L-0000 CHANGES IN CIRCUMSTANCES

L-100 REQUIREMENT

Applicants/beneficiaries are required to timely report any changes in circumstances to an agency representative that may impact eligibility when the changes occur. Changes can be reported online, by phone, by mail, or in-person.

Federal regulations require the agency to promptly re-determine eligibility between renewals when the agency receives information about a change in circumstances that may affect eligibility, including changes that are anticipated such as reaching maximum age, changes reported through periodic data checks and from data sources.

The agency must limit requests for additional information from the beneficiary to information related to the change in circumstances. Other eligibility factors not affected by the change are presumed to be unchanged.

Exception:
** Twelve (12) months continuous eligibility must be explored before terminating ** eligibility. Refer to H-1900 Twelve (12) Months Continuous Eligibility.

L-200 CHANGES REQUIRED TO BE REPORTED

The following changes must be reported for the applicant/beneficiary or any member of the income/resource unit within ten (10) days of the occurrence:

- Source of income;
- Amount of income;
- Changes in household composition;
- Births;
- Deaths;
- Pregnancy or end of pregnancy;
- Value or ownership of a resource, including the acquisition of a

new resource;

- Change of address;
- Receipt of a lump-sum payment or settlement;
- Admission to or discharge from an institution, **

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- School attendance of a child, age 18 or over;

  Note:
  School attendance is applicable only in the Parents and Caretaker Relatives Group and in the MAGI-Based Medically Needy Program.

- Enrollment or disenrollment in medical insurance coverage and the premium amounts;
- Information regarding an absent parent;
- Disability status; and
- The authorized representative or responsible person of an ** applicant/beneficiary.

LTC Only

The LTC facility is required to report to the agency:

- Admissions, transfers, Form 142 extensions, deaths, discharges and
- Any changes in the applicant/beneficiary's income or resources of which facility personnel becomes aware.

Home and Community-Based Services (HCBS) Only

The case management agency is required to report to the Medicaid agency:

- Admissions, deaths, discharges, and transfers (including transfers to another case management agency and temporary absence of HCBS waiver services due to placement in a hospital, nursing facility, respite center or other medically necessary program with the intent to return to waiver); and
- Any changes in the applicant/beneficiary's income or

resources of which provider personnel becomes aware.

The Office for Citizens with Developmental Disabilities (OCDD) or the Office for Aging and Adult Services (OAAS) is responsible for approving and reporting permanent discharges (loss of waiver slot) from the waiver program to the Medicaid agency. No action can be taken to close the waiver case until ** OCDD or OAAS approves the discharge.

L-300- 400 RESERVED

L-500 ACTION ON CHANGES

When information is received that may affect the beneficiary's eligibility, the agency must act promptly to determine whether the beneficiary's eligibility is impacted. If the agency determines that information received from an electronic data source, if correct, would impact a beneficiary's eligibility, the agency must contact the beneficiary.

For a change in circumstances that is reported by the beneficiary, if the information is correct and does not result in a loss or change in the amount of medical assistance, no further action is required.

For information received from an electronic data source or other third party source which is determined would impact the beneficiary's eligibility, the beneficiary must be given an opportunity to provide information or other documentation to establish that the information received by the agency is not correct and the individual continues to meet the eligibility criteria at issue. It is reasonable to allow beneficiaries 10 days to respond and provide any necessary information.

The agency must provide the beneficiary 10 days to provide information or documentation either by online, phone, mail or in person. Promptly evaluate all information and documentation the beneficiary provides. If the beneficiary does not respond to the request timely, send advance notice of termination.

If the agency determines that the beneficiary no longer meets the requirements for the current eligibility group while processing a change in circumstances, they must consider whether the beneficiary may be

eligible under other eligibility groups. If additional information is needed to make the determination for another eligibility group, request the information and give the beneficiary 10 days to provide the information. If the beneficiary is eligible on another basis, provide notice of the determination. If the beneficiary is not eligible on another basis, provide advance notice of termination. If the beneficiary does not respond to the request for information timely, provide advance notice of termination.

