APPLICATION AND REDETERMINATION PROCESSING
NOTIFICATION PROCESS

B. ADVANCE NOTICE PERIOD

Federal regulations mandate that the agency mail a notice of of adverse action 10 days before the date of action to reduce or terminate Medicaid benefits, except for situations classified as "Exceptions to Advance Notice." The required advance notice period is 10 calendar days beginning with the day after the date of mailing which is posted on the DOM-306. However, for MEDS purposes the actual advance notice period is 12 calendar days from the end of a month to allow for notice processing and mailing. It is mandatory that the Notice is mailed out on the date posted as the date of mailing so that the client is allowed the maximum advance notice time in order to timely request a hearing whereby continuation of benefits applies.

During the 12-day advance notice period, the agency cannot authorize any action to reduce or terminate benefits. If action is erroneously taken to reduce or terminate benefits during the advance notice period and the client requests a hearing during the advance notice period, benefits must be reinstated as discussed in the following subsection.

1. Continuation of Benefits

This provision applies to any action taken to reduce or terminate Medicaid benefits. Form DOM-306, Notice of Adverse Action, contains space for the worker to enter the date which represents the last day of the advance notice period. This is the 12th calendar day from the day after the date of mailing which is posted on the notice. If a client requests a fair hearing during the 12-day advance notice period, the agency may not reduce or terminate benefits until the final hearing decision is rendered. For a detailed discussion on how to determine if a hearing is requested timely in order for continuation of benefits to apply, refer to the Hearings Section.

APPLICATION AND REDETERMINATION PROCESSING
NOTIFICATION PROCESS

2. Exceptions to Advance Notice

The following situations represent exceptions to advance notice whereby the action does not have to be held; however, the DOM-306 must be issued:

- The agency has factual information confirming the death of a client.

- The client submits a voluntary request for closure of his/her case. This request must be in writing, signed by the client or his/her designated representative.

- The client is admitted to a public institution, e.g., prison or a State hospital in a non-Title XIX facility.

- The recipient's whereabouts are unknown and the Post Office returns agency mail indicating no forwarding address. If the client's whereabouts become known during the time the client is eligible for services, the case must be reinstated.

- The agency establishes the fact that the client has been accepted for Medicaid services by another State.