

1/1/89

Bulletin No. 88-74

P-2402 A

P-2402 Review Processing

A. Mailing of Review Letter (DSW 202RL), DSW 201 and DSW 202

On or about the 11th of the month prior to the month of review, the worker will receive a computer-generated review letter (DSW 202RL). The letter will require that the recipient complete and return the review form and verification if he or she wants Medicaid benefits to continue. (If a computer-generated notice is not used, the deadline for returning the application should be included. The date should be 12 days after the date the letter is actually mailed from the district.) The IMS should:

- check to assure that notices are correct when changes in address or closure dates have been recently submitted. Corrected notices should be sent if necessary.
- enter the date mailed on the carbon copy of notice.
- file the copy in case record (if a face-to-face interview will not be required).
- enclose, application (DSW 201) and a Statement of Need (DSW 202) with the review letter.
- if the review form is not provided, give the client a DSW 202RL2 with a date by when the information must be received in order for assistance to continue.

On the adverse action deadline, ACCESS will close Medicaid cases coded with a "50" or "35" who were sent a review letter and have not returned their application and 202. A closure notice will be generated. If an application is received after the closure notice has been mailed but prior to the effective date of the closure, the application should be treated as a new one. (See P-2402 B3).

8/1/90

Bulletin No. 90-6

P-2402 B1

P-2402 Review Processing (Continued)

B. On Receipt of Review Letter (DSW 202RL) and DSW 202

1. If client is age 60 or over or in a long-term care facility, send DSW 208, "Verification of Bank Accounts", to those banks where client reports having an account. (Account numbers should not be listed by the IMS on the form.)

A signed DSW 201B, "Information Release Authorization", should be in the case record if the client is in a LTC facility.

2. If the review form is not signed, return it to the client. If the review form is not completed, have the client complete it. If mailed, retain the signed original and mail a copy to the client. If the review form or any necessary verifications are not provided, give the client a DSW 202RL2 with a date by when the information must be received in order for assistance to continue.
3. If necessary information is received, proceed to the eligibility determination procedures for this type of Medicaid case.
4. If review form is not returned by deadline given on DSW 202RL2, take the applicable actions as follows:

If the client actually states that he or she will not provide necessary information (i.e. the DSW 202 or verification needed to determine eligibility), the household's eligibility is to be terminated for not providing verification. Such an outright refusal must be documented in the case file. A 10-day notice of adverse action is required. Let the client know he/she may reapply at any time and provide the required proofs.

NOTE: There may be instances when an immediate closure may not be the best approach. For example, a recipient who becomes upset during an interview and "storms out" of the office might decide a few hours or days later to cooperate in providing verification. If the worker thinks that this might be the case, sending a DSW 202RL2 before closing the case would be appropriate, although not required; it is a "judgement call" on the worker's part.

If all of the requested information is not returned by the specified date, the case should be closed. The date of closure depends upon the deadline date given for the return of the information. If the date is before or the same as

the adverse action deadline for that month, the case should be closed for the end of the month. If the date is after the adverse action deadline for that month, closure should take place at the end of the following month. The recipient's failure to contact the D.O. must be documented in the case file and a 10-day notice of adverse action is required.

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B2

Bulletin No. 89-85

P-2402

P-2402 Review Processing (Continued)

B. On Receipt of Review Letter (DSW 202RL and DSW 202) (Continued)

- If the client indicates that he or she is having difficulty in obtaining any or all of the information, the worker should

(1) assist the client in obtaining the verification.

(2) determine if the client has good cause for not providing the information:

If YES, and the information is received, continue assistance. Document in the case file the reasons for the decision. If the information is not received by the stipulated date, the case must be closed. The 10-day notice of termination needs to state that the case will be reopened if the client provides the information and demonstrates that "good cause" continued. Whenever possible, the 10-day notice of termination should be sent in time to prevent coverage being provided after the review period has expired. (If good cause is demonstrated, the client may be reinstated back to the date of closure. Before reinstating, the worker needs to determine that the information on the DSW 202 is still current. If the requested information is received more than 60 days after the original request for verification, a new DSW 202 is required.)

If NO, document the explanation given for the failure and why the explanation does not represent good cause. Send the client a 10-day notice of termination. Whenever possible, the 10-day notice of termination should be sent in time to prevent coverage from being provided after the review period has expired. The case should be closed for not providing verification.

NOTE: Possible "good cause" reasons are listed in the verification section of ANFC policy (WAM 2211.3). The list is not meant to be all-inclusive, and it is up to the District Director or his or her designee to determine if good cause exists in a specific case.

5. There may be extenuating circumstances when proof is unlikely ever to be available and obtaining it is outside the control of the client. In such cases the District Director or his or her designee may waive the requirement of verification.
6. If the eligibility is terminated for other than an outright refusal, the client provides the requested information after

the end of the review month, and the worker later learns that a determination of good cause should have been made, eligibility should be reinstated for every month the client would have been eligible. Before reinstating, the worker needs to determine that the information given on the DSW 202 is still current. If the requested information is received more than 60 days after the original request for proof, a new DSW 202 is required.

P-2402 Review Processing (Continued)

B. On Receipt of Review Letter (DSW 202RL and DSW 202) (Continued)

7. If the review form is returned before the 10-day closure notice date but after the deadline given in the computer reminder letter, and you are unable to process so that the client will receive a Medicaid ID on the 1st, extend the future closure date in ACCESS by one month so that Medicaid benefits will continue until a decision can be reached.

8. If the reapplication is received prior to the closure effective date, but after the 10-day closure notice date and the closure notice has been mailed, the closure date should remain on the record. The reapplication is then treated as new and denied or granted as appropriate.