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APPLICATION AND REDETERMINATION PROCESSING

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REDETERMINATIONS

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**A. PURPOSE**

Redeterminations on Medical Assistance Only cases must be performed on a regular basis to determine if a client remains eligible for Medicaid benefits. The redetermination process is essentially the same as the application process in that the client's entire situation must again be reviewed for regular redeterminations. Special reviews require that only the reported change be considered rather than all eligibility factors.

**1. Factors  
verified That Do  
during Not Require  
Reverification**

Certain technical factors of eligibility which are and/or during the application process need not be reverified a redetermination unless a change has occurred or a discrepancy exists

- Age.
- Disability. However, if DDS has requested on the most recent DOM-325 that a re-examination is necessary, the case will be resubmitted to DDS on the date requested by DDS.
- Citizenship and Residency.
- Physicians Certification approving need for long-term-care clients.
- Social Security Number of client.

**2. Factors  
That  
Require  
Reverification**

Other technical factors such as living arrangements, utilization of other benefits, or any other factor that has changed since the last application/redetermination process must be reverified.

Note: It is mandatory to verify the current living arrangement of each recipient at each redetermination, i.e., verify that the recipient continues to reside in the same type of living arrangement or nursing facility as previously reported.

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Financial factors of eligibility are the most likely to change. For this reason, income and resources must be carefully reviewed at each regular redetermination.

Obtain a tax receipt each year for nursing home cases.

Obtain one bank statement or other means of documenting bank balances. A verified balance from the bank is acceptable. Give the client the 330 to take to the bank or ask the client to get a statement or receipt from the bank. Only one verified balance, with date, is needed. If a bank statement is received that shows odd deposits, use the prudent man concept to determine if this is on going income.

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**B. TYPES AND  
FREQUENCY  
OF REDETER-  
MINATIONS**

Redeterminations are classified as either regular or special reviews of a client's case.

**1. Regular  
Reviews**

A regular review must be performed on each MAO client's case at intervals not to exceed 12 months. A regular review is a complete redetermination whereby DOM-300A is completed by the client or representative and each eligibility factor is examined.

Note: SSI Nursing Home cases are redetermined each 12 months to recalculate Medicaid Income only and issue an updated DOM-317.

No designated time limit exists for completion of regular redetermination since eligibility does not expire at the end of 12 months. Cases which are not current simply become overdue. The regular redetermination process should begin two months prior to the end of the review due date, meaning DOM-300A should be issued at this time, thereby allowing time for completion before the case becomes overdue.

**1. Telephone  
Redeter-  
minations**

A telephone redetermination can be completed using the DOM-300A Form. The client's signature is not needed. Document the Household Composition for nursing home cases. Also, document what was verbally requested during the telephone redetermination. Set a ten (10) day manual tickler for information needed. After 10 days, send a Second Request (309) if the information has not been received.

**3. Exception  
Telephone  
Interviews**

When it is impossible to contact a client by telephone, the Redetermination Form, DOM-300A, should be issued along with DOM-307, Request for Information. DOM-307 must specify the types of verification known to be needed upon return of the completed DOM-300A. A time limit of 10 days is allowed for completion of Form-300A and the submission of requested information.

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DOM-309, Second Request for Information, must be issued at the end of 10 days if the information requested via DOM-307 is not timely submitted. Note, however, the instructions to DOM-307 which specify that if new or additional information is required upon return of the completed DOM-300A, and this information was not included on the first DOM-307, it is necessary to issue another DOM-307 requesting information for the first time.

DOM-306, Notice of Adverse Action, must be issued to close the case if required information is not received after DOM-307 and DOM-309 have been issued and the appropriate 10-day notices have expired.

Do not close a case for failure to return the needed redetermination information without a documented telephone contact that effort(s) were made to contact the client prior to closing the case. This means an additional telephone contact is required, other than the redetermination interview.

**4. Special  
Reviews**

Special redeterminations can occur, as outlined below, whereby a complete review is not required nor due; however, a portion of the case must be reworked.

Special determinations of eligibility are necessary when:

- the client reports a change in his circumstances which could affect eligibility or level of benefits,
- information from any other source is received which could affect eligibility or level of benefits,
- potential changes in eligibility are indicated by information already available,
- it is necessary to transfer the case record to another Regional Office.

If additional information is needed to act on reported charges, then the client must be notified in writing via the use of DOM-307 and DOM-309 Forms allowing the client sufficient time to provide the information.