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Purpose:
The purpose of this Processing Guide is to provide workers instructions for sending, receiving and processing mail-in CMS recertification applications.

Background:
A non-chronic CMS beneficiary may request a recertification by mail. The requesting adult may live alone, with a spouse, or with family members who are eligible to Medi-Cal.

Policy:
All non-chronic CMS beneficiaries whose current CMS certification expires on or after August 31, 2008 will be given the option of completing their next recertification by mail.

Actions:
Recertification Packet
HCA staff are responsible for assembling and providing ASO the assembled recertification packet upon request.

The table below lists all of the forms included in the mail-in recertification packet.

Form #	Title
CMS-101A (Eng/Sp)	CMS Recertification Cover Letter
CMS-101 (Eng/Sp)	CMS Mail-in Recertification Form
CMS-15 (Eng/Sp)	CMS Rights and Responsibilities of Applicants
CMS-23 (Eng/Sp)	CMS Coverage Information
CMS-007 (Eng/Sp)	CMS General Property Limitations
CMS-99 (Eng/Sp)	CMS Credit Check Authorization
CMS-01 (Eng/Sp)	CMS Hardship Application
CMS-106 (Eng/Sp)	CMS Reimbursement Agreement
CMS-107 (Eng/Sp)	CMS Image Verification Checklist
CMS-112 (Eng/Sp)	CMS Questions and Answers

HCPA 14-187	Authorization for Release of Information
CMS Health Plan NPP-002 (Eng/Sp)	CMS Notice of Privacy Practices
6.5” x 9.5” self-addressed postage-paid return envelope	

ASO Responsibilities
Before mailing the recertification mail-in packet to the beneficiary, the ASO staff must take the following steps:

Step	Action
1	Verify there is no break in certification of one month or more.
2	Verify the prior recertification was not completed by mail.
3	Confirm the call is received by the 10th of the month following the CMS expiration month.
4	Verify the mailing address and phone number is correct on IDX.
5	Complete the CMS Recertification Cover Letter (CMS-101A) the same day the call is received.
6	Date stamp the “County Use Only/Date Form Mailed” section located at the top of the CMS Mail-in Recertification Form when call received.
7	Mail out the assembled recertification packet to the beneficiary the same day the call is received.
8	Advise the beneficiary that they have fifteen days to return the completed mail-in form and any required documentation and/or verifications by using the postage-paid envelope enclosed in the packet.

Packet Returned by the U.S. Postal Service
HCA must take the following steps when the recertification packet is returned by the U.S. Postal Service as “Non-Deliverable” or “No Such Number”, etc:

Step	Action
1	Date stamp the recertification packet.
2	Identify beneficiary in IDX by name and address noted on the envelope returned by the Postmaster.
3	Initiate and establish the application date in the CMS IT system by entering the beneficiary’s application data. The application date is the date the recertification packet is received.
4	Scan envelope, cover letter and make an entry in the CMS IT system comments section that recertification packet was returned by Postmaster.

5	Contact the ASO to place a note in the IDX comments. (Example: "Mail-in app dated 8/28/08 cancelled-mail returned for "Attempted Unknown"). ASO Data Entry will input the information on the beneficiary's IDX record.
6	Cancel the application in the CMS IT system.
7	Shred cover letter and envelope.

Mail-in Recertification Packet Received

HCA staff must take the following steps when the recertification mail-in packet is received from the beneficiary:

Step	Action
1	Date stamp the "County Use Only/Date Form Received" section located at the top of the CMS Mail-in Recertification form.
2	Assign the application to a worker the day the packet is received for processing.
3	The worker reviews the forms for completeness and accuracy. **If…** / **Then…** SOF is not signed — Return it to the beneficiary for signature SOF is signed but missing information — Contact beneficiary to obtain missing information A fraud referral has been received — All information on the SOF must be completed by the beneficiary and verified by the worker **Note**: Send a verification checklist to the beneficiary requesting them to provide the completed forms/information along with any necessary verification within 10 days from the date of the notice.
4	Initiate and establish the application date in the CMS IT system by entering the applicant's application data. The application date is the date the recertification packet is received by the County.
5	Clear the beneficiary in MEDS, CalWIN and IDX systems for eligibility information and comments. Upload screen shots into the CMS IT system.
6	Scan the application, forms and verifications into the CMS IT system.
7	Enter case comments in the CMS IT system and place the case in pending status.

Packet Received after the Certification Period Expired

When the mail-in packet is received after the certification period has expired in excess of one month and good cause is not determined for the late filing, the worker will deny the application. The application is now considered a reapplication and applicant will be required to call the Eligibility Appointment Line to schedule an appointment for a face-to-face eligibility interview.

When denying case, the worker must take the following actions:

Step	Action
1	Deny application and select "Recertification Packet Not Received Timely" from the drop down list as the denial reason on the CMS-39D.
2	Scan and save the original forms and verification/documentation into the CMS IT system.
3	Mail original verification/documentation back to the applicant. Shred all remaining forms.

Potential Linkage to Medi-Cal Disability

A. If the beneficiary was referred to apply for disability linked Medi-Cal (DDSD) at initial certification, CMS cannot be approved at recertification until the worker has verified that the beneficiary has:
- fully complied in completing the Medi-Cal DDSD process for full scope Medi-Cal,
- met all Medi-Cal eligibility and verification requirements and
- a Medi-Cal application is pending in CalWIN with the date the DDSD packet was sent. Refer to 02.10 for further instructions.

B. If the beneficiary was not previously referred to apply for Medi-Cal and now appears to be potentially linked to Medi-Cal DDSD at recertification, the worker will take the following steps:

Step	Action
1	Evaluate for DDSD Medi-Cal. See MPG 5.4.6 • Use information and verifications sent to complete Medi-Cal DDSD forms. • Contact the beneficiary informing them of Medi-Cal DDSD, the process and that forms will be sent for completion and signatures.
2	Scan and save the original forms and verification/documentation into the CMS IT system.
3	Per contact with the beneficiary, complete the DDSD forms as much as possible. Print the CMS-34 and Medi-Cal DDSD forms. See MPG 5.4.6
4	Mail the CMS-34 and Medi-Cal DDSD forms to the beneficiary for completion and signatures.
5	Approve CMS application and select for up to 3 months.

Approval for Release:
March 24, 2016

Sunset Date:
This policy will be reviewed for continuance by March 31, 2019