

Reimbursement for out-of-pocket medical expenses is limited to those services covered by Medicaid. The client is reimbursed for the entire sum of his out-of-pocket expenses for those covered services, even if that expenditure exceeds the Medicaid fee schedule in effect at the time the expenditure was incurred.

Direct reimbursement may be made for purchases of drugs during the time before submission of the request, if the purchases were made following:

- The failure of the Department to act on the application within a reasonable period of time and the delay is not due to factors beyond the control of the Department; or
- The erroneous denial of the Medicaid application.

The CSM is responsible for determining if the client is eligible to receive reimbursement for out-of-pocket medical expenses. If it is determined that the client is eligible to receive reimbursement, the CSM must submit a memorandum to the DFA Economic Services Policy Unit requesting reimbursement, along with the original invoices for the medical expenses for which reimbursement is requested. The memorandum must contain the amount of the reimbursement that is due the client and the accompanying bills must be marked or highlighted to indicate if they are used for reimbursement.

When the request for reimbursement is denied, the DFA Economic Services Policy Unit notifies the CSM electronically of the decision. The local office notifies the client in writing of the denial.

## 2. Holding The Medicaid Card

Medicaid cards are not held under any circumstances.