

Department of Public Health  
and Human Services

Section:  
Eligibility Determination

HEALTHY MONTANA KIDS

Subject:  
Renewal Applications

**Supersedes:**            **New to HMK Manual**

**General Rule** – A family with a child enrolled in the Healthy Montana Kids (HMK) coverage group must have their eligibility re-determined annually. To assure an enrolled child has continuous coverage, the HMK office assists the family in the renewal process.

HMK coverage group eligibility is redetermined within one year after the initial eligibility period, and annually thereafter. A pre-populated renewal application is mailed to every family when one month remains in the family eligibility span. If there are changes to household composition, annual income, or health insurance coverage, the renewal application must be completed, signed, dated and returned by a specified date for purposes of eligibility redetermination. If there are no changes to household composition, annual income, or health insurance coverage, the family is not required to respond or fill out the renewal application and the children are redetermined as eligible and are enrolled in the program for a new 12-month span. Prior eligibility for HMK does not guarantee continued eligibility or enrollment.

## **ELIGIBILITY DETERMINATION**

Each eligibility decision must be supported by information included on the renewal application, documentation submitted with the application or verification from other resources (e.g., MISTICS, SEARCHS, SOLQ, etc). Information obtained from other resources or based on conversations with the family must be supported in CHIMES Case Notes.

**EXAMPLE:** The family's previous application indicated receipt of child support but this information is missing from the renewal application. The Eligibility Specialist seeks information from SEARCHS but the family does not have a file in SEARCHS so the worker phones the family to inquire about ongoing receipt of child support. The applicant confirms child support is no longer being received. The worker must enter a CHIMES Case Note documenting the phone call and information.

## **TIMELY DETERMINATION**

HMK renewal applications will be processed and a decision made within 45 calendar days after the application is received and date stamped into the HMK office or Office of Public Assistance (OPA) except in cases of unusual circumstances which are:

1. caused by the applicant; or
2. beyond the HMK office's or OPA's control.

NOTE: Any delay in processing an application must be documented in CHIMES.

## **COVERAGE CONTINUITY**

There is no lapse in coverage for a child re-determined eligible for HMK.

A child who has a break in coverage (e.g., renewal application was not received timely) and is subsequently determined eligible for HMK is:

1. enrolled the first day of the following month; or
2. placed on the waiting list (if one exists) and enrolled when a slot becomes available.

EXAMPLE: Jenifer's family span ended June 30. The renewal application is received July 2. Based on information received, she is eligible for HMK. If a waiting list exists, she is placed on the list and enrolled when a slot becomes available.

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