

# MISSISSIPPI DIVISION OF MEDICAID

## Eligibility Policy and Procedures Manual

### 101.13 NOTIFICATION

The recipient and, when applicable, the medical facility must be notified in writing of the action taken on an application or an active case when eligibility or benefit level is affected by a change. Notices are generated by the MEDS and MEDSX systems based on the type of contact and the results of the eligibility determination.

NOTE: It is the specialist's responsibility to review and if needed correct notices printed in the regional office before they are mailed to the recipient.

If a manual notice is required for the recipient, refer to instructions for the DOM-305, Notice of Action, or DOM-306, Notice of Adverse Action. When a manual notice must be issued to a facility, DOM-317, Exchange of Information Between Nursing Home or Hospital and Medicaid Regional Office, is used.

#### 101.13.01 ADVANCE NOTICE

Federal regulations require issuance of a notice of adverse action 10 days before the effective date of an action to reduce or terminate benefits. In MEDS, the adverse action deadline is 12 days from the end of the month. In MEDSX it is the 19<sup>th</sup> of each month except February when the deadline is the 17<sup>th</sup>.

During the advance notice period, the recipient is allowed time to fully comply with unmet requirements, provide information or verification that will alter the decision to terminate or reduce benefits, or request a Fair Hearing with continued benefits. If this occurs, the agency must take prompt and appropriate action to reinstate benefits.

# MISSISSIPPI DIVISION OF MEDICAID

## Eligibility Policy and Procedures Manual

### **101.13.02 EXCEPTIONS TO ADVANCE NOTICE**

Unless noted, the following actions require notification to the recipient; however, 10-day advance notice is not required.

#### **Death**

When the agency has factual information verifying the death of a recipient, the date of death and verification source must be recorded in the record. A notice is not generated by either system if the termination reason is death.

Some acceptable sources to verify the death date are:

- SVES or SDX;
- Report from recipient's representative or the FCC Head of Household;
- Viewing the death certificate,
- Contact with the funeral home or the attending physician;
- Contact with the hospital or nursing home where the patient died;
- Dated newspaper clippings;

#### **Loss of State Residence**

When the agency establishes that a recipient has moved from the state through information received from the recipient or because another state reports the client has been accepted as a resident for Medicaid in that state, advance notice of closure is not required.

#### **Resident of a Public Institution**

When the agency has established that the recipient has been admitted to a public institution, such as a prison or a state hospital in a non-Title XIX facility, advance notice of termination is not required.

#### **Unable to Locate**

When a recipient's whereabouts are unknown, the agency must take reasonable efforts to locate the recipient. When agency mail is returned by the post office with no forwarding address and other efforts to locate the recipient are unsuccessful, eligibility will be terminated. However, if the client's whereabouts subsequently become known during the time the client is eligible for services, the case must be reinstated. Refer to 101.14 for a discussion of the reinstatement process.

# MISSISSIPPI DIVISION OF MEDICAID

## Eligibility Policy and Procedures Manual

CHAPTER 101 – Application and Redetermination Processes

Page | 852

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### **EXCEPTIONS TO ADVANCE NOTICE** (Continued)

#### **Voluntary Request for Closure**

If the recipient or his designated representative voluntarily requests closure, advance notice is not required. If the request is made in person, the specialist will obtain the request in writing. Otherwise, the specialist will document the case to reflect the specifics of the request.

#### **Eligible for Medicaid through Another Source**

If an FCC or ABD recipient becomes Medicaid-eligible through SSI or foster care, advance notice of termination of benefits authorized through the Medicaid Regional Office is not required.