

**2706 - MEDICAID RENEWALS**

<b>POLICY STATEMENT</b>	Medicaid Assistance Units (AUs) must comply with periodic renewals of eligibility.
<b>BASIC CONSIDERATIONS</b>	<p>Medicaid renewals must be completed:</p> <ul style="list-style-type: none"> <li>• Semi-annually for Family Medicaid Classes of Assistance, except for the following, which have continuing Medicaid determinations completed at the end of their eligibility periods: <ul style="list-style-type: none"> <li>• RSM PgW</li> <li>• Newborn Medicaid</li> <li>• TMA</li> <li>• 4MEx</li> </ul> </li> </ul> <p>Refer to Chart 2706.1, Family Medicaid Renewals, to determine which Family Medicaid COA require renewals.</p> <p>Note: “Semi-annually” is defined as by the end of the sixth month following the month in which the application is approved and every six months thereafter.</p> <ul style="list-style-type: none"> <li>• Annually for ABD Classes of Assistance (COA) except for ABD Medically Needy renewals, which must be completed semi-annually.</li> </ul> <p>Renewals may also be completed at other times because of changes reported by, or affecting the AU, and when renewals for other programs become due. They may be completed at any time during or prior to the renewal month (e.g. in order to align with the period of eligibility in another program). The renewal must be initiated in the system or completed by the last day of the month when a renewal contact has been made by the AU.</p> <p>The following points of eligibility must be reviewed, if applicable:</p> <ul style="list-style-type: none"> <li>• resources</li> <li>• income</li> <li>• dependent care expenses</li> <li>• medical expenses</li> <li>• third party resources</li> <li>• application for other benefits</li> <li>• living arrangements</li> <li>• possibility of transfer of assets by A/R or spouse transferring annuity, home place or any other asset</li> <li>• Cooperation with Division of Child Support Services</li> <li>• any other points of eligibility subject to change</li> </ul> <p>Renewals for Medicaid may be completed through the online renewal process, by mail, telephone, facsimile (FAX) or email.</p>

**BASIC  
CONSIDERATIONS  
(cont.)**

**Renewal Notices**

**NOTE:** A face-to-face (FTF) renewal may **not** be required for any Medicaid COA. At the EW's discretion in conjunction with a related program, or at the request of the A/R or Personal Representative (PR), a FTF renewal may be scheduled however, a Medicaid case may **not** be closed for failure to appear for a FTF renewal. A FTF interview may be conducted with the appropriate AU/BG member or PR to review all points of eligibility.

The AU will be sent a renewal notice the month prior to the month a renewal is due. A renewal notice must contain the following information:

- that a renewal is necessary to continue eligibility
- instructions for completing a renewal
- the date the renewal form is due
- the consequences of failing to comply with the renewal
- the AU's right to a fair hearing
- the AU's responsibility to provide all required verification
- a telephone number or address for obtaining assistance in completing the renewal

If requesting a FTF renewal appointment, a manual appointment notice must be sent and include, in addition to the above, the following:

- that a FTF renewal is **not** required for continued eligibility and that the renewal may be completed online or by returning a paper renewal form
- the date, time and location of the interview

**Note:** SUCCESS does not allow for scheduling or issuing a notice for Medicaid FTF renewals. A notice for FTF renewal appointments must be issued manually using the Form 173M.

**Note:** The sole use of a Form 173A to set an appointment for a combination Medicaid/Food Stamp interview would not be sufficient as the 173A does meet the notice requirements.

A Medicaid AU that fails to complete a renewal online; OR returns an incomplete or unsigned renewal form, should be contacted by phone or mail to complete the renewal requirements. If missing information is obtained by telephone or other contact, the renewal is considered complete. Document SUCCESS to indicate how the renewal was completed.

A system-generated notice that a renewal was not submitted, along with a paper renewal form, will be sent to the AU no less than 10 days prior to the end of the renewal month. This is considered sufficient contact when neither an online renewal, telephone contact, nor a paper renewal form has been submitted by the initial deadline.

