



COMBINED MEDICAID 202-1

Adding or Removing Household Members

Supersedes: FMA 202-1 (01/01/07); FMA 202-2 (01/01/06)

Reference: 42 CFR 435.916; ARM 37.82.101, .204, .205, .704

Overview: The assistance unit's eligibility must be redetermined if a required filing unit member moves into or out of the household. Medicaid coverage is effective the first of the month in which the new member's presence is discovered/reported, and they are determined eligible. **NOTE:** The new member may receive up to three months retro **Medicaid** coverage from the month of discovery/report, provided ALL eligibility factors are met. It may be necessary to open a separate case to process eligibility for the months the individual was not physically present in the current household. **NOTE:** HMK does not allow retroactive coverage.

If the presence of the new member(s) is reported to or discovered by the agency, redetermine the assistance unit's eligibility by including the needs, income, and resources of all required filing unit members, including the new member(s). If a filing/assistance unit member leaves the household, the individual's needs must be removed from the case. When redetermining eligibility, use the income standard based on the current number of household members. The income and resources of a disqualified individual must be counted, but the disqualified individual will not be included in the household size.

VERIFICATION:

The new member (or responsible adult) needs to provide sufficient verification of income, resources, citizenship/alien status, identity and relationship.

HMK: Citizenship and identity are the only verifications required to add another child to the household. Reasonable opportunity applies.

NEW MEMBER START DATE:

When the new member's presence is reported or discovered, and they are determined eligible, proceed as follows:

- **NEWBORN:** START DATE for eligibility is the first day of the month in which the child was born.
- **EXISTING HOUSEHOLD MEMBER:** The existing member's START DATE would be the date the individual is required to be included in the filing unit.

- **REQUIRED MEMBER NEW TO THE HOUSEHOLD**: START DATE is the first of the month in which it was discovered/reported he or she entered the household.
- **FOSTER CHILD**: When a child who was placed in foster care returns to the home, add him/her to the filing and assistance units the month after foster care Medicaid closes.

RECEIVING MEDICAID IN ANOTHER STATE:

If a new household member moves to Montana from another state, and was receiving Medicaid in the previous state of residence, the eligibility case manager must ensure that Medicaid has been closed in the previous state of residence before opening Montana Medicaid.

Medicaid can only overlap for a one month period when a person moves to Montana and was receiving Medicaid in another state. It is against federal policy to allow an individual to receive Medicaid in more than one state for the same month, with the exception of the one-month overlap that is allowed for administrative purposes.

REFUSAL TO COOPERATE:

If an individual refuses to cooperate in meeting eligibility requirements, Medicaid for the individual will not begin until the month the requirement is actually met.

HEALTH MONTANA KIDS:

When a new child is added to the household, the child is enrolled after proof of the following is provided:

1. Citizenship; and
2. Identity

When HMK coverage is requested for a child joining a family with at least one currently enrolled child, the enrollment date for the new household member is the first day of the month or the following month if eligible. A new eligibility determination is not required when a new family member joins the household so long as at least one other child is currently enrolled in HMK.

PERSON WHO LEAVES HOUSEHOLD APPLIES for BENEFITS:

An individual cannot receive Medicaid in more than one case/household in any month. However, when a child leaves one specified caretaker relative's home and moves to another specified caretaker relative's home who subsequently applies for Medicaid, the 2nd relative may receive Medicaid because the eligible child is now living with them, but the child would not because they already received Medicaid that month with relative #1. **NOTE:** Relative #1 cannot continue to receive benefits if the child was the only eligible child living with them. Timely notice of adverse action must be given.

REFERRAL TO FFM:

If any household member loses eligibility for all Medicaid and HMK programs, they must be referred to the FFM for determination of eligibility under other insurance affordability programs. The system will automatically send an electronic referral to the FFM.

Effective Date: July 01, 2016