
CERTIFICATION AND AUTHORIZATION

MA-2350 CERTIFICATION AND AUTHORIZATION

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I. POLICY PRINCIPLES

A. Certification Periods

1. A certification period (c.p.) is a period of time for which eligibility is determined. In cases with deductibles, the deductible is determined for the entire c.p. of six months.
2. During the c.p, all eligibility factors must be continuously met, except:
 - a. Income: Excess income may be reduced or "spent down" by incurred medical expenses. Refer to [MA-2360](#), Medicaid Deductible.
 - b. Reserve: For prospective c.p.'s, excess reserve may be reduced to allowable limits during the 45/90 day application processing time.

NOTE: Refer to [MA-2230](#), Financial Resources, for instructions for rebutting property value and applying the burial exclusion. This is not reducing reserve, but will have bearing on determining countable reserve. Refer to [MA-2303](#) Verification Requirements For Applications, for procedures regarding the use of a/b's statement.
3. A case which is dually eligible for MQB-Q or B and M-AABD has a 12 month c.p. for M-QB, but will transfer to a 6 month c.p. when the M-AABD deductible is met.
 - a. If the deductible is met in the first 6 months of the MQB-Q or B c.p., the MAABD c.p. is the first 6 months of that M-QB c.p.
 - b. If the deductible is met in the second 6 months of the MQB-Q or B c.p., the M-AABD c.p. is the second 6 months of that M-QB c.p.
4. When the c.p. ends:
 - a. Eligibility is redetermined for a new c.p., or
 - b. The case is terminated with timely notice.

NOTE: If eligibility for M-AABD with Q or B classification no longer exists, transfer the case to M-QB with timely notice. Refer to [MA-2355](#), MAABD/MQB Program Transfers, for transfer procedures.

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(I.A.)

5. The certification period for an SSI CAP case is controlled by the Social Security Administration (SSA). A yearly review is done by the CAP lead agency to update the plan of care. The county can not change the certification period for an SSI CAP case.

B. Authorization

The period authorized is the portion of the c.p. when all factors of eligibility are met and the individual receives Medicaid benefits.

II. LENGTH OF CERTIFICATION PERIODS**A. Retroactive Period**

1. A retroactive c.p. for MAABD, MQB-B and MQB-E cases may be either 1, 2, or 3 months prior to the month of Medicaid application. Refer to MA-2370, Retroactive Coverage.
2. The retro c.p. for an SSI a/b may be either the 1, 2, or 3 months prior to the month of SSI application. Refer to MA-1100, SSI Medicaid – County DSS Responsibility.
3. There is no retroactive coverage for MQB-Q cases.
4. Certification periods for ongoing MQB-Q, MQB-B, MQB-E and retroactive M-AABD may not overlap.

EXAMPLE: An MQB-B applies in March for ongoing coverage and the case is approved in April. The certification period begins in March; authorization begins in March. The applicant may not later apply for M-AABD retroactively for March and April. He must meet a six month deductible (March-August).

5. Eligibility for the retroactive period is determined separately from the ongoing period.

B. Prospective Period

1. The prospective c.p. is 12 months for:
 - a. Categorically Needy No Money Payment (N)
 - (1) The applicant/beneficiary (a/b):
 - (a) Lives in a private living arrangement (pla), and

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(II.B.1.(1))

(b) Has no deductible.

(2) The a/b receives Special Assistance for the Blind (MSB) and does not receive SSI.

b. MQB-Q or B cases.

2. The prospective c.p. is 6 months for:

a. All Medically Needy (MN) cases, including CAP cases,

b. All cases in long-term care (ltc),

3. MQB-E (s) do not have a standard six or 12 month c.p. The prospective c.p. begins with the month of application for MQB-E.

If a MQB-E a/b becomes eligible under MAABD (or other aid program/category), the c.p. is not based on the ongoing MQB-E certification period. The c.p. begins with the month the a/b requests assistance under the new aid program/category.

C. Beginning Certification

1. Begin the c.p. in all cases except certain applications and terminated cases as noted in II.E., below:

a. Either 1, 2, or 3 months prior to the month of application for a retroactive c.p.,
or

b. The month of application for a prospective c.p.

2. For certain applications, the c.p. begins the month the categorical requirement of age or state residence is met. See III.B., below.

3. The c.p. of a previously denied disability case subsequently approved by SSA is based on the application date of the denied application. Refer to [MA-2525](#), Disability, for authorization instructions.

D. Ending Certification

1. Certification ends on the last day of the month in which a timely notice has expired or the month in which death occurs.

2. Recompute a deductible for the c.p. if it is shortened because the a/b:

a. Begins receiving SSI; or

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(II.D.2)

- b. Dies.
- 3. Do NOT recompute a deductible for the c.p. if there are no other changes prior to the termination. Changes occurring prior to termination must be evaluated to determine their effect on the deductible.

