Vermont PROCEDURES Medicaid

Social Welfare

2/1/93 Bulletin No. 93-7

P - 2423

Α1

P-2423 <u>Processing Eligibility Decisions</u>

ACCESS will determine Medicaid eligibility for most cases, from the information enter on the STAT.

For those special circumstances where ACCESS is unable to correctly determine eligibility (eg., where income is prorated between individuals) use the appropriate Medicaid Worksheet to document your eligibility decision. For Long-Term Care use the DSW 203B(LTC). For SSI/AABD-related Medicaid use the DSW 203B1 and for ANFC-related Medicaid use the DSW 203B2.

Notify the applicant (and the person acting on behalf of the applicant) of the decision on an ACCESS generated DSW 220 (Notice of Decision) or DSW 220MD (manual Notice of Decision).

When it appears that an applicant may have been involved in an accident and there is potential third party liability, send a completed DSW 248 (Insurance/Accident Questionnaire) to the Medicaid Division (see P-2442 D).

A. Grants

If an individual is found eligible, eligibility starts the $1^{\rm st}$ day of the month in which all eligibility tests are met, regardless of what day of the month those tests were met (M121). The only exceptions are: retroactive eligibility, which starts the $1^{\rm st}$ day of the $1^{\rm st}$ month of eligibility (see P-2411 B); and individuals who have an income spend-down, which starts the day the spend-down is met (M414) (see P-2424 A and B). Send the ACCESS generated DSW 220 or a manual Notice of Decision (DSW 220MD).

Note:

A DSW 220S (Psychiatric Services)

must be included with the grant letter.

When an individual has met a spend-down, send, in addition to the Notice of Decision, a separate DSW 220MP, (Medicaid Provider Notice), for each provider who has given Medicaid-covered service to one or more members of the Medicaid group on the first day of Medicaid eligibility.

- If the recipient is responsible for part or all of the provider's charges on that date, enter the dollar amount the recipient is responsible for opposite the member's name.
- If the recipient is responsible for <u>no</u> part of the

provider's charge on that date (no spend-down, or spend-down exhausted to other members), enter \$00.00 opposite the member's name.

Vermont PROCEDURES

Medicaid
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P-2423 <u>Processing Eligibility Decisions</u> (Continued)

A. <u>Grants</u> (Continued)

- Include on the DSW 220 or DSW 220MD the end date of the spend-down period.
 - NOTE: If a client reports a medical bill incurred for the first day of eligibility after the DSW 220MPs have been sent, issue a new DSW 220MP for this bill and corrected notices to the other providers as necessary.
- Based on the eligibility code 35 (current Medicaid eligibility period ends) or code 50 (eligibility must be reviewed by ______) and the closure date, ACCESS will generate a review notice six weeks before the closure date.

B. <u>Denials</u>

If the applicant/household is ineligible for Medicaid:

- 1. Complete the Medicaid eligibility panels by entering the denial date and appropriate denial reason code for each member.
- 2. Mail the ACCESS-generated or manual notice (DSW 220 or DSW 220MD).

If denial reason is excess income, enclose a DSW 214A (Medicaid Spend-Down Record) with the notice letter for each individual who has a spend-down. On the DSW 214A, enter the information at the top of the form as well as the spend-down amounts and periods for each person. Enclose a Medicaid Covered Services brochure and a Medically Needy Program brochure.

If denial reason is not disabled or not blind, attach or include the basis of decision from the DSW 213 which explains why DDS considers the applicant not disabled or

blind.

C. <u>Closures</u> (M133)

When information entered on the STAT (from a change or information gathered during the review) causes a person or household to close, ACCESS will enter a closure date and reason code. Day one of the adverse action period is the day after the notice is mailed, so the effective date of closure is derived by adding 11 calendar days to the date the notice will be printed and mailed from the district office. The last day of Medicaid coverage is the previous day (exceptions are listed below and are programmed into ACCESS). If the notice is not mailed on the day it is printed, correct the notice and send a MAIL message to PPS to adjust the closure date.