

Department of Public Health
and Human Services

Section:
MEDICALLY NEEDY

MEDICAL ASSISTANCE

Subject:
Applications

Supersedes: MA 701-1 (12/1/98)

>**References:** 42 CFR 435.320, .322, .324, .403, .811, .831, .840, .845; ARM 37.82.1101, .1102, .1106, .1107, .1110 and .1111

GENERAL RULE--A medically needy application encompasses the following:

> 1. Prospectively, twelve months (i.e., the month of application plus eleven future months, whether or not the client is eligible for each month); and

> **NOTE:** **If there is no reasonable expectation that a medically needy case will meet an incurment in the near future (i.e., within six months of application), the application should be denied.** It is not necessary, nor recommended, for these cases to be held as open cases until six months have passed with no incurment met.

2. Retroactively, a maximum of three months immediately preceding the month of application.

> **NOTE:** If a client is not authorized for Medically Needy benefits for six consecutive months, send a timely notice of adverse action and close the case effective the last day of the sixth month. The client must reapply for future benefits.

> **EXAMPLES:**

Client applies in January and January benefits are authorized. However, February, March, April, May, June and July benefits are not authorized because the client neither paid the cash-option nor incurred adequate medical expenses, although adequate medical expenses were expected in two of those months. Send timely closure notice with a July 31 effective date and inform the client s/he must reapply for future benefits.

Client applies in July, and meets July incurment with medical bills. Client does not expect to meet the incurment for August, September or October, but anticipates that the combined bills for those months will meet the incurment for November. The Medicaid case will be continued during that period unless the client later reports that s/he does not expect to have

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adequate bills to meet the incurment, or until six months have passed without an authorized Medicaid eligibility period.

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