

23.4 THE CASE MAINTENANCE PROCESS

A. CHANGE IN INCOME AND DEDUCTIONS

A change in income and/or deductions between redeterminations does not result in ineligibility for the coverage group and an income change is not used to increase the premium amount. However, the premium amount may be decreased, based upon a reported income change. See Section 23.2,D.

B. REDETERMINATION OF DISABILITY

At the time of the 6-month redetermination, the Worker must insure that the disability requirement continues to be met for the new period of eligibility. The individual must be a current RSDI recipient or there must be a valid MRT decision which extends into the new eligibility period. MRT reevaluations will be completed at the time specified by MRT.

EXAMPLE: At redetermination in January 2004 for a new eligibility period to begin February 2004, the Worker discovers that the last MRT evaluation covers the period from April 2003 through March 2004. Because part of the new eligibility period through March 2004 is covered by a MRT evaluation, the disability requirement is met.

EXAMPLE: At redetermination, the Worker discovers that the individual's RSDI was stopped. A MRT referral must be made to establish disability, but the completion of the redetermination is not delayed.

NOTE: When the information is submitted to MRT for the reevaluation of disability, an evaluation for Medically- Improved eligibility must be requested automatically at the same time. If the individual is determined no longer disabled, he is evaluated immediately as Medically-Improved.

The Department cannot determine that an individual who participates in the program is no longer disabled solely due to his employment or earned income, including self-employment.

C. UNABLE TO MAINTAIN EMPLOYMENT - INVOLUNTARY

A recipient may remain eligible for coverage under this group during periods of involuntary unemployment so long as he meets specific criteria outlined below. Coverage in this situation may be continued for up to 6 months from the date of the loss of employment. Involuntary unemployment includes, but is not limited to, a layoff or a temporary leave due to health problems. The individual must:

- Submit a written request for continued coverage to the local DHHR office within 30 days of the date he becomes unemployed. The request may be submitted by an authorized representative.; and

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- Maintain a connection to the workforce during his continued Medicaid eligibility period. He meets this requirement by:
 - Enrolling in a state or federal vocational rehabilitation program; or
 - Enrolling in or registering with the Office of Workforce Development; i.e., BEP;
 - Participating in a transition from school-to-work program; or
 - Participate with an approved provider of employment services. The approved Employment Network (EN) providers are found at www.yourtickettowork.com; or
 - Providing documentation from his employer that the individual is on a temporary involuntary leave.
- Have income and/or assets within program limits; and
- Be at least 16, or under age 65; and
- Pay any required premiums, co-pays and deductibles for the program; and
- Meet all other program eligibility requirements

If the recipient loses employment and does not meet the requirements above or has already received 6 months of continued M-WIN coverage for this reason, he must be evaluated for any other coverage groups for which he may qualify. Coverage under this group is stopped. The 6 months need not be consecutive.

D. IMPROVEMENT IN MEDICAL CONDITION - MEDICALLY-IMPROVED GROUP

NOTE: Only individuals who originally received benefits under the M-WIN coverage group may receive this coverage as medically-improved. The medical determination is made by MRT.

An M-WIN recipient who experiences an improvement in his medical condition remains eligible for coverage if he:

- Continues to have a severe medically determinable impairment, as determined by MRT and permitted by federal law; and
- Is employed and earns a monthly wage not less than the federal minimum hourly wage multiplied by 40; and
- Has income and/or assets that do not exceed program limits; and

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- Is at least age 16, but under age 65; and
- Meets all other program eligibility requirements.

E. AG CLOSURE

When the AG is closed for any reason, including voluntary disenrollment, advance notice is required, unless waived by the client. Any notice must inform the client of the last month for which a premium is due. The contact Worker must notify PCG of the termination and the effective date of closure, i.e., last month for which the premium is due.

NOTE: The enrollment fee must be paid each time the individual loses coverage under this program for any reason. This includes, but is not limited to, non-payment of the monthly premium, failure to complete a redetermination of eligibility or voluntary disenrollment.

F. CHANGE OF ADDRESS

PCG must be notified of all address changes.