APPLICATION AND REDETERMINATION PROCESSING NOTIFICATION PROCESS

A. NOTICE TO CLIENT

The client must be notified in writing, via the appropriate DOM Form, of any action taken on the client's application or active case which affects eligibility or level of benefits. The appropriate notice to use depends on the type of action taken on the case as outlined below:

1. DOM-305, Notice of Action

This notice to the client is used when the action taken on an application or active case involves any of the following:

- Approval of application. This form is used to approve retroactive benefits, ongoing eligibility, or a combination of the two. The effective date of approval and the amount of Medicaid Income, if any, will be shown on the form. DOM-305 is used when approving only a portion of the benefits applied for, e.g., when the applicant applied for 3 months retroactive benefits but can only be approved for 1 month. If a portion of the benefits applied for are to be denied or if eligibility will expire at a predetermined time, an explanation must be provided in the remarks section of the form.
- Approval of redetermination. For nursing home clients this form is used to approve the redetermination or special review of a case, provided benefits remain the same or increase, meaning the client's Medicaid Income is reduced. If Medicaid Income increases, this is considered a reduction in benefits and, thus, results in an adverse action. Refer to the following subsection for policy outlining the effective date of action for changes.
- Transfer of case to another Regional Office. This form is used to notify the client when the case record is transferred to another Regional Office. The address of the Regional Office that will handle the case will be posted on the form.

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The Notice of Action includes a statement concerning the client's right to a fair hearing. However, the fair hearing statement does not include the 10-day advance notice for continuation of benefits, as this provision is not applicable to approval of applications or an increase in benefits. The applicant or client has 30 days from the date of mailing posted on the form to request a hearing if dissatisfied with the action taken on the case.

2. DOM-306, Notice of Adverse Action

This notice is used when the action taken on an application or active case involves any of the following adverse actions:

Denial of application. This form is used when all benefits applied for must be denied. The reason for the denial will be clearly stated in the space provided on the form. Although a denial is an adverse action, there is no need to hold the denial for 10 days, since the continuation of benefits provision does not apply.

- Closure of active case. This form is used to close a client's case. The effective date and reason for the closure will be clearly stated in the space provided and the continuation of benefits provision applies as outlined below. Refer to the following subsection for policy outlining the effective date of closure.
- Increase in Medicaid Income. This form is used to report an increase in Medicaid Income for nursing home/hospital clients. The effective date and reason for the increase will be clearly stated in the space provided and the continuation of benefits provision applies outlined below. Refer to the following subsection for policy outlining the effective date of increases in Medicaid Income.

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- Termination of Nursing Facility vendor payment. This form must be used to terminate a client's vendor payment in instances where a transfer penalty is to be applied or a nursing facility level of care is denied or terminated. Advance notice to terminate the vendor payment is required for MAO and SSI-only clients
- Conversion to a reduced services coverage group. This form is used to notify the client that eligibility for full Medicaid services is being terminated and eligibility will continue for reduced services only, such as QMB or SLMB.