E. Overlapping C.P.'s

- 1. Denied or Withdrawn Applications

If a previous application is denied or withdrawn, the c.p. of a new application, including retroactive months, may overlap months that would have been covered in the previous application.

- 2. Terminated Cases

- a. When an ongoing non-SSI Medicaid case is terminated and the individual reapplies, even if the case was not authorized, the retroactive or ongoing c.p. can begin no earlier than the month following the month of termination.

NOTE: This is an exception to the rule that the c.p. must begin with the month of application.

- b. Months in the original c.p. after the termination date may be included in subsequent c.p.'s. because certification ends with termination. See II.D., above.

F. Changes from 12 Months to 6 Months C.P

If a beneficiary with a 12 month c.p. has a change in situation which results in a deductible, or placement in long-term care, adjust the c.p. to 6 months.

- 1. If the change occurs during the first 6 months, adjust the c.p. to begin with the first month and end with the 6th month.
- 2. If the change occurs during the second 6 months, adjust to begin the subsequent c.p. with the 7th month and end with the 12th month.

III. SPECIAL SITUATIONS

Refer to [MA-2340](#), Change in Situation, for further instructions. Refer to [MA-2355](#), MAABD/MQB Program Transfers

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(III.)

A. Matching Certification Periods for Budgeting Purposes

1. Spouses in M-AABD coverage groups must have the same c.p.
2. To facilitate case management, the following individuals living in the same household may have the same c.p. even if they apply in different months:
 - a. Parent(s) and his child(ren) for whom the parent(s) has financial responsibility, or
 - b. Siblings, including half- and step-siblings, living with their financially responsible parent(s).
3. For applications, the c.p. of the applicant must end with that of the certified or authorized individual.
4. For a change in situation, change the "thru date" of the later ending c.p. to agree with the "thru date" of the earlier ending c.p., subject to notice requirements.

B. Special Situations Applications - Refer to MA-2301, Conducting A Face To Face Intake Interview

1. Applications may be filed for persons who expect to meet the categorical requirements of age or state residence within the application processing period.
 - a. The applicant intends to become a resident of the state within 45/90 days after the application date.
 - b. The M-AA applicant will reach age 65 within 45 days after the application date. For LIS generated applications, the applicant will reach age 65 within 45 days of the create date on the EIS date screen.
2. The c.p. begins the month of application except when the categorical eligibility requirement of age or residency is met and continues for 6/12 months.

C. Redetermination/Review

Prior to recertifying for the next 6/12 month period each case requires a complete redetermination. Refer to MA-2320, Redetermination of Eligibility.

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IV. AUTHORIZATION

A. Policy Rule

The period authorized is the portion of the c.p. when all factors of eligibility are met and the individual receives Medicaid benefits.

B. Private Living Arrangement (PLA - Refer to MA-2260, Financial Responsibility Regulations - PLA.

1. Cases with Deductibles:

Authorize the day the deductible is met and through the last day of the c.p., provided all other eligibility factors are also met.

2. Cases With No Deductibles/No Excess Reserve

Authorize the first day of the c.p. through the last day of the c.p.

3. Cases With Excess Reserve:

a. M-AABD, CNNMP, MQB-Q, MQB-B, MQB-E, and MWD

If an applicant is over the reserve limit as of the first moment of the first day of the month, he is ineligible for the entire month even if he reduces his reserve during the same month.

b. M-AABD MN:

An applicant is eligible on the day that reserve is reduced to the allowable limit.

4. When there is both a deductible and excess reserve, and these are met on different dates, authorize on the later of the two dates.

C. Long-Term Care (LTC - Refer to MA-2270, Long-Term Care Need and Budgeting.)

1. Authorize on the first day of the c.p. and through the end of the c.p. for beneficiaries who are in long term care on the first day and all eligibility factors are met.

2. Authorize M-AABD CN-NMP cases on the first day of the month in which reserve is within allowable limits on the first day of the month and all other requirements are also met.

3. Authorize M-AABD MN on the day reserve is reduced to allowable limits and all other requirements are also met.

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(IV.)

D. Special Situations

1. Disability Cases:
 - a. Authorize the month of the prospective or retroactive period when all factors of eligibility are met.
 - b. Authorization of a disability case may never predate the month of disability onset.
 - c. An individual who is determined to be disabled is considered disabled as of the first day of the month of onset.
2. RSDI Disability Approvals-Subsequent to a Medicaid Denial

Refer to MA-2525, Disability.

E. Authorization in EIS

1. When all conditions of eligibility are met, notify a/b on the appropriate notice and refer to instructions in the EIS User's Manual for authorization procedures.
2. Follow instructions in EIS User's Manual regarding when authorization must be updated because of changes in situation.
3. Refer to MA-2320, Redetermination of Eligibility, for instructions to authorize benefits month by month in situations where redeterminations have not been completed timely or timely notice has not expired.