

Department of Public Health
and Human Services

Section:
CASE MANAGEMENT

FAMILY RELATED MEDICAID

Subject:
Timely and Adequate Notice

Supersedes: FMA 1503-1, 01/01/04

► **References:** 42 CFR 431.210, .211, .213 and .214; 435.919; ARM 37.82.101

GENERAL RULE--Timely and/or adequate notice must be given in all cases of adverse action. An adverse action is action intended to discontinue, terminate, suspend or decrease assistance, or increase the incurment obligation.

NOTE: Prior to notifying the individual, all available computer interface information must be independently verified in order to confirm its accuracy.

CONTENT REQUIREMENTS

Complete Notice -- A written statement that informs the applicant or recipient of the:

1. Action taken and/or the eligibility period,
2. Reason for the action,
3. Specific agency policy and state and federal regulations supporting the action,
4. Date the action will occur, and
5. Person's right to request a hearing.

All notices must contain the above information.

TIMELINESS REQUIREMENTS

Adequate Notice -- Written notification as stated above, to be received by the individual no later than the date of action or the date benefits would have been received. Notices must be **mailed** no more than two working days after system cutoff to meet adequate timeframes.

► Timely Notice -- Written notification as stated above, **mailed at least** ten (10) days prior to the date of action.

► Ten (10) Day Notice Period -- the ten (10) consecutive days beginning the day the notice was **mailed**.

NOTE: Notices are mailed the next working day **after** they are sent from TEAMS, and are not mailed on weekends or holidays.

EXAMPLE: Eligibility case manager writes and 'mails' a notice on Friday, the notice isn't actually mailed until the following Monday.

**PROBABLE
FRAUD NOTICE**

The agency may shorten the period of advance notice to five (5) days if:

1. The agency has facts indicating probable recipient fraud; and
2. The facts have been verified, if possible, through secondary sources.

ADEQUATE NOTICE

The State or County may dispense with timely notice but must send a complete adequate notice to be received no later than the effective date of action in the following situations:

1. Application is denied.
2. Death of Recipient--Factual information confirms the recipient's death.
3. Recipient No Longer Wishes Assistance/Knowingly Provides Information Affecting Benefits--The recipient submits a signed statement:
 - a. Indicating he or she no longer wishes benefits; or
 - b. Providing information that causes the termination or reduction of services.

In the latter case, the statement must indicate the recipient is fully aware of the consequences of providing such information. The TANF/Medicaid change report form (HCS-260A) contains the appropriate language.

NOTE: County staff **cannot** require recipients to report all changes on signed change report forms.

4. Recipient Admitted or Committed to an Institution--The recipient has been admitted or committed to an institution, and further benefits to that individual do not qualify for federal financial participation.
5. Recipient's Whereabouts Are Unknown--The person's whereabouts are unknown and the Post Office has returned State/County mail.

Any discontinued assistance must be reinstated if the recipient's whereabouts become known prior to effective date of closure.

6. Recipient Moves to New Jurisdiction--The recipient has been accepted for benefits in a new jurisdiction and the fact has been established by the jurisdiction previously providing benefits.

7. Recipient Provides New Information in a Change Report--A signed change report is received from a recipient that contains information that is used to terminate assistance.

NOTE: The signed change report form must provide all information necessary to determine eligibility. If additional information is requested, timely notice of adverse action must be sent.

8. Recipient Placed in Long Term Care--The recipient has been placed in skilled nursing care, intermediate care, or long-term hospitalization.
9. Recipient Placed in Foster Care--A child is removed from the home as a result of a judicial determination, or voluntarily placed in foster care by his legal guardian.

Timely notice must be given in all other adverse action situations.

If Medicaid terminates, notify recipient that they should reapply for Medicaid if there is a need for further medical assistance.

If Medicaid closure is for reasons beyond the recipient's control, (i.e., time-limited eligibility, age of child, etc.) the eligibility case manager is required to look at other Medicaid coverage without requiring a new application (ex parte review).

If additional information is needed prior to opening another Medicaid coverage group, a system notice must be sent requesting the needed information and informing the recipient that additional Medicaid coverage may be available.

If the eligibility case manager has all information necessary to determine eligibility, the other Medicaid coverage group should be opened automatically unless the recipient has specifically stated that they do not want continued coverage.

EXCEPTIONS: Do not open a medically needy program unless it has been requested.

A new application is required when Pregnancy-Extended (MA-EP) closes for an infant whose mother received MA-QP at the time of birth. This child is not eligible for Child-Newborn (MA-AN). See FMA 201-5 and 201-6 for more information.

KQ

o O o