2412.40.00 DISABILITY INFORMATION ON REAPPLICATIONS/CATEGORY CHANGES (MED 1)

The policy stated in this section only applies to the MA D, MADW, and MA R categories of assistance.

The guidelines to follow concerning the submission of medical/social information to the MRT for individuals who are reapplying for Medicaid and those whose Medicaid category is changing back to a disability category are outlined below. These guidelines apply when a decision is required by the MRT because the individual's disability is not verifiable through the SSA data exchanges.

A. Medicaid Reapplications

If the most recent SSA or MRT decision for an applicant is disapproval, new medical and social information must be submitted to the MRT, and the conditions in Section 2412.30.05 are applicable. (Note that the applicant may or may not have last received Medicaid under the MA D category.)

If an applicant was previously discontinued under MA D, MADW, or MA R, 48 months or more before the date of the reapplication, new medical and social information is required, unless the applicant is still considered disabled according to the SSA. If new medical and social information is required to be sent to MRT, the conditions in Section 2412.30.05 are applicable.

If an applicant last received Medicaid under MA D, MADW, or MA R and was closed for a non-disability related reason 48 months or less prior to the date of the reapplication, new medical information is not required unless a Progress Report as required by the MRT is due. The Progress Report is required by the due date previously established by the MRT, but not sooner. ~~The applicant is required to apply for disability benefits through the Social Security Administration with 45 days after the 2032 is sent.~~ If there is a pending SSA application and an SSA denial is received, and the denial is not appealed within 65 days (see IHCPPM 2412.50.00), then the MED 1 category should be closed, and the Medicaid hierarchy must be explored (see IHCPPM 2412.50.00).

Additionally, if an improvement in the applicant's condition is noted, a Progress Report should be submitted immediately; however, if the MRT had not previously required a Progress Report, Medicaid is to be approved if all other requirements are met pending the MRT's decision on the Progress Report. A Progress Report will be considered inapplicable if the person is still considered disabled according to the SSA. If new medical and social information is required to be sent to MRT, the conditions in Section 2412.30.05 are applicable.

If the disability approval was made by an Administrative Law Judge, Agency Review, or court decision in reversing an MRT decision, the above requirements regarding the time frames are applicable to that decision.

B. Category Change to MA D, MADW, or MA R

If 48 months or less have elapsed since the date that the recipient last received Medicaid under MA D, MADW, or MA R, new medical information is not required unless a Progress Report as required by the ~~M~~MRT is due. The Progress Report is required by the due date previously established by ~~M~~MRT, but not sooner. The Progress Report will not be required if the person is considered disabled according to the SSA. If the Progress Report is required, Section 2412.30.05 is applicable. ~~If the person is required to (re-apply) to the SSA for benefits, the 45-day time frame for this scenario begins the day after the 2032 is sent.~~

If more than 48 months have elapsed since the date that the recipient last received Medicaid under MA D, MADW, or MA R, new medical and social information is required unless the individual is considered disabled according to the SSA. If new medical and social information is required, Section 2412.30.05 is applicable. ~~If the person is required to (re-)apply to the SSA for benefits, the 45-day time frame for this scenario begins the day after the 2032 is sent.~~

The above requirements include changes back and forth between QMB/SLMB-also coverage and QMB/SLMB-only coverage. For example: John receives full coverage Medicaid as a QMB-also (MA D and MA L). Effective 6/1, MA D is closed due to excess resources and MA L remains open, so his coverage is reduced to QMB-only. In December, John notifies the DFR that his resources have been depleted and he wants reconsideration for full coverage Medicaid. Because his MA D was closed for a non-disability reason less than 48 months ago, new medical information is not required unless the SSA no longer considers John to be disabled and he is not claiming a change in condition since that SSA determination.