



## **COMBINED MEDICAID 1503-1 Timely and Adequate Notice**

**Supersedes:** CMA 1503-1(1/1/2023)

**Reference:** 42 CFR 431.206, .210, .211, .213 and .214; 435.919; ARM 37.5.505 and 37.82.101

**Overview:** Timely and/or adequate notice must be provided for all adverse actions. An adverse action is any action to close, suspend or decrease assistance, or to increase a spend down obligation for an ongoing case.

### **CONTENT REQUIREMENTS:**

Complete Notice -- A written statement that informs the client 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 an adverse action,
4. Date the action will occur,
5. Person's right to request a hearing,
6. How the person may request a fair hearing,
7. That the person may represent themselves or use legal counsel, a relative, a friend, or other spokesman, and
8. The timeframes by which the Department must take final administrative action.

### **TIMELINESS REQUIREMENTS:**

Adequate Notice -- Written notice mailed no more than two working days after system cutoff and received by the client no later than the date of action or date benefits would have been received.

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

15 Day Notice Period -- the 15 consecutive days beginning the day the notice is **mailed for requested verifications**.

**ADEQUATE NOTICE SITUATIONS:**

Adequate notice is used in the following situations:

1. The client's death is confirmed.
2. The client provides written request of closure.
3. Client is admitted or committed to an institution, or incarcerated in a penal institution, **and** further benefits to them do not qualify for federal financial participation. See Residential Medical Institutions, ABD 800 Residential Medical Institutions Overview.
4. Client's whereabouts are unknown, and the Post Office returns agency mail indicating no forwarding address.
5. Verification is received confirming the client is receiving benefits in a different state.
6. Client submits a signed paper or electronic change report form containing information that causes their benefits to close.
7. Client is placed in skilled nursing care, intermediate care, or long-term hospitalization. Adequate notice is sent for a change in the client's liability for cost of care in a nursing home changes, unless a community spouse income maintenance allowance or family income maintenance allowance is involved.
8. A child is placed in foster care, either voluntarily or through court order.

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

**PROBABLE FRAUD NOTICE:**

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

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

**Effective Date:** January 1, 2025