**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.

**Renewal Procedures**

Follow the steps below to process a Medicaid renewal.

**Step 1**

A renewal notice will be electronically generated the month prior to the month the renewal is due. If setting up a renewal manually, send a renewal notice and renewal form to the AU no less than 10 days prior to the date the completed renewal form is due to be returned.

**Note:** For a FTF appointment, the interview must be scheduled for a date that allows sufficient processing time of the renewal by the due date. The appointment notice must be mailed to the AU no less than 10 days prior to the scheduled appointment unless the appointment is scheduled in person or by telephone.

**Step 2**

Send the AU any other required forms not generated electronically.

**Step 3**

Review the online renewal or returned renewal form for all points of eligibility.

The worker should contact the AU if:

- if the renewal (online or paper form) is incomplete
- if additional information or verification is required.

Contact may be made by telephone or by mail.

For renewals that are not completed online or a paper renewal form is not returned, a system-generated notice that a renewal was not submitted, along with a paper renewal form, will be sent to the AU no less than 10 days prior to the end of the renewal month. This is considered sufficient contact when neither an online renewal, nor a telephone contact, nor a paper renewal form has been submitted by the initial deadline.

**BASIC  
CONSIDERATIONS  
(cont.)****Renewal Procedures  
(cont.)**

**NOTE:** The renewal may be processed without an online renewal submission, a signature or a completed renewal form if all other required information is obtained by other means. When completing a renewal without an online renewal submission or a signed renewal form, a 297A and DMA 285 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. **EXCEPTION:** A DMA 285 is not required for Specified Low-Income Medicare Beneficiaries (SLMB – Q03) or Qualifying Individuals (QI-1) AUs.

**Step 4** Complete Clearinghouse requirements

**Step 5** Document the information obtained and any actions taken during the renewal process.

**Step 6** Upon completion of the renewal and, if applicable, the receipt of any additional information or verification requested, finalize the renewal.

**Step 7** Complete and document any appropriate referrals, including WIC ([section 2985](#)) and Health Check ([section 2930](#)) referrals.

**Step 8** Notify the AU of the renewal disposition.

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
4MEx	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
Chafee Medicaid	yearly renewals	No
Women's Health Medicaid (WHM) and Planning for Healthy Babies (P4HB)	yearly renewals	No
PeachCare for Kids <sup>®</sup>	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.

<b>Chart 2706.2 - Procedures for Disposition of the Medicaid Renewal</b>	
<b>IF</b>	<b>THEN</b>
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.  <b>NOTE:</b> A FTF renewal may not be required for <b>ANY</b> Medicaid COA. A Medicaid case may <b>not</b> be terminated for failure to appear for a FTF appointment.
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.  <b>NOTE:</b> A FTF renewal may not be required for <b>ANY</b> Medicaid COA. A Medicaid case may <b>not</b> be terminated for failure to appear for a FTF appointment.
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 Renewal Form or complete the online renewal process	contact the AU to obtain required information. A system-generated notice that a renewal was not returned is considered sufficient contact.  <b>NOTE:</b> The renewal may be processed without a signature or completed renewal form if all other required information is obtained by other measures.
the renewal is overdue	complete the renewal. See <a href="#">Appendix J-19</a> for instructions on processing overdue FM renewals. ( <b>NOTE:</b> COMPASS allows for overdue ABD renewals to be submitted online only in conjunction with a current related renewal, i.e. Food Stamps, TANF, or another Medicaid COA.).
the case is transferred from another county	complete a renewal within 30 days of accepting transfer; shorten the review end date on CAFI or MAFI to align renewals with any related cases ( <b>NOTE:</b> whenever possible, annual ABD renewals should be aligned with the annual Standard Food Stamp renewal when a related case exists); see <a href="#">Appendix I-37</a> or <a href="#">J-19</a> for procedures on shortening a Medicaid review end date.