. This contact may be made by mail and/or by telephone.</p> <p>NOTE: A standard (FTF) review is not required for ANY Medicaid COA. A Medicaid case may not be terminated for failure to appear for a standard review.</p>
the agency did not provide written notice of the appointment 10 days prior to the appointment date and the appointment is missed	<p>contact the AU to obtain required information. This contact may be made by mail and/or by telephone.</p> <p>NOTE: A standard (FTF) review is not required for ANY Medicaid COA. A Medicaid case may not be terminated for failure to appear for a standard review.</p>
the AU fails to provide requested verification	<p>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.</p>
the AU fails to return the Alternate Review Form	<p>contact the AU to obtain required information. A system-generated notice that a review was not returned is considered sufficient contact.</p> <p>NOTE: The review may be processed without a signature or completed review form if all other required information is obtained by other measures.</p>
the review is overdue	complete an alternate review.
the case is transferred from another county	complete an alternate review within 30 days of accepting transfer.