COMBINED MEDICAID 1502-1

REDETERMINATIONS

Supersedes: CMA 1502-1 (04/01/2023)

Reference: 42 CFR 435.916,.919; 42 CFR 431 Subpart E, MCA 53.6.113, .142, P.L. 119-21

Overview: All Medicaid cases must be redetermined at least annually. A Medicaid redetermination consists of reviewing both financial and non-financial eligibility factors to determine ongoing eligibility. A timely closure notice is mailed if the updated information is not received by the due date. Appropriate notices must be sent when the redetermination is completed. See CMA 1503-1 Timely and Adequate Notice.

Interviews cannot be required to complete a redetermination. However, if the client requests an interview, it must be scheduled.

SSI Recipients: The Social Security Administration completes an SSI recipient's annual Medicaid review. A renewal is not required if the individual is receiving or requesting additional coverage, such as Nursing Home, Waiver, QMB or SLMB and SSI/State Supplement is verified via SDX interface (IN).

ACA/ABD/Family Medically Needy: Redetermined annually. All available electronic data sources are automatically queried; if there are no discrepancies between the queried and existing data, the program is automatically renewed. An approval notice is sent letting the household know benefits will continue. If a discrepancy is discovered or the auto-renewal process cannot run, a pre-populated -redetermination form is mailed to the household, allowing at least 30 days for the form to be returned. The client is required to respond and provide necessary information; they must either return the signed redetermination form, process the redetermination online, via the PAHL or in person.

Community Engagement - ACA Adult Expansion: (ACA Adult Medicaid and ACA Adult) If a discrepancy is discovered or the auto-renewal process cannot run at redetermination, a pre-populated redetermination form is mailed to the household, allowing 30 days for the form to be returned. The client is required to respond and provide necessary information; they must either return the signed redetermination form, complete the redetermination online, via the PAHL, or in person.

The Medicaid participant must meet community engagement requirements or have an exception in any 3 months since the last redetermination; or qualify for an exclusion in the eligibility month. The 3 months do not have to be consecutive. Ongoing community engagement requirements can be met by participating in at least 80 hours per month of qualifying activities or earning the equivalent of 80 hours at the federal minimum wage per month. A combination of these activities can also meet this requirement.

Available queries will be run as a part of the review. If the recipient/household reports a change at redetermination that may be verified by use of an available query or matches current information available in the case file, no further verification is requested from the client. Information related to community engagement requirements, exceptions, or exclusions may need further verification. See Community Engagement and Exclusion Policy

Client's self-attested income is required to be electronically verified at redetermination. If the electronic interface returns information with a reasonable compatibility, no further verification is required. If it is not reasonably compatible or the information is not matching, verification is required.

A CSC may call and attempt to get a reasonable explanation of a discovered discrepancy. If the attempt to obtain a reasonable explanation is unsuccessful or the reported change can't be verified, hard copy verification of the change is required. When verification is not submitted with the reported change, a request for information will be sent. If the requested information is not submitted, benefits will be terminated.

If the reported change could result in a negative action, as a courtesy, send a request for information if timely notice of adverse action would still be possible by the due date on the notice. If timely notice would not be possible by the due date of the request for information notice, benefits will be closed

using timely notice. Include in the comments section of the negative action notice that if verification is received before the effective date of closure, the information will be used to reconsider eligibility.

Penalties for Non-Compliance in Community Engagement

Individuals who have **not** met the community engagement requirements, do not have an exception, or qualify for an exclusion at their redetermination will be notified that they have 30 days to come into demonstrate compliance with the criteria. This coincides with the end of the redetermination period. It is not an extension to the redetermination period. The notice of non-compliance must be sent separately from the redetermination packet. The 30-day non-compliance period starts from the date the non-compliance notice is sent.

Failure to verify community engagement within the 30-day period will result in Medicaid closure with timely notice. If the closure would not allow timely notice, Medicaid will close no later than the end of the month following the 30-day period of non-compliance.

A disenrolled individual will be required to reapply and demonstrate compliance or exception from community engagement requirements to regain coverage.

EX-PARTE REVIEWS:

Part of the redetermination process is to complete an ex parte review for any Medicaid client whose current Medicaid coverage is ending at redetermination for reasons other than failure to comply. See 'Ex parte Review' in CMA 103-1 Application Eligibility and Furnishing Assistance for more information.

LATE PROCESSING:

It is a requirement for late processing that the information, including due dates and received dates are noted in the case note. Failing to case note will result in an error. If the delay is due to obtaining verifications for community engagement, this should be stated specifically.

Effective Date: 07/01/2026