



COMBINED MEDICAID 103-3

APPLICATION PROCESSING – Client Rights and Responsibilities

	CMA 103-3
Supersedes:	FMA 103-3 (07/01/05)
References:	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	<p>Each Medicaid client has the right to:</p> <ul style="list-style-type: none">• 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	<p>Each adult Medicaid client is responsible for:</p> <ul style="list-style-type: none">• 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:<ul style="list-style-type: none">o Child Support Enforcement requirements;o Quality Assurance and Program Compliance requirements;o Managed Care (PASSPORT to Health)

	<ul style="list-style-type: none"> o Third Party Liability o Program Compliance reviews.
REPORTING CHANGES	<p>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:</p> <ul style="list-style-type: none"> • 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 1, 2016