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**APPLICATION AND REDETERMINATION PROCESSING**

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**AUTHORIZING CHANGES**

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**A. TIMELY  
ACTION ON  
CHANGES**

The worker must follow up on any information resulting in a change in a client's circumstances which is reported or becomes known to the agency. Changes affecting eligibility should be processed as soon as the change becomes known to the agency. Action must be taken to initiate the change no later than 10 working days from the date the change becomes known. The case record must reflect that action was initiated to process a change within this 10-day time period.

Changes include:

- closures
- increases or decreases in Medicaid Income
- procedural changes such as transfer between programs, etc.

Changes require that the client be notified of the change via the appropriate notice to the client and that the medical facility be notified, if appropriate, via DOM-317. The following policy discussion specifies the effective dates to use in notifying the client and medical facility.

**B. CLOSURES**

Advance notice is always required before a case can be closed. This means that there must be 12 days left in the current month in order to close a case for the following month. This allows for the 10-day advance notice period plus 2 days mailing time. During the advance notice period the client has the right to request a fair hearing and has the right to continuation of benefits pending the hearing decision if timely requested.