101.17 SPECIAL REVIEWS

A special case review is completed when changes occur between regular reviews, which may result in adjustments to eligibility or benefit level. A special case review is not a full review. Instead the case (or an individual) is evaluated to consider the impact of the changed information. Factors unrelated to the change are not re-verified as part of a special review.

Example: A COE-075 adult recipient reports three months after her regular redetermination that she has a part-time job. The children in the case have income from Social Security which was last verified at the regular review. The Social Security income is not subject to re-verification since it is not part of the reported change.

A special review of eligibility is required when:

- The recipient reports a change in circumstances which could affect eligibility and benefit level;
- Information is received from any other source which could affect eligibility and benefit level;
- Potential changes in eligibility are indicated by information available to the agency.

The special review process may result in termination of benefits, benefit reduction or adjustments to Medicaid Income. It may also involve procedural changes, i.e., updating or correcting case information with no impact on eligibility or benefits. Special reviews are handled differently, depending on the impact the change may have on eligibility and is discussed below.

101.17.01 RECIPIENT REPORTING REQUIREMENTS

Recipients must report required changes within ten days of the date the change becomes known. Changes may be reported in person, by telephone or by mail, fax or email to the agency. A change is considered reported on the date the report of change is received by the agency. If an individual fails to report timely or the agency fails to take timely action, causing the recipient to receive benefits to which he is not entitled, the specialist will take steps to report an overpayment.

101.17.02 CHANGE REPORTING REQUIREMENTS - ABD

The following types of changes must be reported by ABD recipients within 10 days of the date the change becomes known:

- Changes in address in or out of state;
- Changes in marital status;
- Changes in income for the recipient and/or spouse;
- Change in any type of policy that would pay for medical services, such as health insurance, indemnity policies, major medical policies, CHAMPUS or legal settlements;
- Changes in a recipient's disability which would affect his Medicaid eligibility;
- Changes in living arrangements, such as a long term care (LTC) recipient entering a hospital or a nursing home, leaving a hospital or a nursing home, moving from one medical facility to another;
- Changes in resources, i.e., recipient buys, sells, gives away or receives an asset or any part of an asset; and.
- Changes in health insurance premiums for LTC recipients.

101.17.03 CHANGE REPORTING REQUIREMENTS – MAGI PROGRAMS

The following changes must be reported by MAGI-related recipients within 10 days of the date the change becomes known.

All MAGI Recipients

- Changes in address in or out of state;
- Changes in any type of policy that would pay for medical services, such as health insurance, indemnity policies, major medical policies, CHAMPUS or legal settlements.

COE-075 Adults

- Increases in earnings or other income;
- Changes in marital status;
- Changes in household, such as spouse or parent entering or leaving the home and/or children entering or leaving the home.

COE-075 Adults on Extended Medicaid

- Termination of employment when new or increased wages caused ineligibility;
- Termination of spousal support income when new or increased spousal support caused ineligibility.

Pregnant Women

- Change in the verified due date, i.e., earlier delivery/termination date or later due date than originally verified.

Child Only Cases

- Children leaving the home (includes institutionalization, death, foster care, etc.);
- Uninsured CHIP child becoming covered by creditable health insurance;
- CHIP child becoming pregnant.

101.17.04 PROCEDURAL CHANGES – ABD and MAGI

Procedural changes include:

- Name corrections or changes;
- In-state address corrections or changes;
- Change or appointment of a guardian or conservator;
- Case transfers between regional offices;
- Program transfers such as a disabled or blind recipient turns age 65, becoming an aged client.

NOTE: In the system, name, address, SSN, DOB, marital status, race and gender can be changed or corrected on a processed time span.

101.17.05 TAKING ACTION ON REPORTED CHANGES

Specialists must follow up on information which is reported by the recipient or otherwise becomes known to the agency to determine if the information is a reportable change. If the change is not reportable, the information will be considered at the next regular review. For instance, an income increase reported by the parent of a Medicaid or CHIP child is not a reportable change because of the continuous eligibility provision for children. The impact of an increase in parental income will be considered at the next review. However, if the parent reports an eligible child has moved from the state, that is a reportable change which must be acted upon.

Action on a reportable change must be initiated no later than 10 working days from the date the change becomes known to the agency to determine its impact on eligibility and benefit level.

NOTE: It is imperative that timely action be taken on reported changes to prevent agency error. For instance, recipients frequently report address changes. Failure to take prompt action on these changes not only results in inconvenience to the recipient, but also may lead to benefits being terminated in error when notices are mailed to the wrong address.

If verification of a reportable change is needed from the recipient, DOM-307 will be issued to provide written notice of the required information and due date. DOM-309 will be issued, when applicable, to ABD recipients. Action is taken on changes as follows:

- Reported changes with the likelihood that eligibility will be adversely affected require development, which may mean a request for additional information is needed. Failure by the MAGI head of household or ABD recipient or representative to respond to needed information will result in termination of eligibility for any adult(s) affected by the change. Changes can include, but are not limited to, the report of a marriage with additional household income to consider, a new job for a household member or any type of change indicating an additional source of income.

TAKING ACTION ON REPORTED CHANGES (Continued)

- A negative change reported during a review period that affects eligibility for adult(s) is handled at the time of the reported change; however, it is not permissible to take punitive action on the children in a case due to action being taken for the adult's eligibility. This includes not setting future termination dates for the children at the end of their 12-months of continuous eligibility. Children must be reviewed so their eligibility is assessed at each annual review. For example, an adult reports marriage and is terminated during the review period because spousal wages were requested but not verified. The adult's eligibility is terminated. A future closure would not be set for the children. The child's eligibility must be reviewed at the next annual review. If information needed at the time of the annual review is not provided, the children's eligibility would be terminated as a result of the annual review.

- If there is a case change, such as the addition of a parent, that results in information that must be requested to confirm the parent's eligibility, do not require updated information for a child's eligibility. Handle the child's eligibility at the next annual review.

- Reported changes that will not likely affect eligibility for the household should be developed but if a request for additional information yields no response, it is not permissible to terminate eligibility for a failure to respond to the request. Instead, follow up at the next review. These types of changes may include a change of address for the household when a move out of state is not indicated, loss of an income source to the household, the death of a child's parent or other types of changes that would not result in a loss of eligibility.

- Reported changes or actions taken during a review period can affect one or more household members but not the entire household. The option to perform an early review can be offered but cannot be required for a child's eligibility.

- A change during the review period that results in updated information on all household members can result in eligibility being extended for the household. For example, during the review period a parent applies and is added to the case. All household income is updated and verified. It is permissible to extend eligibility for a new 12-month review period for the children under these circumstances.

Documenting the Case Record

The case record/case narrative must reflect the following information about the reported change:

- Who reported the change;
- When the change was reported;
- How the change was reported;
- When action was initiated on the change;
- What was used to verify the change; and
- What action was taken in regard to the verified information.