

## Information on the Annual Renewal Process for Families with a Child Enrolled through Act 421-CMO/TEFRA

### What is the Annual Renewal Process?

The annual renewal process is when Medicaid has to determine if the beneficiary continues to meet the program criteria in order to continue to receive Medicaid benefits. Federal guidelines require that this occur on an annual basis. The renewal date will occur 12 months from the date that your Medicaid coverage began (not the date that you received notification of approval). You may receive more than one packet that has forms that **MUST** be completed and returned for Medicaid to make this redetermination of benefits.

### Eligibility Criteria

In order to continue to be eligible for the Act 421-CMO option, a child must meet the eligibility criteria for the Act 421-CMO/TEFRA program. **You must respond timely to ALL packets or requests for information** that you may receive so Medicaid can complete a review.

### Redetermination

The redetermination is much like the initial application process and you may receive multiple mailings from Medicaid. **Failure to respond or provide information will result in the loss of coverage.** You must respond to and/or provide requested information, which may include assisting Medicaid to get medical records when necessary. See **General Information** section at the end of this flyer on how to return information to Medicaid.

1. **Annual Renewal:** Medicaid will send you a renewal packet containing forms you will need to complete and return by mail or fax. You may also complete online by accessing your account at <https://MyMedicaid.la.gov> or contacting the Customer Service Unit (CSU).

Upon completion of the annual renewal, and submission of any required information, Medicaid will review the information. If there have been changes since the initial application, your child may be determined eligible in another program.

2. **Level of Care Assessment:** You may also receive a second packet from Medicaid requesting updated documents to support continued eligibility for the Act 421-CMO/TEFRA program. This packet should arrive around the same time as the Medicaid renewal packet. It is also important to return these documents and any additional information regarding your child's current diagnosis and/or condition timely. **The annual assessment cannot begin until these documents are completed and returned.**

Act 421-CMO beneficiaries pursuing continued coverage through this program **MUST** continue to meet a level of care. A Level of Care assessment completed annually by your Human Services District or Authority will determine continued eligibility for the program.

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After you submit the documentation, your local Human Services District/Authority (or LGE) will review the record to determine if your child continues to meet the eligibility requirement for level of care. If needed, the Human Services District/ Authority will interview parents, providers, evaluators, teachers, etc. to make a determination. You receive a notification in writing of denial or approval of the level of care assessment.

3. **Disability Determination:** At renewal, if your LGE approves level of care, Medicaid will then determine if a disability determination needs to be completed. If so, you will receive a packet to complete and return. A review is not necessary, if your child already has a disability determination from Social Security, or if MEDT previously approved your child for more than one (1) year.
4. **Enrollment:** If your child continues to meet all the Act 421-CMO eligibility criteria, coverage through their chosen Healthy Louisiana plan will continue. Your child will receive notification of continued Medicaid coverage.

If your child does not meet level of care or disability, Medicaid will deny for Act 421-CMO coverage; however, Medicaid will review your child's eligibility for other programs. If eligibility does not exist for any another Medicaid program, your child will receive a denial notice with appeal rights enclosed.

## General Information

- Remember to report any changes to your mailing address by calling Medicaid Customer Service toll free at **1-888-342-6207** or go online by visiting the [Medicaid Self-Service Portal](#).
- If you have any questions about the Act 421-CMO/TEFRA program please contact us at **1-800-230-0690** or via email at [421-CMO@la.gov](mailto:421-CMO@la.gov) . You can also visit our website [www.ldh.la.gov/act-421](http://www.ldh.la.gov/act-421). For general Medicaid questions, please contact Louisiana Medicaid Customer Service at **1-888-342-6207**.
- Return the completed forms and supporting documentation to LDH. There are several ways you can return this information:
  1. Fax to **1-225-389-8019**
  2. E-mail to [LALTC.ProcessingCenter@la.gov](mailto:LALTC.ProcessingCenter@la.gov)
  3. Mail to: Medicaid Application Office  
6069 I-49 Service Rd, Suite B  
Opelousas, LA 70570
  4. Online at <https://MyMedicaid.la.gov>. You can upload the documents directly to your account.