

Client Notification

coverage groups will be provided to the applicant in the MAGI notice. Information regarding additional information needed to determine eligibility and how to apply will be provided to the applicant. The information should be sufficient to enable the applicant to make an informed choice.

Evaluation for MAGI Coverage – Special Circumstances for Medical Frailty

If an individual attests they are medically frail, such as having a physical, mental or emotional health condition or a chronic substance abuse, physical, behavior, intellectual or developmental condition in which assistance is needed, the client is given an option to choose the benefit package that best fits their health needs.

The choices are:

- Traditional Medicaid Benefits Package
- Alternative Benefits Package

Self-attested medically frail individuals will receive an additional option notice with the approval letter giving the beneficiary the ability to opt for Medically Frail Medicaid Benefits Package. The form is to be filled out and returned to Molina Member Services. If received by the local office, the Worker is to fax to Molina at 304-348-3380 Attn. Member Services. Otherwise, the client will be enrolled in the Alternative Benefits Package.

B. DFA-NL-6, NOTICE OF WITHDRAWAL OF APPLICATION

If the applicant withdraws his application, the Worker must give or mail him a DFA-NL-6.

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C. DFA-NL-A

NOTE: The DFA-NL-A must always be used with the Pre-Hearing Conference and/or a Fair Hearing Request Form, DFA-FH-1, and the appropriate computation forms.

The DFA-NL-A is used for approvals and denials for all programs. The form is self-explanatory, but must be completed in such a way as to provide the client with a full understanding of the reason for the action taken.

The Worker must use terms understandable to the client and avoid the use of agency jargon. Examples of proper and improper completion of sections of the form are shown below:

<u>Improper Completion of the Form</u>	<u>Proper Completion of the Form</u>
The action taken on your application is as follows: your application has been denied.	The action taken on your application is as follows: Your application for SNAP benefits has been denied.
The reason for this action is as follows: failure to cooperate.	The reason for this action is as follows: You did not verify the amount of your earnings by 2/10/2005. Income must be verified before SNAP benefits can be approved. The penalty for not doing this is denial of the application.
The Department's policy requiring this action is found in: Chapter 1 of the Manual.	The Department's policy requiring this action is found in Section(s) _____ of the Income Maintenance Manual.