Supplemental Security Income (SSI) Only

Action on changes to SSI-Medicaid cases is taken only after notification from the Social Security Administration (SSA). The Medicaid agency receives information about changes to SSI records via the State Data Exchange (SDX) interface. Eligibility must be explored in other programs. If the beneficiary is no longer eligible as a result of the change, send advance notice before closing the case.

Changes reported to the Medicaid agency which may affect eligibility of SSI cases should be sent to SSA via SSI Referral Form.

Pregnant Women

Pregnant women are entitled to continuous eligibility through the last day of the 12th month after the month in which the pregnancy ends (postpartum period). This is regardless of changes in income that would otherwise result in a loss of eligibility. At the end of the postpartum period a renewal and review of all Medicaid programs is required.

Nursing or ICF/ID Facility Changes

Upon receipt of the BHSF Form 148 from the LTC facility advising of the discharge of a beneficiary to a non-institutionalized setting, explore eligibility in all other programs.

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HCBS Only

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OCDD waiver participants are not entitled to receive OCDD waiver services while residing in an ICF/IID or nursing facility, therefore, a temporary absence may require the current type certification to be

closed in ** LaMEDS to allow the beneficiary to be certified in a different type certification. A discharge for temporary absence does not mean that the beneficiary's eligibility for waiver services has been terminated. If a permanent discharge is received, explore eligibility in all other programs.

L-600 ADEQUATE NOTICE

In circumstances where advance notice is not required, adequate notice may be sent on the ** date of action. Date of action is defined as the intended date on which a termination, suspension, or reduction of benefits becomes effective. Reference 42 C.F.R § 431.213

The following case actions require only adequate notice:

- Closure upon death of the only beneficiary or payee, when death has been verified (Form 148, copy of obituary, mail returned from post office marked "Deceased", or other reliable evidence), even if the actual date of death cannot be verified;
- Removal of beneficiary upon death, if verified (see above);

  Note: If death cannot be verified, advance notice is required before closure or removal.

- Closure, when the beneficiary's whereabouts are unknown and agency mail directed to him has been returned by the post office indicating no known forwarding address;

  Exception:
  Do not terminate eligibility before exploring ** continuous eligibility. Refer to H-1910 Twelve (12) Months Continuous Eligibility.

- Closure when SDX provides information that the beneficiary has moved out of the state, or it is documented that the beneficiary has been certified in another state;
- Removal of a beneficiary from one case and certification in another case, with no change in benefits or an increase in benefits;
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- Addition of a beneficiary to a certification;

- Termination of vendor payment to a LTC Facility or case management agency, when other Medicaid benefits continue;

  Exception:
  When termination of vendor payment is the result of transfer of resource provisions, send advance notice.

- Open/close certifications (Notice of decision serves as the adequate notice);
- Mass changes that do not result in closure; or
- ** The beneficiary states in writing that he no longer wishes to receive Medicaid and understands the result of waiving his right to advance notice;

L-700 ADVANCE NOTICE

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The agency must provide 10 days advance notice and appeal rights whenever it intends to terminate, reduce or suspend Medicaid covered services or if there is a change in patient liability (PLI). The agency must allow the advance notice period to expire before taking adverse action against the beneficiary. Reference 42 CFR § 431.211

Advance notice gives the beneficiary a specific period in which to:

- Appeal the proposed action and have benefits continued until a fair hearing decision is made; or
- Provide verification that the change should not be made.

Reminder:
Twelve (12) months continuous eligibility must be explored before terminating eligibility. Refer to H-1910 Twelve (12) Months Continuous Eligibility.

L-800 MASS CHANGES

A mass change occurs when the federal or state government initiates a change in a program or a requirement that affects all cases with certain characteristics.

Mass changes include:

- Cost-of-living benefit adjustments (COLAs) for Retirement,

Survivors, Disability Insurance (RSDI), SSI, and other federal benefits; and

- Changes in eligibility criteria based on legislative or regulatory actions.

L-900 APPEAL REQUESTS

Adequate Notices

If the beneficiary requests a fair hearing after receipt of an adequate notice, do not reinstate benefits unless directed to do so by the Appeals section.

Advance Notices

Do not take the proposed action if the beneficiary requests a fair hearing during the advance notice period.