

## Eligibility Actions Following Loss of SSI Recipient Status

The purpose of this chart is to assist eligibility staff in determining whether a new application is required following a consumer's loss of SSI recipient status. This chart also provides instruction for addressing the consumer's review period at the time eligibility under a new program is determined.

<p><b>New Application Not Required</b></p> <p>A new application is not required if any of the following conditions are met:</p> <ul style="list-style-type: none"> <li>• Application (not MIPPA) received in the last 12 months</li> <li>• Pre-Populated Review received within the last 12 months</li> <li>• For Family Medical programs, Passive Review completed in the last 12 months</li> </ul>	<p>Added to Active Program</p>	<p>No Additional Information Needed</p>	<p>Administratively Added to Another Program</p>	
		<p>Additional Information Needed</p>	<p>Telephone Contact</p>	<ul style="list-style-type: none"> <li>• Required when the information needed to add or open the individual either requires no verification or may be verified by self-attestation.</li> <li>• Formal contact is required if the individual is not available for contact by phone.</li> </ul>
			<p>Formal Contact</p>	<ul style="list-style-type: none"> <li>• A written request for information is mailed to the individual allowing 12 days to respond.</li> <li>• Failure to provide the requested information results in ineligibility.</li> </ul>
	<p>Transitioned to Another Program</p>	<p>No Additional Information Needed</p>	<p>Administratively Transitioned to Another Program</p>	
		<p>Additional Information Needed</p>	<p>Telephone Contact</p>	<ul style="list-style-type: none"> <li>• Required when the information needed to transition the individual either requires no verification or may be verified by self-attestation.</li> <li>• Formal contact is required if the individual is not available for contact by phone.</li> </ul>
			<p>Formal Contact</p>	<ul style="list-style-type: none"> <li>• A written request for information is mailed to the individual allowing 12 days to respond.</li> <li>• Failure to provide the requested information results in ineligibility.</li> </ul>
<p>Determined Ineligible</p>	<ul style="list-style-type: none"> <li>• If the individual is not eligible for medical assistance under any available program, the SSI medical assistance program may be discontinued allowing timely and adequate notice.</li> <li>• Mailing a new application to the individual is not required.</li> <li>• Formal determination under another program is not necessary.</li> </ul>			

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<b>New Application Required</b>	Application Timely Returned	<ul style="list-style-type: none"> <li>SSI medical assistance continues while the new application is fully processed.</li> <li>Once the new application has been processed, SSI medical assistance coverage is discontinued providing timely and adequate notice.</li> <li>If approved, eligibility under another program begins the month following SSI medical assistance discontinuance.</li> </ul>		
	Application Not Returned	If the application is not returned, SSI medical assistance coverage is discontinued providing timely and adequate notice.		
	Application Untimely Returned	App rec'd before discontinuance is effective	SSI medical assistance coverage is reinstated (rescinded and reauthorized) and continues until a new determination is made.	
		App rec'd in the month following discontinuance	SSI medical assistance coverage is reinstated (rescinded and reauthorized) and continues until a new determination is made.	
		App rec'd later than the month following discontinuance	<ul style="list-style-type: none"> <li>SSI medical assistance is not reinstated while the new application is being processed.</li> <li>The application is registered using Reapply functionality and normal application processing procedures and timelines apply.</li> </ul>	
	Request for Information	Information Timely Provided (within 12 days of request)	<ul style="list-style-type: none"> <li>SSI medical assistance continues while the new application is being processed.</li> <li>Once the new application has been processed, SSI medical assistance coverage is discontinued providing timely and adequate notice.</li> <li>If approved, eligibility under another program begins the month following SSI medical assistance discontinuance.</li> </ul>	
		Information Untimely Provided (within 12 days of denial for FTP)	Both the application and SSI medical assistance are reinstated (rescinded and reauthorized) and continue until a new determination is made.	
		Information Untimely Provided (within 45 days of Application Date)	Both the application and SSI medical assistance are reinstated (rescinded and reauthorized) and continue until a new determination is made.	
		Information Untimely Provided (More than 12 days after denial or 45 days from Application Date)	A new application is required and the SSI medical assistance may not be reinstated.	

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<b>Review Due in the Future</b>	Added or transitioned to a new program <u>without</u> a new application	Medically Needy (MDN) with a Spenddown	<ul style="list-style-type: none"> <li>Existing review period remains if expiring before the end of the first spenddown base period.</li> <li>If review does not coincide with the end of a base period, review period is shortened</li> </ul>	
		Non-Medically Needy (MDN)	Existing review period remains in place	
	Added or transitioned to a new program <u>with</u> a new application	<ul style="list-style-type: none"> <li>Review period is reset</li> <li>Manually shorten existing review period to end in the last month of SSI medical assistance</li> <li>Run EDBC with the RE Run Reason in the first month of new coverage</li> <li>For Medically Needy (MDN) with a spenddown, it may be necessary to shorten the newly established review period to coincide with the end of the spenddown base period.</li> </ul>		
<b>Review Currently Due</b> <ul style="list-style-type: none"> <li>Review period has not expired, Pre-Populated Review has been sent but not returned</li> <li>Review in the future, not reasonably expected to be completed prior to resolution of loss of SSI recipient status</li> </ul>	<ul style="list-style-type: none"> <li>SSI Only</li> <li>SSI with MSP</li> <li>SSI with other Active MEMs in the Program Block</li> </ul>	A new application is requested.	A new review period will be established at the time the new determination is completed.	
<b>Review Due in the Past</b>  Policy requires any skipped or unprocessed review to be completed before adding new person to an existing program	Review received, not processed	Process review including add person/add program for SSI recipient	<ul style="list-style-type: none"> <li>Review and CE period (if applicable) will be set at the time the review is processed</li> <li>EDBC is run with the RE Run Reason in the first unpaid month</li> </ul>	
	Review not received or review sent and not returned timely	V044 sent with Pre-Populated Review allowing 12 days to return the form	Review received	<ul style="list-style-type: none"> <li>Process review</li> <li>New review period is established for all household members</li> </ul>
			Review not received	Discontinue eligibility allowing timely and adequate notice for all household members, including SSI recipient