



COMBINED MEDICAID 103-3

Client Rights and Responsibilities

Supersedes: FMA 103-3 (07/01/05)

Reference: 42 CFR 435.911, .912; ARM 37.82.101

Overview: Eligibility staff inform all Medicaid clients of their rights and responsibilities. Information is provided verbally or in writing, as appropriate, at the time of application and redetermination.

CLIENT RIGHTS:

Each Medicaid client has the right to:

- apply for assistance without delay;
- have someone of his or her choice assist them with application and redetermination;
- ask about coverage, eligibility requirements, program scope, and related services, and to receive a response in writing and verbally;
- be informed of the consequences for failure to comply with all nonfinancial and financial eligibility requirements;
- be determined eligible or ineligible within 45 days (or 90 days for applicants who apply for Medicaid on the basis of disability) of application unless the county is unable to make a determination because of circumstances beyond the agency's control;
- request to receive an extension to provide required information;
- receive timely and/or adequate written notice of denial, reduction or termination of assistance;
- be informed of his or her rights to a fair hearing if he or she feels the case has not received proper treatment;
- have confidentiality in his or her relationship with the agency;
- tell the story in his or her own way;
- continue to be responsible for him/herself;
- claim good cause for refusal to cooperate in child support collection;
- claim good cause for not providing certain information;
- be informed of the services of Child Support Enforcement; Family Planning; and Early and Periodic Screening, Diagnosis and Treatment (EPSDT), as appropriate; and
- not be discriminated against on the grounds of race, color, sex, culture, age, creed, marital status, physical disability, mental disability or national origin.

CLIENT RESPONSIBILITIES:

Each adult Medicaid client is responsible for:

- completing and signing the application and all required forms;
- explaining his or her situation;
- providing information, verification and/or documentation as required;
- complying with all eligibility requirements including accessing all potential sources of income that can be developed to a state of availability;
- cooperating with the following, as required:
 - Child Support Enforcement requirements;
 - Quality Assurance and Program Compliance requirements;
 - Managed Care (PASSPORT to Health)
 - Third Party Liability
 - Program Compliance reviews.

REPORTING CHANGES:

All adult Medicaid recipients are responsible for reporting changes affecting eligibility within 10 days of knowledge of the change. The following changes must be reported:

- changes in income and employment status;
- changes in resources (only for medically needy and ABD);
- death of a household member;
- any changes in household;
- any other change that may affect eligibility;
- changes in health insurance premiums; and
- entering or discharging from a medical facility, including nursing home or assisted living.

Effective Date: July 01, 2016