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**NONFINANCIAL ELIGIBILITY FACTORS**

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**UTILIZATION OF OTHER BENEFITS**

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**C. NOTIFICATION  
REQUIREMENTS**

Upon a determination of potential eligibility for another benefit, the worker must furnish the individual a dated written notice explaining the individual's responsibility to apply within 30 days of the notice. DOM-307, Request for Information, will be used to inform the individual of the following:

- The type of benefit for which he/she may be eligible;
- The organization or agency where the application is filed;
- That the individual has 30 days from the date shown on the DOM-307 in which to file application for the potential benefit; and,
- That the individual must provide evidence to the Regional Office that application has been filed.

List the information specified above on DOM-307 and set a tickler for 30 days at which time the client will be contact by use of DOM-309, Second Request for Information, if the client has not already provided evidence within the 30 days that application has been filed. The DOM-309 allows an additional 10 days for the client to provide evidence. If the client has no evidence to present which documents application has been filed, the worker will contact the agency in question to determine whether an application has been filed and the usual processing time involved for the application in question.

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If application for other benefit(s) is filed within the allowable 30 days, eligibility for Medicaid will continue or an application may be approved while the application is in process for the other benefits. A tickler will be set for the end of the usual processing time for the application for the other benefit(s) so that the worker can contact the individual and/or agency to determine the final decision. The Regional Office must keep a control in this fashion to make a determination at any point in time as to whether the individual has taken all appropriate steps in prosecuting his/her claim for other benefits.

As soon as the Regional Office is notified of the final decision, the case record must be documented with the decision. The individual should receive written notice explaining the decision which should be obtained and photocopied for the case record. If the worker contacts the agency to determine the final decision, document the case record accordingly. Appropriate action will then be taken by the worker to determine the effect the decision has on Medicaid eligibility. If approved for the other benefit, the payment must be included in the budgeting procedure and the client notified of the resulting effect on Medicaid eligibility.